

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

ADDRESS (number and street) ▼

409 12TH STREET, SW

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20024

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00364158

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer STACIE MONROE

Signature of Treasurer

STACIE MONROE

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 01 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 2014		300966.48
(b) Cash on Hand at Beginning of Reporting Period.....	300966.48	
(c) Total Receipts (from Line 19)	44492.33	44492.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	345458.81	345458.81
7. Total Disbursements (from Line 31)	98945.82	98945.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	246512.99	246512.99
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Report Covering the Period:

From:

M M / D D / Y Y Y Y
01 01 2014

To:

M M / D D / Y Y Y Y
01 31 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

17885.00

17885.00

(ii) Unitemized

26607.33

26607.33

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

44492.33

44492.33

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

44492.33

44492.33

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

44492.33

44492.33

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

44492.33

44492.33

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	285.82	285.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	285.82	285.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	96500.00	96500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	160.00	160.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	160.00	160.00
29. Other Disbursements	2000.00	2000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	98945.82	98945.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	98945.82	98945.82

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	44492.33	44492.33
34. Total Contribution Refunds (from Line 28(d))	160.00	160.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44332.33	44332.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	285.82	285.82
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	285.82	285.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Full Name (Last, First, Middle Initial)

A. LISA A. ANDERSSON-ZETYE

Mailing Address 80 68TH STREET SOUTHEAST

City State Zip Code
 GRAND RAPIDS MI 49548

FEC ID number of contributing
federal political committee.

C

Name of Employer

SPECTRUM HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 16 / 2014

Transaction ID : SA11AI.12658

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. RAUL ARTAL

Mailing Address 8 SUSSEX DRIVE

City State Zip Code
 BRENTWOOD MO 63144

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST. LOUIS UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 17 / 2014

Transaction ID : SA11AI.12673

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DOUGLAS AUSTIN

Mailing Address 30045 LE BLEU ROAD

City State Zip Code
 EUGENE OR 97405

FEC ID number of contributing
federal political committee.

C

Name of Employer

WOMEN'S CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 24 / 2014

Transaction ID : SA11AI.12963

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 7 OF 26
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Full Name (Last, First, Middle Initial)

A. JAMES T. BREEDEN

Mailing Address 1775 CHAPARRAL

City	State	Zip Code
CARSON CITY	NV	89703

FEC ID number of contributing federal political committee.

 Name of Employer
 CARSON MEDICAL GROUP

 Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2014

Transaction ID : SA11AI.12641

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. CECILIA L. CALDWELL

Mailing Address 107 BEACON STREET

City	State	Zip Code
PORTLAND	ME	04103

FEC ID number of contributing federal political committee.

 Name of Employer
 COASTAL WOMEN'S HEALTH CARE

 Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2014

Transaction ID : SA11AI.12805

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. JEANNE A. CONRY

Mailing Address 8204 CANTERSHIRE WAY

City	State	Zip Code
GRANITE BAY	CA	95746

FEC ID number of contributing federal political committee.

 Name of Employer
 PERMANENTE MEDICAL GROUP

 Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	03	/	2014

Transaction ID : SA11AI.12171

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Full Name (Last, First, Middle Initial)

A. NATHANIEL DENICOLA

Mailing Address 2121 PINE STREET

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF PENNSYLVANIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

01 / 23 / 2014

Transaction ID : SA11AI.12989

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

B. KACI L. DURBIN

Mailing Address 12183 EAST HUTCHINSON ROAD

City

MT. VERNON

State

IL

Zip Code

62864

FEC ID number of contributing
federal political committee.

C

Name of Employer

HEARTLAND WOMEN'S HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 24 / 2014

Transaction ID : SA11AI.12970

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JULIA SCHLAM EDELMAN

Mailing Address 3 VIRGINIA DRIVE

City

LAKEVILLE

State

MA

Zip Code

02347

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 28 / 2014

Transaction ID : SA11AI.12945

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

759.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Full Name (Last, First, Middle Initial)

A. DOUGLAS K. FENTON

Mailing Address 2921 MANAGUA PLACE

City

CARLSBAD

State

CA

Zip Code

92009

FEC ID number of contributing
federal political committee.

C

Name of Employer

SCRIPPS COASTAL MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

01 / 12 / 2014

Transaction ID : SA11AI.12646

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

B. JOHN J. GALLAGHER

Mailing Address 220 CASE AVENUE

City

SHARON

State

PA

Zip Code

16146

FEC ID number of contributing
federal political committee.

C

Name of Employer

PRIMARY HEALTH NETWORK

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 13 / 2014

Transaction ID : SA11AI.12642

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. PAMELA GALLUP GAUDRY

Mailing Address P.O. BOX 2805

City

TYBEE ISLAND

State

GA

Zip Code

31328

FEC ID number of contributing
federal political committee.

C

Name of Employer

MEMORIAL HEALTH MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 26 / 2014

Transaction ID : SA11AI.12956

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

959.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 26
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Full Name (Last, First, Middle Initial)

A. FRANK N. HARRISON

Mailing Address 3741 HEARTHSTONE COURT

City State Zip Code
 CHARLOTTE NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CAROLINAS HEALTH SYSTEM

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 28 / 2014

Transaction ID : SA11AI.12949

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LISA M. JABUSCH

Mailing Address 5653 FRIST BOULEVARD

City State Zip Code
 HERMITAGE TN 37076

FEC ID number of contributing
federal political committee.

C

Name of Employer
 TENNESSEE WOMEN'S CARE

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 24 / 2014

Transaction ID : SA11AI.12975

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. ANNE H. KALTER

Mailing Address 15 OLD ROLLINSFORD ROAD

City State Zip Code
 DOVER NH 03820

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GYNECOLOGY & INFERTILITY

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 24 / 2014

Transaction ID : SA11AI.12976

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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PAGE 11 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Full Name (Last, First, Middle Initial)

A. BLAIR H. KOKOTEK

Mailing Address 1770 GRAND CONCOURSE

City State Zip Code
 BRONX NY 10457

FEC ID number of contributing
federal political committee.

C

Name of Employer
 BRONX LEBANON HOSPITAL

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 16 / 2014

Transaction ID : SA11Al.12666

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MELANIE KONRADI

Mailing Address 2580 KINCAID STREET

City State Zip Code
 EUGENE OR 97405

FEC ID number of contributing
federal political committee.

C

Name of Employer
 OREGON MEDICAL GROUP

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 24 / 2014

Transaction ID : SA11Al.12977

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. PAMELA G. KRAHL

Mailing Address 1088 HIDDEN SPRINGS ROAD

City State Zip Code
 SAN LUIS OBISPO CA 93401

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 17 / 2014

Transaction ID : SA11Al.12677

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 26

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Full Name (Last, First, Middle Initial)

A. DOUGLAS E. MCKEE

Mailing Address 1700 SOUTH COURT STREET

City
VISALIAState
CAZip Code
93277FEC ID number of contributing
federal political committee.

C

Name of Employer

VISALIA WOMEN'S GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	4

Transaction ID : SA11AI.12940

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. MELISSA D. MENDEZ

Mailing Address P.O. BOX 220450

City
EL PASOState
TXZip Code
79913FEC ID number of contributing
federal political committee.

C

Name of Employer

TEXAS TECH UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	1	4

Transaction ID : SA11AI.12121

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JAMES MIRABILE

Mailing Address 4550 WEST 109TH STREET

City
OVERLAND PARKState
KSZip Code
66211FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	1	4

Transaction ID : SA11AI.12635

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Full Name (Last, First, Middle Initial)

A. ROBERT D. MIXSON

Mailing Address 104 LAKESHORE DRIVE

City State Zip Code
 ST. MARY'S GA 31558

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SOUTHWEST GEORGIA HEALTH

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 24 / 2014

Transaction ID : SA11AI.12980

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. OWEN C. MONTGOMERY

Mailing Address 450 CHAPEL HEIGHTS ROAD

City State Zip Code
 SEWELL NJ 08080

FEC ID number of contributing
federal political committee.

C

Name of Employer
 DREXEL UNIVERSITY

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 06 / 2014

Transaction ID : SA11AI.12165

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

C. THOMAS R. MOORE

Mailing Address 200 WEST ARBOR DRIVE

City State Zip Code
 SAN DIEGO CA 92103

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UC SAN DIEGO

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 16 / 2014

Transaction ID : SA11AI.12669

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1209.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Full Name (Last, First, Middle Initial)

A. PATRICIA E. PETERSON

Mailing Address 2020 CAPITOL STREET

City
SALEMState
ORZip Code
97303FEC ID number of contributing
federal political committee.

C

Name of Employer

SALEM CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	24	/	2014

Transaction ID : SA11AI.12981

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. HARTAJ POWELL

Mailing Address 229 CHRISTIE STREET

City

NEW YORK

State

NY

Zip Code

10002

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEW YORK UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	23	/	2014

Transaction ID : SA11AI.12991

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. STEVEN W. REMMENG

Mailing Address 16995 PRINCETON ROAD

City

ADAMS

State

NE

Zip Code

68301

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF NEBRASKA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	04	/	2014

Transaction ID : SA11AI.12168

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Full Name (Last, First, Middle Initial)

A. BARBARA B. RHOADS

Mailing Address 1229 WEST HILL DRIVE

City	State	Zip Code
GATES MILLS	OH	44040

FEC ID number of contributing
federal political committee.

C

Name of Employer

CLEVELAND METROHEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	24	/	2014

Transaction ID : SA11Al.12982

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. BARBARA B. RHOADS

Mailing Address 1229 WEST HILL DRIVE

City	State	Zip Code
GATES MILLS	OH	44040

FEC ID number of contributing
federal political committee.

C

Name of Employer

CLEVELAND METROHEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	30	/	2014

Transaction ID : SA11Al.13059

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. JOHN H. SAND

Mailing Address 611 SOUTH CHESTNUT STREET

City	State	Zip Code
ELLENSBURG	WA	98926

FEC ID number of contributing
federal political committee.

C

Name of Employer

OB/GYN OF ELLENSBURG

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	16	/	2014

Transaction ID : SA11Al.12670

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

790.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Full Name (Last, First, Middle Initial)

A. DANA G. STONE

Mailing Address 1730 HUNTINGTON AVENUE

City State Zip Code
 OKLAHOMA CITY OK 73116

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

01 / 09 / 2014

Transaction ID : SA11AI.12657

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

B. MARA S. THUR

Mailing Address 201 CLWYD ROAD

City State Zip Code
 BALA CYNWYD PA 19004

FEC ID number of contributing
federal political committee.

C

Name of Employer

ABINGTON MEMORIAL HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 28 / 2014

Transaction ID : SA11AI.12954

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. ERIN E. TRACY

Mailing Address 5 HIGH STREET

City State Zip Code
 STONEHAM MA 02180

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASS GENERAL PHYSICIANS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

01 / 12 / 2014

Transaction ID : SA11AI.12647

Amount of Each Receipt this Period

209.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

668.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 26
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<p>Full Name (Last, First, Middle Initial) A. VALERIE E. WHITEMAN</p> <p>Mailing Address 813 MACDILL AVENUE</p> <p>City TAMPA State FL Zip Code 33629</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer UNIVERSITY OF SOUTH FLORIDA Occupation PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt 01 / 29 / 2014 Transaction ID : SA11AI.12938</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name (Last, First, Middle Initial) B.</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼</p>		<p>Date of Receipt</p> <p>Amount of Each Receipt this Period</p>
<p>Full Name (Last, First, Middle Initial) C.</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼</p>		<p>Date of Receipt</p> <p>Amount of Each Receipt this Period</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p> <p>TOTAL This Period (last page this line number only)..... ▶</p>		<p>250.00</p> <p>17885.00</p>

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

THE AMERICAN CONGRESS OF OB-GYNs PAC (OB-GYN PAC)

A. FIRST NATIONAL MERCHANT SOLUTIONS

Date of Disbursement

Transaction ID : SB21B.11998

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

228.08

B.

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name _____



Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

228.08

TOTAL This Period (last page this line number only).....

228.08

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Full Name (Last, First, Middle Initial)

A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET, SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	27	/	2014

Transaction ID : SB23.12801

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

B. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVENUE, NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	14	/	2014

Transaction ID : SB23.12007

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. DIRIGO PAC

Mailing Address P.O. BOX 1355

City	State	Zip Code
ALEXANDRIA	VA	22313

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	27	/	2014

Transaction ID : SB23.12799

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

31000.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

THE AMERICAN CONGRESS OF OB-GYNs PAC (OB-GYN PAC)

A. KEVIN MCCARTHY FOR CONGRESS

MM / DD / YYYY
01 / 27 / 2014

Category/
Type

1000.00

B. KEVIN MCCARTHY FOR CONGRESS

Category/
Type

Number of people

Age

1000.00

C. LEVIN FOR CONGRESS

MM / DD / YYYY

Category/
Type

2500.00

TOTAL This Period (last page this line number only).....

4500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Full Name (Last, First, Middle Initial)

A. LYNN JENKINS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Mailing Address P.O. BOX 1441

City	State	Zip Code
TOPEKA	KS	66601

Transaction ID : SB23.12790Purpose of Disbursement
CONTRIBUTION

Candidate Name

LYNN JENKINSCategory/
Type

Amount of Each Disbursement this Period

5000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KS District: 02

Full Name (Last, First, Middle Initial)

B. MCCONNELL SENATE COMMITTEE '14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Mailing Address P.O. BOX 1496

City	State	Zip Code
LOUISVILLE	KY	40201

Transaction ID : SB23.12795Purpose of Disbursement
CONTRIBUTION

Candidate Name

MITCH MCCONNELLCategory/
Type

Amount of Each Disbursement this Period

2500.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KY District: 00

Full Name (Last, First, Middle Initial)

C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		14		2014

Mailing Address 320 1ST STREET, SE

City	State	Zip Code
WASHINGTON	DC	20003

Transaction ID : SB23.12008Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

15000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

22500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Full Name (Last, First, Middle Initial)

A. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Mailing Address 425 SECOND STREET, NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type**Transaction ID : SB23.12802**

Amount of Each Disbursement this Period

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. NEW DEMOCRAT COALITION PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		14		2014

Mailing Address 700 13TH STREET, NW

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type**Transaction ID : SB23.12004**

Amount of Each Disbursement this Period

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. REPUBLICAN MAINSTREET PARTNERSHIP PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		14		2014

Mailing Address 2201 WISCONSIN AVENUE, NW

City	State	Zip Code
WASHINGTON	DC	20007

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type**Transaction ID : SB23.12005**

Amount of Each Disbursement this Period

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Full Name (Last, First, Middle Initial)

A. RICHARD HANNA FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		14		2014

Mailing Address P.O. BOX 118

City	State	Zip Code
UTICA	NY	13503

Transaction ID : SB23.12000Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

RICHARD HANNACategory/
Type

2500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 22

Full Name (Last, First, Middle Initial)

B. SCHOCK FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Mailing Address P.O. BOX 10555

City	State	Zip Code
PEORIA	IL	61612

Transaction ID : SB23.12796Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

AARON J. SCHOCKCategory/
Type

2500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 18

Full Name (Last, First, Middle Initial)

C. TUESDAY GROUP POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		14		2014

Mailing Address P. O. BOX 11586

City	State	Zip Code
WASHINGTON	DC	20008

Transaction ID : SB23.12006Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

96500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Full Name (Last, First, Middle Initial)

A. DR. RICHARD PAN FOR SENATE 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		13		2014

Mailing Address 915 L STREET

City	State	Zip Code
SACRAMENTO	CA	95814

Transaction ID : SB29.11996Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2000.00

Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

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Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

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Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00

2000.00
