

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 WASHINGTON DC 20024

2. FEC IDENTIFICATION NUMBER 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) ... (b) Monthly Report Due On: Feb 20 (M2) ... (c) 12-Day PRE-Election Report for the: Primary (12P) ... (d) 30-Day POST-Election Report for the: General (30G) ...

5. Covering Period 10 / 01 / 2014 through 10 / 15 / 2014

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 10 / 21 / 2014

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

**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: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		300966.48
(b) Cash on Hand at Beginning of Reporting Period.....	352781.90	
(c) Total Receipts (from Line 19)	37471.00	549288.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	390252.90	850255.37
7. Total Disbursements (from Line 31).....	269369.73	729372.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	120883.17	120883.17
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

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

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).....	28685.00	398594.06
(ii) Unitemized	8786.00	150194.83
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	37471.00	548788.89
(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)	37471.00	548788.89
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	500.00
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))..... ▶	37471.00	549288.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	37471.00	549288.89

DETAILED SUMMARY PAGE
of Disbursements

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	2294.09	13076.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2294.09	13076.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28500.00	462500.00
24. Independent Expenditures (use Schedule E)	238575.64	238575.64
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	0.00	1720.00
(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)).....	0.00	1720.00
29. Other Disbursements	0.00	13500.00
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)) ..	269369.73	729372.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	269369.73	729372.20

DETAILED SUMMARY PAGE
of Disbursements

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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)	37471.00	548788.89
34. Total Contribution Refunds (from Line 28(d))	0.00	1720.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37471.00	547068.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2294.09	13076.56
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2294.09	13076.56

**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 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. RICHARD C. AGNEW		Date of Receipt
Mailing Address 351 HOSPITAL ROAD		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code
NEWPORT BEACH	CA	92663
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.18391
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF-EMPLOYED	PHYSICIAN	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. MATTHEW T. ALLSWEDE		Date of Receipt
Mailing Address 640 OAKWOOD DRIVE		<input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
EAST LANSING	MI	48823
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.18347
Name of Employer	Occupation	Amount of Each Receipt this Period
SPARROW HEALTH SYSTEM	PHYSICIAN	<input type="text" value="15.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="315.00"/>	

Full Name (Last, First, Middle Initial) C. JOSEPH F. AMATO		Date of Receipt
Mailing Address 1215 KILHAM COURT		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code
COLUMBUS	OH	43235
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.18147
Name of Employer	Occupation	Amount of Each Receipt this Period
ASSOCIATES IN CENTRAL OHIO	PHYSICIAN	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="765.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 7 OF 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. TED L. ANDERSON			Date of Receipt 10 / 10 / 2014 Transaction ID : SA11Al.18418
Mailing Address 516 LEANNE WAY			Amount of Each Receipt this Period 500.00
City FRANKLIN	State TN	Zip Code 37069	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 900.00	
Name of Employer VANDERBILT MEDICAL CENTER		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. TED L. ANDERSON			Date of Receipt 10 / 10 / 2014 Transaction ID : SA11Al.18419
Mailing Address 516 LEANNE WAY			Amount of Each Receipt this Period 555.00
City FRANKLIN	State TN	Zip Code 37069	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1455.00	
Name of Employer VANDERBILT MEDICAL CENTER		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. TED L. ANDERSON			Date of Receipt 10 / 10 / 2014 Transaction ID : SA11Al.18420
Mailing Address 516 LEANNE WAY			Amount of Each Receipt this Period 85.00
City FRANKLIN	State TN	Zip Code 37069	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1540.00	
Name of Employer VANDERBILT MEDICAL CENTER		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	1140.00
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 8 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. THOMAS F. ARNOLD
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 WEST 7TH STREET
 City DICKINSON State ND Zip Code 58601
 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 ▼ 2245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : SA11AI.18302
 Amount of Each Receipt this Period
 40.00

B. LISA M. BANITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 2917 RIDGETOP ROAD
 City AMES State IA Zip Code 50014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MCFARLAND CLINIC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : SA11AI.18304
 Amount of Each Receipt this Period
 40.00

C. WILLIAM D. BINDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6417 PROVINCE LANE
 City BATON ROUGE State LA Zip Code 70808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LOUISIANA WOMEN'S HEALTHCARE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2014
Transaction ID : SA11AI.18348
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional).....▶	230.00
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 9 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. MAY H. BLANCHARD
Full Name (Last, First, Middle Initial)

Mailing Address 1316 BELT STREET

City	State	Zip Code
BALTIMORE	MD	21230

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
UNIVERSITY OF MARYLAND	PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	06	/	2014

Transaction ID : SA11AI.18202

Amount of Each Receipt this Period

4	3	2	1	0	.	0	0
							25.00

B. DONALD K. BRYAN
Full Name (Last, First, Middle Initial)

Mailing Address 4361 SAWMILL ROAD

City	State	Zip Code
COLUMBUS	OH	43220

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
KINGSDALE GYNECOLOGICAL	PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	11	/	2014

Transaction ID : SA11AI.18349

Amount of Each Receipt this Period

4	3	2	1	0	.	0	0
							50.00

C. CHRISTIAN A. CHISHOLM
Full Name (Last, First, Middle Initial)

Mailing Address 1840 RIVER INN LANE

City	State	Zip Code
CHARLOTTESVILLE	VA	22901

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
UNIVERSITY OF VIRGINIA	PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	11	/	2014

Transaction ID : SA11AI.18350

Amount of Each Receipt this Period

4	3	2	1	0	.	0	0
							365.00

SUBTOTAL of Receipts This Page (optional).....▶	440.00
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 10 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. J. KYLE CITY
 Full Name (Last, First, Middle Initial)
 Mailing Address 904 GOLF VIEW DRIVE
 City State Zip Code
 SEARCY AR 72143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SEARCY MEDICAL CENTER PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2014
Transaction ID : SA11Al.18209
 Amount of Each Receipt this Period
 100.00

B. DANIEL L. CLARKE-PEARSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 PORTER PLACE
 City State Zip Code
 CHAPEL HILL NC 27514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNIVERSITY OF NORTH CAROLINA PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2014
Transaction ID : SA11Al.18395
 Amount of Each Receipt this Period
 1000.00

C. LINDA M. COLLINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5109 WEBSTER STREET
 City State Zip Code
 OMAHA NE 68132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OMAHA OB/GYN ASSOCIATES PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2014
Transaction ID : SA11Al.18224
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
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 11 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. SHANNA M. COMBS
Full Name (Last, First, Middle Initial)

Mailing Address 849 SPRINGBROOK DRIVE

City FORT WORTH State TX Zip Code 76107

FEC ID number of contributing federal political committee. **C**

Name of Employer UNIVERSITY OF NORTH TEXAS Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 02 / 2014
Transaction ID : SA11Al.18225

Amount of Each Receipt this Period 1000.00

B. JEANNE A. CONRY
Full Name (Last, First, Middle Initial)

Mailing Address 8204 CANTERSHIRE WAY

City GRANITE BAY State CA Zip Code 95746

FEC ID number of contributing federal political committee. **C**

Name of Employer PERMANENTE MEDICAL GROUP Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3950.00

Date of Receipt 10 / 03 / 2014
Transaction ID : SA11Al.18210

Amount of Each Receipt this Period 100.00

C. JEANNE A. CONRY
Full Name (Last, First, Middle Initial)

Mailing Address 8204 CANTERSHIRE WAY

City GRANITE BAY State CA Zip Code 95746

FEC ID number of contributing federal political committee. **C**

Name of Employer PERMANENTE MEDICAL GROUP Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4135.00

Date of Receipt 10 / 10 / 2014
Transaction ID : SA11Al.18431

Amount of Each Receipt this Period 185.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1285.00

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 12 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. GRANT R. COX		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 11 / 2014 Transaction ID : SA11AI.18353
Mailing Address 2000 SOUTH WHEELING		Amount of Each Receipt this Period 85.00
City TULSA	State OK	Zip Code 74104
FEC ID number of contributing federal political committee.	C	
Name of Employer TULSA OB/GYN ASSOCIATES	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

Full Name (Last, First, Middle Initial) B. LIBBY D. CROCKETT		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 14 / 2014 Transaction ID : SA11AI.18332
Mailing Address 5650 BURDETTE STREET		Amount of Each Receipt this Period 50.00
City OMAHA	State NE	Zip Code 68104
FEC ID number of contributing federal political committee.	C	
Name of Employer UNIVERSITY OF NEBRASKA	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. HOLLY CUMMINGS		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 02 / 2014 Transaction ID : SA11AI.18226
Mailing Address 603 MONTROSE STREET		Amount of Each Receipt this Period 25.00
City PHILADELPHIA	State PA	Zip Code 19147
FEC ID number of contributing federal political committee.	C	
Name of Employer PENNSYLVANIA HOSPITAL	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	160.00
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 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. LAURA J. DAVID		Date of Receipt
Mailing Address 5323 MEADOW WOOD BOULEVARD		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City State Zip Code LYNDHURST OH 44124		Transaction ID : SA11AI.18432
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="195.00"/>
Name of Employer UNIVERSITY HOSPITALS PRACTICES	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2995.00"/>	

Full Name (Last, First, Middle Initial) B. LAURA J. DAVID		Date of Receipt
Mailing Address 5323 MEADOW WOOD BOULEVARD		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City State Zip Code LYNDHURST OH 44124		Transaction ID : SA11AI.18433
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="90.00"/>
Name of Employer UNIVERSITY HOSPITALS PRACTICES	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3085.00"/>	

Full Name (Last, First, Middle Initial) C. ROBERT H. DEBBS		Date of Receipt
Mailing Address 2 SASSAFRAS COURT		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City State Zip Code VOORHEES NJ 08043		Transaction ID : SA11AI.18380
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="209.00"/>
Name of Employer UNIVERSITY OF PENNSYLVANIA	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1972.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="494.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 14 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. MARK S. DEFRANCESCO		Date of Receipt M M / D D / Y Y Y Y Y 10 / 03 / 2014 Transaction ID : SA11AI.18211
Mailing Address 35 TERRELL FARM PLACE		Amount of Each Receipt this Period 200.00
City CHESHIRE	State CT	Zip Code 06410
FEC ID number of contributing federal political committee. C		
Name of Employer WOMEN'S HEALTH CONNECTICUT	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2700.00	

Full Name (Last, First, Middle Initial) B. SONA I. DEGANN		Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2014 Transaction ID : SA11AI.18397
Mailing Address 408 EAST 76TH STREET		Amount of Each Receipt this Period 250.00
City NEW YORK	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. NATHANIEL DENICOLA		Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2014 Transaction ID : SA11AI.18218
Mailing Address 2121 PINE STREET		Amount of Each Receipt this Period 209.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1672.00	

SUBTOTAL of Receipts This Page (optional).....▶	659.00
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 15 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. NANCY M. DICKERSON
Full Name (Last, First, Middle Initial)

Mailing Address 14399 RAVEN STREET

City ANDOVER State MN Zip Code 55304

FEC ID number of contributing federal political committee. **C**

Name of Employer ALLINA HEALTH Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2014

Transaction ID : SA11AI.18399

Amount of Each Receipt this Period
 500.00

B. CARL A. DUNN
Full Name (Last, First, Middle Initial)

Mailing Address 1010 CHAPMAN ROAD

City CRAWFORD State TX Zip Code 76638

FEC ID number of contributing federal political committee. **C**

Name of Employer SCOTT & WHITE CLINIC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014

Transaction ID : SA11AI.18148

Amount of Each Receipt this Period
 400.00

C. JONATHAN S. ELIAS
Full Name (Last, First, Middle Initial)

Mailing Address 9000 MISTWOOD DRIVE

City POTOMAC State MD Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer CAPITAL WOMEN'S CARE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2014

Transaction ID : SA11AI.18167

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1150.00
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:	PAGE 16 OF 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. EVE L. ESPEY		Date of Receipt
Mailing Address 712 SUNDOWN PLACE		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code
ALBUQUERQUE	NM	87108
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.18402
Name of Employer	Occupation	Amount of Each Receipt this Period
UNIVERSITY OF NEW MEXICO	PHYSICIAN	<input type="text" value="2000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="4000.00"/>	

Full Name (Last, First, Middle Initial) B. GIL M. FARKASH		Date of Receipt
Mailing Address 43 NOTTINGHAM TERRACE		<input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
BUFFALO	NY	14216
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.18341
Name of Employer	Occupation	Amount of Each Receipt this Period
KALEIDA HEALTH	PHYSICIAN	<input type="text" value="167.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="835.00"/>	

Full Name (Last, First, Middle Initial) C. DOUGLAS K. FENTON		Date of Receipt
Mailing Address 2921 MANAGUA PLACE		<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
CARLSBAD	CA	92009
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.18337
Name of Employer	Occupation	Amount of Each Receipt this Period
SCRIPPS COASTAL MEDICAL GROUP	PHYSICIAN	<input type="text" value="209.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2090.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2376.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 17 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. TINA C. FOSTER		Date of Receipt M M / D D / Y Y Y Y Y 10 / 10 / 2014
Mailing Address 1 MEDICAL CENTER DRIVE		Transaction ID : SA11Al.18440
City LEBANON	State NH	Zip Code 03756
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 175.00	
Name of Employer DARTMOUTH HITCHCOCK MEDICAL	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) B. CHERYL G. FOUNTAIN		Date of Receipt M M / D D / Y Y Y Y Y 10 / 10 / 2014
Mailing Address 1219 LAKEPOINTE STREET		Transaction ID : SA11Al.18441
City GROSSE POINTE PARK	State MI	Zip Code 48230
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer BEAUMONT HEALTH SYSTEM	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. CHERYL G. FOUNTAIN		Date of Receipt M M / D D / Y Y Y Y Y 10 / 10 / 2014
Mailing Address 1219 LAKEPOINTE STREET		Transaction ID : SA11Al.18442
City GROSSE POINTE PARK	State MI	Zip Code 48230
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer BEAUMONT HEALTH SYSTEM	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	375.00
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 18 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. CHERYL G. FOUNTAIN
Full Name (Last, First, Middle Initial)

Mailing Address 1219 LAKEPOINTE STREET

City State Zip Code
GROSSE POINTE PARK MI 48230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BEAUMONT HEALTH SYSTEM PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt
10 / 11 / 2014

Transaction ID : SA11Al.18356

Amount of Each Receipt this Period
60.00

B. CHRISTINA G. FROME
Full Name (Last, First, Middle Initial)

Mailing Address 37 PEBBLE HOLLOW COURT

City State Zip Code
SPRING TX 77381

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KELSEY-SEYBOLD CLINIC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
10 / 08 / 2014

Transaction ID : SA11Al.18170

Amount of Each Receipt this Period
250.00

C. RAJIV B. GALA
Full Name (Last, First, Middle Initial)

Mailing Address 4429 CLARA STREET

City State Zip Code
NEW ORLEANS LA 70115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
OCHSNER MEDICAL CENTER PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **590.00**

Date of Receipt
10 / 03 / 2014

Transaction ID : SA11Al.18214

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **410.00**

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 19 OF 55
<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. RAJIV B. GALA		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 11 / 2014 Transaction ID : SA11AI.18357
Mailing Address 4429 CLARA STREET		Amount of Each Receipt this Period 40.00
City NEW ORLEANS	State LA	Zip Code 70115
FEC ID number of contributing federal political committee. C		
Name of Employer OCHSNER MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

Full Name (Last, First, Middle Initial) B. PAMELA GAUDRY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2014 Transaction ID : SA11AI.18443
Mailing Address 515 BUTLER AVENUE		Amount of Each Receipt this Period 325.00
City TYBEE ISLAND	State GA	Zip Code 31328
FEC ID number of contributing federal political committee. C		
Name of Employer PROVIDENT OB/GYN	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. MEADOW M. GOOD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2014 Transaction ID : SA11AI.18219
Mailing Address 2215 FORBES STREET		Amount of Each Receipt this Period 250.00
City JACKSONVILLE	State FL	Zip Code 32204
FEC ID number of contributing federal political committee. C		
Name of Employer UNIVERSITY OF FLORIDA	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

SUBTOTAL of Receipts This Page (optional).....▶	615.00
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 20 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. LAURIE GRANT
Full Name (Last, First, Middle Initial)

Mailing Address 31 BURNSDALE AVENUE

City VALHALLA	State NY	Zip Code 10595
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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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2014

Transaction ID : SA11AI.18174

Amount of Each Receipt this Period
150.00

B. NEIL A. HAMILL
Full Name (Last, First, Middle Initial)

Mailing Address 3882 SOUTH 177TH AVENUE

City OMAHA	State NE	Zip Code 68130
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer METHODIST HOSPITAL	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2014

Transaction ID : SA11AI.18387

Amount of Each Receipt this Period
100.00

C. WENDY F. HANSEN
Full Name (Last, First, Middle Initial)

Mailing Address 800 ROSE STREET

City LEXINGTON	State KY	Zip Code 40536
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FEC ID number of contributing federal political committee. **C**

Name of Employer UNIVERSITY OF KENTUCKY	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

Transaction ID : SA11AI.18447

Amount of Each Receipt this Period
500.00

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 Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. CATHERINE M. HERWAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3001 FORT HAMILTON PARKWAY
 City State Zip Code
 BROOKLYN NY 11218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 STATEN ISLAND UNIVERSITY PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2014
Transaction ID : SA11AI.18231
 Amount of Each Receipt this Period
 250.00

B. LISA M. HOLLIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6612 MERCER STREET
 City State Zip Code
 HOUSTON TX 77005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BAYLOR COLLEGE OF MEDICINE PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2890.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : SA11AI.18149
 Amount of Each Receipt this Period
 390.00

C. ANN L. HONEBRINK
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 VALLEY ROAD
 City State Zip Code
 ARDMORE PA 19003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNIVERSITY OF PENNSYLVANIA PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 925.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.18449
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	890.00
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 22 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. STACY HULLEY
Full Name (Last, First, Middle Initial)

Mailing Address 1627 OCEAN FRONT STREET

City SAN DIEGO State CA Zip Code 92107

FEC ID number of contributing federal political committee. **C**

Name of Employer KAISER PERMANENTE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **370.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2014

Transaction ID : SA11AI.18339

Amount of Each Receipt this Period
50.00

B. RICHARD T. IVEY
Full Name (Last, First, Middle Initial)

Mailing Address 4023 BETSY LANE

City HOUSTON State TX Zip Code 77027

FEC ID number of contributing federal political committee. **C**

Name of Employer BAYLOR COLLEGE OF MEDICINE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1140.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014

Transaction ID : SA11AI.18150

Amount of Each Receipt this Period
500.00

C. LYDIA M. JEFFRIES
Full Name (Last, First, Middle Initial)

Mailing Address 21 WILSON LANE

City FAIRVIEW State NC Zip Code 28730

FEC ID number of contributing federal political committee. **C**

Name of Employer ASHEVILLE WOMEN'S MEDICAL Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3850.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2014

Transaction ID : SA11AI.18360

Amount of Each Receipt this Period
425.00

SUBTOTAL of Receipts This Page (optional)..... **975.00**

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 23 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. JOHN C. JENNINGS		Date of Receipt
Mailing Address 2405 SPOONBILL DRIVE		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City LEAGUE CITY	State TX	Zip Code 77573
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.18487
Name of Employer TEXAS TECH UNIVERSITY		Amount of Each Receipt this Period
Occupation PHYSICIAN		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="3220.00"/>	

Full Name (Last, First, Middle Initial) B. AMANDA KALLEN		Date of Receipt
Mailing Address P.O. BOX 268		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City MIDDLE HADDAM	State CT	Zip Code 06456
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.18381
Name of Employer YALE UNIVERSITY		Amount of Each Receipt this Period
Occupation PHYSICIAN		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="310.00"/>	

Full Name (Last, First, Middle Initial) C. LEAH A. KAUFMAN		Date of Receipt
Mailing Address 8525 WOODBOX ROAD		<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City MANLIUS	State NY	Zip Code 13104
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.18338
Name of Employer NSLI JEWISH HEALTH SYSTEM		Amount of Each Receipt this Period
Occupation PHYSICIAN		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="400.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="110.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 24 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. MARILYN C. KESSLER		Date of Receipt
Mailing Address 115 EAST BELLEVUE PLACE		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
CHICAGO	IL	60611
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.18232
Name of Employer	Occupation	Amount of Each Receipt this Period
NORTHWESTERN MEDICINE	PHYSICIAN	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. GEORGE D. KOFINAS		Date of Receipt
Mailing Address 506 6TH STREET		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
BROOKLYN	NY	11215
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.18493
Name of Employer	Occupation	Amount of Each Receipt this Period
NEW YORK METHODIST HOSPITAL	PHYSICIAN	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1040.00"/>	

Full Name (Last, First, Middle Initial) C. PAMELA G. KRAHL		Date of Receipt
Mailing Address 1088 HIDDEN SPRINGS ROAD		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
SAN LUIS OBISPO	CA	93401
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.18233
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	PHYSICIAN	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="440.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="740.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 25 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. ELIZABETH R. LAPEYRE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4803 CARONDELET STREET
 City NEW ORLEANS State LA Zip Code 70115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OCHSNER MEDICAL CENTER Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 11 / 2014
Transaction ID : SA11AI.18361
 Amount of Each Receipt this Period 150.00

B. ELIZABETH G. LIVINGSTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3908 WESTCHESTER ROAD
 City DURHAM State NC Zip Code 27707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DUKE UNIVERSITY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 10 / 10 / 2014
Transaction ID : SA11AI.18453
 Amount of Each Receipt this Period 175.00

C. JAMES A. MACER
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 CONGRESS STREET
 City PASADENA State CA Zip Code 91105
 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 ▼ 790.00

Date of Receipt 10 / 15 / 2014
Transaction ID : SA11AI.18500
 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 365.00
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 26 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. VERONICA T. MALLET
 Full Name (Last, First, Middle Initial)
 Mailing Address 4801 ALBERTA AVENUE
 City EL PASO State TX Zip Code 79912
 FEC 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 **500.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : SA11Al.18388
 Amount of Each Receipt this Period **600.00**

B. ADRIAN T. MARIMON
 Full Name (Last, First, Middle Initial)
 Mailing Address 11760 SOUTHWEST 40TH STREET
 City MIAMI State FL Zip Code 33175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KENDALL OB/GYN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **10 / 08 / 2014**
Transaction ID : SA11Al.18182
 Amount of Each Receipt this Period **250.00**

C. WILLIAM W. MAXWELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1250 8TH AVENUE
 City FORT WORTH State TX Zip Code 76104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TEXAS HEALTH CARE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 08 / 2014**
Transaction ID : SA11Al.18183
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **810.00**
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 27 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. S. GENE MCNEELEY
Full Name (Last, First, Middle Initial)

Mailing Address 44555 WOODWARD AVENUE

City PONTIAC	State MI	Zip Code 48341
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CENTER FOR ADVANCED GYNECOLOGY	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2014

Transaction ID : SA11AI.18406

Amount of Each Receipt this Period
1500.00

B. AASTA MEHTA
Full Name (Last, First, Middle Initial)

Mailing Address 201 NORTH 8TH STREET

City PHILADELPHIA	State PA	Zip Code 19106
----------------------	-------------	-------------------

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 ▼
1862.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

Transaction ID : SA11AI.18383

Amount of Each Receipt this Period
209.00

C. KEITH A. MICETICH
Full Name (Last, First, Middle Initial)

Mailing Address 72 PHYSICIANS DRIVE

City JACKSON	State TN	Zip Code 38305
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer JACKSON WOMEN'S CENTER	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
790.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : SA11AI.18502

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional).....▶	1749.00
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 28 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. PATRICIA M. MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 25 VILLAGE BROOK LANE

City DERRY State NH Zip Code 03038

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 ▼ **875.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014

Transaction ID : SA11Al.18456

Amount of Each Receipt this Period
75.00

B. PATRICIA M. MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 25 VILLAGE BROOK LANE

City DERRY State NH Zip Code 03038

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 ▼ **960.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014

Transaction ID : SA11Al.18457

Amount of Each Receipt this Period
85.00

C. OWEN C. MONTGOMERY
Full Name (Last, First, Middle Initial)

Mailing Address 450 CHAPEL HEIGHTS ROAD

City SEWELL State NJ Zip Code 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 ▼ **2415.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2014

Transaction ID : SA11Al.18203

Amount of Each Receipt this Period
209.00

SUBTOTAL of Receipts This Page (optional).....▶	369.00
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 29 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. MARK W. MORRISON
Full Name (Last, First, Middle Initial)

Mailing Address 32 FOUNDERS POINTE NORTH

City BLOOMINGDALE	State IL	Zip Code 60108
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FEC ID number of contributing federal political committee. **C**

Name of Employer FEMALE HEALTHCARE ASSOCIATES	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2014

Transaction ID : SA11AI.18237

Amount of Each Receipt this Period
250.00

B. EILEEN M. MURPHY
Full Name (Last, First, Middle Initial)

Mailing Address 3077 EAST LAKE ROAD

City SKANEATELES	State NY	Zip Code 13152
---------------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : SA11AI.18331

Amount of Each Receipt this Period
200.00

C. ARJANG NAIM
Full Name (Last, First, Middle Initial)

Mailing Address 503 FOOTHILL ROAD

City BEVERLY HILLS	State CA	Zip Code 90210
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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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2014

Transaction ID : SA11AI.18408

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	950.00
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 30 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. DEVIN NAMAKY		Date of Receipt
Mailing Address 416 RESOR AVENUE		<input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
CINCINNATI	OH	45220
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.18364
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
TRIHEALTH	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="255.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. BARBARA L. NICOL		Date of Receipt
Mailing Address 710 LAWRENCE EXPRESSWAY		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code
SANTA CLARA	CA	95051
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.18188
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
KAISER PERMANENTE	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="450.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. LYDIA D. NIGHTINGALE		Date of Receipt
Mailing Address 9501 PROSPER DRIVE		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
OKLAHOMA CITY	OK	73151
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.18458
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Name of Employer	Occupation	
UNIVERSITY OF OKLAHOMA	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="650.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="425.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 OF 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)

A. LYDIA D. NIGHTINGALE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9501 PROSPER DRIVE
 City OKLAHOMA CITY State OK Zip Code 73151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF OKLAHOMA Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2014
Transaction ID : SA11Al.18365
 Amount of Each Receipt this Period
 85.00

B. MARTIN OLSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 70569
 City JOHNSON CITY State TN Zip Code 37614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EAST TENNESSEE UNIVERSITY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2014
Transaction ID : SA11Al.18366
 Amount of Each Receipt this Period
 350.00

C. GAYLE OLSON KOUTROUVELIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 11924 SPORTSMAN ROAD
 City GALVESTON State TX Zip Code 77554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UT MEDICAL BRANCH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : SA11Al.18151
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	935.00
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 32 OF 55
<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)

A. JASON A. PARKER
Full Name (Last, First, Middle Initial)

Mailing Address 13514 RIVERBANK PASS

City HELOTES	State TX	Zip Code 78023
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer UNIVERSITY OF TEXAS	Occupation PHYSICIAN
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2014

Transaction ID : SA11AI.18220

Amount of Each Receipt this Period
50.00

B. AMIT I. PATEL
Full Name (Last, First, Middle Initial)

Mailing Address 3822 BOWSER AVENUE

City DALLAS	State TX	Zip Code 75219
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MODERN GYNECOLOGY	Occupation PHYSICIAN
---------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2014

Transaction ID : SA11AI.18216

Amount of Each Receipt this Period
100.00

C. ERIC M. PECK
Full Name (Last, First, Middle Initial)

Mailing Address 20375 WEST 151ST STREET

City OLATHE	State KS	Zip Code 66061
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MIDWEST OB/GYN	Occupation PHYSICIAN
------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2014

Transaction ID : SA11AI.18242

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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 33 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. JAMES J. PEREZ
Full Name (Last, First, Middle Initial)

Mailing Address 193 LAKE BLUFF DRIVE

City COLUMBUS State OH Zip Code 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer OHIO HEALTH Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **770.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.18459

Amount of Each Receipt this Period
50.00

B. HARTAJ K. POWELL
Full Name (Last, First, Middle Initial)

Mailing Address 4103 EDGEVALE COURT

City CHEVY CHASE State MD Zip Code 20815

FEC ID number of contributing federal political committee. **C**

Name of Employer CAPITAL WOMEN'S CARE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.18460

Amount of Each Receipt this Period
250.00

C. PIYAPA PRADITPAN
Full Name (Last, First, Middle Initial)

Mailing Address 829 QUINCY STREET, NW

City WASHINGTON State DC Zip Code 20011

FEC ID number of contributing federal political committee. **C**

Name of Employer WASHINGTON HOSPITAL CENTER Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2014
Transaction ID : SA11AI.18206

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)..... **375.00**

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 34 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. ROMAN PULIAEV
 Full Name (Last, First, Middle Initial)
 Mailing Address 1644 45TH STREET
 City MUNSTER State IN Zip Code 46321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FRANCISCAN PHYSICIAN NETWORK Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2014
Transaction ID : SA11AI.18190
 Amount of Each Receipt this Period
250.00

B. HOLLY S. PURITZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 7940 NORTH SHORE ROAD
 City NORFOLK State VA Zip Code 23505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE GROUP FOR WOMEN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2015.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : SA11AI.18389
 Amount of Each Receipt this Period
245.00

C. MEERA A. RAWTANI
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 SISTER PIERRE DRIVE
 City TOWSON State MD Zip Code 21204
 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 **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2014
Transaction ID : SA11AI.18243
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	745.00
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:	PAGE 35 OF 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)

A. SANDRA B. REED
Full Name (Last, First, Middle Initial)

Mailing Address 918 SOUTH BROAD STREET

City THOMASVILLE State GA Zip Code 31792

FEC ID number of contributing federal political committee. **C**

Name of Employer SHAW CENTER FOR WOMEN'S HEALTH Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.18461

Amount of Each Receipt this Period
 30.00

B. STEVEN W. REMMENGA
Full Name (Last, First, Middle Initial)

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 ▼ 1898.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2014
Transaction ID : SA11AI.18207

Amount of Each Receipt this Period
 209.00

C. HEATHER Z. SANKEY
Full Name (Last, First, Middle Initial)

Mailing Address 759 CHESTNUT STREET

City SPRINGFIELD State MA Zip Code 01199

FEC ID number of contributing federal political committee. **C**

Name of Employer BAYSTATE MEDICAL PRACTICES Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.18464

Amount of Each Receipt this Period
 175.00

SUBTOTAL of Receipts This Page (optional).....▶	414.00
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: PAGE 36 OF 55
(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)

A. KRISTIN M. SHANEYFELT
 Full Name (Last, First, Middle Initial)
 Mailing Address 62 SOUTHPOND ROAD
 City SOUTH GLASTONBURY State CT Zip Code 06073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CONNECTICUT MULTI-SPECIALTY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 10 / 15 / 2014
Transaction ID : SA11AI.18517
 Amount of Each Receipt this Period 400.00

B. GRAIG SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3219 CLIFTON AVENUE
 City CINCINNATI State OH Zip Code 45220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SAMARITAN OB/GYN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 11 / 2014
Transaction ID : SA11AI.18373
 Amount of Each Receipt this Period 300.00

C. ALEXANDRA C. SPADOLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 750 EAST ADAMS STREET
 City SYRACUSE State NY Zip Code 13210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUNY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 02 / 2014
Transaction ID : SA11AI.18245
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 840.00
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 37 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. MARY E. STAUBLE		Date of Receipt
Mailing Address 2539 DELL ROAD		<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
LOUISVILLE	KY	40205
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.18346
Name of Employer	Occupation	Amount of Each Receipt this Period
UNIVERSITY OF LOUISVILLE	PHYSICIAN	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="420.00"/>	

Full Name (Last, First, Middle Initial) B. TAMARA A. STENSHOEL		Date of Receipt
Mailing Address 2125 FAIRMOUNT BOULEVARD		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code
EUGENE	OR	97403
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.18411
Name of Employer	Occupation	Amount of Each Receipt this Period
PACIFIC WOMEN'S CENTER	PHYSICIAN	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. KATHRYN E. STEWART		Date of Receipt
Mailing Address 2506 LINK ROAD		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
LYNCHBURG	VA	24503
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.18385
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	PHYSICIAN	<input type="text" value="45.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="225.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="565.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 OF 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. ANGELA R. STOEHR		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2014
Mailing Address 5875 95TH AVENUE NORTH		Transaction ID : SA11AI.18333
City PINELLAS PARK	State FL	Zip Code 33782
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer EASTERN IOWA HEALTH CENTER	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. DANA G. STONE		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2014
Mailing Address 1730 HUNTINGTON AVENUE		Transaction ID : SA11AI.18390
City OKLAHOMA CITY	State OK	Zip Code 73116
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 210.00	
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2407.00	

Full Name (Last, First, Middle Initial) C. KATHLEEN T. SULLIVAN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2014
Mailing Address 4315 HOUMA BOULEVARD		Transaction ID : SA11AI.18465
City METAIRIE	State LA	Zip Code 70006
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer LAKESIDE WOMEN'S CARE	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	370.00
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:	PAGE 39 OF 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. LAURIE S. SWAIM		Date of Receipt
Mailing Address 4903 PALMETTO STREET		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code
BELLAIRE	TX	77401
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.18154
Name of Employer	Occupation	Amount of Each Receipt this Period
BAYLOR COLLEGE OF MEDICINE	PHYSICIAN	<input type="text" value="700.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="700.00"/>	

Full Name (Last, First, Middle Initial) B. JANICE TILDON-BURTON		Date of Receipt
Mailing Address 1700 TALLEY ROAD		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City	State	Zip Code
WILMINGTON	DE	19803
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.18205
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF-EMPLOYED	PHYSICIAN	<input type="text" value="209.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1554.00"/>	

Full Name (Last, First, Middle Initial) C. JANICE TILDON-BURTON		Date of Receipt
Mailing Address 1700 TALLEY ROAD		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
WILMINGTON	DE	19803
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.18467
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF-EMPLOYED	PHYSICIAN	<input type="text" value="175.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1729.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1084.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 40 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. ALYSIA D. TOWNSEND
Full Name (Last, First, Middle Initial)

Mailing Address 335 PINECREST COURT

City AURORA State IL Zip Code 60502

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 ▼ 700.00

Date of Receipt
10 / 08 / 2014
Transaction ID : SA11AI.18412

Amount of Each Receipt this Period
100.00

B. EUGENE C. TOY
Full Name (Last, First, Middle Initial)

Mailing Address 1401 ST. JOSEPH PARKWAY

City HOUSTON State TX Zip Code 77002

FEC ID number of contributing federal political committee. **C**

Name of Employer METHODIST HOSPITAL Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1280.00

Date of Receipt
10 / 15 / 2014
Transaction ID : SA11AI.18526

Amount of Each Receipt this Period
40.00

C. JAMES W. VAN HOOK
Full Name (Last, First, Middle Initial)

Mailing Address 6600 MIAMI BLUFF DRIVE

City CINCINNATI State OH Zip Code 45227

FEC ID number of contributing federal political committee. **C**

Name of Employer UNIVERSITY OF CINCINNATI Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
10 / 02 / 2014
Transaction ID : SA11AI.18246

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶ 1140.00

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 41 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. LINDA K. WARING
Full Name (Last, First, Middle Initial)

Mailing Address 2736 PALM DRIVE

City BILLINGS	State MT	Zip Code 59102
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer BILLINGS CLINIC	Occupation PHYSICIAN
-------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2014

Transaction ID : SA11AI.18249

Amount of Each Receipt this Period

100.00

B. TONY S. WEN
Full Name (Last, First, Middle Initial)

Mailing Address 301 UNIVERSITY BOULEVARD

City GALVESTON	State TX	Zip Code 77555
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer UNIVERSITY OF TEXAS	Occupation PHYSICIAN
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2014

Transaction ID : SA11AI.18413

Amount of Each Receipt this Period

250.00

C. C. WILSON WESBROOK
Full Name (Last, First, Middle Initial)

Mailing Address 272 WEST BUENA VISTA DRIVE

City TEMPE	State AZ	Zip Code 85284
---------------	-------------	-------------------

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 ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2014

Transaction ID : SA11AI.18414

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 42 OF 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. THOMAS WESTOVER		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2014 Transaction ID : SA11AI.18469	
Mailing Address 91 HARROWGATE DRIVE		Amount of Each Receipt this Period 175.00	
City CHERRY HILL	State NJ	Zip Code 08003	Amount of Each Receipt this Period 175.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 475.00	
Name of Employer COOPER UNIVERSITY HOSPITAL	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. CONNIE G. WHITE		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2014 Transaction ID : SA11AI.18470	
Mailing Address 203 WILKINSON STREET		Amount of Each Receipt this Period 150.00	
City FRANKFORT	State KY	Zip Code 40601	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 450.00	
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. KATHERINE O. WHITE		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014 Transaction ID : SA11AI.18538	
Mailing Address 592 FRANK SMITH ROAD		Amount of Each Receipt this Period 40.00	
City LONGMEADOW	State MA	Zip Code 01106	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 380.00	
Name of Employer BAYSTATE MEDICAL CENTER	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....	365.00
TOTAL This Period (last page this line number only).....	365.00

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

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

FOR LINE NUMBER: PAGE 43 OF 55
(check only one)
 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)

A. MAUREEN Y. YABLONSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 MESSIMER DRIVE
 City NEWARK State OH Zip Code 43055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MOUNDVIEW OB/GYN 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
 10 / 02 / 2014
Transaction ID : SA11AI.18250
 Amount of Each Receipt this Period
 1000.00

B. ROBERT YELVERTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2526 WEST JETTON AVENUE
 City TAMPA State FL Zip Code 33629
 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 ▼ 760.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.18386
 Amount of Each Receipt this Period
 70.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1070.00
TOTAL This Period (last page this line number only).....▶	28685.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

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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. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2014

Transaction ID : SB21B.18144

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2014

Transaction ID : SB21B.18145

Amount of Each Disbursement this Period

677.90

Full Name (Last, First, Middle Initial)

C. FIRST NATIONAL MERCHANT SOLUTIONS

Mailing Address 1620 DODGE STREET

City OMAHA State NE Zip Code 68197

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2014

Transaction ID : SB21B.18146

Amount of Each Disbursement this Period

1351.24

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

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

2037.09

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

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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. SQUARE, INC.

Mailing Address 901 MISSION STREET

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 10 / 2014

Transaction ID : SB21B.18328

Amount of Each Disbursement this Period

171.43

Full Name (Last, First, Middle Initial)

B. SQUARE, INC.

Mailing Address 901 MISSION STREET

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 11 / 2014

Transaction ID : SB21B.18327

Amount of Each Disbursement this Period

78.01

Full Name (Last, First, Middle Initial)

C. SQUARE, INC.

Mailing Address 901 MISSION STREET

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 12 / 2014

Transaction ID : SB21B.18326

Amount of Each Disbursement this Period

7.56

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

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

257.00

2294.09

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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. FRIENDS OF JOE HECK

Mailing Address P.O. BOX 750114

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JOE HECK

Office Sought: House
 Senate
 President
State: NV District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 14 / 2014

Transaction ID : SB23.18254

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE PITTS

Mailing Address P.O. BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JOSEPH R. PITTS

Office Sought: House
 Senate
 President
State: PA District: 16

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 14 / 2014

Transaction ID : SB23.18259

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. JOHNSON FOR CONGRESS

Mailing Address P.O. BOX 14496

City POLAND State OH Zip Code 44514

Purpose of Disbursement
CONTRIBUTION

Candidate Name
BILL JOHNSON

Office Sought: House
 Senate
 President
State: OH District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 14 / 2014

Transaction ID : SB23.18255

Amount of Each Disbursement this Period

1000.00

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

6500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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. LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Mailing Address 1150 UNIVERSITY AVENUE

City ROCHESTER State NY Zip Code 14607

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LOUISE MCINTOSH SLAUGHTER

Office Sought: House
 Senate
 President
State: NY District: 25

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

Transaction ID : SB23.18261

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MIKULSKI FOR SENATE

Mailing Address P.O. BOX 13147

City BALTIMORE State MD Zip Code 21203

Purpose of Disbursement
CONTRIBUTION

Candidate Name

BARBARA MIKULSKI

Office Sought: House
 Senate
 President
State: MD District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

Transaction ID : SB23.18258

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PAT ROBERTS FOR U.S. SENATE

Mailing Address P.O. BOX 433

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement
CONTRIBUTION

Candidate Name

PAT ROBERTS

Office Sought: House
 Senate
 President
State: KS District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

Transaction ID : SB23.18260

Amount of Each Disbursement this Period

5000.00

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

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

12500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 99567

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
CONTRIBUTION

Candidate Name
RENEE JACISIN ELLMERS

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NC District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2014			

Transaction ID : SB23.18252

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. RICHARD HANNA FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 118

City UTICA State NY Zip Code 13503

Purpose of Disbursement
CONTRIBUTION

Candidate Name
RICHARD HANNA

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NY District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2014			

Transaction ID : SB23.18253

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. WALORSKI FOR CONGRESS

Mailing Address P.O. BOX 954

City MISHAWAKA State IN Zip Code 46546

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JACKIE WALORSKI SWIHART

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: IN District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2014			

Transaction ID : SB23.18262

Amount of Each Disbursement this Period

3000.00

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

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

9500.00

28500.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)	FEC IDENTIFICATION NUMBER ▼ C C00364158
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee BUYING TIME, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address 650 MASSACHUSETTS AVENUE, NW	Amount 15000.00
City State Zip Code WASHINGTON DC 20001	Transaction ID : SE.18267 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 14 / 2014
Purpose of Expenditure RADIO ADS	Category/Type
Name of Federal Candidate AMERISH BERA	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: CA
Calendar Year-To-Date Per Election for Office Sought 15000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee BUYING TIME, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address 650 MASSACHUSETTS AVENUE, NW	Amount 20000.00
City State Zip Code WASHINGTON DC 20001	Transaction ID : SE.18269 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 14 / 2014
Purpose of Expenditure RADIO ADS	Category/Type
Name of Federal Candidate RAUL RUIZ	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 36 State: CA
Calendar Year-To-Date Per Election for Office Sought 20000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	35000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature STACIE MONROE [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
10 / 21 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)	FEC IDENTIFICATION NUMBER ▼ C C00364158
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee EXPERT COMMUNICATIONS & TRAINING, INC.	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y
Mailing Address 5416 COUNTRY CLUB DRIVE	Amount 20000.00
City State Zip Code LA GRANGE IL 60525	Transaction ID : SE.18263 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2014
Purpose of Expenditure RADIO ADS	Category/Type []
Name of Federal Candidate JOE HECK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President State: NV
Calendar Year-To-Date Per Election for Office Sought 20000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee EXPERT COMMUNICATIONS & TRAINING, INC.	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y
Mailing Address 5416 COUNTRY CLUB DRIVE	Amount 30000.00
City State Zip Code LA GRANGE IL 60525	Transaction ID : SE.18265 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2014
Purpose of Expenditure RADIO ADS	Category/Type []
Name of Federal Candidate EVAN H. JENKINS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President State: WV
Calendar Year-To-Date Per Election for Office Sought 30000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	50000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	[]
(c) TOTAL Independent Expenditures..... ▶	[]

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature STACIE MONROE [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)
FEC IDENTIFICATION NUMBER
C C00364158
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
LET'S GET TO WORK PRODUCTIONS, LLC
Mailing Address
4603 EATON PLACE
City
ALEXANDRIA State
VA Zip Code
22310
Purpose of Expenditure
MAILING Category/
Type

Date of Public Distribution/Dissemination
Amount
10000.00
Transaction ID : SE.18270
Date of Disbursement or Obligation
10 / 15 / 2014

Name of Federal Candidate
NAN HAYWORTH
Support
Office Sought:
House District: 18
State: NY

Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
MAMMEN GROUP, INC.
Mailing Address
1901 L STREET, NW
City
WASHINGTON State
DC Zip Code
20036
Purpose of Expenditure
MAILING Category/
Type

Date of Public Distribution/Dissemination
Amount
14994.43
Transaction ID : SE.18272
Date of Disbursement or Obligation
10 / 14 / 2014

Name of Federal Candidate
AMERISH BERA
Support
Office Sought:
House District: 07
State: CA

Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 24994.43
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature STACIE MONROE [Electronically Filed] Date 10 / 21 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)		FEC IDENTIFICATION NUMBER ▼ C C00364158
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee MAMMEN GROUP, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 1901 L STREET, NW		Amount 14979.43
City WASHINGTON	State DC	Zip Code 20036
Purpose of Expenditure MAILING	Category/Type	Transaction ID : SE.18274 Date of Disbursement or Obligation MM / DD / YYYY 10 / 14 / 2014
Name of Federal Candidate AMERISH BERA	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought	44973.86	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee MAMMEN GROUP, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 1901 L STREET, NW		Amount 14959.43
City WASHINGTON	State DC	Zip Code 20036
Purpose of Expenditure MAILING	Category/Type	Transaction ID : SE.18275 Date of Disbursement or Obligation MM / DD / YYYY 10 / 14 / 2014
Name of Federal Candidate AMERISH BERA	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought	59933.29	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	29938.86
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

STACIE MONROE
Signature

[Electronically Filed]

Date MM / DD / YYYY
10 / 21 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)
FEC IDENTIFICATION NUMBER C C00364158
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee MAMMEN GROUP, INC.
Mailing Address 1901 L STREET, NW
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure MAILING Category/Type
Name of Federal Candidate AMERISH BERA Support
Calendar Year-To-Date Per Election for Office Sought 74912.72

Date of Public Distribution/Dissemination
Amount 14979.43
Transaction ID : SE.18276
Date of Disbursement or Obligation 10/14/2014
Office Sought: House District: 07 State: CA
Disbursement For: General 2014

Full Name of Payee MAMMEN GROUP, INC.
Mailing Address 1901 L STREET, NW
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure MAILING Category/Type
Name of Federal Candidate JOHN FOUST Support
Calendar Year-To-Date Per Election for Office Sought 9977.10

Date of Public Distribution/Dissemination
Amount 9977.10
Transaction ID : SE.18277
Date of Disbursement or Obligation 10/14/2014
Office Sought: House District: 10 State: VA
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 24956.53
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature STACIE MONROE [Electronically Filed] Date 10/21/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)
FEC IDENTIFICATION NUMBER
C C00364158
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
MAMMEN GROUP, INC.
Mailing Address
1901 L STREET, NW
City
WASHINGTON State
DC Zip Code
20036
Purpose of Expenditure
MAILING Category/
Type
Name of Federal Candidate
JOHN FOUST Support
Office Sought: House District: 10
State: VA
Calendar Year-To-Date
Per Election for Office Sought
19779.20

Date of Public Distribution/Dissemination
Amount
9802.10
Transaction ID : SE.18279
Date of Disbursement or Obligation
10 / 14 / 2014
Disbursement For: General
2014

Full Name of Payee
MAMMEN GROUP, INC.
Mailing Address
1901 L STREET, NW
City
WASHINGTON State
DC Zip Code
20036
Purpose of Expenditure
MAILING Category/
Type
Name of Federal Candidate
DANIEL B. MAFFEI Support
Office Sought: House District: 24
State: NY
Calendar Year-To-Date
Per Election for Office Sought
9961.70

Date of Public Distribution/Dissemination
Amount
9961.70
Transaction ID : SE.18280
Date of Disbursement or Obligation
10 / 14 / 2014
Disbursement For: General
2014

(a) SUBTOTAL of Itemized Independent Expenditures 19763.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
STACIE MONROE [Electronically Filed] Date 10 / 21 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)
FEC IDENTIFICATION NUMBER
C C00364158
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
MAMMEN GROUP, INC.
Mailing Address
1901 L STREET, NW
City
WASHINGTON State
DC Zip Code
20036
Purpose of Expenditure
MAILING Category/
Type
Name of Federal Candidate
DANIEL B. MAFFEI Support
Office Sought: House District: 24
State: NY
Calendar Year-To-Date
Per Election for Office Sought
19923.40

Date of Public Distribution/Dissemination
Amount
9961.70
Transaction ID : SE.18282
Date of Disbursement or Obligation
10 / 14 / 2014
Disbursement For: General
2014

Full Name of Payee
MAMMEN GROUP, INC.
Mailing Address
1901 L STREET, NW
City
WASHINGTON State
DC Zip Code
20036
Purpose of Expenditure
MAILING Category/
Type
Name of Federal Candidate
MARK E. UDALL Support
Office Sought: Senate District: 00
State: CO
Calendar Year-To-Date
Per Election for Office Sought
43960.32

Date of Public Distribution/Dissemination
Amount
43960.32
Transaction ID : SE.18283
Date of Disbursement or Obligation
10 / 14 / 2014
Disbursement For: General
2014

(a) SUBTOTAL of Itemized Independent Expenditures 53922.02
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 238575.64

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
STACIE MONROE [Electronically Filed] Date 10 / 21 / 2014
Signature