

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) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 05 01 2012 through 05 31 2012

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 06 11 2012

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="2012"/>		311166.38
(b) Cash on Hand at Beginning of Reporting Period.....	403078.75	
(c) Total Receipts (from Line 19) .....	52053.66	320817.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	455132.41	631983.68
7. Total Disbursements (from Line 31).....	41935.30	218786.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	413197.11	413197.11
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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).....	42522.66	234000.98
(ii) Unitemized .....	9531.00	81816.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	52053.66	315817.30
(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) .....	52053.66	315817.30
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	5000.00
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))..... ▶	52053.66	320817.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	52053.66	320817.30

**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 .....	1035.30	7186.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1035.30	7186.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40000.00	202000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	900.00	1100.00
(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)).....	900.00	1100.00
29. Other Disbursements .....	0.00	8500.00
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)) ..	41935.30	218786.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41935.30	218786.57

**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) .....	52053.66	315817.30
34. Total Contribution Refunds (from Line 28(d)) .....	900.00	1100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	51153.66	314717.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1035.30	7186.57
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1035.30	7186.57

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

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

FOR LINE NUMBER: PAGE 6 OF 61  
(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. MELODY R. ADLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 815 BISHOPSGATE LANE  
 City VIRGINIA BEACH State VA Zip Code 23542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer COMPLETE 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  
 05 / 15 / 2012  
**Transaction ID : SA11AI.26312**  
 Amount of Each Receipt this Period  
 250.00

**B. TOD C. AEBY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1319 PUNAHOU STREET  
 City HONOLULU State HI Zip Code 96826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF HAWAII 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  
 05 / 15 / 2012  
**Transaction ID : SA11AI.26377**  
 Amount of Each Receipt this Period  
 150.00

**C. BRUCE D. AKRIGHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 322 BLUFFCREST  
 City SAN ANTONIO State TX Zip Code 78216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NORTHEAST OB/GYN 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  
 05 / 15 / 2012  
**Transaction ID : SA11AI.26314**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00  
**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 7 OF 61
	<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. ABBY F. ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 CLUB TERRACE  
 City NEWPORT NEWS State VA Zip Code 23606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MID-ATLANTIC WOMEN'S CARE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2012  
**Transaction ID : SA11AI.26315**  
 Amount of Each Receipt this Period  
 250.00

**B. RALPH J. ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4100 COACHMAN LANE  
 City COLLEYVILLE State TX Zip Code 76034  
 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 ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2012  
**Transaction ID : SA11AI.26456**  
 Amount of Each Receipt this Period  
 100.00

**C. THADDEUS L. ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2350 SIMPSON STREET  
 City DUBUQUE State IA Zip Code 52003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DUBUQUE OB/GYN Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2012  
**Transaction ID : SA11AI.26424**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> 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 61
<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. JOSEPH J. APUZZIO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 185 SOUTH ORANGE AVENUE  
 City NEWARK State NJ Zip Code 07103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NEW JERSEY MEDICAL SCHOOL Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012  
**Transaction ID : SA11AI.26408**  
 Amount of Each Receipt this Period  
**300.00**

**B. JANICE L. BACON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3401 HEATHERWOOD ROAD  
 City COLUMBIA State SC Zip Code 29205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LEXINGTON MEDICAL CENTER Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2012  
**Transaction ID : SA11AI.26425**  
 Amount of Each Receipt this Period  
**500.00**

**C. JEANNE E. BALLARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12400 PEBBLEPOINTE PASS  
 City CARMEL State IN Zip Code 46033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HEALTHNET Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : SA11AI.26490**  
 Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1050.00</b>
<b>TOTAL</b> 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 61
<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. KENNETH I. BARRON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 CADY STREET  
 City Providence State RI Zip Code 02903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TRUESDALE OB/GYN Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **275.00**

Date of Receipt **05 / 07 / 2012**  
**Transaction ID : SA11AI.26263**  
 Amount of Each Receipt this Period **125.00**

**B. SIOBHAN M. BERTOLINO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2269 JADE STREET  
 City VIRGINIA BEACH State VA Zip Code 23541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MID-ATLANTIC WOMEN'S CARE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 15 / 2012**  
**Transaction ID : SA11AI.26316**  
 Amount of Each Receipt this Period **250.00**

**C. DAVID J. BOES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3926 CROOKED CREEK DRIVE  
 City OKEMOS State MI Zip Code 48864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INGHAM REGIONAL MEDICAL CENTER Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **325.00**

Date of Receipt **05 / 08 / 2012**  
**Transaction ID : SA11AI.26276**  
 Amount of Each Receipt this Period **65.00**

**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 61
	<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) <b>A. ULAS BOZDOGAN</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2012 <b>Transaction ID : SA11AI.26378</b>
Mailing Address 845 HIGH MOUNTAIN ROAD		Amount of Each Receipt this Period 500.00
City FRANKLIN LAKES	State NJ	Zip Code 07417
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. LEONARD A. BRABSON</b>		Date of Receipt MM / DD / YYYY 05 / 16 / 2012 <b>Transaction ID : SA11AI.26394</b>
Mailing Address 939 EMERALD AVENUE		Amount of Each Receipt this Period 417.00
City KNOXVILLE	State TN	Zip Code 37917
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 ▼ 667.00	

Full Name (Last, First, Middle Initial) <b>C. KEITH R. BRILL</b>		Date of Receipt MM / DD / YYYY 05 / 16 / 2012 <b>Transaction ID : SA11AI.26395</b>
Mailing Address 179 BORTIZAN DRIVE		Amount of Each Receipt this Period 60.00
City LAS VEGAS	State NV	Zip Code 89138
FEC ID number of contributing federal political committee. C		
Name of Employer WOMEN'S SPECIALTY CARE	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	977.00
<b>TOTAL</b> 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 61
<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. DONALD K. BRYAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1315 WEST LANE AVENUE

City COLUMBUS State OH Zip Code 43221

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

Name of Employer: KINGSDALE GYNECOLOGICAL Occupation: PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 05 / 24 / 2012  
**Transaction ID : SA11AI.26511**

Amount of Each Receipt this Period: 300.00

**B. MARY A. BURNS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2635 LANDVIEW CIRCLE

City VIRGINIA BEACH State VA Zip Code 23454

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

Name of Employer: VIRGINIA BEACH OB/GYN Occupation: PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 08 / 2012  
**Transaction ID : SA11AI.26277**

Amount of Each Receipt this Period: 250.00

**C. PETER R. CASSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 139 RABBITS RUN

City WILLISTON State VT Zip Code 05495

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

Name of Employer: UNIVERSITY OF VERMONT Occupation: PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 04 / 2012  
**Transaction ID : SA11AI.26240**

Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

**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 61
	<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 P. CHANEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1730 HIGHWAY 25 NORTH

City AMORY State MS Zip Code 38821

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

Name of Employer PHYSICIANS AND SURGEONS CLINIC Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 22 / 2012  
**Transaction ID : SA11AI.26442**

Amount of Each Receipt this Period 50.00

**B. SCOTT T. CHATHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 405 5TH STREET PLACE

City CONOVER State NC Zip Code 28613

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

Name of Employer CATAWBA WOMEN'S CENTER Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 15 / 2012  
**Transaction ID : SA11AI.26318**

Amount of Each Receipt this Period 250.00

**C. BENJAMIN H. CHEEK**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 HAMILTON ROAD

City COLUMBUS State GA Zip Code 31904

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

Name of Employer OB/GYN ASSOCIATES OF COLUMBUS Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 633.32

Date of Receipt 05 / 23 / 2012  
**Transaction ID : SA11AI.26426**

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

**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 61
	<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. BENJAMIN H. CHEEK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 HAMILTON ROAD  
 City COLUMBUS State GA Zip Code 31904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OB/GYN ASSOCIATES OF COLUMBUS Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 716.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2012  
**Transaction ID : SA11AI.26496**  
 Amount of Each Receipt this Period  
 83.33

**B. J. FLOYD CLINGENPEEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 305 HUNTERDALE ROAD  
 City FRANKLIN State VA Zip Code 23851  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OB/GYN PHYSICIANS 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  
 05 / 15 / 2012  
**Transaction ID : SA11AI.26319**  
 Amount of Each Receipt this Period  
 250.00

**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 ▼ 1700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2012  
**Transaction ID : SA11AI.26167**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 433.33  
**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 14 OF 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. PAUL A. COOK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12455 EAST 100TH STREET  
 City OWASSO State OK Zip Code 74055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ST. JOHN MEDICAL CENTER 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  
 05 / 01 / 2012  
**Transaction ID : SA11AI.26168**  
 Amount of Each Receipt this Period  
 250.00

**B. CHERI L. COYLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 FLAG CREEK ROAD  
 City YORKTOWN State VA Zip Code 23693  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MID-ATLANTIC 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  
 05 / 08 / 2012  
**Transaction ID : SA11AI.26278**  
 Amount of Each Receipt this Period  
 250.00

**C. MONIQUE S. CRABB**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2625 BOMBAY LANDING  
 City VIRGINIA BEACH State VA Zip Code 23456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer COMPLETE 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  
 05 / 15 / 2012  
**Transaction ID : SA11AI.26320**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> 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 15 OF 61  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

**A. JON L. CROCKFORD**  
Full Name (Last, First, Middle Initial)

Mailing Address 320 FAIRFAX AVENUE

City NORFOLK State VA Zip Code 23507

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 15 / 2012

**Transaction ID : SA11AI.26321**

Amount of Each Receipt this Period  
250.00

**B. JACQUELINE F. CROOPNICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 23 BRANDEIS CIRCLE

City NEWTON State MA Zip Code 02459

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

Name of Employer BOSTON OB/GYN Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 24 / 2012

**Transaction ID : SA11AI.26513**

Amount of Each Receipt this Period  
500.00

**C. ELISABETH CURTIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2306 RESERVE WAY

City NEWPORT NEWS State VA Zip Code 23602

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

Name of Employer PENINSULA WOMEN'S CARE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 15 / 2012

**Transaction ID : SA11AI.26322**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

**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 61  
(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. STELLA M. DANTAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6906 SOUTHWEST WINDEMERE LOOP  
 City PORTLAND State OR Zip Code 97225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NORTHWEST KAISER PERMANENTE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2012  
**Transaction ID : SA11AI.26443**  
 Amount of Each Receipt this Period  
 200.00

**B. THOMAS S. DARDARIAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 CETON COURT  
 City BROOMAIL State PA Zip Code 19008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MAIN LINE WOMEN'S HEALTH CARE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2012  
**Transaction ID : SA11AI.26311**  
 Amount of Each Receipt this Period  
 100.00

**C. BRENDA L. DAWLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 WINDSOR DRIVE  
 City HUNTINGTON State WV Zip Code 25701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MARSHALL UNIVERSITY Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2012  
**Transaction ID : SA11AI.26427**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**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 17 OF 61
	<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) <b>A. LAURA A. DEAN</b>		Date of Receipt
Mailing Address 921 GREELEY STREET SOUTH		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
STILLWATER	MN	55082
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
STILLWATER MEDICAL GROUP	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1150.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
		Transaction ID : SA11AI.26515

Full Name (Last, First, Middle Initial) <b>B. ROBERT H. DEBBS</b>		Date of Receipt
Mailing Address 2 SASSAFRAS COURT		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code
VOORHEES	NJ	08043
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
UNIVERSITY OF PENNSYLVANIA	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="800.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
		Transaction ID : SA11AI.26305

Full Name (Last, First, Middle Initial) <b>C. MARK S. DEFRANCESCO</b>		Date of Receipt
Mailing Address 35 TERRELL FARM PLACE		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code
CHESHIRE	CT	06410
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
WOMEN'S HEALTH CONNECTICUT	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2025.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
		Transaction ID : SA11AI.26428

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
<b>TOTAL</b> 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 18 OF 61
	<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) <b>A. ADRIAN DEL BOCA</b>			Date of Receipt
Mailing Address 18745 SOUTHWEST 78TH COURT			<input type="text" value="05"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.26226</b>
MIAMI	FL	33157	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="250.00"/>
Name of Employer	Occupation		
MIAMI OB/GYN	PHYSICIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. NATHANIEL G. DENICOLA</b>			Date of Receipt
Mailing Address 2121 PINE STREET			<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.26429</b>
PHILADELPHIA	PA	19103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="125.00"/>
Name of Employer	Occupation		
UNIVERSITY OF PENNSYLVANIA	PHYSICIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. NATHANIEL G. DENICOLA</b>			Date of Receipt
Mailing Address 2121 PINE STREET			<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.26430</b>
PHILADELPHIA	PA	19103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="75.00"/>
Name of Employer	Occupation		
UNIVERSITY OF PENNSYLVANIA	PHYSICIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="325.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 61
<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) <b>A. MARYBETH R. DIXON</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2012 <b>Transaction ID : SA11AI.26323</b>
Mailing Address 510 CARLISLE WAY		Amount of Each Receipt this Period 250.00
City NORFOLK	State VA	Zip Code 23505
FEC ID number of contributing federal political committee. C	Name of Employer MID-ATLANTIC 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	

Full Name (Last, First, Middle Initial) <b>B. CHRISTINA A. DOOLEY</b>		Date of Receipt MM / DD / YYYY 05 / 16 / 2012 <b>Transaction ID : SA11AI.26396</b>
Mailing Address 3301 BELMONT STREET		Amount of Each Receipt this Period 1000.00
City DENTON	State TX	Zip Code 76210
FEC ID number of contributing federal political committee. C	Name of Employer MEDICAL CLINIC OF NORTH TEXAS	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. FREDERICK U. ERUO</b>		Date of Receipt MM / DD / YYYY 05 / 18 / 2012 <b>Transaction ID : SA11AI.26471</b>
Mailing Address 5224 PORTAGE STREET		Amount of Each Receipt this Period 500.00
City NORTH CANTON	State OH	Zip Code 44720
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 ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> 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 20 OF 61  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

**A. BENIGNO D. FEDERICI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5026 RIVERFRONT DRIVE  
City SUFFOLK State VA Zip Code 23434  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SPECIALISTS FOR WOMEN Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 05 / 15 / 2012  
Transaction ID : SA11AI.26324  
Amount of Each Receipt this Period 250.00

**B. MARTHA T. FERNANDEZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1308 LITCHFIELD COURT  
City VIRGINIA BEACH State VA Zip Code 23452  
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 250.00

Date of Receipt 05 / 15 / 2012  
Transaction ID : SA11AI.26325  
Amount of Each Receipt this Period 250.00

**C. STEVEN J. FLEISCHMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 CARRIAGE HILL ROAD  
City WOODBRIDGE State CT Zip Code 06525  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OB/GYN MENOPAUSE PHYSICIANS Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2000.00

Date of Receipt 05 / 23 / 2012  
Transaction ID : SA11AI.26431  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... 1500.00  
**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 61
	<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. ARLENE J. FONTANARES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1013 SAW PEN POINT TRAIL  
 City VIRGINIA BEACH State VA Zip Code 23455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MID-ATLANTIC 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  
 05 / 08 / 2012  
**Transaction ID : SA11AI.26279**  
 Amount of Each Receipt this Period  
**250.00**

**B. DAVID A. FORSTEIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 117 RAMSFORD LANE  
 City SIMPSONVILLE State SC Zip Code 29681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GREENVILLE HOSPITAL SYSTEM 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  
 05 / 13 / 2012  
**Transaction ID : SA11AI.26310**  
 Amount of Each Receipt this Period  
**100.00**

**C. RAVI GADA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3006 KENOSHA DRIVE  
 City ROCHESTER State MN Zip Code 55901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MAYO CLINIC Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1725.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2012  
**Transaction ID : SA11AI.26432**  
 Amount of Each Receipt this Period  
**725.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1075.00**  
**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 61
	<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) <b>A. PAMELA G. GALLUP</b>		Date of Receipt MM / DD / YYYY 05 / 23 / 2012 <b>Transaction ID : SA11AI.26433</b>
Mailing Address P.O. BOX 2805		Amount of Each Receipt this Period 1800.00
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 ▼ 2300.00	

Full Name (Last, First, Middle Initial) <b>B. AMY L. GARCIA</b>		Date of Receipt MM / DD / YYYY 05 / 01 / 2012 <b>Transaction ID : SA11AI.26179</b>
Mailing Address 201 CEDAR STREET		Amount of Each Receipt this Period 250.00
City ALBUQUERQUE	State NM	Zip Code 87106
FEC ID number of contributing federal political committee. C	Name of Employer CENTER FOR WOMEN'S SURGERY	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. THOMAS M. GELLHAUS</b>		Date of Receipt MM / DD / YYYY 05 / 22 / 2012 <b>Transaction ID : SA11AI.26444</b>
Mailing Address 6345 JAMES ROAD		Amount of Each Receipt this Period 500.00
City BETTENDORF	State IA	Zip Code 52722
FEC ID number of contributing federal political committee. C	Name of Employer UNIVERSITY OF IOWA	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2550.00
<b>TOTAL</b> 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 61
	<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. JENNIFER D. GEORGE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3185 PAGE AVENUE

City VIRGINIA BEACH State VA Zip Code 23451

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

Name of Employer COMPLETE 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  
 05 / 15 / 2012  
**Transaction ID : SA11AI.26326**

Amount of Each Receipt this Period  
 250.00

**B. KAREN M. GIRARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 GALLOUPES POINT

City SWAMPSCOTT State MA Zip Code 01907

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

Name of Employer BRIGHAM OB/GYN GROUP 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  
 05 / 21 / 2012  
**Transaction ID : SA11AI.26458**

Amount of Each Receipt this Period  
 250.00

**C. ILENE B. GOLDSTEIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 500 PACIFIC AVENUE

City VIRGINIA BEACH State VA Zip Code 23451

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

Name of Employer VIRGINIA BEACH 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  
 05 / 15 / 2012  
**Transaction ID : SA11AI.26327**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> 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 24 OF 61
<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) <b>A. ELIZABETH B. GOLPIRA</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2012 <b>Transaction ID : SA11AI.26328</b>
Mailing Address 1702 CLONCURRY ROAD		Amount of Each Receipt this Period 250.00
City NORFOLK	State VA	Zip Code 23505
FEC ID number of contributing federal political committee. C		
Name of Employer MID-ATLANTIC 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	

Full Name (Last, First, Middle Initial) <b>B. C. DWIGHT GROVES</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2012 <b>Transaction ID : SA11AI.26330</b>
Mailing Address 109 HARBOR WATCH DRIVE		Amount of Each Receipt this Period 250.00
City CHESAPEAKE	State VA	Zip Code 23320
FEC ID number of contributing federal political committee. C		
Name of Employer THE GROUP FOR WOMEN	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. NEIL A. HAMILL</b>		Date of Receipt MM / DD / YYYY 05 / 07 / 2012 <b>Transaction ID : SA11AI.26264</b>
Mailing Address 3882 SOUTH 177TH AVENUE		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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 25 OF 61
	<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. R. MOSS HAMPTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3950 EDGEBROOK COURT

City MIDLAND	State TX	Zip Code 79707
-----------------	-------------	-------------------

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

Name of Employer TEXAS TECH	Occupation PHYSICIAN
--------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  

M M / D D / Y Y Y Y Y Y
05 / 23 / 2012

**Transaction ID : SA11AI.26434**

Amount of Each Receipt this Period  

300.00
--------

**B. LISBET M. HANSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1181 FIRST COLONIAL ROAD

City VIRGINIA BEACH	State VA	Zip Code 23454
------------------------	-------------	-------------------

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

Name of Employer MID-ATLANTIC WOMEN'S CARE	Occupation PHYSICIAN
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M / D D / Y Y Y Y Y Y
05 / 08 / 2012

**Transaction ID : SA11AI.26280**

Amount of Each Receipt this Period  

250.00
--------

**C. DENISE L. HARRIS-PROCTOR**  
Full Name (Last, First, Middle Initial)

Mailing Address 880 KEMPSVILLE ROAD

City NORFOLK	State VA	Zip Code 23502
-----------------	-------------	-------------------

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 ▼ **250.00**

Date of Receipt  

M M / D D / Y Y Y Y Y Y
05 / 15 / 2012

**Transaction ID : SA11AI.26333**

Amount of Each Receipt this Period  

250.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>800.00</b>
<b>TOTAL</b> 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 61
	<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. RICHARD W. HENDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1709 CLEAVER LANE

City WILMINGTON State DE Zip Code 19803

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

Name of Employer ST. FRANCIS HOSPITAL Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 23 / 2012**

**Transaction ID : SA11AI.26435**

Amount of Each Receipt this Period  
**300.00**

**B. ROBERT M. HILL**  
Full Name (Last, First, Middle Initial)

Mailing Address 10101 RAINBOW ROAD

City CARROLLTON State VA Zip Code 23314

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

Name of Employer HAMPTON ROADS 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  
**05 / 15 / 2012**

**Transaction ID : SA11AI.26334**

Amount of Each Receipt this Period  
**250.00**

**C. SHELLY W. HOLMSTROM**  
Full Name (Last, First, Middle Initial)

Mailing Address 633 BOSPHOROUS AVENUE

City TAMPA State FL Zip Code 33606

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

Name of Employer UNIVERSITY OF SOUTH FLORIDA Occupation 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  
**05 / 02 / 2012**

**Transaction ID : SA11AI.26218**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>650.00</b>
<b>TOTAL</b> 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 61
	<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) <b>A. G. THEODORE HUGHES</b>		Date of Receipt
Mailing Address 6069 RIVER CRESCENT		<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2012"/>
City	State	Zip Code
NORFOLK	VA	23505
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.26364</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
WOMEN'S CARE CENTERS	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"/>	

Full Name (Last, First, Middle Initial) <b>B. CHERYL IGLESIA</b>		Date of Receipt
Mailing Address 8605 VILLAGE PARK PLACE		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City	State	Zip Code
CHEVY CHASE	MD	20815
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.26445</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDSTAR	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"/>	

Full Name (Last, First, Middle Initial) <b>C. NAVED A. JAFRI</b>		Date of Receipt
Mailing Address 21 LESSIES DRIVE		<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City	State	Zip Code
POQUOSON	VA	23662
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.26281</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
OB/GYN ASSOCIATES OF HAMPTON	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"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
<b>TOTAL</b> 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 28 OF 61
	<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	<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) <b>A. OBAID H. JAFRI</b>		Date of Receipt
Mailing Address 128 YORKSHIRE DRIVE		<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City	State	Zip Code
YORKTOWN	VA	23693
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11Al.26282</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
OB/GYN ASSOCIATES OF HAMPTON	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"/>	

Full Name (Last, First, Middle Initial) <b>B. LYDIA M. JEFFRIES</b>		Date of Receipt
Mailing Address 21 WILSON LANE		<input type="text" value="05"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
FAIRVIEW	NC	28730
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11Al.26258</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
ASHEVILLE WOMEN'S CENTER	PHYSICIAN	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) <b>C. JOHN C. JENNINGS</b>		Date of Receipt
Mailing Address 2405 SPOONBILL DRIVE		<input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code
LEAGUE CITY	TX	77573
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11Al.26412</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
TEXAS TECH UNIVERSITY	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="1500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="850.00"/>
<b>TOTAL</b> 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 29 OF 61
	<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) <b>A. AMOUR F. JOHNSON</b>		Date of Receipt
Mailing Address 1549 BAY POINT DRIVE		<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City	State	Zip Code
VIRGINIA BEACH	VA	23454
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.26283</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MID-ATLANTIC WOMEN'S CARE	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"/>	

Full Name (Last, First, Middle Initial) <b>B. LEAH A. KAUFMAN</b>		Date of Receipt
Mailing Address 331 FAIRWAY DRIVE		<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
FARMINGDALE	NY	11735
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.26400</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
LONG ISLAND JEWISH MEDICAL	PHYSICIAN	<input type="text" value="225.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="475.00"/>	

Full Name (Last, First, Middle Initial) <b>C. LEAH A. KAUFMAN</b>		Date of Receipt
Mailing Address 331 FAIRWAY DRIVE		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
FARMINGDALE	NY	11735
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.26464</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
LONG ISLAND JEWISH MEDICAL	PHYSICIAN	<input type="text" value="75.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="550.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="550.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 61
	<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. SHARON D. KEISER**  
Full Name (Last, First, Middle Initial)

Mailing Address 110 REEDY DRIVE

City State Zip Code  
PIEDMONT SC 29673

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

Name of Employer Occupation  
GREENVILLE HOSPITAL SYSTEM 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  
05 / 04 / 2012  
**Transaction ID : SA11AI.26248**

Amount of Each Receipt this Period  
500.00

**B. WILLIAM J. KELLETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 918 KIRKWOOD AVENUE

City State Zip Code  
NASHVILLE TN 37204

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

Name of Employer Occupation  
VANDERBILT UNIVERSITY 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  
05 / 24 / 2012  
**Transaction ID : SA11AI.26525**

Amount of Each Receipt this Period  
650.00

**C. PETER J. KEMP**  
Full Name (Last, First, Middle Initial)

Mailing Address 925 OXFORD DRIVE

City State Zip Code  
VIRGINIA BEACH VA 23542

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

Name of Employer Occupation  
CHESAPEAKE WOMEN'S CARE 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  
05 / 15 / 2012  
**Transaction ID : SA11AI.26335**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1400.00

**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 31 OF 61
	<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) <b>A. KRIS E. KENNEDY</b>		Date of Receipt
Mailing Address 1812 UPPER JAMES COURT		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
VIRGINIA BEACH	VA	23454
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.26337</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
COMPLETE WOMEN'S CARE	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"/>	

Full Name (Last, First, Middle Initial) <b>B. CHAD K. KLAUSER</b>		Date of Receipt
Mailing Address 805 COLUMBUS AVENUE		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
NEW YORK	NY	10025
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.26186</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MATERNAL FETAL 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>C. FENNY KWAN</b>		Date of Receipt
Mailing Address 1181 FORST COLONIAL ROAD		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
VIRGINIA BEACH	VA	23454
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.26338</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
VIRGINIA BEACH OB/GYN	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"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
<b>TOTAL</b> 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 32 OF 61
	<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. WILMA I. LARSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2002 CANYON SPRINGS

City BELTON	State TX	Zip Code 76513
----------------	-------------	-------------------

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

Name of Employer SCOTT & WHITE	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
05	/	22	/	2012

**Transaction ID : SA11AI.26447**

Amount of Each Receipt this Period  
250.00

**B. FRANK J. LAUDONIO**  
Full Name (Last, First, Middle Initial)

Mailing Address 523 NORTH TUCSON BOULEVARD

City TUCSON	State AZ	Zip Code 85716
----------------	-------------	-------------------

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 ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2012

**Transaction ID : SA11AI.26448**

Amount of Each Receipt this Period  
1500.00

**C. HAL C. LAWRENCE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2700 VIRGINIA AVENUE, NW

City WASHINGTON	State DC	Zip Code 20037
--------------------	-------------	-------------------

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

Name of Employer AMERICAN CONGRESS OF OB/GYNS	Occupation EXECUTIVE VICE PRESIDENT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2150.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2012

**Transaction ID : SA11AI.26436**

Amount of Each Receipt this Period  
2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3750.00
<b>TOTAL</b> 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 33 OF 61  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

Full Name (Last, First, Middle Initial)  
**A. TERESA LAZAR**

Mailing Address 755 PLANDOME ROAD

City State Zip Code  
MANHASSET NY 11030

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

Name of Employer Occupation  
NORTH SHORE HOSPITAL 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  
05 / 23 / 2012  
**Transaction ID : SA11AI.26437**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**B. ZENETTE M. LEAO**

Mailing Address 1608 BEARDSLY COURT

City State Zip Code  
CHESAPEAKE VA 23322

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

Name of Employer Occupation  
GYNECOLOGY SPECIALISTS 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  
05 / 15 / 2012  
**Transaction ID : SA11AI.26339**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. JANICE P. LEVIN**

Mailing Address 2100 CHAMBERLING KEY

City State Zip Code  
VIRGINIA BEACH VA 23454

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

Name of Employer Occupation  
COMLETE WOMEN'S CARE 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  
05 / 15 / 2012  
**Transaction ID : SA11AI.26340**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

**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 61
	<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. BARBARA S. LEVY**  
Full Name (Last, First, Middle Initial)

Mailing Address 28511 10TH AVENUE SOUTH

City FEDERAL WAY	State WA	Zip Code 98003
---------------------	-------------	-------------------

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

Name of Employer AMERICAN CONGRESS OF OB/GYNS	Occupation VICE PRESIDENT
--	------------------------------

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
05	/	25	/	2012

**Transaction ID : SA11AI.26418**

Amount of Each Receipt this Period  

150.00
--------

**B. PAUL I. LINDNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1100 KENNEDY TRAIL

City CHESAPEAKE	State VA	Zip Code 23322
--------------------	-------------	-------------------

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

Name of Employer TOTAL CARE FOR WOMEN	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
05	/	08	/	2012

**Transaction ID : SA11AI.26285**

Amount of Each Receipt this Period  

250.00
--------

**C. LINDA M. LONG**  
Full Name (Last, First, Middle Initial)

Mailing Address 3072 FALMOUTH DRIVE

City CHESAPEAKE	State VA	Zip Code 23321
--------------------	-------------	-------------------

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

Name of Employer GYNECOLOGY SPECIALISTS	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
05	/	15	/	2012

**Transaction ID : SA11AI.26341**

Amount of Each Receipt this Period  

250.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>650.00</b>
<b>TOTAL</b> 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 35 OF 61
	<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. LONDON B. LORENZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 920 STANTON L. YOUNG BOULEVARD

City OKLAHOMA CITY	State OK	Zip Code 73104
-----------------------	-------------	-------------------

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2012

**Transaction ID : SA11AI.26528**

Amount of Each Receipt this Period  
250.00

**B. ROBERT P. LORENZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 3226 WELLINGTON COURT

City WEST BLOOMFIELD	State MI	Zip Code 48324
-------------------------	-------------	-------------------

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

Name of Employer WILLIAM BEAUMONT HOSPITAL	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
05	/	25	/	2012

**Transaction ID : SA11AI.26419**

Amount of Each Receipt this Period  
300.00

**C. DONNA M. LUKASEK**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1560

City MULDROW	State OK	Zip Code 74948
-----------------	-------------	-------------------

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

Name of Employer SPARKS REGIONAL MEDICAL CENTER	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
05	/	31	/	2012

**Transaction ID : SA11AI.26491**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> 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 36 OF 61
	<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. RACHEL A. MAASSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 HAWKINS DRIVE

City IOWA CITY State IA Zip Code 52242

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

Name of Employer UNIVERSITY OF IOWA 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  
 05 / 24 / 2012  
**Transaction ID : SA11AI.26530**

Amount of Each Receipt this Period  
 500.00

**B. 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 ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2012  
**Transaction ID : SA11AI.26190**

Amount of Each Receipt this Period  
 300.00

**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 ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 03 / 2012  
**Transaction ID : SA11AI.26232**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1050.00

**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 61
	<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) <b>A. JAMES N. MARTIN JR.</b>		Date of Receipt
Mailing Address 2101 EASTOVER DRIVE		<input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : SA11AI.26420</b>
JACKSON	MS	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="500.00"/>
Name of Employer	Occupation	
UNIVERSITY OF MISSISSIPPI	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1580.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. WILLIAM L. MARTIN</b>		Date of Receipt
Mailing Address 452 LINKHORN DRIVE		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : SA11AI.26342</b>
VIRGINIA BEACH	VA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="250.00"/>
Name of Employer	Occupation	
VIRGINIA BEACH OB/GYN	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. CLAYTON H. MCCRACKEN</b>		Date of Receipt
Mailing Address 2914 GLENWOOD LANE		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : SA11AI.26451</b>
BILLINGS	MT	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="300.00"/>
Name of Employer	Occupation	
BILLINGS CLINIC	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="900.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1050.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 38 OF 61
<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. 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 ▼ 300.00

Date of Receipt 05 / 22 / 2012  
**Transaction ID : SA11AI.26452**

Amount of Each Receipt this Period 100.00

**B. ELAINE W. MIELCARSKI**  
Full Name (Last, First, Middle Initial)

Mailing Address 6100 WOLFBORO ROAD

City JAMESVILLE State NY Zip Code 13078

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

Name of Employer ASSOCIATES FOR WOMEN Occupation CERTIFIED NURSE MIDWIFE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 25 / 2012  
**Transaction ID : SA11AI.26421**

Amount of Each Receipt this Period 500.00

**C. MARYANN E. MILLAR-KAVEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 5171 POINTE EAST DRIVE

City JAMESVILLE State NY Zip Code 13078

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

Name of Employer ST. JOSEPH MEDICAL CENTER Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 05 / 24 / 2012  
**Transaction ID : SA11AI.26532**

Amount of Each Receipt this Period 150.00

**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 39 OF 61
	<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) <b>A. MICHELLE M. MILLER</b>		Date of Receipt
Mailing Address 5525 HIGHWAY 31		M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2012
City	State	Zip Code
RACINE	WI	53402
FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.26401	
	Amount of Each Receipt this Period	
	500.00	
Name of Employer	Occupation	
WHEATON FRANCISCAN MEDICAL	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	500.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. PATRICIA L. MOORE</b>		Date of Receipt
Mailing Address 150 BENNINGTON PASS		M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2012
City	State	Zip Code
TYRONE	GA	30290
FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.26403	
	Amount of Each Receipt this Period	
	500.00	
Name of Employer	Occupation	
WOMEN'S MEDICAL CENTER	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	500.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. FRANKLIN G. MORGAN JR.</b>		Date of Receipt
Mailing Address 1444 CLONCURRY ROAD		M M M / D D D / Y Y Y Y Y Y 05 / 08 / 2012
City	State	Zip Code
NORFOLK	VA	23505
FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.26286	
	Amount of Each Receipt this Period	
	250.00	
Name of Employer	Occupation	
MID-ATLANTIC WOMEN'S CARE	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	250.00	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> 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 40 OF 61
	<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. KENNETH MUHLENDORF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 SOUTH SPIGEL DRIVE  
 City VIRGINIA BEACH State VA Zip Code 23454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MID-ATLANTIC IMAGING CENTER Occupation MEDICAL DIRECTOR  
 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  
 05 / 15 / 2012  
**Transaction ID : SA11AI.26344**  
 Amount of Each Receipt this Period  
 250.00

**B. MICHIEL R. NOE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1950 PASEO ARENA  
 City EL PASO State TX Zip Code 79936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SUN CITY WOMEN'S 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  
 05 / 05 / 2012  
**Transaction ID : SA11AI.26259**  
 Amount of Each Receipt this Period  
 100.00

**C. DANIEL L. NOFFSINGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 627 LYNN SHORES DRIVE  
 City VIRGINIA BEACH State VA Zip Code 23452  
 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 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2012  
**Transaction ID : SA11AI.26345**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**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 61
	<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. KATHY K. O'CONNELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 402 CHINQUAPIN ORCHARD

City YORKTOWN	State VA	Zip Code 23693
------------------	-------------	-------------------

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

Name of Employer PENINSULA WOMEN'S CARE	Occupation PHYSICIAN
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		15		2012

**Transaction ID : SA11AI.26346**

Amount of Each Receipt this Period  
250.00

**B. TIMOTHY A. O'CONNELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 12706 MCMANUS BOULEVARD

City NEWPORT NEWS	State VA	Zip Code 23602
----------------------	-------------	-------------------

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

Name of Employer MID-ATLANTIC WOMEN'S CARE	Occupation PHYSICIAN
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		07		2012

**Transaction ID : SA11AI.26268**

Amount of Each Receipt this Period  
250.00

**C. FREDERICK T. OKIE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1902 SOUTH HIGHWAY 59

City PARSONS	State KS	Zip Code 67357
-----------------	-------------	-------------------

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

Name of Employer LABETTE HEALTH	Occupation PHYSICIAN
------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		01		2012

**Transaction ID : SA11AI.26195**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> 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 61
	<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. FRANCINE A. OLDS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3201 NINE ELMS  
 City VIRGINIA BEACH State VA Zip Code 23452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WOMEN'S HEALTH CHOICE 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  
 05 / 01 / 2012  
**Transaction ID : SA11AI.26197**  
 Amount of Each Receipt this Period  
 250.00

**B. ROBERT H. PALMER JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1536 WASHINGTON STREET  
 City PORT TOWNSEND State WA Zip Code 98368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PORT TOWNSEND WOMEN'S CLINIC 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  
 05 / 22 / 2012  
**Transaction ID : SA11AI.26453**  
 Amount of Each Receipt this Period  
 250.00

**C. MOHAMAD M. PARVA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 880 BISHOPSGATE LANE  
 City VIRGINIA BEACH State VA Zip Code 23452  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2012  
**Transaction ID : SA11AI.26348**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 61
<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. GINIENE M. PIRKLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 317 WHITE DOGWOOD DRIVE

City CHESAPEAKE	State VA	Zip Code 23322
--------------------	-------------	-------------------

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 ▼ **300.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05	/	15	/	2012

**Transaction ID : SA11AI.26351**

Amount of Each Receipt this Period  

300.00
--------

**B. STEVEN B. POWERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 409 HEAD OF RIVER ROAD

City CHESAPEAKE	State VA	Zip Code 23322
--------------------	-------------	-------------------

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

Name of Employer MID-ATLANTIC WOMEN'S CARE	Occupation PHYSICIAN
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05	/	08	/	2012

**Transaction ID : SA11AI.26287**

Amount of Each Receipt this Period  

250.00
--------

**C. 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 ▼ **750.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05	/	15	/	2012

**Transaction ID : SA11AI.26354**

Amount of Each Receipt this Period  

250.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>800.00</b>
<b>TOTAL</b> 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 44 OF 61
	<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) <b>A. GEORGE RECTOR</b>		Date of Receipt MM / DD / YYYY 05 / 08 / 2012 <b>Transaction ID : SA11AI.26288</b>
Mailing Address 608 FORDSMERE ROAD		Amount of Each Receipt this Period 250.00
City CHESAPEAKE	State VA	Zip Code 23322
FEC ID number of contributing federal political committee. C	Name of Employer MID-ATLANTIC 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	

Full Name (Last, First, Middle Initial) <b>B. JONATHAN H. REINSTINE</b>		Date of Receipt MM / DD / YYYY 05 / 26 / 2012 <b>Transaction ID : SA11AI.26498</b>
Mailing Address 4121 DUTCHMAN'S LANE		Amount of Each Receipt this Period 100.00
City LOUISVILLE	State KY	Zip Code 40207
FEC ID number of contributing federal political committee. C	Name of Employer ASSOCIATES IN OB/GYN	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. NEGAR N. SADR</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2012 <b>Transaction ID : SA11AI.26355</b>
Mailing Address 844 KEMPSVILLE ROAD		Amount of Each Receipt this Period 250.00
City NORFOLK	State VA	Zip Code 23502
FEC ID number of contributing federal political committee. C	Name of Employer MID-ATLANTIC 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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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 45 OF 61
	<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 H. SALLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1666 TANGLEWOOD ROAD

City COLUMBIA State SC Zip Code 29204

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

Name of Employer SOUTH CAROLINA 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  
 05 / 15 / 2012  
**Transaction ID : SA11AI.26356**

Amount of Each Receipt this Period  
 250.00

**B. SUSAN L. SCHY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1618 GLENVIEW ROAD

City GLENVIEW State IL Zip Code 60025

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

Name of Employer ADVOCATE MEDICAL GROUP 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  
 05 / 01 / 2012  
**Transaction ID : SA11AI.26205**

Amount of Each Receipt this Period  
 250.00

**C. MARK S. SEIGEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 8406 LYNBROOK DRIVE

City BETHESDA State MD Zip Code 20814

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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 24 / 2012  
**Transaction ID : SA11AI.26539**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

**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 46 OF 61
	<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) <b>A. SHARON L. SHEFFIELD</b>		Date of Receipt
Mailing Address P.O. BOX 655		<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City	State	Zip Code
FRANKLIN	VA	23851
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.26290</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MID-ATLANTIC WOMEN'S CARE	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"/>	

Full Name (Last, First, Middle Initial) <b>B. SUSAN M. SHERIDAN-LEWIS</b>		Date of Receipt
Mailing Address 167 SOUTH CONWELL		<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City	State	Zip Code
CASPER	WY	82601
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.26303</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
CASPER OB/GYN ASSOCIATES	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="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. SANTINA L. SIENA</b>		Date of Receipt
Mailing Address 26 ALFRED STONE ROAD		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code
PROVIDENCE	RI	02906
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.26439</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
UNIVERSITY OB/GYN	PHYSICIAN	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="800.00"/>
<b>TOTAL</b> 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 47 OF 61
	<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. LAURA L. SIROTT**  
 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 ▼ 1150.00

Date of Receipt 05 / 24 / 2012  
**Transaction ID : SA11AI.26540**  
 Amount of Each Receipt this Period 150.00

**B. HESTER M. SONDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4700 CITY AVENUE  
 City PHILADELPHIA State PA Zip Code 19131  
 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 ▼ 250.00

Date of Receipt 05 / 18 / 2012  
**Transaction ID : SA11AI.26475**  
 Amount of Each Receipt this Period 250.00

**C. KIMBERLY J. STOCKMASTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 804 ARROW CIRCLE  
 City VIRGINIA BEACH State VA Zip Code 23452  
 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 ▼ 250.00

Date of Receipt 05 / 15 / 2012  
**Transaction ID : SA11AI.26357**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00  
**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 48 OF 61
	<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) <b>A. DANA G. STONE</b>		Date of Receipt MM / DD / YYYY 05 / 06 / 2012 <b>Transaction ID : SA11AI.26261</b>
Mailing Address 1730 HUNTINGTON AVENUE		Amount of Each Receipt this Period 130.00
City OKLAHOMA CITY	State OK	Zip Code 73116
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 ▼ 390.00	

Full Name (Last, First, Middle Initial) <b>B. KAREN G. SWENSON</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2012 <b>Transaction ID : SA11AI.26309</b>
Mailing Address 1305 WEST 34TH STREET		Amount of Each Receipt this Period 84.00
City AUSTIN	State TX	Zip Code 78705
FEC ID number of contributing federal political committee. C		
Name of Employer WOMEN PARTNERS IN HEALTH	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>C. REENA TALREGA-PELAEZ</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2012 <b>Transaction ID : SA11AI.26358</b>
Mailing Address 1713 SOUTH WOODHOUSE ROAD		Amount of Each Receipt this Period 250.00
City VIRGINIA BEACH	State VA	Zip Code 23454
FEC ID number of contributing federal political committee. C		
Name of Employer MID-ATLANTIC 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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	464.00
<b>TOTAL</b> 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 49 OF 61
<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. JANICE E. TILDON-BURTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1700 TALLEY ROAD  
 City WILMINGTON State DE Zip Code 19803  
 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 ▼ 416.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2012  
**Transaction ID : SA11AI.26388**  
 Amount of Each Receipt this Period  
 83.33

**B. ROSHIEL D. TIU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 309 HOLLAND LANE  
 City ALEXANDRIA State VA Zip Code 22314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MEDICAL & SURGICAL CLINICS 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  
 05 / 18 / 2012  
**Transaction ID : SA11AI.26477**  
 Amount of Each Receipt this Period  
 500.00

**C. BEVERLY A. VAVRICKA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2429 HIGHLAND CAPE LANE  
 City VIRGINIA BEACH State VA Zip Code 23456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer VIRGINIA BEACH 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  
 05 / 15 / 2012  
**Transaction ID : SA11AI.26359**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	833.33
<b>TOTAL</b> 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 50 OF 61  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

**A. JOHN W. WATERFALLEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7941 YOUREE DRIVE  
City SHREVEPORT State LA Zip Code 71105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OB/GYN ASSOCIATES Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 17 / 2012**  
**Transaction ID : SA11AI.26487**  
Amount of Each Receipt this Period **250.00**

**B. JEFFREY M. WENTWORTH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 332 BAY DUNES DRIVE  
City NORFOLK State VA Zip Code 23503  
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 **250.00**

Date of Receipt **05 / 15 / 2012**  
**Transaction ID : SA11AI.26360**  
Amount of Each Receipt this Period **250.00**

**C. THERESA W. WHIBLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1658 LONGWOOD DRIVE  
City NORFOLK State VA Zip Code 23508  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WOMEN CARING Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 15 / 2012**  
**Transaction ID : SA11AI.26361**  
Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **750.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 61
	<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. CHARLES A. WILKES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 844 KEMPSVILLE ROAD  
 City NORFOLK State VA Zip Code 23502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MID-ATLANTIC 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  
 05 / 08 / 2012  
**Transaction ID : SA11AI.26291**  
 Amount of Each Receipt this Period  
 250.00

**B. MITCHELL L. WILLENS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 910 EAST HOUSTON STREET  
 City TYLER State TX Zip Code 75702  
 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  
 05 / 23 / 2012  
**Transaction ID : SA11AI.26441**  
 Amount of Each Receipt this Period  
 300.00

**C. HUGH D. WOLCOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1202 YANCEY CIRCLE  
 City VIRGINIA BEACH State VA Zip Code 23454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MID-ATLANTIC 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  
 05 / 15 / 2012  
**Transaction ID : SA11AI.26362**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	42522.66

**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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	07	/	2012

**Transaction ID : SB21B.26225**

Amount of Each Disbursement this Period

391.59
--------

Full Name (Last, First, Middle Initial)

**B. 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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	02	/	2012

**Transaction ID : SB21B.26140**

Amount of Each Disbursement this Period

643.71
--------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1035.30
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1035.30
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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. ANDY HARRIS FOR CONGRESS**

Mailing Address P.O. BOX 426

City STEVENSVILLE State MD Zip Code 21666

Purpose of Disbursement CONTRIBUTION

Candidate Name  
**ANDREW P. HARRIS**

Office Sought:  House  Senate  President  
State: MD District: 01

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	2

Transaction ID : **SB23.26367**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. BECERRA FOR CONGRESS**

Mailing Address P.O. BOX 261060

City LOS ANGELES State CA Zip Code 90026

Purpose of Disbursement CONTRIBUTION

Candidate Name  
**XAVIER BECERRA**

Office Sought:  House  Senate  President  
State: CA District: 31

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	2

Transaction ID : **SB23.26145**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. BENISHEK FOR CONGRESS**

Mailing Address P.O. BOX 2012

City KINGSFORD State MI Zip Code 49802

Purpose of Disbursement CONTRIBUTION

Candidate Name  
**DANIEL J. BENISHEK**

Office Sought:  House  Senate  President  
State: MI District: 01

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	2

Transaction ID : **SB23.26366**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

7	5	0	0	.	0	0
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2	5	0	0	.	0	0
---	---	---	---	---	---	---

**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. BERKLEY FOR SENATE**

Mailing Address 7437 SOUTH EASTERN AVENUE

City LAS VEGAS State NV Zip Code 89123

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**SHELLEY BERKLEY**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: NV District: 00

Date of Disbursement

/  /

**Transaction ID : SB23.26146**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. BILL CASSIDY FOR CONGRESS**

Mailing Address P.O. BOX 80505

City BATON ROUGE State LA Zip Code 70898

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**WILLIAM CASSIDY**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: LA District: 06

Date of Disbursement

/  /

**Transaction ID : SB23.26149**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. CANTOR FOR CONGRESS**

Mailing Address P. O. BOX 17813

City RICHMOND State VA Zip Code 23226

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**ERIC CANTOR**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: VA District: 07

Date of Disbursement

/  /

**Transaction ID : SB23.26148**

Amount of Each Disbursement this Period

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

**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. CONGRESSMAN BILL YOUNG CAMPAIGN COMMITTEE**

Mailing Address P.O. BOX 47025

City State Zip Code  
ST. PETERSBURG FL 33743

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**C. W. BILL YOUNG**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: FL District: 10

Date of Disbursement

/  /

**Transaction ID : SB23.26157**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. DAVE CAMP FOR CONGRESS**

Mailing Address 5915 EASTMAN AVENUE

City State Zip Code  
MIDLAND MI 48640

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**DAVID L. CAMP**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: MI District: 04

Date of Disbursement

/  /

**Transaction ID : SB23.26147**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF ROSA DELAURO**

Mailing Address 12 TRUMBULL STREET

City State Zip Code  
NEW HAVEN CT 06511

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**ROSA DELAURO**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: CT District: 03

Date of Disbursement

/  /

**Transaction ID : SB23.26150**

Amount of Each Disbursement this Period

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

**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. KATHY HOCHUL FOR CONGRESS**

Mailing Address P.O. BOX 64

City: **BUFFALO** State: **NY** Zip Code: **14231**

Purpose of Disbursement  
**CONTRIBUTION**

Candidate Name  
**KATHLEEN C. HOCHUL**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: **NY** District: **26**

Date of Disbursement

/  /

**Transaction ID : SB23.26152**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. MARTIN HEINRICH FOR SENATE**

Mailing Address P.O. BOX 25763

City: **ALBUQUERQUE** State: **NM** Zip Code: **87125**

Purpose of Disbursement  
**CONTRIBUTION**

Candidate Name  
**MARTIN T. HEINRICH**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: **NM** District: **00**

Date of Disbursement

/  /

**Transaction ID : SB23.26151**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. NITA LOWEY FOR CONGRESS**

Mailing Address P.O. BOX 271

City: **WHITE PLAINS** State: **NY** Zip Code: **10605**

Purpose of Disbursement  
**CONTRIBUTION**

Candidate Name  
**NITA M. LOWEY**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: **NY** District: **18**

Date of Disbursement

/  /

**Transaction ID : SB23.26153**

Amount of Each Disbursement this Period

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

**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. OHIO DEMOCRATIC PARTY**

Mailing Address 340 EAST FULTON STREET

City State Zip Code  
COLUMBUS OH 43215

Purpose of Disbursement  
OHIO GRASSROOTS VICTORY FUND ALLOCATION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	2

Transaction ID : **SB23.26488**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. OHIO GRASSROOTS VICTORY FUND**

Mailing Address 709A 8TH STREET, SE

City State Zip Code  
WASHINGTON DC 20003

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	2

Transaction ID : **SB23.26158**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. PASCRELL FOR CONGRESS**

Mailing Address P.O. BOX 640

City State Zip Code  
TOTOWA NJ 07511

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**WILLIAM J. PASCRELL JR.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NJ District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	2

Transaction ID : **SB23.26155**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. PETE STARK RE-ELECTION COMMITTEE**

Mailing Address P.O. BOX 8331

City State Zip Code  
FREMONT CA 94537

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**FORTNEY H. 'PETE' STARK**

Office Sought:  House  Senate  President  
 Disbursement For: 2012  Primary  General  Other (specify) ▼  
 State: CA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	2

Transaction ID : **SB23.26372**

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. PRICE FOR CONGRESS**

Mailing Address P.O. BOX 425

City State Zip Code  
ROSWELL GA 30077

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**THOMAS E. PRICE**

Office Sought:  House  Senate  President  
 Disbursement For: 2012  Primary  General  Other (specify) ▼  
 State: GA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	2

Transaction ID : **SB23.26370**

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. ROSKAM FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 713

City State Zip Code  
WHEATON IL 60187

Purpose of Disbursement  
Redesignate: CONTRIBUTION

Candidate Name  
**PETER ROSKAM**

Office Sought:  House  Senate  President  
 Disbursement For: 2012  Primary  General  Other (specify) ▼  
 State: IL District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	2

Transaction ID : **SB23.26142**

Amount of Each Disbursement this Period

-	1	0	0	0	0
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**[MEMO ITEM]**

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

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

3	5	0	0	0	0
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3	5	0	0	0	0
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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. ROSKAM FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 713

City State Zip Code  
WHEATON IL 60187

Purpose of Disbursement  
REDESIGNATE 04/19/2012 CONTRIBUTION

Candidate Name  
**PETER ROSKAM**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: IL District: 06

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2012

**Transaction ID : SB23.26143**

Amount of Each Disbursement this Period

1000.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. STABENOW FOR U.S. SENATE**

Mailing Address P.O. BOX 4945

City State Zip Code  
EAST LANSING MI 48826

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**DEBBIE STABENOW**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: MI District: 00

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2012

**Transaction ID : SB23.26156**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. TIM MURPHY FOR CONGRESS**

Mailing Address P.O. BOX 24551

City State Zip Code  
PITTSBURGH PA 15234

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**TIM MURPHY**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: PA District: 18

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2012

**Transaction ID : SB23.26154**

Amount of Each Disbursement this Period

1000.00

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

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

3500.00

# 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 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. WE THE PEOPLE PAC**

Mailing Address P.O. BOX 142

City State Zip Code  
JENKINTOWN PA 19046

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2012

Transaction ID : SB23.26375

Amount of Each Disbursement this Period

5,000.00
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Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

5000.00
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40000.00
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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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. SETH A. KOGAN**

Mailing Address 790 EAST WILLOW STREET

City State Zip Code  
LONG BEACH CA 90806

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2012

Transaction ID : SB28A.26363

Amount of Each Disbursement this Period

750.00
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Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

750.00
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750.00
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