

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 M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 08 01 2016 through 08 31 2016

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 MARY SCHILLING

Signature of Treasurer MARY SCHILLING [Electronically Filed] Date 09 12 2016

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="2016"/>	<input type="text" value="324208.25"/>	<input type="text" value="324208.25"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="339336.70"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="37794.44"/>	<input type="text" value="382635.83"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="377131.14"/>	<input type="text" value="706844.08"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="18635.72"/>	<input type="text" value="348348.66"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="358495.42"/>	<input type="text" value="358495.42"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: / / 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).....	29637.44	273056.85
(ii) Unitemized	6657.00	107078.98
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	36294.44	380135.83
(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)	36294.44	380135.83
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.....	1500.00	2500.00
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))..... ▶	37794.44	382635.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	37794.44	382635.83

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	635.72	10695.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	635.72	10695.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	263000.00
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	0.00	4653.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	4653.00
29. Other Disbursements	3000.00	70000.00
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)) ..	18635.72	348348.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18635.72	348348.66

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	36294.44	380135.83
34. Total Contribution Refunds (from Line 28(d))	0.00	4653.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36294.44	375482.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	635.72	10695.66
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	635.72	10695.66

**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 46
(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 State Zip Code
 VIRGINIA BEACH VA 23452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 COMPLETE WOMEN'S CARE 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
 08 / 08 / 2016
Transaction ID : SA11AI.33951
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. THOMAS L. ALDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3664 EDINBOROUGH DRIVE
 City State Zip Code
 ROCHESTER HILLS MI 48306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MCLAREN WOMEN'S HEALTH PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2016
Transaction ID : SA11AI.34093
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. THADDEUS L. ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2350 SIMPSON STREET
 City State Zip Code
 DUBUQUE IA 52003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DUBUQUE OB/GYN PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1645.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2016
Transaction ID : SA11AI.33965
 Amount of Each Receipt this Period
 250.00
 Memo Item

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 46
<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. THOMAS F. ARNOLD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1145 14TH AVENUE WEST
 City DICKINSON State ND Zip Code 58601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CATHOLIC HEALTH INITIATIVES Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3275.00**

Date of Receipt **08 / 07 / 2016**
Transaction ID : SA11AI.33957
 Amount of Each Receipt this Period **400.00**
 Memo Item

B. RADWAN ASAAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 37261 FOX GLEN
 City FARMINGTON HILLS State MI Zip Code 48331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HUTZEL WOMENS SPECIALISTS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.65**

Date of Receipt **08 / 23 / 2016**
Transaction ID : SA11AI.34094
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. VANESSA M. BARNABEI
 Full Name (Last, First, Middle Initial)
 Mailing Address 640B ESSJAY ROAD
 City WILLIAMSVILLE State NY Zip Code 14221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUNY AT BUFFALO Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 10 / 2016**
Transaction ID : SA11AI.33947
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	983.33
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: PAGE 8 OF 46
(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. HARRISON W. BARNES
 Full Name (Last, First, Middle Initial)
 Mailing Address 285 LINKSIDE CIRCLE
 City State Zip Code
 PONTE VEDRA BEACH FL 32082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NORTH FLORIDA OB/GYN 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
 08 / 16 / 2016
Transaction ID : SA11AI.34033
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. THOMAS E. BASCO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4000 COLISEUM DRIVE
 City State Zip Code
 HAMPTON VA 23666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OB/GYN ASSOCIATES OF HAMPTON 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
 08 / 30 / 2016
Transaction ID : SA11AI.34209
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. ANA C. BASSO
 Full Name (Last, First, Middle Initial)
 Mailing Address 807 JAMESTOWN CRESCENT
 City State Zip Code
 NORFOLK VA 23508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 WOMAN CARE CENTERS 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
 08 / 31 / 2016
Transaction ID : SA11AI.34140
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 9 OF 46
(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. DAVID A. BILLINGS

Mailing Address 1800 23RD AVENUE SOUTHEAST

City State Zip Code
 MINOT ND 58701

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

Name of Employer Occupation
 TRINITY HEALTH PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 08 / 06 / 2016
Transaction ID : SA11AI.33966

Amount of Each Receipt this Period
 450.00

Memo Item

Full Name (Last, First, Middle Initial)
B. KEITH R. BRILL

Mailing Address 5502 SOUTH FORT APACHE ROAD

City State Zip Code
 LAS VEGAS NV 89148

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

Name of Employer Occupation
 WOMEN'S SPECIALTY CARE PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 08 / 18 / 2016
Transaction ID : SA11AI.34099

Amount of Each Receipt this Period
 65.00

Memo Item

Full Name (Last, First, Middle Initial)
C. HAYWOOD L. BROWN

Mailing Address 10113 BARNHART WAY

City State Zip Code
 RALEIGH NC 27617

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

Name of Employer Occupation
 DUKE UNIVERSITY PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 08 / 31 / 2016
Transaction ID : SA11AI.34219

Amount of Each Receipt this Period
 800.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1315.00

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 46
	<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. HAYWOOD L. BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 10113 BARNHART WAY
 City RALEIGH State NC Zip Code 27617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DUKE UNIVERSITY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2200.00**

Date of Receipt **08 / 31 / 2016**
Transaction ID : SA11AI.34220
 Amount of Each Receipt this Period **200.00**
 Memo Item

B. DONALD K. BRYAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4361 SAWMILL ROAD
 City COLUMBUS State OH Zip Code 43220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KINGSDALE GYNECOLOGIC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **08 / 31 / 2016**
Transaction ID : SA11AI.34218
 Amount of Each Receipt this Period **300.00**
 Memo Item

C. MELISSA J. BUCHBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 404 MARYLAND COURT
 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 **08 / 08 / 2016**
Transaction ID : SA11AI.33953
 Amount of Each Receipt this Period **250.00**
 Memo Item

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 11 OF 46
<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. MARGARET A. BURNS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4105 MEADOW LANE
 City NEWTOWN SQUARE State PA Zip Code 19073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WOMEN'S HEALTHCARE GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 30 / 2016
Transaction ID : SA11AI.34210
 Amount of Each Receipt this Period 300.00
 Memo Item

B. THOMAS H. BURWINKEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 11124 MARLETTE DRIVE
 City CINCINNATI State OH Zip Code 45249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.34221
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. JEANNE M. BUSCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2337 MADISON AVENUE
 City VIRGINIA BEACH State VA Zip Code 23456
 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 ▼ 300.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.34141
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1600.00
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 46
	<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. OCTAVIA M. CANNON
Full Name (Last, First, Middle Initial)

Mailing Address 3643 CANFIELD HILL COURT

City CHARLOTTE	State NC	Zip Code 28270
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FEC ID number of contributing federal political committee. **C**

Name of Employer ARBORETUM OB/GYN	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
08	/	20	/	2016

Transaction ID : SA11AI.34097

Amount of Each Receipt this Period
50.00

Memo Item

B. DANIEL R. CHRISTIE
Full Name (Last, First, Middle Initial)

Mailing Address 13703 NORTHWEST 18TH STREET

City PEMBROKE PINES	State FL	Zip Code 33028
------------------------	-------------	-------------------

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

Name of Employer IVF FLORIDA	Occupation PHYSICIAN
---------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	16	/	2016

Transaction ID : SA11AI.34035

Amount of Each Receipt this Period
150.00

Memo Item

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 KAISER PERMANENTE	Occupation PHYSICIAN
---------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3435.54

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	01	/	2016

Transaction ID : SA11AI.33869

Amount of Each Receipt this Period
391.11

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	591.11
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 46
	<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. CYNTHIA S. COOPER
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 MILL POND ROAD
 City DURHAM State NH Zip Code 03824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 WELL SENSE HEALTH PLAN PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 08 / 11 / 2016
Transaction ID : SA11AI.33981
 Amount of Each Receipt this Period
 325.00
 Memo Item

B. 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 Occupation
 COMPLETE WOMEN'S CARE PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 08 / 12 / 2016
Transaction ID : SA11AI.33891
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. DOUGLAS J. CREEDON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1119 BUCKRIDGE DRIVE NORTHEAST
 City ROCHESTER State MN Zip Code 55906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NORTH MEMORIAL MEDICAL CENTER PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1800.00

Date of Receipt
 08 / 02 / 2016
Transaction ID : SA11AI.33871
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	825.00
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 14 OF 46
<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 227A 85TH STREET
 City VIRGINIA BEACH State VA Zip Code 23451
 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 08 / 30 / 2016
Transaction ID : SA11AI.34211
 Amount of Each Receipt this Period 300.00
 Memo Item

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 ▼ 1680.00

Date of Receipt 08 / 17 / 2016
Transaction ID : SA11AI.34071
 Amount of Each Receipt this Period 210.00
 Memo Item

C. MARK S. DEFRANCESCO
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 TERRELL FARM PLACE
 City CHESHIRE State CT Zip Code 06410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WOMEN'S HEALTH CONNECTICUT Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 08 / 21 / 2016
Transaction ID : SA11AI.34096
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1010.00
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 15 OF 46
(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. ISAAC DELKE
Full Name (Last, First, Middle Initial)
Mailing Address 2880 FOREST CIRCLE
City JACKSONVILLE State FL Zip Code 32257
FEC ID number of contributing federal political committee. **C**
Name of Employer UNIVERSITY OF FLORIDA Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 14 / 2016
Transaction ID : SA11AI.33998
Amount of Each Receipt this Period 500.00
 Memo Item

B. DORENE E. DEMPSTER
Full Name (Last, First, Middle Initial)
Mailing Address 4895 HARDER HILL ROAD
City STURGEON BAY State WI Zip Code 54235
FEC ID number of contributing federal political committee. **C**
Name of Employer DOOR COUNTY MEDICAL CENTER Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 26 / 2016
Transaction ID : SA11AI.34087
Amount of Each Receipt this Period 250.00
 Memo Item

C. NATHANIEL DENICOLA
Full Name (Last, First, Middle Initial)
Mailing Address 2218 MANNING STREET
City PHILADELPHIA State PA Zip Code 19103
FEC ID number of contributing federal political committee. **C**
Name of Employer UNIVERSITY OF PENNSYLVANIA Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3336.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.34222
Amount of Each Receipt this Period 417.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1167.00
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 16 OF 46
	<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. DAVID W. DOTY
Full Name (Last, First, Middle Initial)

Mailing Address 13004 SHAMUS COURT

City LOUISVILLE State KY Zip Code 40299

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

Name of Employer ANTHEM HEALTH Occupation MEDICAL DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2016

Transaction ID : SA11AI.34077

Amount of Each Receipt this Period
 200.00

Memo Item

B. DAVID W. DOTY
Full Name (Last, First, Middle Initial)

Mailing Address 13004 SHAMUS COURT

City LOUISVILLE State KY Zip Code 40299

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

Name of Employer ANTHEM HEALTH Occupation MEDICAL DIRECTOR

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
 08 / 31 / 2016

Transaction ID : SA11AI.34143

Amount of Each Receipt this Period
 100.00

Memo Item

C. DIANNE M. EDGAR
Full Name (Last, First, Middle Initial)

Mailing Address 1340 HIGHLAND AVENUE

City ROCHESTER State NY Zip Code 14620

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

Name of Employer PARK WEST WOMEN'S HEALTH 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 Y Y
 08 / 04 / 2016

Transaction ID : SA11AI.33973

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
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 17 OF 46
(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. AARON ELKIN

Mailing Address 20210 NORTHEAST 34TH COURT

City State Zip Code
 AVENTURA FL 33180

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

Name of Employer Occupation
 SELF-EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2395.00

Date of Receipt
 08 / 14 / 2016
Transaction ID : SA11AI.33999

Amount of Each Receipt this Period
 1200.00

Memo Item

Full Name (Last, First, Middle Initial)
B. AARON ELKIN

Mailing Address 20210 NORTHEAST 34TH COURT

City State Zip Code
 AVENTURA FL 33180

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

Name of Employer Occupation
 SELF-EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2495.00

Date of Receipt
 08 / 14 / 2016
Transaction ID : SA11AI.34000

Amount of Each Receipt this Period
 100.00

Memo Item

Full Name (Last, First, Middle Initial)
C. MARIA ELLIS

Mailing Address 660 STRONG ROAD

City State Zip Code
 SOUTH WINDSOR CT 06074

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

Name of Employer Occupation
 WOODLAND WOMEN'S HEALTH PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 610.00

Date of Receipt
 08 / 12 / 2016
Transaction ID : SA11AI.34062

Amount of Each Receipt this Period
 200.00

Memo Item

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 18 OF 46
	<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. MARYGRACE ELSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4944 RAPID CREEK ROAD
 City IOWA CITY State IA Zip Code 52240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF IOWA HEALTH CARE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2936.00**

Date of Receipt **08 / 10 / 2016**
Transaction ID : SA11AI.33948
 Amount of Each Receipt this Period **200.00**
 Memo Item

B. ELIZABETH A. ETKIN-KRAMER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2834 REGATTA AVENUE
 City MIAMI BEACH State FL Zip Code 33140
 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 **290.00**

Date of Receipt **08 / 16 / 2016**
Transaction ID : SA11AI.34038
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. EILEEN F. FARWICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 516 JENNIFER LANE
 City WINDEMERE State FL Zip Code 34786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ORLANDO HEALTH PHYSICIANS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 17 / 2016**
Transaction ID : SA11AI.34074
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	950.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 46
	<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. MARTHA T. FERNANDEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 1308 LAURELWOOD LANE
 City VIRGINIA BEACH State VA Zip Code 23452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TRINITY HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 07 / 2016
Transaction ID : SA11AI.33958
 Amount of Each Receipt this Period 300.00
 Memo Item

B. DAVID A. FORSTEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 HOLLINGSWORTH DRIVE
 City GREENVILLE State SC Zip Code 29607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GREENVILLE HEALTH SYSTEM Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 08 / 29 / 2016
Transaction ID : SA11AI.34213
 Amount of Each Receipt this Period 50.00
 Memo Item

C. CANDICE GEARY
 Full Name (Last, First, Middle Initial)
 Mailing Address 635 HIDDEN FALLS LANE
 City CHESAPEAKE State VA Zip Code 23320
 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 ▼ 250.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.34144
 Amount of Each Receipt this Period 250.00
 Memo Item

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 20 OF 46
	<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. MELANIE GELLHAUS
Full Name (Last, First, Middle Initial)

Mailing Address 906 TAMARACK TRAIL

City IOWA CITY State IA Zip Code 52245

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

Name of Employer UNIVERSITY OF IOWA Occupation REGISTERED NURSE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.34226

Amount of Each Receipt this Period 1000.00

Memo Item

B. THOMAS M. GELLHAUS
Full Name (Last, First, Middle Initial)

Mailing Address 906 TAMARACK TRAIL

City IOWA CITY State IA Zip Code 52245

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

Name of Employer UNIVERSITY OF IOWA HOSPITALS Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2900.00

Date of Receipt 08 / 03 / 2016
Transaction ID : SA11AI.33870

Amount of Each Receipt this Period 400.00

Memo Item

C. JENNIFER GEORGE
Full Name (Last, First, Middle Initial)

Mailing Address 1029 BOBOLINK DRIVE

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 ▼ 300.00

Date of Receipt 08 / 12 / 2016
Transaction ID : SA11AI.33893

Amount of Each Receipt this Period 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1700.00

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 21 OF 46
(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. ILENE B. GOLDSTEIN
Full Name (Last, First, Middle Initial)

Mailing Address 921 ATLANTIC AVENUE

City VIRGINIA BEACH State VA Zip Code 23451

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 ▼ 300.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.34145

Amount of Each Receipt this Period 300.00

Memo Item

B. ELIZABETH B. GOLPIRA
Full Name (Last, First, Middle Initial)

Mailing Address 1702 CLONCURRY ROAD

City NORFOLK State VA Zip Code 23505

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

Name of Employer WOMAN CARE CENTERS Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.34146

Amount of Each Receipt this Period 300.00

Memo Item

C. COLE D. GREVES
Full Name (Last, First, Middle Initial)

Mailing Address 12214 HATFIELD COURT

City ORLANDO State FL Zip Code 32837

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

Name of Employer ORLANDO HEALTH Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2550.00

Date of Receipt 08 / 14 / 2016
Transaction ID : SA11AI.34003

Amount of Each Receipt this Period 50.00

Memo Item

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: PAGE 22 OF 46
(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. DAVID N. HACKNEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2918 HUNTINGTON ROAD
 City State Zip Code
 CLEVELAND OH 44120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNIVERSITY HOSPITALS 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
 08 / 31 / 2016
Transaction ID : SA11AI.34147
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. DENISE L. HARRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 424 PEACE HAVEN DRIVE
 City State Zip Code
 NORFOLK VA 23502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 THE GROUP FOR WOMEN 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
 08 / 31 / 2016
Transaction ID : SA11AI.34148
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. KAREN E. HARRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2800 NORTHWEST 29TH STREET
 City State Zip Code
 GAINESVILLE FL 32605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FLORIDA WOMEN'S PHYSICIANS PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 425.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2016
Transaction ID : SA11AI.34041
 Amount of Each Receipt this Period
 100.00
 Memo Item

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 23 OF 46
	<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. TAMARA G. HELFER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4412 TROSTSHIRE CIRCLE
 City CHAMPAIGN State IL Zip Code 61822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHRISTIE CLINIC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.34233
 Amount of Each Receipt this Period 200.00
 Memo Item

B. CHRISTINE M. HERDE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2507 SOUTH ROAD
 City POUGHKEEPSIE State NY Zip Code 12601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CAREMOUNT MEDICAL GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1010.00

Date of Receipt 08 / 04 / 2016
Transaction ID : SA11AI.33974
 Amount of Each Receipt this Period 125.00
 Memo Item

C. 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 ▼ 300.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.34150
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00
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 24 OF 46
	<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. AMANDA KALLEN
Full Name (Last, First, Middle Initial)

Mailing Address 333 CEDER STREET

City NEW HAVEN State CT Zip Code 06510

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

Name of Employer YALE UNIVERSITY 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
 08 / 13 / 2016
Transaction ID : SA11AI.34086

Amount of Each Receipt this Period
 20.00

Memo Item

B. LEAH A. KAUFMAN
Full Name (Last, First, Middle Initial)

Mailing Address 8525 WOODBOX ROAD

City MANLIUS State NY Zip Code 13104

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

Name of Employer SUNY UPSTATE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2016
Transaction ID : SA11AI.34098

Amount of Each Receipt this Period
 50.00

Memo Item

C. ANDREW M. KAUNITZ
Full Name (Last, First, Middle Initial)

Mailing Address 2966 FOREST CIRCLE

City JACKSONVILLE State FL Zip Code 32257

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

Name of Employer UNIVERSITY OF FLORIDA 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
 08 / 16 / 2016
Transaction ID : SA11AI.34042

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	320.00
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 25 OF 46
	<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. BRIDGET B. KELLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4248 LINDEN HILLS BOULEVARD
 City State Zip Code
 MINNEAPOLIS MN 55410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PARK NICOLLET CLINIC PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2016
Transaction ID : SA11AI.33872
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. BRIDGET B. KELLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4248 LINDEN HILLS BOULEVARD
 City State Zip Code
 MINNEAPOLIS MN 55410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PARK NICOLLET CLINIC PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2016
Transaction ID : SA11AI.33954
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. GAYLE O. KOUTROUVELIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 11924 SPORTSMAN ROAD
 City State Zip Code
 GALVESTON TX 77554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNIVERSITY OF TEXAS PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2016
Transaction ID : SA11AI.34043
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. ZENETTE M. LEAO
Full Name (Last, First, Middle Initial)

Mailing Address 1608 BEARDSLY COURT

City CHESAPEAKE State VA Zip Code 23322

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 ▼ 300.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.34152

Amount of Each Receipt this Period 300.00

Memo Item

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

Mailing Address 2100 CHAMBERLING KEY

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 08 / 12 / 2016
Transaction ID : SA11AI.33892

Amount of Each Receipt this Period 250.00

Memo Item

C. SUSAN LIPINSKI
Full Name (Last, First, Middle Initial)

Mailing Address 3421 WEST 9TH STREET

City WATERLOO State IA Zip Code 50702

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

Name of Employer PARTNERS IN OB/GYN Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA11AI.33956

Amount of Each Receipt this Period 200.00

Memo Item

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 27 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. LINDA 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 MID-ATLANTIC WOMEN'S CARE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2016

Transaction ID : SA11AI.34153

Amount of Each Receipt this Period
 300.00

Memo Item

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 BEAUMONT HEALTH Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2016

Transaction ID : SA11AI.34154

Amount of Each Receipt this Period
 500.00

Memo Item

C. KRISTIN M. LYERLY
Full Name (Last, First, Middle Initial)

Mailing Address 3500 MEADOW SOUND DRIVE

City DE PERE State WI Zip Code 54115

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

Name of Employer BELLIN HEALTH Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2016

Transaction ID : SA11AI.33969

Amount of Each Receipt this Period
 125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	925.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 46
	<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. EDUARDO I. MARICHAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4207 SOUTHWEST 102ND TERRACE
 City Gainesville State FL Zip Code 32608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTH FLORIDA PHYSICIANS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 08 / 14 / 2016
Transaction ID : SA11AI.34004
 Amount of Each Receipt this Period 250.00
 Memo Item

B. WILLIAM L. MARTIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 452 LINKHORN DRIVE
 City VIRGINIA BEACH State VA Zip Code 23451
 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 300.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.34155
 Amount of Each Receipt this Period 300.00
 Memo Item

C. RICHARD A. MCCAULEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 359 PERTSHIRE DRIVE
 City ORANGE PARK State FL Zip Code 32073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTH FLORIDA OB/GYN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt 08 / 16 / 2016
Transaction ID : SA11AI.34046
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1550.00
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 29 OF 46
(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. MARYANNE MCDONNELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 MAPLE VALLEY ROAD
 City BOSTON State CT Zip Code 06043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OB/GYN GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 08 / 07 / 2016
Transaction ID : SA11AI.33959
 Amount of Each Receipt this Period 200.00
 Memo Item

B. AASTA MEHTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 NORTH 8TH STREET
 City PHILADELPHIA State PA Zip Code 19106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LEHIGH VALLEY PHYSICIAN GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1820.00

Date of Receipt 08 / 12 / 2016
Transaction ID : SA11AI.34063
 Amount of Each Receipt this Period 210.00
 Memo Item

C. PATRICIA M. MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 VILLAGE BROOK LANE
 City DERRY State NH Zip Code 03038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.34240
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 610.00
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 30 OF 46
(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. PATRICIA M. MILLER
Full Name (Last, First, Middle Initial)
Mailing Address 25 VILLAGE BROOK LANE

City DERRY	State NH	Zip Code 03038
---------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2016

Transaction ID : SA11AI.34241

Amount of Each Receipt this Period
100.00

Memo Item

B. EILEAN L. MYER
Full Name (Last, First, Middle Initial)
Mailing Address 40 CRESTVIEW DRIVE

City FLORENCE	State MA	Zip Code 01062
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FEC ID number of contributing federal political committee. **C**

Name of Employer BAYSTATE MEDICAL CENTER	Occupation PHYSICIAN
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2016

Transaction ID : SA11AI.34242

Amount of Each Receipt this Period
50.00

Memo Item

C. JEFF E. NORTHCUTT
Full Name (Last, First, Middle Initial)
Mailing Address 1908 NORTH 14TH STREET

City PONCA CITY	State OK	Zip Code 74601
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2016

Transaction ID : SA11AI.33975

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 46
	<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. MOHAMAD PARVA
 Full Name (Last, First, Middle Initial)
 Mailing Address 880 BISHOPS GATE 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 ▼ 300.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.34156
 Amount of Each Receipt this Period 300.00
 Memo Item

B. MICHAEL L. PECH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3074 PINE RIDGE ROAD
 City OSHKOSH State WI Zip Code 54904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MILE BLUFF MEDICAL CENTER Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.34244
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. JANET PERKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 FROST DRIVE
 City DURHAM State NH Zip Code 03824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GARRISON WOMEN'S HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 14 / 2016
Transaction ID : SA11AI.34079
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1550.00
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 32 OF 46
(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. TIMOTHY M. PHELAN
Full Name (Last, First, Middle Initial)

Mailing Address 2525 RIVERSIDE AVENUE

City JACKSONVILLE State FL Zip Code 32204

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

Name of Employer NORTH FLORIDA OB/GYN 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
 08 / 16 / 2016

Transaction ID : SA11AI.34048

Amount of Each Receipt this Period
 250.00

Memo Item

B. 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 Y Y
 08 / 31 / 2016

Transaction ID : SA11AI.34157

Amount of Each Receipt this Period
 300.00

Memo Item

C. SUJATHA PRABHAKARAN
Full Name (Last, First, Middle Initial)

Mailing Address 1100 IMPERIAL DRIVE

City SARASOTA State FL Zip Code 34236

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

Name of Employer PLANNED PARENTHOOD Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2016

Transaction ID : SA11AI.34049

Amount of Each Receipt this Period
 50.00

Memo Item

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 33 OF 46
	<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. 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 ▼ 1672.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2016
Transaction ID : SA11AI.33962

Amount of Each Receipt this Period
 209.00

Memo Item

B. MAURA P. QUINLAN
Full Name (Last, First, Middle Initial)

Mailing Address 33 BREWSTER AVENUE

City LA GRANGE PARK State IL Zip Code 60926

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

Name of Employer NORTHWESTERN 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
 08 / 10 / 2016
Transaction ID : SA11AI.33949

Amount of Each Receipt this Period
 200.00

Memo Item

C. ADRIANNE RACEK
Full Name (Last, First, Middle Initial)

Mailing Address 760 WESTGATE STREET

City IOWA CITY State IA Zip Code 52246

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

Name of Employer UNIVERSITY OF IOWA HOSPITALS Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2016
Transaction ID : SA11AI.33987

Amount of Each Receipt this Period
 200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	609.00
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 46
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<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. NATALIE N. RANDOLPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3504 BRANNON DRIVE
 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 ▼ 300.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.34158
 Amount of Each Receipt this Period 300.00
 Memo Item

B. STEVEN W. REMMENGA
 Full Name (Last, First, Middle Initial)
 Mailing Address 16995 PRINCETON ROAD
 City ADAMS State NE Zip Code 68301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF NEBRASKA Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1858.00

Date of Receipt 08 / 12 / 2016
Transaction ID : SA11AI.34067
 Amount of Each Receipt this Period 200.00
 Memo Item

C. STEVEN W. REMMENGA
 Full Name (Last, First, Middle Initial)
 Mailing Address 16995 PRINCETON ROAD
 City ADAMS State NE Zip Code 68301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF NEBRASKA Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2067.00

Date of Receipt 08 / 17 / 2016
Transaction ID : SA11AI.34075
 Amount of Each Receipt this Period 209.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	709.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. STEVEN W. REMMENA
 Full Name (Last, First, Middle Initial)
 Mailing Address 16995 PRINCETON ROAD
 City ADAMS State NE Zip Code 68301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF NEBRASKA Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2317.00**

Date of Receipt **08 / 31 / 2016**
Transaction ID : SA11AI.34245
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. BRANDI RING
 Full Name (Last, First, Middle Initial)
 Mailing Address 3755 SOUTH EMPORIA WAY
 City AURORA State CO Zip Code 80014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MILE HIGH OB/GYN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **504.00**

Date of Receipt **08 / 11 / 2016**
Transaction ID : SA11AI.33988
 Amount of Each Receipt this Period **84.00**
 Memo Item

C. HEATHER Z. SANKEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 LONGFELLOW DRIVE
 City WEST SPRINGFIELD State MA Zip Code 01089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BAYSTATE MEDICAL CENTER Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 14 / 2016**
Transaction ID : SA11AI.34082
 Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	584.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. ELIZABETH SLAGLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4712 13TH
 City MINNEAPOLIS State MN Zip Code 55407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HEALTH PARTNERS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2016
Transaction ID : SA11AI.33963
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. PATRICIA A. SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 738 FONTAINE STREET
 City ALEXANDRIA State VA Zip Code 22302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GWU MEDICAL FACULTY ASSOCIATES Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2016
Transaction ID : SA11AI.34055
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. KIMBERLY J. STOCKMASTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1329 SYCAMORE ROAD
 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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2016
Transaction ID : SA11AI.34159
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 46
	<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. DANA G. STONE
Full Name (Last, First, Middle Initial)

Mailing Address 1730 HUNTINGTON AVENUE

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 09 / 2016

Transaction ID : SA11AI.33978

Amount of Each Receipt this Period

210.00

 Memo Item

B. REENA TALREJA-PELAEZ
Full Name (Last, First, Middle Initial)

Mailing Address 1713 SOUTH WOODHOUSE 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 ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

Transaction ID : SA11AI.34160

Amount of Each Receipt this Period

300.00

 Memo Item

C. ANA M. TAMAYO
Full Name (Last, First, Middle Initial)

Mailing Address 3620 NORTH 34TH AVENUE

City HOLLYWOOD	State FL	Zip Code 33021
-------------------	-------------	-------------------

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 / D D / Y Y Y Y Y Y
08 / 14 / 2016

Transaction ID : SA11AI.34005

Amount of Each Receipt this Period

250.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	760.00
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 38 OF 46
(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. JANICE 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 **1672.00**

Date of Receipt **08 / 08 / 2016**
Transaction ID : SA11AI.33955
Amount of Each Receipt this Period **209.00**
 Memo Item

B. J. MARTIN TUCKER
Full Name (Last, First, Middle Initial)
Mailing Address 3932 GREENTREE PLACE
City JACKSON State MS Zip Code 39211
FEC ID number of contributing federal political committee. **C**
Name of Employer JACKSON HEALTHCARE FOR WOMEN Occupation PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **2750.00**

Date of Receipt **08 / 02 / 2016**
Transaction ID : SA11AI.33873
Amount of Each Receipt this Period **250.00**
 Memo Item

C. SHELDON A. WASSERMAN
Full Name (Last, First, Middle Initial)
Mailing Address 3487 NORTH LAKE DRIVE
City MILWAUKEE State WI Zip Code 53211
FEC ID number of contributing federal political committee. **C**
Name of Employer COLUMBIA - ST. MARY'S HOSPITAL Occupation PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **575.00**

Date of Receipt **08 / 11 / 2016**
Transaction ID : SA11AI.33989
Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **709.00**
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 46
	<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. MAUREEN WHELIHAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2686 NORTH FEDERAL HIGHWAY
 City BOYNTON BEACH State FL Zip Code 33435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ELITE GYN CARE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 09 / 2016
Transaction ID : SA11AI.33979
 Amount of Each Receipt this Period 500.00
 Memo Item

B. EMILY M. WHITE
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 EAST MANNING STREET
 City PROVIDENCE State RI Zip Code 02906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROVIDENCE COMMUNITY HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 08 / 06 / 2016
Transaction ID : SA11AI.33970
 Amount of Each Receipt this Period 100.00
 Memo Item

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 ▼ 300.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.34161
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
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 40 OF 46
(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. ROBERT YELVERTON
Full Name (Last, First, Middle Initial)

Mailing Address 2526 JETTON AVENUE

City TAMPA State FL Zip Code 33629

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 08 / 16 / 2016
Transaction ID : SA11AI.34058

Amount of Each Receipt this Period 70.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	29637.44

**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 46
<input 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 checked="" 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. RENEE ELLMERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 99567

City RALEIGH State NC Zip Code 27624

FEC ID number of contributing federal political committee. **C** C00471896

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 05 / 2016

Transaction ID : SA16.33862

Amount of Each Receipt this Period
1500.00

Memo Item
REFUND OF 03/22/2016 CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	1500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. 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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2016

Transaction ID : SB21B.33868

Amount of Each Disbursement this Period

228.84

Memo Item

Full Name (Last, First, Middle Initial)

B. SAGE PAYMENT SOLUTIONS

Mailing Address 1750 OLD MEADOW ROAD

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2016

Transaction ID : SB21B.33867

Amount of Each Disbursement this Period

340.86

Memo Item

Full Name (Last, First, Middle Initial)

C. SQUARE, INC.

Mailing Address 901 MISSION STREET

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2016

Transaction ID : SB21B.33997

Amount of Each Disbursement this Period

66.02

Memo Item

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

635.72

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

635.72

**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. AMI BERA FOR CONGRESS

Mailing Address P.O. BOX 582496

City State Zip Code
ELK GROVE CA 95758

Purpose of Disbursement
CONTRIBUTION

Candidate Name
AMERISH BERA

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 19 / 2016

Transaction ID : SB23.33991

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DENISE JUNEAU FOR CONGRESS

Mailing Address P.O. BOX 563

City State Zip Code
HELENA MT 59624

Purpose of Disbursement
CONTRIBUTION

Candidate Name
DENISE JUNEAU

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MT District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

Transaction ID : SB23.34198

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GRETCHEN DRISKELL FOR CONGRESS

Mailing Address PO BOX 464

City State Zip Code
SALINE MI 48176

Purpose of Disbursement
CONTRIBUTION

Candidate Name
GRETCHEN DRISKELL

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

Transaction ID : SB23.34195

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

6500.00

**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. HOYER FOR CONGRESS

Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
CONTRIBUTION

Candidate Name
STENY H. HOYER

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MD District: 05

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 26 / 2016

Transaction ID : SB23.34092

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JOE KENNEDY FOR CONGRESS

Mailing Address P.O. BOX 590464

City NEWTON State MA Zip Code 02459

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JOSEPH P. KENNEDY, III

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MA District: 04

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 19 / 2016

Transaction ID : SB23.33993

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MONICA VERNON FOR CONGRESS

Mailing Address P.O. BOX 1635

City CEDAR RAPIDS State IA Zip Code 52406

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MONICA W. VERNON

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IA District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

Transaction ID : SB23.34201

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

6000.00

**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. SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JANICE D. SCHAKOWSKY

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: IL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2016

Transaction ID : SB23.33996

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Memo Item

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

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

2500.00

15000.00

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

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

Full Name (Last, First, Middle Initial)

A. FRIENDS FOR KARLA

Mailing Address 11114 FIFTH STREET NORTH

City FARGO State ND Zip Code 58102

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.34204

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. HODGE FOR SENATE

Mailing Address P.O. BOX 257

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.34206

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PUGH FOR SENATE 2016

Mailing Address 4625 SPECTACULAR BID DRIVE

City EDMOND State OK Zip Code 73025

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.33894

Amount of Each Disbursement this Period

Memo Item

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

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