

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

ADDRESS (number and street) 409 12TH STREET, SW  
Check if different than previously reported. (ACC) WASHINGTON DC 20024

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00364158 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2014 through 07 / 31 / 2014

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

Type or Print Name of Treasurer STACIE MONROE

Signature of Treasurer STACIE MONROE [Electronically Filed] Date 08 / 12 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		300966.48
(b) Cash on Hand at Beginning of Reporting Period.....	348307.41	
(c) Total Receipts (from Line 19) .....	28894.33	408310.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	377201.74	709276.71
7. Total Disbursements (from Line 31).....	55396.23	387471.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	321805.51	321805.51
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 07 / 31 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	22348.33	286430.40
(ii) Unitemized .....	6546.00	121879.83
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	28894.33	408310.23
(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) .....	28894.33	408310.23
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	28894.33	408310.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	28894.33	408310.23

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1096.23	9251.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1096.23	9251.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	44500.00	363000.00
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 .....	300.00	1720.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	300.00	1720.00
29. Other Disbursements .....	9500.00	13500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	55396.23	387471.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55396.23	387471.20

**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) .....	28894.33	408310.23
34. Total Contribution Refunds (from Line 28(d)) .....	300.00	1720.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28594.33	406590.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1096.23	9251.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1096.23	9251.20

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. THOMAS L. ALDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3664 EDINBOROUGH DRIVE  
 City ROCHESTER HILLS State MI Zip Code 48306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MCLAREN WOMEN'S HEALTH Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 21 / 2014  
**Transaction ID : SA11Al.17282**  
 Amount of Each Receipt this Period 100.00

**B. THADDEUS L. ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2350 SIMPSON STREET  
 City DUBUQUE State IA Zip Code 52003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DUBUQUE OB/GYN Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 07 / 19 / 2014  
**Transaction ID : SA11Al.17337**  
 Amount of Each Receipt this Period 750.00

**C. THOMAS F. ARNOLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 WEST 7TH STREET  
 City DICKINSON State ND Zip Code 58601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2205.00

Date of Receipt 07 / 14 / 2014  
**Transaction ID : SA11Al.17257**  
 Amount of Each Receipt this Period 515.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1365.00  
**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 7 OF 42  
(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. WILLIAM D. BINDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6417 PROVINCE LANE  
 City State Zip Code  
 BATON ROUGE LA 70808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LOUISIANA WOMEN'S HEALTHCARE PHYSICIAN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2014  
**Transaction ID : SA11Al.17172**  
 Amount of Each Receipt this Period  
 150.00

**B. MAY H. BLANCHARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1316 BELT STREET  
 City State Zip Code  
 BALTIMORE MD 21230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UNIVERSITY OF MARYLAND PHYSICIAN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2014  
**Transaction ID : SA11Al.17377**  
 Amount of Each Receipt this Period  
 25.00

**C. KEITH R. BRILL**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 455.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2014  
**Transaction ID : SA11Al.17243**  
 Amount of Each Receipt this Period  
 65.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 240.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 42
	<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. 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 GYNECOLOGICAL Occupation: PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt: 07 / 15 / 2014  
**Transaction ID : SA11Al.17258**  
 Amount of Each Receipt this Period: **250.00**

**B. MARIA CHRISTINA S. BUENAFLO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 433 PLAZA STREET  
 City BOGALUSA State LA Zip Code 70427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: OUR LADY OF THE ANGELS Occupation: PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt: 07 / 09 / 2014  
**Transaction ID : SA11Al.17161**  
 Amount of Each Receipt this Period: **1000.00**

**C. RONALD T. BURKMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 289 ARDSLEY ROAD  
 City LONGMEADOW State MA Zip Code 01106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: BAYSTATE HEALTH Occupation: PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt: 07 / 11 / 2014  
**Transaction ID : SA11Al.17230**  
 Amount of Each Receipt this Period: **125.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1375.00**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 42
	<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. SANDRA A. CARSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2151 JAMIESON AVENUE

City ALEXANDRIA State VA Zip Code 22314

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2014

**Transaction ID : SA11Al.17340**

Amount of Each Receipt this Period  
 215.00

**B. RACHEL K. CASEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1014 7TH STREET, SE

City WASHINGTON State DC Zip Code 20003

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

Name of Employer MEDSTAR WASHINGTON HOSPITAL Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2014

**Transaction ID : SA11Al.17352**

Amount of Each Receipt this Period  
 85.00

**C. YING CHAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 14453 JEWEL AVENUE

City FLUSHING State NY Zip Code 11367

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

Name of Employer ENGLEWOOD HOSPITAL Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2014

**Transaction ID : SA11Al.17378**

Amount of Each Receipt this Period  
 500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. SUSAN H. CHAPMAN</b>		Date of Receipt MM / DD / YYYY 07 / 16 / 2014 <b>Transaction ID : SA11AI.17333</b>
Mailing Address 642 ULUKAHIKI STREET		Amount of Each Receipt this Period 430.00
City KAILUA	State HI	Zip Code 96734
FEC ID number of contributing federal political committee. C		
Name of Employer PALI WOMEN'S HEALTH CENTER	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

Full Name (Last, First, Middle Initial) <b>B. BEN H. CHEEK</b>		Date of Receipt MM / DD / YYYY 07 / 19 / 2014 <b>Transaction ID : SA11AI.17278</b>
Mailing Address 1626 SUMMIT DRIVE		Amount of Each Receipt this Period 83.33
City COLUMBUS	State GA	Zip Code 31906
FEC ID number of contributing federal political committee. C		
Name of Employer OB/GYN ASSOCIATES OF COLUMBUS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1999.98	

Full Name (Last, First, Middle Initial) <b>C. J. KYLE CITY</b>		Date of Receipt MM / DD / YYYY 07 / 03 / 2014 <b>Transaction ID : SA11AI.17137</b>
Mailing Address 904 GOLF VIEW DRIVE		Amount of Each Receipt this Period 100.00
City SEARCY	State AR	Zip Code 72143
FEC ID number of contributing federal political committee. C		
Name of Employer SEARCY MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	613.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. JEANNE A. CONRY</b>		Date of Receipt MM / DD / YYYY 07 / 03 / 2014 <b>Transaction ID : SA11AI.17138</b>
Mailing Address 8204 CANTERSHIRE WAY		Amount of Each Receipt this Period 100.00
City GRANITE BAY	State CA	Zip Code 95746
FEC ID number of contributing federal political committee. C		
Name of Employer PERMANENTE MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3650.00	

Full Name (Last, First, Middle Initial) <b>B. DOUGLAS J. CREEDON</b>		Date of Receipt MM / DD / YYYY 07 / 23 / 2014 <b>Transaction ID : SA11AI.17343</b>
Mailing Address 1119 BUCKRIDGE DRIVE		Amount of Each Receipt this Period 600.00
City ROCHESTER	State MN	Zip Code 55906
FEC ID number of contributing federal political committee. C		
Name of Employer MAYO CLINIC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

Full Name (Last, First, Middle Initial) <b>C. DIANA S. CURRAN</b>		Date of Receipt MM / DD / YYYY 07 / 03 / 2014 <b>Transaction ID : SA11AI.17139</b>
Mailing Address 5130 GLENWAY DRIVE		Amount of Each Receipt this Period 250.00
City BRIGHTON	State MI	Zip Code 48116
FEC ID number of contributing federal political committee. C		
Name of Employer UNIVERSITY OF MICHIGAN HEALTH	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 12 OF 42  
(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. 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 ▼ **875.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2014  
**Transaction ID : SA11AI.17244**  
 Amount of Each Receipt this Period  
**125.00**

**B. LAURA A. DEAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 HIGHWAY 96 EAST  
 City DELLWOOD State MN Zip Code 55110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STILLWATER MEDICAL GROUP Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **415.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2014  
**Transaction ID : SA11AI.17175**  
 Amount of Each Receipt this Period  
**215.00**

**C. ROBERT H. DEBBS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 SASSAFRAS COURT  
 City VOORHEES State NJ Zip Code 08043  
 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 ▼ **1345.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2014  
**Transaction ID : SA11AI.17223**  
 Amount of Each Receipt this Period  
**209.00**

**SUBTOTAL** of Receipts This Page (optional)..... **549.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MARK 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 **1900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2014  
**Transaction ID : SA11AI.17141**  
 Amount of Each Receipt this Period  
**200.00**

**B. NATHANIEL DENICOLA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2121 PINE STREET  
 City PHILADELPHIA State PA Zip Code 19103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF PENNSYLVANIA Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1463.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2014  
**Transaction ID : SA11AI.17293**  
 Amount of Each Receipt this Period  
**209.00**

**C. GIL M. FARKASH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43 NOTTINGHAM TERRACE  
 City BUFFALO State NY Zip Code 14216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KALEIDA HEALTH Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **334.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2014  
**Transaction ID : SA11AI.17231**  
 Amount of Each Receipt this Period  
**167.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>576.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. DOUGLAS K. FENTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2921 MANAGUA PLACE  
 City CARLSBAD State CA Zip Code 92009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SCRIPPS COASTAL MEDICAL GROUP Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1463.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 12 / 2014  
**Transaction ID : SA11AI.17232**  
 Amount of Each Receipt this Period  
 209.00

**B. BERRY A. FLEMING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3108 MIDWAY ROAD  
 City PLANO State TX Zip Code 75093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PERSONALIZED WOMEN'S HEALTH Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2014  
**Transaction ID : SA11AI.17239**  
 Amount of Each Receipt this Period  
 300.00

**C. DAVID A. FORSTEIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 890 WEST FARIS ROAD  
 City GREENVILLE State SC Zip Code 29605  
 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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2014  
**Transaction ID : SA11AI.17284**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	609.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. RAJIV B. GALA</b>		Date of Receipt
Mailing Address 4429 CLARA STREET		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City	State	Zip Code
NEW ORLEANS	LA	70115
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.17143</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
OCHSNER MEDICAL CENTER	PHYSICIAN	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="340.00"/>	

Full Name (Last, First, Middle Initial) <b>B. PAMELA GALLUP GAUDRY</b>		Date of Receipt
Mailing Address P.O. BOX 2805		<input type="text" value="07"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
TYBEE ISLAND	GA	31328
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.17385</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MEMORIAL HEALTH MEDICAL CENTER	PHYSICIAN	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="750.00"/>	

Full Name (Last, First, Middle Initial) <b>C. THOMAS M. GELLHAUS</b>		Date of Receipt
Mailing Address 906 TAMARACK TRAIL		<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code
IOWA CITY	IA	52245
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.17334</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
UNIVERSITY OF IOWA	PHYSICIAN	<input type="text" value="85.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2585.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="435.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 42
	<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. CHRISTINE S. GOUDGE WALKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15015 FREDERICK ROAD  
 City ROGERS State MN Zip Code 55374  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PARK NICOLLET CLINIC Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2014  
**Transaction ID : SA11AI.17255**  
 Amount of Each Receipt this Period  
 430.00

**B. NEIL A. HAMILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3882 SOUTH 177TH AVENUE  
 City OMAHA State NE Zip Code 68130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer METHODIST HOSPITAL Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2014  
**Transaction ID : SA11AI.17162**  
 Amount of Each Receipt this Period  
 100.00

**C. CHARLES B. HAMMOND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2827 MCDOWELL ROAD  
 City DURHAM State NC Zip Code 27705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DUKE UNIVERSITY MEDICAL CENTER Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2014  
**Transaction ID : SA11AI.17354**  
 Amount of Each Receipt this Period  
 325.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 855.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. KATHY D. HARTKE**  
Full Name (Last, First, Middle Initial)

Mailing Address 19655 BIRMINGHAM COURT

City State Zip Code  
BROOKFIELD WI 53045

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 ▼  
430.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2014  
**Transaction ID : SA11Al.17176**

Amount of Each Receipt this Period  
430.00

**B. KRISTINA C. HAWKINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 332 CARILLON LANE

City State Zip Code  
MACON GA 31210

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

Name of Employer Occupation  
CENTRAL GEORGIA FERTILITY PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2014  
**Transaction ID : SA11Al.17380**

Amount of Each Receipt this Period  
250.00

**C. AMY S. HAYES**  
Full Name (Last, First, Middle Initial)

Mailing Address 1200 NORTH MOUNTAIN STREET

City State Zip Code  
CARSON CITY NV 89703

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

Name of Employer Occupation  
CARSON MEDICAL GROUP PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2014  
**Transaction ID : SA11Al.17382**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 780.00

**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 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. TAMARA G. HELFER</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 28 / 2014 <b>Transaction ID : SA11Al.17350</b>
Mailing Address 4412 TROSTSHIRE CIRCLE			Amount of Each Receipt this Period 215.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00		

Full Name (Last, First, Middle Initial) <b>B. LYDIA M. JEFFRIES</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 12 / 2014 <b>Transaction ID : SA11Al.17256</b>
Mailing Address 21 WILSON LANE			Amount of Each Receipt this Period 750.00
City FAIRVIEW	State NC	Zip Code 28730	
FEC ID number of contributing federal political committee. C			
Name of Employer ASHEVILLE WOMEN'S MEDICAL	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3250.00		

Full Name (Last, First, Middle Initial) <b>C. LYDIA M. JEFFRIES</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 27 / 2014 <b>Transaction ID : SA11Al.17347</b>
Mailing Address 21 WILSON LANE			Amount of Each Receipt this Period 175.00
City FAIRVIEW	State NC	Zip Code 28730	
FEC ID number of contributing federal political committee. C			
Name of Employer ASHEVILLE WOMEN'S MEDICAL	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3425.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1140.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. JOHN C. JENNINGS</b>		Date of Receipt MM / DD / YYYY 07 / 23 / 2014 <b>Transaction ID : SA11AI.17344</b>
Mailing Address 2405 SPOONBILL DRIVE		Amount of Each Receipt this Period 430.00
City LEAGUE CITY	State TX	Zip Code 77573
FEC ID number of contributing federal political committee. C	Name of Employer TEXAS TECH UNIVERSITY	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2930.00	

Full Name (Last, First, Middle Initial) <b>B. HAROLD A. KAMINETZKY</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2014 <b>Transaction ID : SA11AI.17331</b>
Mailing Address 26 YARMOUTH COURT		Amount of Each Receipt this Period 1000.00
City SCOTCH PLAINS	State NJ	Zip Code 07076
FEC ID number of contributing federal political committee. C	Name of Employer RETIRED	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. LEAH A. KAUFMAN</b>		Date of Receipt MM / DD / YYYY 07 / 12 / 2014 <b>Transaction ID : SA11AI.17233</b>
Mailing Address 8525 WOODBOX ROAD		Amount of Each Receipt this Period 50.00
City MANLIUS	State NY	Zip Code 13104
FEC ID number of contributing federal political committee. C	Name of Employer NSLI JEWISH HEALTH SYSTEM	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1480.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. JOHN P. KEATS</b>		Date of Receipt
Mailing Address 241 CROWNHILL COURT		<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
VENTURA	CA	93003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.17174</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
CIGNA HEALTH PLAN	PHYSICIAN	<input type="text" value="215.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="665.00"/>	

Full Name (Last, First, Middle Initial) <b>B. AMI H. KEATTS</b>		Date of Receipt
Mailing Address 503 VICTORIA DRIVE		<input type="text" value="07"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
STAUNTON	VA	24401
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.17346</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
HARRISONBURG OB/GYN	PHYSICIAN	<input type="text" value="175.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1175.00"/>	

Full Name (Last, First, Middle Initial) <b>C. BRIDGET B. KELLER</b>		Date of Receipt
Mailing Address 4248 LINDEN HILLS BOULEVARD		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
MINNEAPOLIS	MN	55410
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.17351</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
PARK NICOLLET CLINIC	PHYSICIAN	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="690.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. EDUARDO LARA-TORRE</b>		Date of Receipt
Mailing Address 5907 CAVALIER DRIVE		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
ROANOKE	VA	24018
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11Al.17345</b>
CARLION CLINIC	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="350.00"/>	<input type="text" value="150.00"/>

Full Name (Last, First, Middle Initial) <b>B. HAL C. LAWRENCE</b>		Date of Receipt
Mailing Address 2700 VIRGINIA AVENUE, NW		<input type="text" value="07"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
WASHINGTON	DC	20037
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11Al.17301</b>
AMERICAN CONGRESS OF OB/GYNS	EXECUTIVE VICE PRESIDENT	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3500.00"/>	<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>C. SUSAN M. LEMAGIE</b>		Date of Receipt
Mailing Address 425 EAST DAHLIA AVENUE		<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
PALMER	AK	99645
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11Al.17338</b>
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="800.00"/>	<input type="text" value="300.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1450.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. PETER C. MANNING**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 CALY HOLLOW ROAD

City KENNEBUNK State ME Zip Code 04043

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

Name of Employer SOUTHERN MAINE HEALTH CARE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
07 / 03 / 2014  
**Transaction ID : SA11Al.17173**

Amount of Each Receipt this Period  
175.00

**B. JAMES N. MARTIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2101 EASTOVER DRIVE

City JACKSON State MS Zip Code 39211

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

Name of Employer UNIVERSITY OF MISSISSIPPI Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
07 / 15 / 2014  
**Transaction ID : SA11Al.17259**

Amount of Each Receipt this Period  
300.00

**C. WAYNE MAXSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2960 NORTH STATE ROAD

City MARGATE State FL Zip Code 33063

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 ▼ 250.00

Date of Receipt  
07 / 03 / 2014  
**Transaction ID : SA11Al.17144**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 725.00

**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 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. CLAYTON H. MCCrackEN</b>			Date of Receipt
Mailing Address 2914 GLENWOOD LANE			<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11Al.17260</b>
BILLINGS	MT	59102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="85.00"/>
Name of Employer	Occupation		
BILLINGS CLINIC	PHYSICIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2585.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. JEANNINE M. MCMAHON</b>			Date of Receipt
Mailing Address 11436 LAKEWOOD STREET			<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11Al.17289</b>
CROWN POINT	IN	46207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="125.00"/>
Name of Employer	Occupation		
CROWN POINT OB/GYN	PHYSICIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. AASTA MEHTA</b>			Date of Receipt
Mailing Address 201 NORTH 8TH STREET			<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11Al.17226</b>
PHILADELPHIA	PA	19106	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="209.00"/>
Name of Employer	Occupation		
DREXEL UNIVERSITY	PHYSICIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1235.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="419.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. LYREE MIKHAIL</b>		Date of Receipt
Mailing Address 267 GRANT STREET		<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code
BRIDGEPORT	CT	06610
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11Al.17159</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
BRIDGEPORT HOSPITAL	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. OWEN C. MONTGOMERY</b>		Date of Receipt
Mailing Address 450 CHAPEL HEIGHTS ROAD		<input type="text" value="07"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City	State	Zip Code
SEWELL	NJ	08080
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11Al.17157</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="209.00"/>
Name of Employer	Occupation	
DREXEL UNIVERSITY	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1788.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MEGUMI M. MORISHITA</b>		Date of Receipt
Mailing Address 1122 SOUTHEAST SPRUCE WAY		<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
NEWPORT	OR	97365
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11Al.17130</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
SAMARITAN HEALTH SERVICES	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="959.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. DEVIN NAMAKY</b>		Date of Receipt
Mailing Address 416 RESOR AVENUE		<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code
CINCINNATI	OH	45220
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.17177</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Name of Employer	Occupation	
TRIHEALTH	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="230.00"/>	

Full Name (Last, First, Middle Initial) <b>B. LUKE A. NEWTON</b>		Date of Receipt
Mailing Address 314 TRAFALGAR		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
SAN ANTONIO	TX	78216
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.17383</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
UT HEALTH SCIENCE CENTER	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="215.00"/>	

Full Name (Last, First, Middle Initial) <b>C. REBECCA C. OKUN</b>		Date of Receipt
Mailing Address 1436 SAN CARLOS ROAD, SW		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code
ALBUQUERQUE	NM	87104
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.17215</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
WOMEN'S SPECIALISTS	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

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

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

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

FOR LINE NUMBER: PAGE 26 OF 42  
(check only one)

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

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

Mailing Address **3822 BOWSER AVENUE**

City <b>DALLAS</b>	State <b>TX</b>	Zip Code <b>75219</b>
-----------------------	--------------------	--------------------------

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

Name of Employer <b>MODERN GYNECOLOGY</b>	Occupation <b>PHYSICIAN</b>
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2014

**Transaction ID : SA11Al.17150**

Amount of Each Receipt this Period  

100.00
--------

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

Mailing Address **193 LAKE BLUFF DRIVE**

City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43235</b>
-------------------------	--------------------	--------------------------

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

Name of Employer <b>DOCTORS HOSPITAL OHIO HEALTH</b>	Occupation <b>PHYSICIAN</b>
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2014

**Transaction ID : SA11Al.17290**

Amount of Each Receipt this Period  

120.00
--------

Full Name (Last, First, Middle Initial)  
**C. DEBRA J. PIEHL**

Mailing Address **380 CARLYLE DRIVE**

City <b>NORTH LIBERTY</b>	State <b>IA</b>	Zip Code <b>52317</b>
------------------------------	--------------------	--------------------------

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

Name of Employer <b>OB/GYN ASSOCIATES</b>	Occupation <b>PHYSICIAN</b>
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2014

**Transaction ID : SA11Al.17124**

Amount of Each Receipt this Period  

500.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>720.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. HARTAJ POWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 229 CHRISTIE STREET  
 City NEW YORK State NY Zip Code 10002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NEW YORK UNIVERSITY Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2014  
**Transaction ID : SA11Al.17298**  
 Amount of Each Receipt this Period  
 250.00

**B. HOLLY S. PURITZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7940 NORTH SHORE ROAD  
 City NORFOLK State VA Zip Code 23505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THE GROUP FOR WOMEN Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2014  
**Transaction ID : SA11Al.17164**  
 Amount of Each Receipt this Period  
 245.00

**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 ▼ 1086.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014  
**Transaction ID : SA11Al.17154**  
 Amount of Each Receipt this Period  
 209.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 704.00  
**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 28 OF 42 (check only one)
<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
<input type="checkbox"/> 11c <input type="checkbox"/> 15	<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)**

Full Name (Last, First, Middle Initial) <b>A. STEVEN W. REMMENA</b> Mailing Address 16995 PRINCETON ROAD <hr/> City State Zip Code ADAMS NE 68301 <hr/> FEC ID number of contributing federal political committee. <input type="text" value="C"/> <hr/> Name of Employer Occupation UNIVERSITY OF NEBRASKA PHYSICIAN <hr/> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text" value="1171.00"/>	Date of Receipt <input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2014"/> <b>Transaction ID : SA11Al.17355</b> <hr/> Amount of Each Receipt this Period <input type="text" value="85.00"/>
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Full Name (Last, First, Middle Initial) <b>B. PHYLLIS W. ROGERSON</b> Mailing Address 590 EAST HOWCAW DRIVE <hr/> City State Zip Code MT. PLEASANT SC 29464 <hr/> FEC ID number of contributing federal political committee. <input type="text" value="C"/> <hr/> Name of Employer Occupation ROPER ST. FRANCIS HEALTHCARE PHYSICIAN <hr/> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	Date of Receipt <input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2014"/> <b>Transaction ID : SA11Al.17118</b> <hr/> Amount of Each Receipt this Period <input type="text" value="250.00"/>
--	---

Full Name (Last, First, Middle Initial) <b>C. PAUL M ROSS</b> Mailing Address 80 SUNSET AVENUE <hr/> City State Zip Code GLEN ELLYN IL 60137 <hr/> FEC ID number of contributing federal political committee. <input type="text" value="C"/> <hr/> Name of Employer Occupation SELF-EMPLOYED PHYSICIAN <hr/> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	Date of Receipt <input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2014"/> <b>Transaction ID : SA11Al.17131</b> <hr/> Amount of Each Receipt this Period <input type="text" value="1000.00"/>
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1335.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 42
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. HEATHER Z. SANKEY</b>		Date of Receipt
Mailing Address 759 CHESTNUT STREET		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
SPRINGFIELD	MA	01199
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.17353</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="175.00"/>
Name of Employer	Occupation	
BAYSTATE MEDICAL PRACTICES	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="475.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. TIFFANY H. SHU</b>		Date of Receipt
Mailing Address 9664 APPLE MILL DRIVE		<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
ELK GROVE	CA	95624
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.17348</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="430.00"/>
Name of Employer	Occupation	
ST. JOHN'S HOSPITALS	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="430.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. SARA R. SOLBERG</b>		Date of Receipt
Mailing Address 904 2ND AVENUE EAST		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code
WILLISTON	ND	58801
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.17218</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
GREAT PLAINS WOMEN'S HEALTH	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="855.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 30 OF 42  
(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. MARCOS SOSA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13323 MARIGOLD TRAIL  
 City BELTON State TX Zip Code 76513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KING'S DAUGHTER CLINIC Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2014  
**Transaction ID : SA11AI.17384**  
 Amount of Each Receipt this Period  
 300.00

**B. ANGELA R. STOEHR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5875 95TH AVENUE NORTH  
 City PINELLAS PARK State FL Zip Code 33782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EASTERN IOWA HEALTH CENTER Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2014  
**Transaction ID : SA11AI.17242**  
 Amount of Each Receipt this Period  
 10.00

**C. 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 ▼ 1477.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2014  
**Transaction ID : SA11AI.17165**  
 Amount of Each Receipt this Period  
 210.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 520.00  
**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 42
	<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)**

Full Name (Last, First, Middle Initial) <b>A. PETER J. TAYLOR</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 02 / 2014
Mailing Address 11344 SNOWBIRD LANE		<b>Transaction ID : SA11AI.17132</b>
City TRUCKEE	State CA	Zip Code 96161
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer TAHOE FOREST WOMEN'S CENTER	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. TINA R. TOMSEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2014
Mailing Address 2227 DOUGLAS DRIVE		<b>Transaction ID : SA11AI.17125</b>
City ANCHORAGE	State AK	Zip Code 99517
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer ANCHORAGE WOMEN'S CLINIC	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. ERIN E. TRACY</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2014
Mailing Address 5 HIGH STREET		<b>Transaction ID : SA11AI.17388</b>
City STONEHAM	State MA	Zip Code 02180
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 209.00	
Name of Employer MASS GENERAL PHYSICIANS	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 1463.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1459.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 32 OF 42  
(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. EMILY M. WOESTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 539 KARLENIA COURT  
 City State Zip Code  
 EDGEWOOD KY 41017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TRI STATE WOMEN'S HEALTH PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2014  
**Transaction ID : SA11AI.17119**  
 Amount of Each Receipt this Period  
 250.00

**B. ROBERT YELVERTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2526 JETTON AVENUE  
 City State Zip Code  
 TAMPA FL 33629  
 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 ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2014  
**Transaction ID : SA11AI.17229**  
 Amount of Each Receipt this Period  
 70.00

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	320.00
<b>TOTAL</b> This Period (last page this line number only).....▶	22348.33



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement  
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2014

Transaction ID : **SB21B.17179**

Amount of Each Disbursement this Period

326.11

Full Name (Last, First, Middle Initial)

**B. FIRST NATIONAL MERCHANT SOLUTIONS**

Mailing Address 1620 DODGE STREET

City OMAHA State NE Zip Code 68197

Purpose of Disbursement  
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2014

Transaction ID : **SB21B.17180**

Amount of Each Disbursement this Period

737.12

Full Name (Last, First, Middle Initial)

**C. SQUARE, INC.**

Mailing Address 901 MISSION STREET

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 19 / 2014

Transaction ID : **SB21B.17305**

Amount of Each Disbursement this Period

33.00

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

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

1096.23

1096.23

**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. AARON WOOLF FOR CONGRESS**

Mailing Address P.O. BOX 248

City ELIZABETHTOWN State NY Zip Code 12932

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**AARON WOOLF**

Office Sought:  House  
 Senate  
 President  
State: NY District: 21

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	14	/	2014

**Transaction ID : SB23.17188**

Amount of Each Disbursement this Period

5,000.00
----------

Full Name (Last, First, Middle Initial)

**B. AIMEE BELGARD FOR CONGRESS**

Mailing Address P.O. BOX 35

City WILLINGBORO State NJ Zip Code 08046

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**AIMEE BELGARD**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	14	/	2014

**Transaction ID : SB23.17207**

Amount of Each Disbursement this Period

1,000.00
----------

Full Name (Last, First, Middle Initial)

**C. CONYERS FOR CONGRESS**

Mailing Address P.O. BOX 70980

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**JOHN CONYERS, JR.**

Office Sought:  House  
 Senate  
 President  
State: MI District: 13

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

**Transaction ID : SB23.17262**

Amount of Each Disbursement this Period

2,500.00
----------

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

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

8,500.00
----------

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. DIANA DEGETTE FOR CONGRESS**

Mailing Address P.O. BOX 61337

City DENVER State CO Zip Code 80206

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**DIANA L. DEGETTE**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	4

Transaction ID : **SB23.17328**

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. DR. MONICA WEHBY FOR U.S. SENATE**

Mailing Address P.O. BOX 3375

City PORTLAND State OR Zip Code 97208

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**MONICA WEHBY**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	4

Transaction ID : **SB23.17191**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JEANNE SHAHEEN**

Mailing Address 105 NORTH STATE STREET

City CONCORD State NH Zip Code 03301

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**JEANNE SHAHEEN**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	4

Transaction ID : **SB23.17201**

Amount of Each Disbursement this Period

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

1	4	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

1	4	0	0	0	0	0	0	0	0
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			PAGE 36 OF 42		
	<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) <b>A. FRIENDS OF MICHELLE</b>		Date of Disbursement																				
Mailing Address P.O. BOX 25422		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>4</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	8		2	0	1	4
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		2	8		2	0	1	4													
City	State	Zip Code																				
ALBUQUERQUE	NM	87125																				
Purpose of Disbursement CONTRIBUTION		Transaction ID : <b>SB23.17329</b>																				
Candidate Name <b>MICHELLE LUJAN GRISHAM</b>	Category/Type		Amount of Each Disbursement this Period <table border="1"><tr><td>2</td><td>5</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	2	5	0	0	.	0	0												
2	5	0	0	.	0	0																
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: NM District: 01																						

Full Name (Last, First, Middle Initial) <b>B. JIM TRACY FOR CONGRESS</b>		Date of Disbursement																				
Mailing Address P.O. BOX 332490		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>4</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	4		2	0	1	4
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		1	4		2	0	1	4													
City	State	Zip Code																				
MURFREESBORO	TN	37133																				
Purpose of Disbursement CONTRIBUTION		Transaction ID : <b>SB23.17194</b>																				
Candidate Name <b>JIM TRACY</b>	Category/Type		Amount of Each Disbursement this Period <table border="1"><tr><td>1</td><td>0</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	1	0	0	0	.	0	0												
1	0	0	0	.	0	0																
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: TN District: 04																						

Full Name (Last, First, Middle Initial) <b>C. LYNN JENKINS FOR CONGRESS</b>		Date of Disbursement																				
Mailing Address P.O. BOX 1441		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>4</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	4		2	0	1	4
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		1	4		2	0	1	4													
City	State	Zip Code																				
TOPEKA	KS	66601																				
Purpose of Disbursement CONTRIBUTION		Transaction ID : <b>SB23.17206</b>																				
Candidate Name <b>LYNN JENKINS</b>	Category/Type		Amount of Each Disbursement this Period <table border="1"><tr><td>1</td><td>5</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	1	5	0	0	.	0	0												
1	5	0	0	.	0	0																
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: KS District: 02																						

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<table border="1"><tr><td>5</td><td>0</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	5	0	0	0	.	0	0
5	0	0	0	.	0	0		
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1"><tr><td>5</td><td>0</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	5	0	0	0	.	0	0
5	0	0	0	.	0	0		

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 MADISON AVENUE

City State Zip Code  
SACRAMENTO CA 95841

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**MIKE THOMPSON**

Office Sought:  House  
 Senate  
 President  
State: CA District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB23.17200**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. MOOLENAAR FOR CONGRESS**

Mailing Address 5915 EASTMAN AVENUE

City State Zip Code  
MIDLAND MI 48640

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**JOHN MOOLENAAR**

Office Sought:  House  
 Senate  
 President  
State: MI District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB23.17203**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PROGRESSIVE CHOICES PAC**

Mailing Address P.O. BOX 58

City State Zip Code  
EVANSTON IL 60204

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB23.17187**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. RON BARBER FOR CONGRESS**

Mailing Address P.O. BOX 57715

City TUCSON State AZ Zip Code 85732

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**RONALD BARBER**

Office Sought:  House  
 Senate  
 President  
State: AZ District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	28	/	2014

Transaction ID : **SB23.17326**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. RON BARBER FOR CONGRESS**

Mailing Address P.O. BOX 57715

City TUCSON State AZ Zip Code 85732

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**RONALD BARBER**

Office Sought:  House  
 Senate  
 President  
State: AZ District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	28	/	2014

Transaction ID : **SB23.17327**

Amount of Each Disbursement this Period

3500.00
---------

Full Name (Last, First, Middle Initial)

**C. 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  
State: IL District: 09

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	14	/	2014

Transaction ID : **SB23.17202**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. SCHIFF FOR CONGRESS**

Mailing Address 777 SOUTH FIGUEROA STREET

City LOS ANGELES State CA Zip Code 90017

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**ADAM SCHIFF**

Office Sought:  House  
 Senate  
 President  
State: CA District: 28

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2014

Transaction ID : **SB23.17265**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. TISEI CONGRESSIONAL COMMITTEE**

Mailing Address 26 MAIN STREET

City LYNNFIELD State MA Zip Code 01940

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**RICHARD R. TISEI**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2014

Transaction ID : **SB23.17197**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

3500.00

44500.00

# 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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. JAMES N. MARTIN**

Mailing Address 2101 EASTOVER DRIVE

City JACKSON State MS Zip Code 39211

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2014

Transaction ID : SB28A.17390

Amount of Each Disbursement this Period

300.00
--------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

300.00
--------

300.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input 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. COY FLOWERS FOR WEST VIRGINIA**

Mailing Address P.O. BOX 1108

City State Zip Code  
LEWISBURG WV 24901

Purpose of Disbursement  
NON-FEDERAL CONTRIBUTION

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  
07 / 21 / 2014

**Transaction ID : SB29.17268**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. LETICIA VAN DE PUTTE FOR LT. GOVERNOR**

Mailing Address P.O. BOX 8490

City State Zip Code  
SAN ANTONIO TX 78208

Purpose of Disbursement  
NON-FEDERAL CONTRIBUTION

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  
07 / 15 / 2014

**Transaction ID : SB29.17183**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. LIBBY WILLIS FOR TEXAS SENATE**

Mailing Address P.O. BOX 7119

City State Zip Code  
FORT WORTH TX 76111

Purpose of Disbursement  
NON-FEDERAL CONTRIBUTION

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  
07 / 15 / 2014

**Transaction ID : SB29.17181**

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

# 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. WENDY R. DAVIS FOR GOVERNOR**

Mailing Address P.O. BOX 1039

City State Zip Code  
FORT WORTH TX 76101

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

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

**Transaction ID : SB29.17185**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

5000.00
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9500.00
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