

**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 Y  
07 / 14 / 2014

**Transaction ID : SB23.17188**

Amount of Each Disbursement this Period

5000.00

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 Y  
07 / 14 / 2014

**Transaction ID : SB23.17207**

Amount of Each Disbursement this Period

1000.00

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 Y  
07 / 21 / 2014

**Transaction ID : SB23.17262**

Amount of Each Disbursement this Period

2500.00

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

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

8500.00