

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- 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 03 / 01 / 2015 through 03 / 31 / 2015

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 04 / 10 / 2015

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)

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="2015"/>	<input type="text" value="171093.63"/>	<input type="text" value="171093.63"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="118096.09"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="179078.66"/>	<input type="text" value="262755.44"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="297174.75"/>	<input type="text" value="433849.07"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="47280.86"/>	<input type="text" value="183955.18"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="249893.89"/>	<input type="text" value="249893.89"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	147314.66	196746.66
(ii) Unitemized	31764.00	66008.78
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	179078.66	262755.44
(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)	179078.66	262755.44
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))..... ▶	179078.66	262755.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	179078.66	262755.44

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	4280.86	5455.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4280.86	5455.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	43000.00	178500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
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)) ..	47280.86	183955.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47280.86	183955.18

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)	179078.66	262755.44
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	179078.66	262755.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4280.86	5455.18
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4280.86	5455.18

**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 85
<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

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

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

Full Name (Last, First, Middle Initial) A. ILANA B. ADDIS		Date of Receipt
Mailing Address 629 NORTH WILSON AVENUE		<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City	State	Zip Code
TUCSON	AZ	85719
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.22369
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="325.00"/>
Name of Employer	Occupation	
UNIVERSITY OF ARIZONA	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="325.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ILANA B. ADDIS		Date of Receipt
Mailing Address 629 NORTH WILSON AVENUE		<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City	State	Zip Code
TUCSON	AZ	85719
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.22370
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="325.00"/>
Name of Employer	Occupation	
UNIVERSITY OF ARIZONA	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="650.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. THOMAS L. ALDERSON		Date of Receipt
Mailing Address 3664 EDINBOROUGH DRIVE		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
ROCHESTER HILLS	MI	48306
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.22598
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
MCLAREN WOMEN'S HEALTH	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 7 OF 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. JOHN R. ALLBERT
 Full Name (Last, First, Middle Initial)
 Mailing Address 2619 SHERWOOD AVENUE
 City CHARLOTTE State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NOVANT HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015
Transaction ID : SA11AI.22248
 Amount of Each Receipt this Period
 325.00

B. MATTHEW T. ALLSWEDE
 Full Name (Last, First, Middle Initial)
 Mailing Address 640 OAKWOOD DRIVE
 City EAST LANSING State MI Zip Code 48823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SPARROW HEALTH SYSTEM Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015
Transaction ID : SA11AI.22249
 Amount of Each Receipt this Period
 1200.00

C. CHARLES G. ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1266 KINGSBURY ROAD
 City ABILENE State TX Zip Code 79602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ABILENE REGIONAL MEDICAL Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015
Transaction ID : SA11AI.22571
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2025.00
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 85
<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

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

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

Full Name (Last, First, Middle Initial) A. TED L. ANDERSON		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 08 / 2015 Transaction ID : SA11AI.22371
Mailing Address 516 LEANNE WAY		Amount of Each Receipt this Period 500.00
City FRANKLIN	State TN	Zip Code 37069
FEC ID number of contributing federal political committee. C		
Name of Employer VANDERBILT UNIVERSITY	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) B. TED L. ANDERSON		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 08 / 2015 Transaction ID : SA11AI.22372
Mailing Address 516 LEANNE WAY		Amount of Each Receipt this Period 600.00
City FRANKLIN	State TN	Zip Code 37069
FEC ID number of contributing federal political committee. C		
Name of Employer VANDERBILT UNIVERSITY	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	

Full Name (Last, First, Middle Initial) C. THADDEUS L. ANDERSON		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 08 / 2015 Transaction ID : SA11AI.22373
Mailing Address 2350 SIMPSON STREET		Amount of Each Receipt this Period 1200.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....▶	2300.00
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 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. LISA A. ANDERSSON-ZETYE		Date of Receipt
Mailing Address 6290 SCARBOROUGH DRIVE		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
ADA	MI	49301
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.22784
Name of Employer	Occupation	Amount of Each Receipt this Period
AREA WIDE OB/GYN	PHYSICIAN	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. CAROL ARCHIE		Date of Receipt
Mailing Address 401 LORING AVENUE		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
LOS ANGELES	CA	90024
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.22572
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF-EMPLOYED	PHYSICIAN	<input type="text" value="250.00"/>
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) C. KATHERINE C. ARNOLD		Date of Receipt
Mailing Address 13509 GREEN CEDAR LANE		<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code
OKLAHOMA CITY	OK	73131
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.22198
Name of Employer	Occupation	Amount of Each Receipt this Period
OKLAHOMA UNIVERSITY HEALTH	PHYSICIAN	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="800.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 10 OF 85
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. COLLEEN BEGLEY
Full Name (Last, First, Middle Initial)
Mailing Address 2172 PINON CIRCLE
City ERIE State CO Zip Code 80516
FEC ID number of contributing federal political committee. C
Name of Employer THE WOMEN'S HEALTH GROUP Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 20 / 2015
Transaction ID : SA11AI.22126
Amount of Each Receipt this Period 1000.00

B. OWEN R. BELL
Full Name (Last, First, Middle Initial)
Mailing Address 17400 ASHLAND DRIVE
City ANCHORAGE State AK Zip Code 99516
FEC ID number of contributing federal political committee. C
Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 27 / 2015
Transaction ID : SA11AI.22629
Amount of Each Receipt this Period 1000.00

C. PETER J. BELLER
Full Name (Last, First, Middle Initial)
Mailing Address 490 MAIN STREET
City WETHERSFIELD State CT Zip Code 06106
FEC ID number of contributing federal political committee. C
Name of Employer HARTFORD HOSPITAL Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 20 / 2015
Transaction ID : SA11AI.22608
Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2200.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 85
<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

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. GUY I. BENRUBI
Full Name (Last, First, Middle Initial)

Mailing Address 655 WEST 8TH STREET

City JACKSONVILLE State FL Zip Code 32209

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

Name of Employer UNIVERSITY OF FLORIDA Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2015

Transaction ID : SA11AI.22127

Amount of Each Receipt this Period
 2500.00

B. MIBHALI M. BHALALA
Full Name (Last, First, Middle Initial)

Mailing Address 806 CAPE COD DRIVE

City REDWOOD CITY State CA Zip Code 94065

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

Name of Employer PERMANENTE MEDICAL GROUP Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11AI.22573

Amount of Each Receipt this Period
 250.00

C. DAVID A. BILLINGS
Full Name (Last, First, Middle Initial)

Mailing Address 831 SOUTH BROADWAY

City MINOT State ND Zip Code 58701

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

Name of Employer TRINITY HEALTH Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2015

Transaction ID : SA11AI.22374

Amount of Each Receipt this Period
 1200.00

SUBTOTAL of Receipts This Page (optional).....▶	3950.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) A. MAY H. BLANCHARD			Date of Receipt
Mailing Address 1316 BELT STREET			M M M / D D D / Y Y Y Y Y Y 03 / 26 / 2015
City	State	Zip Code	Transaction ID : SA11AI.22781
BALTIMORE	MD	21230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		175.00
Name of Employer	Occupation		
UNIVERSITY OF MARYLAND	PHYSICIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	225.00		

Full Name (Last, First, Middle Initial) B. HOWARD A. BLANCHETTE			Date of Receipt
Mailing Address 7 BRINSCALL COURT			M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2015
City	State	Zip Code	Transaction ID : SA11AI.22687
DANBURY	CT	06810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer	Occupation		
NEW YORK MEDICAL COLLEGE	PHYSICIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	240.00		

Full Name (Last, First, Middle Initial) C. MARYANNE C. BOMBAUGH			Date of Receipt
Mailing Address 81 CLOWES DRIVE			M M M / D D D / Y Y Y Y Y Y 03 / 08 / 2015
City	State	Zip Code	Transaction ID : SA11AI.22375
FALMOUTH	MA	02540	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		325.00
Name of Employer	Occupation		
SELF-EMPLOYED	PHYSICIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	325.00		

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. MARYANNE C. BOMBAUGH			Date of Receipt
Mailing Address 81 CLOWES DRIVE			<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : SA11AI.22574
FALMOUTH	MA	02540	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="387.00"/>
Name of Employer	Occupation		
SELF-EMPLOYED	PHYSICIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="712.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. LEONARD A. BRABSON			Date of Receipt
Mailing Address 939 EMERALD AVENUE			<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : SA11AI.22376
KNOXVILLE	TN	37917	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="600.00"/>
Name of Employer	Occupation		
TENNOVA HEALTHCARE	PHYSICIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. LEONARD A. BRABSON			Date of Receipt
Mailing Address 939 EMERALD AVENUE			<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : SA11AI.21923
KNOXVILLE	TN	37917	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="625.00"/>
Name of Employer	Occupation		
TENNOVA HEALTHCARE	PHYSICIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1225.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1612.00"/>
TOTAL 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 14 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. CYNTHIA A. BRINCAT
 Full Name (Last, First, Middle Initial)
 Mailing Address 308 NORTH KENILWORTH
 City OAK PARK State IL Zip Code 60302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LOYOLA UNIVERSITY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **03 / 03 / 2015**
Transaction ID : SA11AI.21941
 Amount of Each Receipt this Period **400.00**

B. CYNTHIA A. BRINCAT
 Full Name (Last, First, Middle Initial)
 Mailing Address 308 NORTH KENILWORTH
 City OAK PARK State IL Zip Code 60302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LOYOLA UNIVERSITY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1600.00**

Date of Receipt **03 / 16 / 2015**
Transaction ID : SA11AI.22231
 Amount of Each Receipt this Period **1200.00**

C. ERIN C. BROUSSEAU
 Full Name (Last, First, Middle Initial)
 Mailing Address 85 STRATHMORE ROAD
 City CRANSTON State RI Zip Code 02905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WOMEN & INFANTS HOSPITAL Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt **03 / 08 / 2015**
Transaction ID : SA11AI.22377
 Amount of Each Receipt this Period **325.00**

SUBTOTAL of Receipts This Page (optional)..... **1925.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. HAYWOOD BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 10113 BARNHART WAY
 City RALEIGH State NC Zip Code 27617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DUKE UNIVERSITY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2015
Transaction ID : SA11AI.22378
 Amount of Each Receipt this Period
 650.00

B. LANCE BRUCK
 Full Name (Last, First, Middle Initial)
 Mailing Address 42 ROCK SHELTER ROAD
 City WACCABAC State NY Zip Code 10597
 FEC ID number of contributing federal political committee. **C**
 Name of Employer YALE MEDICAL GROUP 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
 03 / 09 / 2015
Transaction ID : SA11AI.22252
 Amount of Each Receipt this Period
 325.00

C. SUSAN C. BUNCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 9913 SPRING RIDGE DRIVE
 City LOUISVILLE State KY Zip Code 40223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTON HEALTHCARE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2015
Transaction ID : SA11AI.22130
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	1175.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. JUDITH T. BURGIS		Date of Receipt
Mailing Address 2 MEDICAL PARK ROAD		<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City	State	Zip Code
COLUMBIA	SC	29203
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.22379
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
UNIVERSITY OF SOUTH CAROLINA	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. GINA BUSCH		Date of Receipt
Mailing Address 1744 ALPHA ROAD		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
CHARLESTON	WV	25304
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.22637
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
SELF-EMPLOYED	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) C. DAVID G. BUTLER		Date of Receipt
Mailing Address 6 RIDGE ROAD		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
NORWOOD	NJ	07648
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.22638
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
SELF-EMPLOYED	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) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
TOTAL 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 17 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. C. SHANNON CARROLL		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 08 / 2015 Transaction ID : SA11AI.22380
Mailing Address 291 EAST LAYFAIR DRIVE		Amount of Each Receipt this Period 650.00
City FLOWOOD	State MS	Zip Code 39232
FEC ID number of contributing federal political committee. C		
Name of Employer JACKSON HEALTHCARE FOR WOMEN	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. PRASANTA CHANDRA		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 22 / 2015 Transaction ID : SA11AI.22600
Mailing Address 220A ST. NICHOLAS AVENUE		Amount of Each Receipt this Period 220.00
City BROOKLYN	State NY	Zip Code 11237
FEC ID number of contributing federal political committee. C		
Name of Employer ST. NICHOLAS OB/GYN ASSOCIATES	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. BEN H. CHEEK		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 08 / 2015 Transaction ID : SA11AI.22382
Mailing Address 231 CASCADE ROAD		Amount of Each Receipt this Period 1500.00
City COLUMBUS	State GA	Zip Code 31904
FEC ID number of contributing federal political committee. C		
Name of Employer OB/GYN ASSOCIATES OF COLUMBUS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.66	

SUBTOTAL of Receipts This Page (optional).....▶	2370.00
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 85
	<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
-----------------------------	-----------------------------	-----------------------------

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

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

Full Name (Last, First, Middle Initial) A. BEN H. CHEEK		Date of Receipt MM / DD / YYYY 03 / 09 / 2015 Transaction ID : SA11AI.21933
Mailing Address 231 CASCADE ROAD		Amount of Each Receipt this Period 83.33
City COLUMBUS	State GA	Zip Code 31904
FEC ID number of contributing federal political committee. C		
Name of Employer OB/GYN ASSOCIATES OF COLUMBUS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1749.99	

Full Name (Last, First, Middle Initial) B. DONALD D. CHERVENAK		Date of Receipt MM / DD / YYYY 03 / 08 / 2015 Transaction ID : SA11AI.22383
Mailing Address 15 JAMES STREET		Amount of Each Receipt this Period 1000.00
City FLORHAM PARK	State NJ	Zip Code 07932
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. MARGUERITE P. COHEN		Date of Receipt MM / DD / YYYY 03 / 20 / 2015 Transaction ID : SA11AI.22131
Mailing Address 620 SOUTHEAST 55TH AVENUE		Amount of Each Receipt this Period 1200.00
City PORTLAND	State OR	Zip Code 97215
FEC ID number of contributing federal political committee. C		
Name of Employer PROVIDENCE HEALTH SYSTEM	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....▶	2283.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. SHANNA M. COMBS		Date of Receipt
Mailing Address 849 SPRINGBROOK DRIVE		<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City	State	Zip Code
FORT WORTH	TX	76107
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.22258
Name of Employer	Occupation	Amount of Each Receipt this Period
UNIVERSITY OF NORTH TEXAS	PHYSICIAN	<input type="text" value="1200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1200.00"/>	

Full Name (Last, First, Middle Initial) B. LYNNE COSLETT CHARLTON		Date of Receipt
Mailing Address 289 HARRIS HILL ROAD		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City	State	Zip Code
SHAVERTOWN	PA	18708
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.22232
Name of Employer	Occupation	Amount of Each Receipt this Period
OB/GYN ASSOCIATES	PHYSICIAN	<input type="text" value="625.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="625.00"/>	

Full Name (Last, First, Middle Initial) C. DOUGLAS J. CREEDON		Date of Receipt
Mailing Address 1119 BUCKRIDGE DRIVE		<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City	State	Zip Code
ROCHESTER	MN	55906
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.22386
Name of Employer	Occupation	Amount of Each Receipt this Period
MAYO FOUNDATION	PHYSICIAN	<input type="text" value="650.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="650.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2475.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 85
	<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. DOUGLAS J. CREEDON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1119 BUCKRIDGE DRIVE
 City ROCHESTER State MN Zip Code 55906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MAYO FOUNDATION Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **975.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2015
Transaction ID : SA11AI.22387
 Amount of Each Receipt this Period
325.00

B. LIBBY D. CROCKETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 5650 BURDETTE STREET
 City OMAHA State NE Zip Code 68104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEBRASKA MEDICAL CENTER Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **475.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2015
Transaction ID : SA11AI.22388
 Amount of Each Receipt this Period
325.00

C. JOSE J. CUETO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4339 SIERRA MADRE DRIVE
 City SACRAMENTO State CA Zip Code 95864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUTTER MEDICAL GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : SA11AI.22521
 Amount of Each Receipt this Period
300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. MARY E. D'ALTON		Date of Receipt
Mailing Address 1075 PARK AVENUE		<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City	State	Zip Code
NEW YORK	NY	10128
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.22609
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
COLUMBIA UNIVERSITY MEDICAL	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. STEPHANIE DAHL		Date of Receipt
Mailing Address 517 ARROWWOOD DRIVE		<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City	State	Zip Code
HORACE	ND	58047
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.22260
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="325.00"/>
Name of Employer	Occupation	
SANFORD HEALTH	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="325.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. STELLA DANTAS		Date of Receipt
Mailing Address 6906 SOUTHWEST WINDEMERE LOOP		<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code
PORTLAND	OR	97225
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.22202
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="208.33"/>
Name of Employer	Occupation	
NORTHWEST PERMANENTE	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.33"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1033.33"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 85
	<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 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 **375.00**

Date of Receipt **03 / 18 / 2015**
Transaction ID : SA11AI.22203
 Amount of Each Receipt this Period **125.00**

B. RAYMON E. DARLING
 Full Name (Last, First, Middle Initial)
 Mailing Address 809 WHISPER FALLS LANE
 City MENASHA State WI Zip Code 54952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFFINITY MEDICAL GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **290.00**

Date of Receipt **03 / 27 / 2015**
Transaction ID : SA11AI.22522
 Amount of Each Receipt this Period **250.00**

C. LAURA J. DAVID
 Full Name (Last, First, Middle Initial)
 Mailing Address 5323 MEADOW WOOD BOULEVARD
 City LYNDHURST State OH Zip Code 44124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY HOSPITALS PRACTICES Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **03 / 08 / 2015**
Transaction ID : SA11AI.22390
 Amount of Each Receipt this Period **4650.00**

SUBTOTAL of Receipts This Page (optional)..... **5025.00**
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 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. LAURA A. DEAN		Date of Receipt
Mailing Address 14 EAST HIGHWAY 96		<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City	State	Zip Code
DELLWOOD	MN	55110
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.22391
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>
Name of Employer	Occupation	
STILLWATER MEDICAL GROUP	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JAMES E. DELMORE		Date of Receipt
Mailing Address 9471 CROSS CREEK CIRCLE		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
WICHITA	KS	67206
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.22523
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
ASSOCIATES IN WOMEN'S HEALTH	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) C. NATHANIEL DENICOLA		Date of Receipt
Mailing Address 2218 MANNING STREET		<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code
PHILADELPHIA	PA	19103
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.22204
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="417.00"/>
Name of Employer	Occupation	
UNIVERSITY OF PENNSYLVANIA	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="835.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3417.00"/>
TOTAL 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:	PAGE 24 OF 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. GARY W. DEVANE
Full Name (Last, First, Middle Initial)

Mailing Address 215 EAST SWOOPE AVENUE

City WINTER PARK State FL Zip Code 32789

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

Name of Employer CENTER FOR INFERTILITY Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2015
Transaction ID : SA11AI.22133

Amount of Each Receipt this Period
 500.00

B. KERYN M. DIAS
Full Name (Last, First, Middle Initial)

Mailing Address 14 GRANT PLACE

City ARLINGTON State TX Zip Code 76013

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

Name of Employer USMD HOSPITAL Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : SA11AI.22525

Amount of Each Receipt this Period
 500.00

C. JANE ANN DIMER
Full Name (Last, First, Middle Initial)

Mailing Address 4631 90TH AVENUE

City MERCER ISLAND State WA Zip Code 98040

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

Name of Employer GROUP HEALTH PERMANENTE 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
 03 / 08 / 2015
Transaction ID : SA11AI.22392

Amount of Each Receipt this Period
 325.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1325.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 85
	<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. SHERMAN DUNN
Full Name (Last, First, Middle Initial)

Mailing Address 214 AVENUE S

City BROOKLYN State NY Zip Code 11223

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

Name of Employer PHYSICIAN AFFILIATE GROUP Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2015

Transaction ID : SA11AI.22393

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 1340 HIGHLAND AVENUE

City ROCHESTER State NY Zip Code 14620

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

Name of Employer PARK WEST WOMEN'S HEALTH Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2015

Transaction ID : SA11AI.22601

Amount of Each Receipt this Period
 100.00

C. ELIZABETH P. ELFSTRAND
Full Name (Last, First, Middle Initial)

Mailing Address 4254 LINDEN HILLS BOULEVARD

City MINNEAPOLIS State MN Zip Code 55410

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

Name of Employer JOHN A. HAUGEN ASSOCIATES Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2015

Transaction ID : SA11AI.22396

Amount of Each Receipt this Period
 650.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 85
	<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
-----------------------------	-----------------------------	-----------------------------

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. AARON ELKIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1309 NORTH FEDERAL HIGHWAY
 City HOLLYWOOD State FL Zip Code 33020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FLORIDA WOMEN CARE 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
 03 / 08 / 2015
Transaction ID : SA11AI.22397
 Amount of Each Receipt this Period
 325.00

B. MARYGRACE ELSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4944 RAPID CREEK ROAD
 City IOWA CITY State IA Zip Code 52240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF IOWA HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2015
Transaction ID : SA11AI.22135
 Amount of Each Receipt this Period
 3000.00

C. MARYGRACE ELSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4944 RAPID CREEK ROAD
 City IOWA CITY State IA Zip Code 52240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF IOWA HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2015
Transaction ID : SA11AI.22136
 Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional).....▶	5325.00
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 27 OF 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. EVE L. ESPEY			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td>/</td> <td>08</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	03	/	08	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y									
03	/	08	/	2015									
Mailing Address 712 SUNDOWN PLACE SOUTHEAST			Transaction ID : SA11AI.22399										
City ALBUQUERQUE	State NM	Zip Code 87108	Amount of Each Receipt this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00									
2500.00													
FEC ID number of contributing federal political committee. C													
Name of Employer UNIVERSITY OF NEW MEXICO	Occupation PHYSICIAN												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00											
2500.00													

Full Name (Last, First, Middle Initial) B. EVE L. ESPEY			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td>/</td> <td>30</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	03	/	30	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y									
03	/	30	/	2015									
Mailing Address 712 SUNDOWN PLACE SOUTHEAST			Transaction ID : SA11AI.22782										
City ALBUQUERQUE	State NM	Zip Code 87108	Amount of Each Receipt this Period <table border="1"> <tr> <td>175.00</td> </tr> </table>	175.00									
175.00													
FEC ID number of contributing federal political committee. C													
Name of Employer UNIVERSITY OF NEW MEXICO	Occupation PHYSICIAN												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>2675.00</td> </tr> </table>	2675.00											
2675.00													

Full Name (Last, First, Middle Initial) C. DOUGLAS K. FENTON			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td>/</td> <td>12</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	03	/	12	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y									
03	/	12	/	2015									
Mailing Address 2921 MANAGUA PLACE			Transaction ID : SA11AI.21925										
City CARLSBAD	State CA	Zip Code 92009	Amount of Each Receipt this Period <table border="1"> <tr> <td>209.00</td> </tr> </table>	209.00									
209.00													
FEC ID number of contributing federal political committee. C													
Name of Employer SCRIPPS COASTAL MEDICAL GROUP	Occupation PHYSICIAN												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>627.00</td> </tr> </table>	627.00											
627.00													

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>2884.00</td> </tr> </table>	2884.00
2884.00		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. STEVEN FLEISCHMAN		Date of Receipt
Mailing Address 189 ANSONIA ROAD		M M M / D D D / Y Y Y Y Y Y 03 / 16 / 2015
City	State	Zip Code
WOODBIDGE	CT	06525
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.22234
C		Amount of Each Receipt this Period
		625.00
Name of Employer	Occupation	
OB/GYN & MENOPAUSE PHYSICIANS	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	625.00	

Full Name (Last, First, Middle Initial) B. ROBERT F. FLORA		Date of Receipt
Mailing Address 22668 BECKENHAM COURT		M M M / D D D / Y Y Y Y Y Y 03 / 12 / 2015
City	State	Zip Code
NOVI	MI	48374
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.21926
C		Amount of Each Receipt this Period
		250.00
Name of Employer	Occupation	
ST. JOHN PROVIDENCE HEALTH	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	250.00	

Full Name (Last, First, Middle Initial) C. COY A. FLOWERS		Date of Receipt
Mailing Address P.O. BOX 1787		M M M / D D D / Y Y Y Y Y Y 03 / 09 / 2015
City	State	Zip Code
LEWISBURG	WV	24901
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.22274
C		Amount of Each Receipt this Period
		650.00
Name of Employer	Occupation	
GREENBRIAR PHYSICIANS	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	650.00	

SUBTOTAL of Receipts This Page (optional).....▶	1525.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 85
	<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. 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2015
Transaction ID : SA11AI.22602

Amount of Each Receipt this Period
 100.00

B. TINA C. FOSTER
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 51

City POST MILLS State VT Zip Code 05058

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

Name of Employer DARTMOUTH HITCHCOCK MEDICAL Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2015
Transaction ID : SA11AI.22401

Amount of Each Receipt this Period
 325.00

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

Mailing Address 1219 LAKEPOINTE STREET

City GROSSE POINTE PARK State MI Zip Code 48230

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

Name of Employer BEAUMONT HEALTH SYSTEM 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
 03 / 20 / 2015
Transaction ID : SA11AI.22140

Amount of Each Receipt this Period
 325.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 85
	<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. RAVI GADA
Full Name (Last, First, Middle Initial)

Mailing Address 7223 CANADIAN DRIVE

City IRVING State TX Zip Code 75039

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

Name of Employer DALLAS FORT WORTH FERTILITY Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2015

Transaction ID : SA11AI.22402

Amount of Each Receipt this Period
 650.00

B. MARK F. GARNAAS
Full Name (Last, First, Middle Initial)

Mailing Address 609 WEST CRESTLINE DRIVE

City MISSOULA State MT Zip Code 59803

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

Name of Employer WESTERN MONTANA CLINIC 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
 03 / 08 / 2015

Transaction ID : SA11AI.22403

Amount of Each Receipt this Period
 600.00

C. SARAH V. GERNHART
Full Name (Last, First, Middle Initial)

Mailing Address 1605 SOUTH 213TH CIRCLE

City OMAHA State NE Zip Code 68022

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

Name of Employer METHODIST PHYSICIANS CLINIC 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
 03 / 08 / 2015

Transaction ID : SA11AI.22405

Amount of Each Receipt this Period
 325.00

SUBTOTAL of Receipts This Page (optional).....▶	1575.00
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 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. DOBIE GILES		Date of Receipt
Mailing Address 4302 GOLDFINCH CIRCLE		<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City	State	Zip Code
MIDDLETON	WI	53562
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.22406
Name of Employer	Occupation	Amount of Each Receipt this Period
UNIVERSITY OF WISCONSIN	PHYSICIAN	<input type="text" value="675.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="675.00"/>	

Full Name (Last, First, Middle Initial) B. DOBIE GILES		Date of Receipt
Mailing Address 4302 GOLDFINCH CIRCLE		<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City	State	Zip Code
MIDDLETON	WI	53562
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.22408
Name of Employer	Occupation	Amount of Each Receipt this Period
UNIVERSITY OF WISCONSIN	PHYSICIAN	<input type="text" value="325.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. JANICE A. GIVLER		Date of Receipt
Mailing Address 2106 HILDA AVENUE		<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City	State	Zip Code
MISSOULA	MT	89801
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.22409
Name of Employer	Occupation	Amount of Each Receipt this Period
WESTERN MONTANA CLINIC	PHYSICIAN	<input type="text" value="600.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="640.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1600.00"/>
TOTAL 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 32 OF 85
	<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. PETER GREENSPAN
Full Name (Last, First, Middle Initial)

Mailing Address 3601 NORTHWEST WINDING WOODS DRIVE

City State Zip Code
LEE'S SUMMIT MD 64064

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

Name of Employer Occupation
UNIVERSITY PHYSICIANS PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 08 / 2015
Transaction ID : SA11AI.22411

Amount of Each Receipt this Period
1200.00

B. LAURIE C. GREGG
Full Name (Last, First, Middle Initial)

Mailing Address 1846 ROCKWOOD DRIVE

City State Zip Code
SACRAMENTO CA 95864

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 ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 08 / 2015
Transaction ID : SA11AI.22412

Amount of Each Receipt this Period
2500.00

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

Mailing Address 500 SOUTH HELBERTA AVENUE

City State Zip Code
REDONDO BEACH CA 90277

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

Name of Employer Occupation
CEDARS-SINAI MEDICAL CENTER 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
03 / 27 / 2015
Transaction ID : SA11AI.22500

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	3950.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 85
	<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. ALBERT T. GROS
Full Name (Last, First, Middle Initial)

Mailing Address 203 TREETOP WAY

City BUDA State TX Zip Code 78610

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

Name of Employer SOUTH AUSTIN MEDICAL CENTER 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
 03 / 27 / 2015

Transaction ID : SA11AI.22501

Amount of Each Receipt this Period
 300.00

B. 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 Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2015

Transaction ID : SA11AI.22614

Amount of Each Receipt this Period
 350.00

C. LEE ANN HAMMOND
Full Name (Last, First, Middle Initial)

Mailing Address 3610 MOONRISE POINT

City COLORADO SPRINGS State CO Zip Code 80904

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

Name of Employer COLORADO OBSTETRICS Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11AI.22581

Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. R. MOSS HAMPTON		Date of Receipt
Mailing Address 3930 EDGEBROOK		<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City	State	Zip Code
MIDLAND	TX	79707
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.22415
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>
Name of Employer	Occupation	
TEXAS TECH UNIVERSITY	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. KAREN E. HARRIS		Date of Receipt
Mailing Address 6440 WEST NEWBERRY ROAD		<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City	State	Zip Code
GAINESVILLE	FL	32605
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.22416
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="325.00"/>
Name of Employer	Occupation	
FLORIDA WOMEN'S PHYSICIANS	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="325.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. KATHY D. HARTKE		Date of Receipt
Mailing Address 19655 BIRMINGHAM COURT		<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City	State	Zip Code
BROOKFIELD	WI	53045
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.22417
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1200.00"/>
Name of Employer	Occupation	
MEDICAL COLLEGE OF WISCONSIN	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="4025.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 85
	<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. CYNTHIA R. HAYES
Full Name (Last, First, Middle Initial)

Mailing Address 2127 ELLIS AVENUE

City BOISE State ID Zip Code 83702

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

Name of Employer ST. LUKE'S REGIONAL MEDICAL Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 20 / 2015
Transaction ID : SA11AI.22143

Amount of Each Receipt this Period
300.00

B. TAMARA G. HELFER
Full Name (Last, First, Middle Initial)

Mailing Address 4412 TROSTSHIRE CIRCLE

City CHAMPAIGN State IL Zip Code 61822

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

Name of Employer CHRISTIE CLINIC Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
03 / 16 / 2015
Transaction ID : SA11AI.22235

Amount of Each Receipt this Period
2500.00

C. RICHARD W. HENDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 1709 CLEAVER LANE

City WILMINGTON State DE Zip Code 19803

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

Name of Employer ST. FRANCIS HOSPITAL Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
03 / 16 / 2015
Transaction ID : SA11AI.22236

Amount of Each Receipt this Period
210.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3010.00

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 36 OF 85
	<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. ROBERT C. HENDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 44 TIVERTON LANE
 City ASHEVILLE State NC Zip Code 28803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 18 / 2015**
Transaction ID : SA11AI.22209
 Amount of Each Receipt this Period **250.00**

B. NARIMAN HESHMATI
 Full Name (Last, First, Middle Initial)
 Mailing Address 645 CORNELIA AVENUE
 City MUKILTEO State WA Zip Code 98275
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EVERETT CLINIC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 20 / 2015**
Transaction ID : SA11AI.22144
 Amount of Each Receipt this Period **300.00**

C. GREIGH HIRATA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2112 HAKANU STREET
 City HONOLULU State HI Zip Code 96821
 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 **2500.00**

Date of Receipt **03 / 08 / 2015**
Transaction ID : SA11AI.22419
 Amount of Each Receipt this Period **2500.00**

SUBTOTAL of Receipts This Page (optional).....	3050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 85
	<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. KELLY R. HODGES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1406 WENTWORTH STREET
 City HOUSTON State TX Zip Code 77004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BAYLOR COLLEGE OF MEDICINE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2015
Transaction ID : SA11AI.22278
 Amount of Each Receipt this Period
 250.00

B. LISA M. HOLLIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6612 MERCER STREET
 City HOUSTON State TX Zip Code 77005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BAYLOR COLLEGE OF MEDICINE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2015
Transaction ID : SA11AI.22238
 Amount of Each Receipt this Period
 2500.00

C. STEVEN HOLT
 Full Name (Last, First, Middle Initial)
 Mailing Address 15366 XENIA COURT
 City THORNTON State CO Zip Code 80602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HEALTH ONE CLINIC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2015
Transaction ID : SA11AI.22420
 Amount of Each Receipt this Period
 975.00

SUBTOTAL of Receipts This Page (optional).....▶	3725.00
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 38 OF 85
<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

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. RITA HSU
Full Name (Last, First, Middle Initial)

Mailing Address 1404 SOUTH HILLS DRIVE

City WENATCHEE State WA Zip Code 98801

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

Name of Employer CONFLUENCE HEALTH Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 16 / 2015
Transaction ID : SA11AI.22239

Amount of Each Receipt this Period 300.00

B. KARLA G. IACAMPO
Full Name (Last, First, Middle Initial)

Mailing Address 2021 SANTA MONICA BOULEVARD

City SANTA MONICA State CA Zip Code 90404

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 ▼ 365.00

Date of Receipt 03 / 08 / 2015
Transaction ID : SA11AI.22422

Amount of Each Receipt this Period 325.00

C. ANNIE I. IRIYE
Full Name (Last, First, Middle Initial)

Mailing Address 2103 CRAIG ROAD SOUTHEAST

City OLYMPIA State WA Zip Code 98501

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

Name of Employer GROUP HEALTH PERMANENTE Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 20 / 2015
Transaction ID : SA11AI.22145

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 925.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 85
	<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. RICHARD T. IVEY
Full Name (Last, First, Middle Initial)

Mailing Address 4023 BETSY LANE

City HOUSTON State TX Zip Code 77027

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

Name of Employer BAYLOR COLLEGE OF MEDICINE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA11AI.22279

Amount of Each Receipt this Period
 1200.00

B. JUDITH A. JACOBSEN
Full Name (Last, First, Middle Initial)

Mailing Address 10010 37TH COURT

City KIRKLAND State WA Zip Code 98033

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2015

Transaction ID : SA11AI.22146

Amount of Each Receipt this Period
 300.00

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

Mailing Address 2405 SPOONBILL DRIVE

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2015

Transaction ID : SA11AI.22423

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....▶	6500.00
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 40 OF 85
	<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

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. HARRY S. JONAS
Full Name (Last, First, Middle Initial)

Mailing Address 207 NORTHWEST SPRUCE STREET

City LEES SUMMIT State MO Zip Code 64064

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

Name of Employer RETIRED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11AI.22510

Amount of Each Receipt this Period
 250.00

B. OLIVER W. JONES
Full Name (Last, First, Middle Initial)

Mailing Address 7 STERLING AVENUE

City ENGLEWOOD State CO Zip Code 80113

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

Name of Employer OBSTETRIX MEDICAL GROUP Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2015

Transaction ID : SA11AI.22220

Amount of Each Receipt this Period
 500.00

C. THEODORE B. JONES
Full Name (Last, First, Middle Initial)

Mailing Address 1616 BRACKEN ROAD

City BLOOMFIELD HILLS State MI Zip Code 48302

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

Name of Employer WAYNE STATE UNIVERSITY Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA11AI.22283

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 85
	<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. JOHN D. JORDAN
Full Name (Last, First, Middle Initial)

Mailing Address 13622 48TH PLACE WEST

City EDMONDS State WA Zip Code 98026

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

Name of Employer THE EVERETT 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
 03 / 08 / 2015
Transaction ID : SA11AI.22424

Amount of Each Receipt this Period
 300.00

B. GERALD F. JOSEPH
Full Name (Last, First, Middle Initial)

Mailing Address 1600 SOUTH EADS STREET

City ARLINGTON State VA Zip Code 22202

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 ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2015
Transaction ID : SA11AI.21990

Amount of Each Receipt this Period
 2500.00

C. JOHN P. KEATS
Full Name (Last, First, Middle Initial)

Mailing Address 19700 NORTH 76TH STREET

City SCOTTSDALE State AZ Zip Code 85255

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

Name of Employer CIGNA Occupation MEDICAL DIRECTOR

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
 03 / 07 / 2015
Transaction ID : SA11AI.22050

Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. BRIDGET B. KELLER		Date of Receipt MM / DD / YYYY 03 / 08 / 2015 Transaction ID : SA11AI.22425
Mailing Address 4248 LINDEN HILLS BOULEVARD		Amount of Each Receipt this Period 325.00
City MINNEAPOLIS	State MN	Zip Code 55410
FEC ID number of contributing federal political committee. C	Name of Employer PARK NICOLLET CLINIC	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. BRIDGET B. KELLER		Date of Receipt MM / DD / YYYY 03 / 08 / 2015 Transaction ID : SA11AI.22426
Mailing Address 4248 LINDEN HILLS BOULEVARD		Amount of Each Receipt this Period 325.00
City MINNEAPOLIS	State MN	Zip Code 55410
FEC ID number of contributing federal political committee. C	Name of Employer PARK NICOLLET CLINIC	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

Full Name (Last, First, Middle Initial) C. MARGARET A. KELLEY		Date of Receipt MM / DD / YYYY 03 / 08 / 2015 Transaction ID : SA11AI.22427
Mailing Address 230 DWYER AVENUE		Amount of Each Receipt this Period 325.00
City SAN ANTONIO	State TX	Zip Code 78204
FEC ID number of contributing federal political committee. C	Name of Employer SOUTHEAST OB/GYN ASSOCIATES	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	975.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 85
	<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. AMY KELLEY-OSDOBA
Full Name (Last, First, Middle Initial)

Mailing Address 2052 SOUTH ABBEYSTONE COURT

City SIOUX FALLS State SD Zip Code 57110

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

Name of Employer SANFORD HEALTH Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA11AI.22284

Amount of Each Receipt this Period
 1500.00

B. JUDITH M. KIMELMAN
Full Name (Last, First, Middle Initial)

Mailing Address 9242 SOUTHEAST 46TH STREET

City MERCER ISLAND State WA Zip Code 98040

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

Name of Employer SEATTLE OB/GYN GROUP 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
 03 / 16 / 2015

Transaction ID : SA11AI.22242

Amount of Each Receipt this Period
 300.00

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

Mailing Address 5241 LAUREL STREET

City NEW ORLEANS State LA Zip Code 70115

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

Name of Employer OCHSNER MEDICAL CENTER Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA11AI.22286

Amount of Each Receipt this Period
 325.00

SUBTOTAL of Receipts This Page (optional).....▶	2125.00
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 44 OF 85
	<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. KATHRYN J. KOSTIC
Full Name (Last, First, Middle Initial)

Mailing Address 4423 WEST COUNTRY VIEW DRIVE

City MEQUON	State WI	Zip Code 53092
----------------	-------------	-------------------

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

Name of Employer AURORA ADVANCED HEALTHCARE	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2015

Transaction ID : SA11AI.22705

Amount of Each Receipt this Period
250.00

B. ANDREW H. KRINSKY
Full Name (Last, First, Middle Initial)

Mailing Address 7401 NORTH UNIVERSITY DRIVE

City TAMARAC	State FL	Zip Code 33321
-----------------	-------------	-------------------

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

Name of Employer VITAL MD	Occupation PHYSICIAN
------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : SA11AI.22582

Amount of Each Receipt this Period
250.00

C. RISHIKESH P. KULKARNI
Full Name (Last, First, Middle Initial)

Mailing Address 302 FRANKFORD AVENUE

City LUBBOCK	State TX	Zip Code 79416
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2015

Transaction ID : SA11AI.22706

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 85
	<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. JULIE B. KWATRA
Full Name (Last, First, Middle Initial)

Mailing Address 12946 EAST CIBOLA ROAD

City SCOTTSDALE State AZ Zip Code 85259

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

Name of Employer ARIZONA WOMEN'S CARE 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
 03 / 08 / 2015

Transaction ID : SA11AI.22432

Amount of Each Receipt this Period
 325.00

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

Mailing Address 4239 NORTHEAST FLANDERS STREET

City PORTLAND State OR Zip Code 97213

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

Name of Employer NORTHWEST PERMANENTE 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
 03 / 08 / 2015

Transaction ID : SA11AI.22435

Amount of Each Receipt this Period
 325.00

C. WILMA I. LARSEN
Full Name (Last, First, Middle Initial)

Mailing Address 2002 CANYON SPRINGS DRIVE

City BELTON State TX Zip Code 76513

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

Name of Employer SCOTT & WHITE HEALTH Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA11AI.22290

Amount of Each Receipt this Period
 975.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1625.00

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 46 OF 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. BARBARA LEVY
 Full Name (Last, First, Middle Initial)
 Mailing Address 28511 10TH AVENUE SOUTH
 City State Zip Code
 FEDERAL WAY WA 98003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AMERICAN CONGRESS OF OB/GYNS VICE PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2015
Transaction ID : SA11AI.22439
 Amount of Each Receipt this Period
 2500.00

B. SUSAN E. LIPINSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 2004 PARK DRIVE
 City State Zip Code
 CEDAR FALLS IA 50613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PARTNERS IN OB/GYN 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
 03 / 08 / 2015
Transaction ID : SA11AI.22442
 Amount of Each Receipt this Period
 500.00

C. MARC A. LUCKETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3911 21ST STREET
 City State Zip Code
 LEAVENWORTH KS 66048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ST. LUKE'S MEDICAL GROUP 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
 03 / 02 / 2015
Transaction ID : SA11AI.21955
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3250.00
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 47 OF 85
	<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. SARA D. MARK
Full Name (Last, First, Middle Initial)

Mailing Address 1231 SUNSET LOOP

City LAFAYETTE State CA Zip Code 94549

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

Name of Employer KAISER PERMANENTE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015
Transaction ID : SA11AI.22583

Amount of Each Receipt this Period
 250.00

B. GLENN R. MARKENSON
Full Name (Last, First, Middle Initial)

Mailing Address 19 CHATHAM ROAD

City LONGMEADOW State MA Zip Code 01199

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 ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2015
Transaction ID : SA11AI.22444

Amount of Each Receipt this Period
 325.00

C. ROBERT J. MAROTZ
Full Name (Last, First, Middle Initial)

Mailing Address 12640 SOUTH 34TH PLACE

City PHOENIX State AZ Zip Code 85044

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

Name of Employer GILA RIVER HEALTH CARE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2015
Transaction ID : SA11AI.22445

Amount of Each Receipt this Period
 325.00

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. JOHN V. MARTIN		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 08 / 2015 Transaction ID : SA11AI.22446
Mailing Address 6217 MUIRLANDS COURT		Amount of Each Receipt this Period 325.00
City LAS VEGAS	State NV	Zip Code 89130
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. G. SEALY MASSINGILL		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 08 / 2015 Transaction ID : SA11AI.22448
Mailing Address 3887 SOUTH HILLS CIRCLE		Amount of Each Receipt this Period 1000.00
City FORT WORTH	State TX	Zip Code 76109
FEC ID number of contributing federal political committee. C		
Name of Employer UNIVERSITY OF NORTH TEXAS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. ROBIN D. MATTHEWS		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 08 / 2015 Transaction ID : SA11AI.22449
Mailing Address 39 FLAT ROCK ROAD		Amount of Each Receipt this Period 325.00
City WAYNESVILLE	State NC	Zip Code 28786
FEC ID number of contributing federal political committee. C		
Name of Employer HAYWOOD WOMEN'S MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	1650.00
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 49 OF 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. MICHAEL J. MCCOY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1223 SOUTH GEAR AVENUE
 City WEST BURLINGTON State IA Zip Code 52655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GREAT RIVER WOMEN'S HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2015
Transaction ID : SA11AI.22617
 Amount of Each Receipt this Period
 250.00

B. CLAYTON H. MCCRACKEN
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 35100
 City BILLINGS State MT Zip Code 59107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BILLINGS CLINIC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2015
Transaction ID : SA11AI.22450
 Amount of Each Receipt this Period
 2500.00

C. KELLY SKILLING MCCUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1330 NORTH DAVIS FARMS ROAD
 City DAVIS State CA Zip Code 95616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE PERMANENTE MEDICAL GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015
Transaction ID : SA11AI.22584
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3250.00
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 50 OF 85
<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

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. TIMOTHY C. MCFARREN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1776 BRUSH DRIVE
 City CARSON CITY State NV Zip Code 89703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARSON MEDICAL GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2015
Transaction ID : SA11AI.22431
 Amount of Each Receipt this Period
 2500.00

B. STACI L. MCHALE
 Full Name (Last, First, Middle Initial)
 Mailing Address 63 TALL RUFF DRIVE
 City LAS VEGAS State NV Zip Code 89148
 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 ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2015
Transaction ID : SA11AI.22451
 Amount of Each Receipt this Period
 325.00

C. JOHN P. MCHUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 157
 City CORONA DEL MAR State CA Zip Code 92625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PLANNED PARENTHOOD Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015
Transaction ID : SA11AI.22585
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	3325.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 85
	<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
-----------------------------	-----------------------------	-----------------------------

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. KIMBERLEE MCKAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 8112 SOUTH COPPER RIDGE ROAD
 City State Zip Code
 SIOUX FALLS SD 57108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AVERA MEDICAL GROUP 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
 03 / 09 / 2015
Transaction ID : SA11AI.22302
 Amount of Each Receipt this Period
 325.00

B. JEANNINE M. MCMAHON
 Full Name (Last, First, Middle Initial)
 Mailing Address 11436 LAKEWOOD STREET
 City State Zip Code
 CROWN POINT IN 46207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CROWN POINT OB/GYN PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2015
Transaction ID : SA11AI.22604
 Amount of Each Receipt this Period
 125.00

C. AASTA MEHTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 TOWAMENCIN AVENUE
 City State Zip Code
 LANSDALE PA 19446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LEHIGH VALLEY PHYSICIAN GROUP PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 627.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2015
Transaction ID : SA11AI.21932
 Amount of Each Receipt this Period
 209.00

SUBTOTAL of Receipts This Page (optional).....▶	659.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 85
	<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. AASTA MEHTA
Full Name (Last, First, Middle Initial)

Mailing Address 1001 TOWAMENCIN AVENUE

City LANSDALE State PA Zip Code 19446

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

Name of Employer LEHIGH VALLEY PHYSICIAN GROUP Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **837.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2015

Transaction ID : SA11AI.22243

Amount of Each Receipt this Period
210.00

B. LAURA T. MERCER
Full Name (Last, First, Middle Initial)

Mailing Address 1952 EAST LUKE AVENUE

City PHOENIX State AZ Zip Code 85016

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

Name of Employer ARIZONA OB/GYN AFFILIATES Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : SA11AI.22224

Amount of Each Receipt this Period
2500.00

C. KENNETH W. MERKITCH
Full Name (Last, First, Middle Initial)

Mailing Address W5732 HEATHERWOOD PLACE

City LA CROSSE State WI Zip Code 54601

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

Name of Employer GUNDERSEN HEALTH SYSTEM Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : SA11AI.22709

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **2960.00**

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 53 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. PATRICIA M. MILLER			Date of Receipt MM / DD / YYYY 03 / 08 / 2015 Transaction ID : SA11AI.22452
Mailing Address 25 VILLAGE BROOK LANE			Amount of Each Receipt this Period 1200.00
City DERRY	State NH	Zip Code 03038	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1300.00	
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. FONDA A. MITCHELL			Date of Receipt MM / DD / YYYY 03 / 08 / 2015 Transaction ID : SA11AI.22453
Mailing Address 4280 KINGSTON GATE COVE			Amount of Each Receipt this Period 325.00
City ATLANTA	State GA	Zip Code 30341	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 325.00	
Name of Employer KAISER PERMANENTE		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. OWEN C. MONTGOMERY			Date of Receipt MM / DD / YYYY 03 / 09 / 2015 Transaction ID : SA11AI.21936
Mailing Address 450 CHAPEL HEIGHTS ROAD			Amount of Each Receipt this Period 209.00
City SEWELL	State NJ	Zip Code 08080	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 627.00	
Name of Employer DREXEL UNIVERSITY		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	1734.00
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 54 OF 85
	<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
-----------------------------	-----------------------------	-----------------------------

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

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

Full Name (Last, First, Middle Initial) A. ALETHIA E. MORGAN		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 13 / 2015 Transaction ID : SA11AI.22225
Mailing Address 3075 SOUTH BIRCH STREET		Amount of Each Receipt this Period 625.00
City DENVER	State CO	
Zip Code 80222		Aggregate Year-to-Date ▼ 625.00
FEC ID number of contributing federal political committee. C		
Name of Employer COPIC	Occupation PHYSICIAN	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. SMRITI NALWA		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 25 / 2015 Transaction ID : SA11AI.22586
Mailing Address 13901 LYNDE AVENUE		Amount of Each Receipt this Period 250.00
City SARATOGA	State CA	
Zip Code 95070		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer MAMA BABY OB/GYN	Occupation PHYSICIAN	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. KENNETH NAYLOR		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 27 / 2015 Transaction ID : SA11AI.22710
Mailing Address 5350 EASTERN AVENUE		Amount of Each Receipt this Period 250.00
City DAVENPORT	State IA	
Zip Code 52807		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer OB/GYN SPECIALISTS	Occupation PHYSICIAN	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
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 55 OF 85
	<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. LYDIA D. NIGHTINGALE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9501 PROSPER DRIVE
 City OKLAHOMA CITY State OK Zip Code 73151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF OKLAHOMA Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2015
Transaction ID : SA11AI.22306
 Amount of Each Receipt this Period
 650.00

B. JOSEPH A. OGBURN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6501 BARNHART STREET NORTHEAST
 City ALBUQUERQUE State NM Zip Code 87109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF NEW MEXICO Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2015
Transaction ID : SA11AI.22454
 Amount of Each Receipt this Period
 650.00

C. DOTUN OGUNYEMI
 Full Name (Last, First, Middle Initial)
 Mailing Address 2007 HAZEL STREET
 City BIRMINGHAM State MI Zip Code 48009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WILLIAM BEAUMONT HOSPITAL Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2015
Transaction ID : SA11AI.22213
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1550.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 85
	<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. GORDON J. OSTRUM
Full Name (Last, First, Middle Initial)

Mailing Address 4745 OGLETOWN STANTON ROAD

City NEWARK	State DE	Zip Code 19713
----------------	-------------	-------------------

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

Name of Employer WOMEN FIRST	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
03	/	08	/	2015

Transaction ID : SA11AI.22455

Amount of Each Receipt this Period

325.00

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

Mailing Address 109 INEZ OWENS DRIVE

City JACKSON	State MS	Zip Code 39212
-----------------	-------------	-------------------

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 ▼ **325.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

Transaction ID : SA11AI.22307

Amount of Each Receipt this Period

325.00

C. ROBERT H. PALMER
Full Name (Last, First, Middle Initial)

Mailing Address 2331 FAIRVIEW AVENUE EAST

City SEATTLE	State WA	Zip Code 98102
-----------------	-------------	-------------------

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

Name of Employer OBSTETRIX MEDICAL GROUP	Occupation PHYSICIAN
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

Transaction ID : SA11AI.22149

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional).....▶	3150.00
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 57 OF 85
	<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. TODD A. PANKRATZ
Full Name (Last, First, Middle Initial)

Mailing Address 1125 NORTH LINCOLN AVENUE

City HASTINGS	State NE	Zip Code 68901
------------------	-------------	-------------------

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

Name of Employer OBSTETRICIANS & GYNECOLOGISTS	Occupation PHYSICIAN
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		08		2015

Transaction ID : SA11AI.22456

Amount of Each Receipt this Period
1200.00

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

Mailing Address 380 CARLYLE DRIVE

City NORTH LIBERTY	State IA	Zip Code 52317
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		08		2015

Transaction ID : SA11AI.22461

Amount of Each Receipt this Period
500.00

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

Mailing Address 4103 EDGEVALE COURT

City CHEVY CHASE	State MD	Zip Code 20815
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		08		2015

Transaction ID : SA11AI.22462

Amount of Each Receipt this Period
325.00

SUBTOTAL of Receipts This Page (optional).....▶	2025.00
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 58 OF 85
	<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. 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 ▼ 735.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2015
Transaction ID : SA11AI.21937
 Amount of Each Receipt this Period
 245.00

B. STEVEN W. REMMENGA
 Full Name (Last, First, Middle Initial)
 Mailing Address 16995 PRINCETON ROAD
 City ADAMS State NE Zip Code 68301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF NEBRASKA Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 627.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2015
Transaction ID : SA11AI.21938
 Amount of Each Receipt this Period
 209.00

C. STEVEN W. ROBISON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1170 CABIN COVE
 City IDAHO FALLS State ID Zip Code 83404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ROSEMARK WOMEN'S CARE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2015
Transaction ID : SA11AI.22464
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....	1454.00
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 59 OF 85
	<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
-----------------------------	-----------------------------	-----------------------------

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

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

Full Name (Last, First, Middle Initial) A. JEFFREY E. RODZAK		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 08 / 2015 Transaction ID : SA11AI.22465
Mailing Address 420 EAST LARKSPUR LANE		Amount of Each Receipt this Period 1200.00
City ONALASKA	State WI	Zip Code 54650
FEC ID number of contributing federal political committee. C		
Name of Employer GUNDERSEN HEALTH SYSTEM	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. MARY L. ROSSER		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 08 / 2015 Transaction ID : SA11AI.22466
Mailing Address 32 STUDIO LANE		Amount of Each Receipt this Period 650.00
City BRONXVILLE	State NY	Zip Code 10708
FEC ID number of contributing federal political committee. C		
Name of Employer MONTEFIORE MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. MARY L. ROSSER		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 18 / 2015 Transaction ID : SA11AI.22215
Mailing Address 32 STUDIO LANE		Amount of Each Receipt this Period 325.00
City BRONXVILLE	State NY	Zip Code 10708
FEC ID number of contributing federal political committee. C		
Name of Employer MONTEFIORE MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00	

SUBTOTAL of Receipts This Page (optional).....▶	2175.00
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 60 OF 85
	<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. ROGER ROWLES
Full Name (Last, First, Middle Initial)

Mailing Address 2612 PALATINE AVENUE

City YAKIMA State WA Zip Code 98902

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2015
Transaction ID : SA11AI.22467

Amount of Each Receipt this Period
 300.00

B. ANN SCHUTT-AINE
Full Name (Last, First, Middle Initial)

Mailing Address 1602 OAKDALE STREET

City HOUSTON State TX Zip Code 77004

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

Name of Employer BAYLOR COLLEGE OF MEDICINE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015
Transaction ID : SA11AI.22319

Amount of Each Receipt this Period
 500.00

C. JOHN J. SCIARRA
Full Name (Last, First, Middle Initial)

Mailing Address 65 WOODLEY ROAD

City WINNETKA State IL Zip Code 60092

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

Name of Employer RETIRED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2015
Transaction ID : SA11AI.21947

Amount of Each Receipt this Period
 380.00

SUBTOTAL of Receipts This Page (optional).....▶	1180.00
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 61 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. D. PAUL SEAGO		Date of Receipt
Mailing Address 103 GLENWOOD BEND		<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City	State	Zip Code
MADISON	MS	39110
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.22470
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="650.00"/>
Name of Employer	Occupation	
ST. DOMINIC MEDICAL	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="650.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MARY SHUMAN		Date of Receipt
Mailing Address 10914 PARK RIDGE ROAD		<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City	State	Zip Code
FREDERICKSBURG	VA	22408
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.22620
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
RAPPAHANNOCK WOMEN'S HEALTH	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. VIRGINIA A. SIEGFRIED		Date of Receipt
Mailing Address 1416 FOOTHILL ROAD		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
OJAI	CA	93023
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.22588
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
PLANNED PARENTHOOD	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) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1900.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 85
	<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. LAURA L. SIROTT
Full Name (Last, First, Middle Initial)

Mailing Address 249 SOUTH BERKELEY AVENUE

City PASADENA	State CA	Zip Code 91107
------------------	-------------	-------------------

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 ▼ **625.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		16		2015

Transaction ID : SA11AI.22244

Amount of Each Receipt this Period

625.00

B. HEATHER A. SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 175 EAST 96TH STREET

City NEW YORK	State NY	Zip Code 10128
------------------	-------------	-------------------

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

Name of Employer MONTEFIORE MEDICAL SYSTEM	Occupation PHYSICIAN
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		16		2015

Transaction ID : SA11AI.22245

Amount of Each Receipt this Period

250.00

C. KIRSTEN M. SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 405 WOODSTOCK LANE

City WILMINGTON	State DE	Zip Code 19808
--------------------	-------------	-------------------

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

Name of Employer CHRISTIANA CARE	Occupation PHYSICIAN
-------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		09		2015

Transaction ID : SA11AI.22349

Amount of Each Receipt this Period

500.00

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 63 OF 85
	<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. PATRICIA A. SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 738 FONTAINE STREET

City ALEXANDRIA State VA Zip Code 22302

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

Name of Employer GWU MEDICAL FACULTY ASSOCIATES Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt 03 / 12 / 2015
Transaction ID : SA11AI.21930

Amount of Each Receipt this Period 250.00

B. MUSA L. SPERANZA
Full Name (Last, First, Middle Initial)

Mailing Address 415 HUMPHREY STREET

City NEW HAVEN State CT Zip Code 06511

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

Name of Employer YALE MEDICAL GROUP Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2015
Transaction ID : SA11AI.22668

Amount of Each Receipt this Period 250.00

C. KATHERINE A. STARR
Full Name (Last, First, Middle Initial)

Mailing Address 30231 PONDSVIEW DRIVE

City FRANKLIN State MI Zip Code 48025

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

Name of Employer NORTHBEND FAMILY PLANNING Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 08 / 2015
Transaction ID : SA11AI.22474

Amount of Each Receipt this Period 325.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 825.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 85
	<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. ROBERT A. STARR
 Full Name (Last, First, Middle Initial)
 Mailing Address 30231 PONDSVIEW DRIVE
 City FRANKLIN State MI Zip Code 48025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BEAUMONT HEALTH SYSTEM 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
 03 / 08 / 2015
Transaction ID : SA11AI.22473
 Amount of Each Receipt this Period
 325.00

B. ROBERT A. STARR
 Full Name (Last, First, Middle Initial)
 Mailing Address 30231 PONDSVIEW DRIVE
 City FRANKLIN State MI Zip Code 48025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BEAUMONT HEALTH SYSTEM 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
 03 / 09 / 2015
Transaction ID : SA11AI.22350
 Amount of Each Receipt this Period
 550.00

C. C. DANAE STEELE
 Full Name (Last, First, Middle Initial)
 Mailing Address 428 9TH STREET
 City NEENAH State WI Zip Code 54956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FOX VALLEY PERINATOLOGY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2015
Transaction ID : SA11AI.22478
 Amount of Each Receipt this Period
 850.00

SUBTOTAL of Receipts This Page (optional).....▶	1725.00
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 65 OF 85
	<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. WILLIAM M. STEVENS
Full Name (Last, First, Middle Initial)

Mailing Address 423 CHURCH STREET

City SELMA State AL Zip Code 36701

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 ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2015
Transaction ID : SA11AI.22155

Amount of Each Receipt this Period
 2500.00

B. WILLIAM M. STEVENS
Full Name (Last, First, Middle Initial)

Mailing Address 423 CHURCH STREET

City SELMA State AL Zip Code 36701

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 ▼ 3125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2015
Transaction ID : SA11AI.22605

Amount of Each Receipt this Period
 625.00

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 ▼ 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2015
Transaction ID : SA11AI.21939

Amount of Each Receipt this Period
 210.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3335.00

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 66 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. HOWARD T. STRASSNER		Date of Receipt
Mailing Address 2432 NEWPORT ROAD		<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City	State	Zip Code
NORTHBROOK	IL	60062
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.22479
Name of Employer	Occupation	Amount of Each Receipt this Period
RUSH UNIVERSITY MEDICAL CENTER	PHYSICIAN	<input type="text" value="325.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="325.00"/>	

Full Name (Last, First, Middle Initial) B. JANETTE H. STRATHY		Date of Receipt
Mailing Address 3209 GALLERIA		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
EDINA	MN	55435
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.22671
Name of Employer	Occupation	Amount of Each Receipt this Period
PARK NICOLLET CLINIC	PHYSICIAN	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. ALBERT L. STRUNK		Date of Receipt
Mailing Address 698 CONSTELLATION COURT		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
DAVIDSONVILLE	MD	21035
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.22032
Name of Employer	Occupation	Amount of Each Receipt this Period
AMERICAN CONGRESS OF OB/GYNS	VICE PRESIDENT	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1825.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 85
	<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. CAROL G. STULL
Full Name (Last, First, Middle Initial)

Mailing Address 3227 NORTHWEST SPENCER STREET

City PORTLAND State OR Zip Code 97229

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

Name of Employer WOMEN'S HEALTHCARE ASSOCIATES 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
 03 / 08 / 2015

Transaction ID : SA11AI.22480

Amount of Each Receipt this Period
 325.00

B. RAMON A. SUAREZ
Full Name (Last, First, Middle Initial)

Mailing Address 725 NORTH ISLAND DRIVE

City ATLANTA State GA Zip Code 30327

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

Name of Employer ATLANTA WOMEN'S HEALTH Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2015

Transaction ID : SA11AI.22482

Amount of Each Receipt this Period
 2500.00

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

Mailing Address 6741 WEST 138TH TERRACE

City OVERLAND PARK State KS Zip Code 66223

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

Name of Employer SPECIALISTS IN WOMEN'S CARE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA11AI.22354

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	3325.00
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 68 OF 85
	<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. ERIC S. SURREY
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 CHARLOU CIRCLE
 City ENGLEWOOD State CO Zip Code 80111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COLORADO CENTER Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : SA11AI.22674
 Amount of Each Receipt this Period
 250.00

B. JANICE TILDON-BURTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1700 TALLEY ROAD
 City WILMINGTON State DE Zip Code 19803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 627.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015
Transaction ID : SA11AI.21940
 Amount of Each Receipt this Period
 209.00

C. PAUL G. TOMICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3637 QUINCE COURT
 City DOWNERS GROVE State IL Zip Code 60515
 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 ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2015
Transaction ID : SA11AI.22216
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	2959.00
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 69 OF 85
	<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
-----------------------------	-----------------------------	-----------------------------

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. ERIN E. TRACY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 HIGH STREET
 City STONEHAM State MA Zip Code 02180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASS GENERAL PHYSICIANS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2015
Transaction ID : SA11AI.22246
 Amount of Each Receipt this Period
 209.00

B. GARY VENTOLINI
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 WEST 4TH STREET
 City ODESSA State TX Zip Code 79763
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TEXAS TECH UNIVERSITY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2015
Transaction ID : SA11AI.22359
 Amount of Each Receipt this Period
 650.00

C. STEPHEN M. VOLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 99 KEARNEY STREET
 City DENVER State CO Zip Code 80220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE WOMEN'S HEALTH GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2015
Transaction ID : SA11AI.21945
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1109.00
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 70 OF 85
	<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. JOHN S. WACHTEL
Full Name (Last, First, Middle Initial)

Mailing Address 1300 CRANE STREET

City MENLO PARK State CA Zip Code 94025

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

Name of Employer MENLO MEDICAL CLINIC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2015
Transaction ID : SA11AI.22486

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 7656 BURFORD DRIVE

City MCLEAN State VA Zip Code 22102

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

Name of Employer COMPUTER SCIENCES CORPORATION Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2015
Transaction ID : SA11AI.22360

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 77 TANNERY ROAD

City SOUTHWICK State MA Zip Code 01072

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 ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2015
Transaction ID : SA11AI.22487

Amount of Each Receipt this Period
 325.00

SUBTOTAL of Receipts This Page (optional).....▶	2325.00
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 71 OF 85
	<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. ERIC WARSHAW
Full Name (Last, First, Middle Initial)

Mailing Address 806 ALBEMARLE TERRACE

City PORTLAND State OR Zip Code 97210

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

Name of Employer NORTHWEST PERMANENTE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2015
Transaction ID : SA11AI.22490

Amount of Each Receipt this Period
 650.00

B. SHELDON A. WASSERMAN
Full Name (Last, First, Middle Initial)

Mailing Address 3487 NORTH LAKE DRIVE

City MILWAUKEE State WI Zip Code 53211

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

Name of Employer COLUMBIA - ST. MARY'S HOSPITAL Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2015
Transaction ID : SA11AI.22491

Amount of Each Receipt this Period
 325.00

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

Mailing Address 448 COURT AVENUE

City VENTURA State CA Zip Code 93003

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

Name of Employer SANTA PAULA HOSPITAL CLINIC 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
 03 / 25 / 2015
Transaction ID : SA11AI.22592

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1225.00
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 72 OF 85
	<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. ASHLEY K. WEINERT
Full Name (Last, First, Middle Initial)

Mailing Address 4465 PARKER HILL ROAD

City SANTA ROSA State CA Zip Code 95404

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

Name of Employer SUTTER MEDICAL GROUP Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 06 / 2015

Transaction ID : SA11AI.22068

Amount of Each Receipt this Period
40.00

B. ASHLEY K. WEINERT
Full Name (Last, First, Middle Initial)

Mailing Address 4465 PARKER HILL ROAD

City SANTA ROSA State CA Zip Code 95404

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

Name of Employer SUTTER MEDICAL GROUP Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **590.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2015

Transaction ID : SA11AI.22595

Amount of Each Receipt this Period
250.00

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

Mailing Address 15510 TURTLE OAK COURT

City HOUSTON State TX Zip Code 77059

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

Name of Employer UNIVERSITY OF TEXAS MEDICAL Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 08 / 2015

Transaction ID : SA11AI.22492

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **790.00**

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 73 OF 85
	<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 WESTOVER
Full Name (Last, First, Middle Initial)

Mailing Address 91 HARROWGATE DRIVE

City CHERRY HILL State NJ Zip Code 08003

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

Name of Employer COOPER UNIVERSITY HOSPITAL Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA11AI.22362

Amount of Each Receipt this Period
 325.00

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

Mailing Address 91 HARROWGATE DRIVE

City CHERRY HILL State NJ Zip Code 08003

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

Name of Employer COOPER UNIVERSITY HOSPITAL Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA11AI.22363

Amount of Each Receipt this Period
 325.00

C. CONNIE G. WHITE
Full Name (Last, First, Middle Initial)

Mailing Address 203 WILKINSON STREET

City FRANKFORT State KY Zip Code 40601

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

Name of Employer DEPARTMENT OF PUBLIC HEALTH Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA11AI.22364

Amount of Each Receipt this Period
 325.00

SUBTOTAL of Receipts This Page (optional).....▶	975.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. EMILY M. WHITE
Full Name (Last, First, Middle Initial)

Mailing Address 55 FERNCREST AVENUE

City CRANSTON State RI Zip Code 02905

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

Name of Employer PROVIDENCE COMMUNITY HEALTH Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2015

Transaction ID : SA11AI.22493

Amount of Each Receipt this Period
 325.00

B. EMILY M. WHITE
Full Name (Last, First, Middle Initial)

Mailing Address 55 FERNCREST AVENUE

City CRANSTON State RI Zip Code 02905

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

Name of Employer PROVIDENCE COMMUNITY HEALTH Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2015

Transaction ID : SA11AI.22158

Amount of Each Receipt this Period
 300.00

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

Mailing Address 2313 WEST 33RD STREET

City PANAMA CITY State FL Zip Code 32405

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

Name of Employer EMERALD COAST OB/GYN Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2015

Transaction ID : SA11AI.22494

Amount of Each Receipt this Period
 650.00

SUBTOTAL of Receipts This Page (optional).....▶	1275.00
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 75 OF 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. MICHAEL P. WOODS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2974 105TH STREET
 City TABOR State IA Zip Code 57653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SHENANDOAH MEDICAL CENTER Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2015
Transaction ID : SA11AI.22496
 Amount of Each Receipt this Period
 1200.00

B. JEFFREY A. WRIGHTSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1109 PINE ISLAND COURT
 City LAS VEGAS State NV Zip Code 89134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WOMEN'S SPECIALTY CARE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015
Transaction ID : SA11AI.22365
 Amount of Each Receipt this Period
 325.00

C. ELIZABETH WU
 Full Name (Last, First, Middle Initial)
 Mailing Address 18871 BELLGROVE CIRCLE
 City SARATOGA State CA Zip Code 95070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SAN JOSE WOMEN'S MEDICAL GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2015
Transaction ID : SA11AI.22789
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1775.00
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 76 OF 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. ROBERT YELVERTON
Full Name (Last, First, Middle Initial)

Mailing Address 2526 JETTON AVENUE

City TAMPA State FL Zip Code 33629

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 790.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA11AI.22366

Amount of Each Receipt this Period
 650.00

B. EARL W. ZABEL
Full Name (Last, First, Middle Initial)

Mailing Address 2727 PLAZA DRIVE

City WAUSAU State WI Zip Code 54401

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

Name of Employer MARSHFIELD CLINIC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2015

Transaction ID : SA11AI.22051

Amount of Each Receipt this Period
 350.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	147314.66

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. 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

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	05	/	2015

Transaction ID : SB21B.21916

Amount of Each Disbursement this Period

21.01

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

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	03	/	2015

Transaction ID : SB21B.21914

Amount of Each Disbursement this Period

102.95

Full Name (Last, First, Middle Initial)

C. SAGE PAYMENT SOLUTIONS

Mailing Address 1750 OLD MEADOW ROAD

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	02	/	2015

Transaction ID : SB21B.21915

Amount of Each Disbursement this Period

1443.34

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

1567.30

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 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

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

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

Full Name (Last, First, Middle Initial)

A. SQUARE, INC.

Mailing Address 901 MISSION STREET

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 08 / 2015

Transaction ID : SB21B.22498

Amount of Each Disbursement this Period

2063.64

Full Name (Last, First, Middle Initial)

B. SQUARE, INC.

Mailing Address 901 MISSION STREET

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : SB21B.22499

Amount of Each Disbursement this Period

480.99

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 / 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)..... ▶

2544.63

4111.93

**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

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

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

Full Name (Last, First, Middle Initial)

A. DIANE BLACK FOR CONGRESS

Mailing Address P.O. BOX 1437

City State Zip Code
GALLATIN TN 37066

Purpose of Disbursement
CONTRIBUTION

Candidate Name
DIANE L. BLACK

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

Transaction ID : **SB23.22323**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DUCKWORTH FOR CONGRESS

Mailing Address P.O. BOX 59568

City State Zip Code
SCHAUMBURG IL 60159

Purpose of Disbursement
CONTRIBUTION

Candidate Name
L. TAMMY DUCKWORTH

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

Transaction ID : **SB23.22329**

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CHRIS MURPHY

Mailing Address P.O. BOX 127

City State Zip Code
CHESHIRE CT 06410

Purpose of Disbursement
CONTRIBUTION

Candidate Name
CHRISTOPHER S. MURPHY

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

Transaction ID : **SB23.22340**

Amount of Each Disbursement this Period

2000.00

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

6500.00

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

--

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOE HECK

Mailing Address P.O. BOX 750114

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JOE HECK

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

Transaction ID : SB23.22333

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE PITTS

Mailing Address P.O. BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JOSEPH R. PITTS

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

Transaction ID : SB23.22344

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ROY BLUNT

Mailing Address P.O. BOX 10178

City COLUMBIA State MO Zip Code 65205

Purpose of Disbursement
CONTRIBUTION

Candidate Name
ROY BLUNT

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

Transaction ID : SB23.22326

Amount of Each Disbursement this Period

1500.00

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

6500.00

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

--

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. GEORGIANS FOR ISAKSON

Mailing Address P.O. BOX 250116

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JOHN H. ISAKSON

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: GA District: 00

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : SB23.22334

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. GRAHAM FOR CONGRESS

Mailing Address P.O. BOX 310

City TALLAHASSEE State FL Zip Code 32302

Purpose of Disbursement
CONTRIBUTION

Candidate Name
GWEN GRAHAM

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: FL District: 02

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : SB23.22330

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GUTHRIE FOR CONGRESS

Mailing Address P.O. BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement
CONTRIBUTION

Candidate Name
S. BRETT GUTHRIE

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: KY District: 02

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2015

Transaction ID : SB23.22161

Amount of Each Disbursement this Period

1000.00

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

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. JENKINS FOR CONGRESS

Mailing Address P.O. BOX 727

City HUNTINGTON State WV Zip Code 25711

Purpose of Disbursement
CONTRIBUTION

Candidate Name
EVAN H. JENKINS

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	3		2	0	1	5		

Transaction ID : **SB23.22337**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0					
---	---	---	---	---	---	---	--	--	--	--	--

Full Name (Last, First, Middle Initial)

B. KUSTER FOR CONGRESS

Mailing Address P.O. BOX 1498

City CONCORD State NH Zip Code 03302

Purpose of Disbursement
CONTRIBUTION

Candidate Name
ANN MCLANE KUSTER

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	3		2	0	1	5		

Transaction ID : **SB23.22338**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0					
---	---	---	---	---	---	---	--	--	--	--	--

Full Name (Last, First, Middle Initial)

C. LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Mailing Address 1150 UNIVERSITY AVENUE

City ROCHESTER State NY Zip Code 14607

Purpose of Disbursement
CONTRIBUTION

Candidate Name
LOUISE MCINTOSH SLAUGHTER

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	3		2	0	1	5		

Transaction ID : **SB23.22346**

Amount of Each Disbursement this Period

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

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

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

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

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

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

Full Name (Last, First, Middle Initial)

A. MOORE FOR CONGRESS

Mailing Address P.O. BOX 16646

City MILWAUKEE State WI Zip Code 53216

Purpose of Disbursement
CONTRIBUTION

Candidate Name
GWEN S. MOORE

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

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2015

Transaction ID : **SB23.21920**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. NITA LOWEY FOR CONGRESS

Mailing Address P.O. BOX 271

City WHITE PLAINS State NY Zip Code 10605

Purpose of Disbursement
CONTRIBUTION

Candidate Name
NITA M. LOWEY

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District: 17

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : **SB23.22339**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR PATTY MURRAY

Mailing Address P.O. BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement
CONTRIBUTION

Candidate Name
PATTY MURRAY

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: WA District: 00

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2015

Transaction ID : **SB23.22684**

Amount of Each Disbursement this Period

3000.00

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

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

6500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. PRICE FOR CONGRESS

Mailing Address P.O. BOX 425

City ROSWELL State GA Zip Code 30077

Purpose of Disbursement CONTRIBUTION

Candidate Name **THOMAS E. PRICE**

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: GA District: 06

Date of Disbursement: 03 / 23 / 2015

Transaction ID : **SB23.22345**

Amount of Each Disbursement this Period: 1000.00

Full Name (Last, First, Middle Initial)

B. RICHARD BURR COMMITTEE

Mailing Address P.O. BOX 5928

City WINSTON-SALEM State NC Zip Code 27113

Purpose of Disbursement CONTRIBUTION

Candidate Name **RICHARD M. BURR**

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NC District: 00

Date of Disbursement: 03 / 16 / 2015

Transaction ID : **SB23.21917**

Amount of Each Disbursement this Period: 2500.00

Full Name (Last, First, Middle Initial)

C. SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC

Mailing Address 228 SOUTH WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 23 / 2015

Transaction ID : **SB23.22348**

Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. TIM MURPHY FOR CONGRESS

Mailing Address P.O. BOX 24551

City State Zip Code
PITTSBURGH PA 15234

Purpose of Disbursement
CONTRIBUTION

Candidate Name
TIMOTHY MURPHY

Office Sought: House
 Senate
 President
State: PA District: 18

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	23	/	2015

Transaction ID : **SB23.22343**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. UPTON FOR ALL OF US

Mailing Address P.O. BOX 490

City State Zip Code
ST. JOSEPH MI 49085

Purpose of Disbursement
CONTRIBUTION

Candidate Name
FREDERICK S. UPTON

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	30	/	2015

Transaction ID : **SB23.22685**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. WALDEN FOR CONGRESS

Mailing Address P.O. BOX 1091

City State Zip Code
HOOD RIVER OR 97031

Purpose of Disbursement
CONTRIBUTION

Candidate Name
GREGORY P. WALDEN

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	23	/	2015

Transaction ID : **SB23.22347**

Amount of Each Disbursement this Period

2500.00

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

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

6000.00

43000.00
