

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

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

ADDRESS (number and street) 409 12TH STREET, SW

Check if different than previously reported. (ACC) WASHINGTON DC 20024

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

C C00364158

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 06 / 01 / 2015 through [MM] / [DD] / [YYYY] 06 / 30 / 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 [MM] / [DD] / [YYYY] 07 / 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.

Office Use Only									
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**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="269254.11"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="35551.21"/>	<input type="text" value="392805.85"/>
(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="304805.32"/>	<input type="text" value="563899.48"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="89050.56"/>	<input type="text" value="348144.72"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="215754.76"/>	<input type="text" value="215754.76"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	21821.10	263093.96
(ii) Unitemized	13730.11	129711.89
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	35551.21	392805.85
(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)	35551.21	392805.85
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))..... ▶	35551.21	392805.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	35551.21	392805.85

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	550.56	9144.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	550.56	9144.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	63500.00	284000.00
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	25000.00	55000.00
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)) ..	89050.56	348144.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	89050.56	348144.72

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)	35551.21	392805.85
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35551.21	392805.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	550.56	9144.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	550.56	9144.72

**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 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. THOMAS L. ALDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 3664 EDINBOROUGH DRIVE

City ROCHESTER HILLS State MI Zip Code 48306

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

Name of Employer MCLAREN WOMEN'S HEALTH Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2015
Transaction ID : SA11AI.25188

Amount of Each Receipt this Period
 100.00

B. TED L. ANDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 516 LEANNE WAY

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2015
Transaction ID : SA11AI.24631

Amount of Each Receipt this Period
 600.00

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

Mailing Address 110 IRVING STREET, NW

City WASHINGTON State DC Zip Code 20010

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

Name of Employer MEDSTAR HEALTH Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2015
Transaction ID : SA11AI.25034

Amount of Each Receipt this Period
 200.00

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 7 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. MAY H. BLANCHARD		Date of Receipt
Mailing Address 1316 BELT STREET		M M M / D D D / Y Y Y Y Y Y 06 / 06 / 2015
City	State	Zip Code
BALTIMORE	MD	21230
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.24945
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		25.00
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) ▼	300.00	

Full Name (Last, First, Middle Initial) B. MARYANNE C. BOMBAUGH		Date of Receipt
Mailing Address 81 CLOWES DRIVE		M M M / D D D / Y Y Y Y Y Y 06 / 25 / 2015
City	State	Zip Code
FALMOUTH	MA	02540
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.25189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		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="checkbox"/> Other (specify) ▼	1099.00	

Full Name (Last, First, Middle Initial) C. LEONARD A. BRABSON		Date of Receipt
Mailing Address 939 EMERALD AVENUE		M M M / D D D / Y Y Y Y Y Y 06 / 12 / 2015
City	State	Zip Code
KNOXVILLE	TN	37917
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.24998
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		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="checkbox"/> Other (specify) ▼	1850.00	

SUBTOTAL of Receipts This Page (optional).....▶	1037.00
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 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. KEITH R. BRILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 5502 SOUTH FORT APACHE ROAD
 City LAS VEGAS State NV Zip Code 89148
 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 **390.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2015
Transaction ID : SA11AI.25036
 Amount of Each Receipt this Period
65.00

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 **2190.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2015
Transaction ID : SA11AI.24633
 Amount of Each Receipt this Period
400.00

C. DAVID M. BURKONS
 Full Name (Last, First, Middle Initial)
 Mailing Address 21249 SOUTH WOODLAND ROAD
 City SHAKER HEIGHTS State OH Zip Code 49122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY GYNECOLOGISTS 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
 06 / 04 / 2015
Transaction ID : SA11AI.24627
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	715.00
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 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JOANNA M. CAIN
Full Name (Last, First, Middle Initial)

Mailing Address 3483 SOUTHWEST PATTON ROAD

City PORTLAND	State OR	Zip Code 97201
------------------	-------------	-------------------

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

Name of Employer OREGON HEALTH & SCIENCES	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
06	/	12	/	2015

Transaction ID : SA11AI.24999

Amount of Each Receipt this Period
250.00

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

Mailing Address 220A ST. NICHOLAS AVENUE

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

Transaction ID : SA11AI.25184

Amount of Each Receipt this Period
220.00

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

Mailing Address 231 CASCADE ROAD

City COLUMBUS	State GA	Zip Code 31904
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1999.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : SA11AI.25001

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	553.33
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 10 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CHRISTIAN A. CHISHOLM
 Full Name (Last, First, Middle Initial)
 Mailing Address 1840 RIVER INN LANE
 City CHARLOTTEVILLE State VA Zip Code 22901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF VIRGINIA 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
 06 / 16 / 2015
Transaction ID : SA11AI.25019
 Amount of Each Receipt this Period
 500.00

B. JEANNE A. CONRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 8204 CANTERSHIRE WAY
 City GRANITE BAY State CA Zip Code 95746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KAISER PERMANENTE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1733.32

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2015
Transaction ID : SA11AI.24946
 Amount of Each Receipt this Period
 544.44

C. LYNNE COSLETT CHARLTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 289 HARRIS HILL ROAD
 City SHAVERTOWN State PA Zip Code 18708
 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 ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2015
Transaction ID : SA11AI.25024
 Amount of Each Receipt this Period
 625.00

SUBTOTAL of Receipts This Page (optional).....▶	1669.44
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 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. STELLA DANTAS		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 18 / 2015 Transaction ID : SA11AI.25037
Mailing Address 6906 SOUTHWEST WINDEMERE LOOP		Amount of Each Receipt this Period 208.33
City PORTLAND	State OR	Zip Code 97225
FEC ID number of contributing federal political committee. C		
Name of Employer NORTHWEST PERMANENTE	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.32	

Full Name (Last, First, Middle Initial) B. THOMAS S. DARDARIAN		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 17 / 2015 Transaction ID : SA11AI.25026
Mailing Address 108 CETON COURT		Amount of Each Receipt this Period 210.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1005.00	

Full Name (Last, First, Middle Initial) C. NATHANIEL DENICOLA		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2015 Transaction ID : SA11AI.24628
Mailing Address 2218 MANNING STREET		Amount of Each Receipt this Period 417.00
City PHILADELPHIA	State PA	Zip Code 19103
FEC ID number of contributing federal political committee. C		
Name of Employer UNIVERSITY OF PENNSYLVANIA	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1252.00	

SUBTOTAL of Receipts This Page (optional).....▶	835.33
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 12 OF 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. CARL A. DUNN
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 HILLCREST MEDICAL BOULEVARD
 City WACO State TX Zip Code 76712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SCOTT & WHITE CLINIC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2015
Transaction ID : SA11AI.25209
 Amount of Each Receipt this Period
 350.00

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 ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2015
Transaction ID : SA11AI.25185
 Amount of Each Receipt this Period
 100.00

C. MERIDITH FARROW
 Full Name (Last, First, Middle Initial)
 Mailing Address 2026 CHEROKEE DRIVE
 City NEPTUNE BEACH State FL Zip Code 32266
 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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2015
Transaction ID : SA11AI.24950
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. DOUGLAS K. FENTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2921 MANAGUA PLACE
 City CARLSBAD State CA Zip Code 92009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SCRIPPS COASTAL MEDICAL GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1254.00

Date of Receipt 06 / 12 / 2015
Transaction ID : SA11AI.25002
 Amount of Each Receipt this Period 209.00

B. DAVID L. FINKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 8920 WILSHIRE BOULEVARD
 City BEVERLY HILLS State CA Zip Code 90211
 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 06 / 30 / 2015
Transaction ID : SA11AI.25174
 Amount of Each Receipt this Period 250.00

C. STEVEN FLEISCHMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 189 ANSONIA ROAD
 City WOODBRIDGE State CT Zip Code 06525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OB/GYN & MENOPAUSE PHYSICIANS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 06 / 17 / 2015
Transaction ID : SA11AI.25027
 Amount of Each Receipt this Period 625.00

SUBTOTAL of Receipts This Page (optional).....▶	1084.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. ROBERT F. FLORA
 Full Name (Last, First, Middle Initial)
 Mailing Address 22668 BECKENHAM COURT
 City State Zip Code
 NOVI MI 48374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ST. JOHN PROVIDENCE HEALTH 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
 06 / 12 / 2015
Transaction ID : SA11AI.25003
 Amount of Each Receipt this Period
 250.00

B. DAVID A. FORSTEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 890 WEST FARIS ROAD
 City State Zip Code
 GREENVILLE SC 29605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GREENVILLE HEALTH SYSTEM PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2015
Transaction ID : SA11AI.25186
 Amount of Each Receipt this Period
 100.00

C. CHRISTINE S. GOUDGE WALKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 15015 FREDERICK ROAD
 City State Zip Code
 ROGERS MN 55374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PARK NICOLLET CLINIC PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : SA11AI.24977
 Amount of Each Receipt this Period
 350.00

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 15 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. 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 ▼ 2810.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2015
Transaction ID : SA11AI.24837
 Amount of Each Receipt this Period
 40.00

B. VERONICA HELGANS
 Full Name (Last, First, Middle Initial)
 Mailing Address 123 DOG LANE
 City STORRS State CT Zip Code 06268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PHYSICIANS FOR 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
 06 / 30 / 2015
Transaction ID : SA11AI.25175
 Amount of Each Receipt this Period
 250.00

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 ▼ 840.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2015
Transaction ID : SA11AI.25028
 Amount of Each Receipt this Period
 210.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2015
Transaction ID : SA11AI.25039
 Amount of Each Receipt this Period
 250.00

B. 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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2015
Transaction ID : SA11AI.25207
 Amount of Each Receipt this Period
 500.00

C. THOMAS W. HEPFER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2810 LILLINGTON DRIVE
 City SUMTER State SC Zip Code 29150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TUOMEY HEALTHCARE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2015
Transaction ID : SA11AI.24904
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 17 OF 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. THOMAS W. HEPFER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2810 LILLINGTON DRIVE
 City SUMTER State SC Zip Code 29150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TUOMEY HEALTHCARE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 17 / 2015
Transaction ID : SA11AI.25029
 Amount of Each Receipt this Period 50.00

B. ERIKA L. JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2089 WHISPERING OAKS DRIVE
 City ALEXANDRIA State MN Zip Code 56308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALEXANDRIA CLINIC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 22 / 2015
Transaction ID : SA11AI.24957
 Amount of Each Receipt this Period 250.00

C. LEAH A. KAUFMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 8525 WOODBOX ROAD
 City MANLIUS State NY Zip Code 13104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUNY UPSTATE MEDICAL Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 12 / 2015
Transaction ID : SA11AI.25004
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
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 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ALEXANDER KOFINAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 86 ABBEY ROAD
 City MANHASSET State NY Zip Code 11030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KOFINAS PERINATAL 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
 06 / 25 / 2015
Transaction ID : SA11AI.25193
 Amount of Each Receipt this Period
 2500.00

B. HANNELE M. LAINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 525 F STREET
 City SALT LAKE CITY State UT Zip Code 84103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AVENUES WOMEN'S 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
 06 / 03 / 2015
Transaction ID : SA11AI.24635
 Amount of Each Receipt this Period
 250.00

C. EDUARDO LARA-TORRE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5907 CAVALIER DRIVE
 City ROANOKE State VA Zip Code 24018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARILION CLINIC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2015
Transaction ID : SA11AI.25269
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	2950.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CHARLES J. LOCKWOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2509 NORTH DUNDEE STREET
 City TAMPA State FL Zip Code 33629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF SOUTH FLORIDA Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : SA11AI.25195
 Amount of Each Receipt this Period
 250.00

B. JEANNINE M. MCMAHON
 Full Name (Last, First, Middle Initial)
 Mailing Address 11436 LAKEWOOD STREET
 City CROWN POINT State IN Zip Code 46207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CROWN POINT OB/GYN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2015
Transaction ID : SA11AI.25180
 Amount of Each Receipt this Period
 50.00

C. 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 ▼ 1466.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2015
Transaction ID : SA11AI.25005
 Amount of Each Receipt this Period
 210.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 510.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. ALETHIA E. MORGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3075 SOUTH BIRCH STREET
 City DENVER State CO Zip Code 80222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COPIC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 06 / 12 / 2015
Transaction ID : SA11AI.25007
 Amount of Each Receipt this Period 625.00

B. 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 ▼ 500.00

Date of Receipt 06 / 18 / 2015
Transaction ID : SA11AI.25041
 Amount of Each Receipt this Period 250.00

C. BRANDY R. PATTERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4611 PINE CONE LANE
 City BELDEN State MS Zip Code 38826
 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 ▼ 2750.00

Date of Receipt 06 / 13 / 2015
Transaction ID : SA11AI.25015
 Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	3375.00
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 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. MADELINE A. PHIPPS-DICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 1244 WILLIAM STREET
 City BALTIMORE State MD Zip Code 21230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF MARYLAND 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
 06 / 30 / 2015
Transaction ID : SA11AI.25177
 Amount of Each Receipt this Period
 250.00

B. HOLLY S. PURITZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 7940 NORTH SHORE ROAD
 City NORFOLK State VA Zip Code 23505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE GROUP FOR WOMEN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1362.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2015
Transaction ID : SA11AI.24948
 Amount of Each Receipt this Period
 209.00

C. STEVEN W. REMMENGA
 Full Name (Last, First, Middle Initial)
 Mailing Address 16995 PRINCETON ROAD
 City ADAMS State NE Zip Code 68301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF NEBRASKA Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1349.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2015
Transaction ID : SA11AI.24951
 Amount of Each Receipt this Period
 209.00

SUBTOTAL of Receipts This Page (optional).....▶	668.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. MARY L. ROSSER
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 STUDIO LANE
 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: Primary General Other (specify)
 Aggregate Year-to-Date **1015.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2015
Transaction ID : SA11AI.24871
 Amount of Each Receipt this Period
40.00

B. SHARON L. SHEFFIELD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1066
 City FRANKLIN State VA Zip Code 23851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OB/GYN PHYSICIANS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : SA11AI.24944
 Amount of Each Receipt this Period
1000.00

C. 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 **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2015
Transaction ID : SA11AI.25030
 Amount of Each Receipt this Period
625.00

SUBTOTAL of Receipts This Page (optional).....	1665.00
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 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. KATHERINE SKAGGS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 9246
 City AVON State CO Zip Code 81620
 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 **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : SA11AI.25196
 Amount of Each Receipt this Period
500.00

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 **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2015
Transaction ID : SA11AI.25031
 Amount of Each Receipt this Period
250.00

C. 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 **540.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2015
Transaction ID : SA11AI.25010
 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 24 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. PAMELA A. ST. AMAND
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 5488

City BEAUMONT	State TX	Zip Code 77726
------------------	-------------	-------------------

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 ▼
215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : SA11AI.25211

Amount of Each Receipt this Period
 175.00

B. PAMELA A. ST. AMAND
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 5488

City BEAUMONT	State TX	Zip Code 77726
------------------	-------------	-------------------

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 ▼
280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2015
Transaction ID : SA11AI.25270

Amount of Each Receipt this Period
 65.00

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 ▼
1260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2015
Transaction ID : SA11AI.24952

Amount of Each Receipt this Period
 210.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. SCOTT A. SULLIVAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3423 COLONEL VANDERHORST CIRCLE
 City MT. PLEASANT State SC Zip Code 29466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDICAL UNIVERSITY OF SC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt 06 / 25 / 2015
Transaction ID : SA11AI.25210
 Amount of Each Receipt this Period 200.00

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 ▼ 1254.00

Date of Receipt 06 / 08 / 2015
Transaction ID : SA11AI.24949
 Amount of Each Receipt this Period 209.00

C. JERRY W. WELCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 MEADOW LAKE DRIVE
 City ELLISVILLE State MS Zip Code 39437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEA MEDICAL CLINIC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 09 / 2015
Transaction ID : SA11AI.24953
 Amount of Each Receipt this Period 250.00

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: PAGE 26 OF 38
(check only one)

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

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

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

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 ▼
925.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2015

Transaction ID : SA11AI.24947

Amount of Each Receipt this Period
100.00

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

Mailing Address 10633 WYNSPIRE WAY

City HIGHLANDS RANCH	State CO	Zip Code 80130
-------------------------	-------------	-------------------

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

Name of Employer SECOND MILE OB/GYN	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
06	/	25	/	2015

Transaction ID : SA11AI.25200

Amount of Each Receipt this Period
500.00

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	21821.10

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. FIRST NATIONAL MERCHANT SOLUTIONS

Mailing Address 1620 DODGE STREET

City OMAHA State NE Zip Code 68197

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2015

Transaction ID : SB21B.24596

Amount of Each Disbursement this Period

99.84

Full Name (Last, First, Middle Initial)

B. SAGE PAYMENT SOLUTIONS

Mailing Address 1750 OLD MEADOW ROAD

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : SB21B.24597

Amount of Each Disbursement this Period

450.44

Full Name (Last, First, Middle Initial)

C. SQUARE, INC.

Mailing Address 901 MISSION STREET

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2015

Transaction ID : SB21B.24975

Amount of Each Disbursement this Period

0.28

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

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

550.56

550.56

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. AMI BERA FOR CONGRESS

Mailing Address P.O. BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement CONTRIBUTION

Candidate Name

AMERISH BERA

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2015

Transaction ID : SB23.24962

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BLUMENTHAL FOR CONNECTICUT

Mailing Address 777 SUMMER STREET

City STAMFORD State CT Zip Code 06901

Purpose of Disbursement CONTRIBUTION

Candidate Name

RICHARD BLUMENTHAL

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CT District: 00

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : SB23.24607

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. BONNIE WATSON COLEMAN FOR CONGRESS

Mailing Address 180 UPLAND AVENUE

City EWING State NJ Zip Code 08638

Purpose of Disbursement CONTRIBUTION

Candidate Name

BONNIE WATSON COLEMAN

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NJ District: 12

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : SB23.24609

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

Mailing Address 610 SOUTH BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2015

Transaction ID : SB23.24797

Amount of Each Disbursement this Period

5000.00

B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 430 SOUTH CAPITOL STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2015

Transaction ID : SB23.24974

Amount of Each Disbursement this Period

10000.00

C. DR. RAUL RUIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 6116

City LA QUINTA State CA Zip Code 92248

Purpose of Disbursement
CONTRIBUTION

Candidate Name

RAUL RUIZ

Office Sought: House Senate President
State: CA District: 36

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2015

Transaction ID : SB23.24971

Amount of Each Disbursement this Period

2000.00

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

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

17000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ELIZABETH ESTY

Mailing Address P.O. BOX 61

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement
CONTRIBUTION

Candidate Name
ELIZABETH ESTY

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

Transaction ID : SB23.24980

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. FRIENDS OF JIM CLYBURN

Mailing Address P.O. BOX 12567

City COLUMBIA State SC Zip Code 29211

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JAMES E. CLYBURN

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	5

Transaction ID : SB23.24966

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. 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) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	5

Transaction ID : SB23.24968

Amount of Each Disbursement this Period

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

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MICHELLE

Mailing Address P.O. BOX 25422

City ALBUQUERQUE State NM Zip Code 87125

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MICHELLE LUJAN GRISHAM

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

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2015

Transaction ID : SB23.24795

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
06 / 22 / 2015

Transaction ID : SB23.24967

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. JACKIE SPEIER FOR CONGRESS

Mailing Address P.O. BOX 112

City BURLINGAME State CA Zip Code 94011

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JACKIE SPEIER

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 14

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2015

Transaction ID : SB23.24796

Amount of Each Disbursement this Period

2500.00

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. JOHNSON FOR CONGRESS

Mailing Address P.O. BOX 14496

City POLAND State OH Zip Code 44514

Purpose of Disbursement
CONTRIBUTION

Candidate Name
BILL JOHNSON

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2015

Transaction ID : SB23.24613

Amount of Each Disbursement this Period

1000.00

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 M	/	D D D	/	Y Y Y Y Y
06		08		2015

Transaction ID : SB23.24614

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. 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 M	/	D D D	/	Y Y Y Y Y
06		23		2015

Transaction ID : SB23.24981

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. LOEBSACK FOR CONGRESS

Mailing Address P.O. BOX 3013

City IOWA CITY State IA Zip Code 52244

Purpose of Disbursement CONTRIBUTION

Candidate Name
DAVID W. LOEBSACK

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

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : SB23.24615

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. 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
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District: 25

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2015

Transaction ID : SB23.24972

Amount of Each Disbursement this Period

2500.00

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
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District: 25

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2015

Transaction ID : SB23.24973

Amount of Each Disbursement this Period

500.00

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

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

Full Name (Last, First, Middle Initial)

A. M-PAC

Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : SB23.24623

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. MALONEY FOR CONGRESS

Mailing Address 49 EAST 92ND STREET

City NEW YORK State NY Zip Code 10128

Purpose of Disbursement
CONTRIBUTION

Candidate Name

CAROLYN B. MALONEY

Office Sought: House Senate President
State: NY District: 12

Disbursement For: 2016 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2015

Transaction ID : SB23.24982

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. MARSHA BLACKBURN FOR CONGRESS, INC.

Mailing Address P.O. BOX 3750

City BRENTWOOD State TN Zip Code 37024

Purpose of Disbursement
CONTRIBUTION

Candidate Name

MARSHA BLACKBURN

Office Sought: House Senate President
State: TN District: 07

Disbursement For: 2016 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2015

Transaction ID : SB23.24794

Amount of Each Disbursement this Period

2000.00

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. MORGAN GRIFFITH FOR CONGRESS

Mailing Address P.O. BOX 361

City State Zip Code
CHRISTIANSBURG VA 24068

Purpose of Disbursement
CONTRIBUTION

Candidate Name
H. MORGAN GRIFFITH

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : **SB23.24610**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. NANCY PELOSI FOR CONGRESS

Mailing Address 700 13TH STREET, NW

City State Zip Code
WASHINGTON DC 20005

Purpose of Disbursement
CONTRIBUTION

Candidate Name
NANCY PELOSI

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : **SB23.24618**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. PRICE FOR CONGRESS

Mailing Address P.O. BOX 425

City State Zip Code
ROSWELL GA 30077

Purpose of Disbursement
CONTRIBUTION

Candidate Name
THOMAS E. PRICE

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : **SB23.24619**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

4	5	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

4	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. 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

/ /

Transaction ID : SB23.24608

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JANICE D. SCHAKOWSKY

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

Date of Disbursement

/ /

Transaction ID : SB23.25042

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. SIMPSON FOR CONGRESS

Mailing Address 1487 PARKWAY DRIVE

City BLACKFOOT State ID Zip Code 83221

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MICHAEL SIMPSON

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

Date of Disbursement

/ /

Transaction ID : SB23.24620

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. STEVE COHEN FOR CONGRESS

Mailing Address 349 KENILWORTH PLACE

City MEMPHIS State TN Zip Code 38112

Purpose of Disbursement
CONTRIBUTION

Candidate Name
STEPHEN I. COHEN

Office Sought: House
 Senate
 President
State: TN District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	23	/	2015

Transaction ID : SB23.24979

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. TOM REED FOR CONGRESS

Mailing Address P.O. BOX 391

City GENEVA State NY Zip Code 14456

Purpose of Disbursement
CONTRIBUTION

Candidate Name
THOMAS W. REED, II

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2015

Transaction ID : SB23.24969

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

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

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

5000.00

63500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. REPUBLICAN GOVERNORS ASSOCIATION

Mailing Address 1747 PENNSYLVANIA AVENUE, NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

Transaction ID : SB29.24625

Amount of Each Disbursement this Period

25000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

25000.00

25000.00
