

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

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
SCHILLING, MARY, , ,
Type or Print Name of Treasurer

Signature of Treasurer SCHILLING, MARY, , , [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text"/>	<input type="text" value="324208.25"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="358495.42"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="32211.44"/>	<input type="text" value="414847.27"/>
(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="390706.86"/>	<input type="text" value="739055.52"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="48230.63"/>	<input type="text" value="396579.29"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="342476.23"/>	<input type="text" value="342476.23"/>
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).....	25792.44	298849.29
(ii) Unitemized	6419.00	113497.98
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	32211.44	412347.27
(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)	32211.44	412347.27
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	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	32211.44	414847.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	32211.44	414847.27

DETAILED SUMMARY PAGE
of Disbursements

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	1080.63	11776.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1080.63	11776.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	43500.00	306500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	550.00	5203.00
(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)).....	550.00	5203.00
29. Other Disbursements (Including Non-Federal Donations).....	3100.00	73100.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	48230.63	396579.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48230.63	396579.29

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	32211.44	412347.27
34. Total Contribution Refunds (from Line 28(d))	550.00	5203.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31661.44	407144.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1080.63	11776.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1080.63	11776.29

**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 49
<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. AEBY, TOD C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44-138 KAHINANI WAY
 City KANEEOHE State HI Zip Code 96744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNIVERSITY OF HAWAII Occupation (for Individual) 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
 09 / 16 / 2016
Transaction ID : SA11AI.34513
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. AGUILAR, VIVIAN D., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3314 FAR VIEW DRIVE
 City AUSTIN State TX Zip Code 78730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SETON HEALTHCARE Occupation (for Individual) 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
 09 / 22 / 2016
Transaction ID : SA11AI.34629
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. ALDERSON, THOMAS L., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) MCLAREN WOMEN'S HEALTH Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2016
Transaction ID : SA11AI.34602
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. ANDERSON, THADDEUS L., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2350 SIMPSON STREET
 City DUBUQUE State IA Zip Code 52003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DUBUQUE OB/GYN Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1845.00

Date of Receipt 09 / 12 / 2016
Transaction ID : SA11AI.34308
 Amount of Each Receipt this Period 200.00
 Memo Item

B. ASAAD, RADWAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37261 FOX GLEN
 City FARMINGTON HILLS State MI Zip Code 48331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HUTZEL WOMENS SPECIALISTS Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 09 / 23 / 2016
Transaction ID : SA11AI.34601
 Amount of Each Receipt this Period 83.33
 Memo Item

C. AUGUSTE, TAMIKA C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) MEDSTAR HEALTH Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 09 / 18 / 2016
Transaction ID : SA11AI.34471
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	483.33
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 8 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. BRABSON, LEONARD A., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 939 EAST EMERALD AVENUE
 City KNOXVILLE State TN Zip Code 37917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TENNOVA HEALTHCARE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2301.00

Date of Receipt 09 / 12 / 2016
Transaction ID : SA11AI.34309
 Amount of Each Receipt this Period 625.00
 Memo Item

B. BRILL, KEITH R., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) WOMEN'S SPECIALTY CARE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 09 / 18 / 2016
Transaction ID : SA11AI.34472
 Amount of Each Receipt this Period 65.00
 Memo Item

C. BROWN, CHARLES E., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3410 TIMBERWOOD CIRCLE
 City AUSTIN State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT SOUTHWESTERN Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 23 / 2016
Transaction ID : SA11AI.34633
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1190.00
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 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. CANNON, OCTAVIA M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3643 CANFIELD HILL COURT
 City CHARLOTTE State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ARBORETUM OB/GYN Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 20 / 2016
Transaction ID : SA11AI.34475
 Amount of Each Receipt this Period 50.00
 Memo Item

B. CARSON, SANDRA A., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2151 JAMIESON AVENUE
 City ALEXANDRIA State VA Zip Code 22314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICAN CONGRESS OF OB/GYNS Occupation (for Individual) VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2016
Transaction ID : SA11AI.34616
 Amount of Each Receipt this Period 250.00
 Memo Item

C. CASANOVA, ROBERTO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4436 121ST LANE
 City LUBBOCK State TX Zip Code 79424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TEXAS TECH UNIVERSITY Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 24 / 2016
Transaction ID : SA11AI.34618
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. CONRY, JEANNE A., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) KAISER PERMANENTE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3826.65

Date of Receipt 09 / 01 / 2016
Transaction ID : SA11AI.34265
 Amount of Each Receipt this Period 391.11
 Memo Item

B. COSLETT CHARLTON, LYNNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3750.00

Date of Receipt 09 / 11 / 2016
Transaction ID : SA11AI.34306
 Amount of Each Receipt this Period 1250.00
 Memo Item

C. DAHL, STEPHANIE K., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 517 ARROWWOOD DRIVE
 City HORACE State ND Zip Code 58047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SANFORD HEALTH Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 19 / 2016
Transaction ID : SA11AI.34485
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1891.11
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 49
	<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. DARDARIAN, THOMAS S., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 CETON COURT
 City BROOMAIL State PA Zip Code 19008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MAIN LINE WOMEN'S HEALTH CARE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1890.00

Date of Receipt 09 / 17 / 2016
Transaction ID : SA11AI.34469
 Amount of Each Receipt this Period 210.00
 Memo Item

B. DEFRANCESCO, MARK S., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 TERRELL FARM PLACE
 City CHESHIRE State CT Zip Code 06410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WOMEN'S HEALTH CONNECTICUT Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 09 / 21 / 2016
Transaction ID : SA11AI.34481
 Amount of Each Receipt this Period 500.00
 Memo Item

C. DENICOLA, NATHANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2218 MANNING STREET
 City PHILADELPHIA State PA Zip Code 19103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNIVERSITY OF PENNSYLVANIA Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3753.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.34644
 Amount of Each Receipt this Period 417.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1127.00
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 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. DOWDY, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3070 COLLEGE
 City BEAUMONT State TX Zip Code 77701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) 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
 09 / 24 / 2016
Transaction ID : SA11AI.34619
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. DUNN, CARL A., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1010 CHAPMAN ROAD
 City CRAWFORD State TX Zip Code 76638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BAYLOR SCOTT & WHITE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1115.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2016
Transaction ID : SA11AI.34634
 Amount of Each Receipt this Period
 400.00
 Memo Item

C. FLORA, ROBERT F., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22668 BECKENHAM COURT
 City NOVI State MI Zip Code 48374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ST. JOHN PROVIDENCE HEALTH Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2016
Transaction ID : SA11AI.34310
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 49
	<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. FORSTEIN, DAVID A., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 HOLLINGSWORTH DRIVE
 City GREENVILLE State SC Zip Code 29607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GREENVILLE HEALTH SYSTEM Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 29 / 2016
Transaction ID : SA11AI.34645
 Amount of Each Receipt this Period 50.00
 Memo Item

B. GELLHAUS, THOMAS M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 906 TAMARACK TRAIL
 City IOWA CITY State IA Zip Code 52245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNIVERSITY OF IOWA HOSPITALS Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4150.00

Date of Receipt 09 / 16 / 2016
Transaction ID : SA11AI.34517
 Amount of Each Receipt this Period 1250.00
 Memo Item

C. GILMORE LOFTIS, JANIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1806 HUNTINGTON
 City OKLAHOMA CITY State OK Zip Code 73116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 23 / 2016
Transaction ID : SA11AI.34416
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. GREENSPAN, PETER B., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3601 NEW WINDING WOODS DRIVE
 City LEE'S SUMMIT State MO Zip Code 64064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNIVERSITY PHYSICIANS Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 09 / 19 / 2016
Transaction ID : SA11AI.34486
 Amount of Each Receipt this Period 250.00
 Memo Item

B. GROVES, CECIL D., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 880 KEMPSVILLE ROAD
 City NORFOLK State VA Zip Code 23502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE GROUP FOR WOMEN Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 16 / 2016
Transaction ID : SA11AI.34518
 Amount of Each Receipt this Period 300.00
 Memo Item

C. HARRIS, KAREN E., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2800 NORTHWEST 29TH STREET
 City GAINESVILLE State FL Zip Code 32605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FLORIDA WOMEN'S PHYSICIANS Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 16 / 2016
Transaction ID : SA11AI.34519
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. HAWKINS, MICHAEL M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4008 SUNFLOWER LANE
 City TEMPLE State TX Zip Code 76502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SCOTT & WHITE HEALTH Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 23 / 2016
Transaction ID : SA11AI.34635
 Amount of Each Receipt this Period 100.00
 Memo Item

B. HERDE, CHRISTINE M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2507 SOUTH ROAD
 City POUGHKEEPSIE State NY Zip Code 12601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CAREMOUNT MEDICAL GROUP Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1135.00

Date of Receipt 09 / 04 / 2016
Transaction ID : SA11AI.34263
 Amount of Each Receipt this Period 125.00
 Memo Item

C. IVEY, RICHARD T., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4023 BETSY LANE
 City HOUSTON State TX Zip Code 77027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BAYLOR COLLEGE OF MEDICINE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 24 / 2016
Transaction ID : SA11AI.34622
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	725.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. JABUSCH, LISA M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 331 HATCHER ROAD
 City MOUNT JULIET State TN Zip Code 37122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TENNESSEE WOMEN'S CARE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 23 / 2016
Transaction ID : SA11AI.34418
 Amount of Each Receipt this Period 300.00
 Memo Item

B. JOHNSTON, CHARYSSE J., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 FELDSPAR STREET
 City VIRGINIA BEACH State VA Zip Code 23462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VIRGINIA BEACH OB/GYN Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 19 / 2016
Transaction ID : SA11AI.34487
 Amount of Each Receipt this Period 300.00
 Memo Item

C. KALLEN, AMANDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 CEDER STREET
 City NEW HAVEN State CT Zip Code 06510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) YALE UNIVERSITY Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 13 / 2016
Transaction ID : SA11AI.34316
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	620.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 49
	<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. KAUFMAN, LEAH A., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8525 WOODBOX ROAD
 City MANLIUS State NY Zip Code 13104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUNY UPSTATE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 09 / 16 / 2016
Transaction ID : SA11AI.34522
 Amount of Each Receipt this Period 50.00
 Memo Item

B. KOPELMAN, J. JOSHUA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7600 LANDMARK WAY
 City GREENWOOD VILLAGE State CO Zip Code 80111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 09 / 21 / 2016
Transaction ID : SA11AI.34482
 Amount of Each Receipt this Period 75.00
 Memo Item

C. KOTSKO, RAEGAN N., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1181 FIRST COLONIAL ROAD
 City VIRGINIA BEACH State VA Zip Code 23454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VIRGINIA BEACH OB/GYN Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 16 / 2016
Transaction ID : SA11AI.34523
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 425.00
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 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. KOUTROUVELIS, GAYLE O., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11924 SPORTSMAN ROAD
 City GALVESTON State TX Zip Code 77554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT MEDICAL BRANCH Occupation (for Individual) 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
 09 / 16 / 2016
Transaction ID : SA11AI.34524
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. KWAN, FENNEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4545 COMMERCE STREET
 City VIRGINIA BEACH State VA Zip Code 23462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VIRGINIA BEACH OB/GYN Occupation (for Individual) 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
 09 / 16 / 2016
Transaction ID : SA11AI.34526
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. LAPPINEN, KRISTLE R., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 248 WEST FREEMASON STREET
 City NORFOLK State VA Zip Code 23510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CENTER FOR WOMEN'S HEALTH Occupation (for Individual) 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
 09 / 16 / 2016
Transaction ID : SA11AI.34525
 Amount of Each Receipt this Period
 300.00
 Memo Item

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 19 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. LARSEN, WILMA I., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SCOTT & WHITE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1220.00

Date of Receipt 09 / 22 / 2016
Transaction ID : SA11AI.34630
 Amount of Each Receipt this Period 375.00
 Memo Item

B. LYNCH, BERNARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 507 SABINE STREET
 City AUSTIN State TX Zip Code 78701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AUSTIN REGIONAL CLINIC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 515.00

Date of Receipt 09 / 24 / 2016
Transaction ID : SA11AI.34624
 Amount of Each Receipt this Period 125.00
 Memo Item

C. MASSINGILL, G. SEALY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3887 SOUTH HILLS CIRCLE
 City FORT WORTH State TX Zip Code 76109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JOHN PETER SMITH HOSPITAL Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 13 / 2016
Transaction ID : SA11AI.34317
 Amount of Each Receipt this Period 200.00
 Memo Item

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 20 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MATHISON-EZIEME, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 816 FOREST GLADE DRIVE
 City CHESAPEAKE State VI Zip Code 23322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VIRGINIA CENTER FOR WOMEN Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **09 / 19 / 2016**
Transaction ID : SA11AI.34492
 Amount of Each Receipt this Period 300.00
 Memo Item

B. MEHTA, AASTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 NORTH 8TH STREET
 City PHILADELPHIA State PA Zip Code 19106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LEHIGH VALLEY PHYSICIAN GROUP Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2030.00

Date of Receipt **09 / 12 / 2016**
Transaction ID : SA11AI.34311
 Amount of Each Receipt this Period 210.00
 Memo Item

C. MILLER, PATRICIA M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 VILLAGE BROOK LANE
 City DERRY State NH Zip Code 03038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt **09 / 19 / 2016**
Transaction ID : SA11AI.34493
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	760.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MORGAN, ALETHIA E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) COPIC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3750.00

Date of Receipt 09 / 16 / 2016
Transaction ID : SA11AI.34527
 Amount of Each Receipt this Period 1250.00
 Memo Item

B. MORGAN, FRANKLIN G., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 844 KEMPSVILLE ROAD
 City NORFOLK State VA Zip Code 23502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TIDEWATER PHYSICIANS FOR WOMEN Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 19 / 2016
Transaction ID : SA11AI.34494
 Amount of Each Receipt this Period 300.00
 Memo Item

C. MUHLENDORF, IVAN K., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 420 NORTH CENTER DRIVE
 City NORFOLK State VA Zip Code 23502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MID-ATLANTIC WOMEN'S CARE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 19 / 2016
Transaction ID : SA11AI.34495
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1850.00
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 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MYER, EILEAN L., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 CRESTVIEW DRIVE
 City FLORENCE State MA Zip Code 01062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BAYSTATE MEDICAL CENTER Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 09 / 13 / 2016
Transaction ID : SA11AI.34318
 Amount of Each Receipt this Period 100.00
 Memo Item

B. NEWTON, LUKE A., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 314 TRAFALGAR ROAD
 City SAN ANTONIO State TX Zip Code 78216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT HEALTH SCIENCE CENTER Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 14 / 2016
Transaction ID : SA11AI.34319
 Amount of Each Receipt this Period 25.00
 Memo Item

C. NEZHAT, CAMRAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 WELCH ROAD
 City PALO ALTO State CA Zip Code 94304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CENTER FOR SPECIAL SURGERY Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 16 / 2016
Transaction ID : SA11AI.34528
 Amount of Each Receipt this Period 1000.00
 Memo Item

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 23 OF 49
	<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. O'CONNELL, KATHY K., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 402 CHINQUAPIN ORCHARD
 City YORKTOWN State VA Zip Code 23693
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PENINSULA WOMEN'S CARE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 23 / 2016
Transaction ID : SA11AI.34419
 Amount of Each Receipt this Period 300.00
 Memo Item

B. O'CONNELL, TIMOTHY A., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68 COLUMBIA DRIVE
 City NEWPORT NEWS State VA Zip Code 23608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CENTER FOR WOMEN'S HEALTH Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 19 / 2016
Transaction ID : SA11AI.34496
 Amount of Each Receipt this Period 300.00
 Memo Item

C. OGBURN, JOSEPH A., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 709 SOUTH G STREET
 City MCALLEN State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT RIO GRANDE VALLEY Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 23 / 2016
Transaction ID : SA11AI.34636
 Amount of Each Receipt this Period 500.00
 Memo Item

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: (check only one)	PAGE 24 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. OGUNYEMI, DOTUN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2007 HAZEL STREET
 City BIRMINGHAM State MI Zip Code 48009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WILLIAM BEAUMONT HOSPITAL Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 18 / 2016
Transaction ID : SA11AI.34474
 Amount of Each Receipt this Period 250.00
 Memo Item

B. OLDS, FRANCINE A., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1080 FIRST COLONIAL ROAD
 City VIRGINIA BEACH State VA Zip Code 23454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WOMEN'S HEALTH CHOICE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 19 / 2016
Transaction ID : SA11AI.34497
 Amount of Each Receipt this Period 250.00
 Memo Item

C. PFEFFER, JOHN C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 FLORIDA AVENUE
 City MODESTO State CA Zip Code 95350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MODESTO ARTS MEDICAL GROUP Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 16 / 2016
Transaction ID : SA11AI.34530
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. POWERS, STEVEN B., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 409 HEAD OF RIVER ROAD
 City CHESAPEAKE State VA Zip Code 23322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MID-ATLANTIC WOMEN'S CARE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 19 / 2016
Transaction ID : SA11AI.34498
 Amount of Each Receipt this Period 250.00
 Memo Item

B. PRABHAKARAN, SUJATHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 IMPERIAL DRIVE
 City SARASOTA State FL Zip Code 34236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PLANNED PARENTHOOD Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 09 / 16 / 2016
Transaction ID : SA11AI.34531
 Amount of Each Receipt this Period 50.00
 Memo Item

C. PURITZ, HOLLY S., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) THE GROUP FOR WOMEN Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1881.00

Date of Receipt 09 / 07 / 2016
Transaction ID : SA11AI.34255
 Amount of Each Receipt this Period 209.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	509.00
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 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. RAMSEY, PATRICK S., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1826 FAWN BLUFF
 City SAN ANTONIO State TX Zip Code 78248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT HEALTH SCIENCE CENTER Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 23 / 2016
Transaction ID : SA11AI.34637
 Amount of Each Receipt this Period 200.00
 Memo Item

B. RAMSEY, PATRICK S., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1826 FAWN BLUFF
 City SAN ANTONIO State TX Zip Code 78248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT HEALTH SCIENCE CENTER Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 725.00

Date of Receipt 09 / 23 / 2016
Transaction ID : SA11AI.34638
 Amount of Each Receipt this Period 200.00
 Memo Item

C. RAMSEY, PATRICK S., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1826 FAWN BLUFF
 City SAN ANTONIO State TX Zip Code 78248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT HEALTH SCIENCE CENTER Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 09 / 23 / 2016
Transaction ID : SA11AI.34639
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 49
	<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. RECTOR, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 612 KINGSBOROUGH SQUARE
 City CHESAPEAKE State VA Zip Code 23320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MID-ATLANTIC WOMEN'S CARE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 19 / 2016
Transaction ID : SA11AI.34499
 Amount of Each Receipt this Period 300.00
 Memo Item

B. REMMENGA, STEVEN W., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16995 PRINCETON ROAD
 City ADAMS State NE Zip Code 68301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNIVERSITY OF NEBRASKA Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2526.00

Date of Receipt 09 / 17 / 2016
Transaction ID : SA11AI.34470
 Amount of Each Receipt this Period 209.00
 Memo Item

C. RING, BRANDI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3755 SOUTH EMPORIA WAY
 City AURORA State CO Zip Code 80014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MILE HIGH OB/GYN Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 09 / 11 / 2016
Transaction ID : SA11AI.34307
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	593.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 49
	<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. RODZAK, JEFFREY E., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 137 EAST WILSON STREET
 City MADISON State WI Zip Code 53703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNIVERSITY OF WISCONSIN Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 19 / 2016
Transaction ID : SA11AI.34500
 Amount of Each Receipt this Period 250.00
 Memo Item

B. ROSENBAUM, ALAN J., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 178 SOUTH LUDLOW STREET
 City COLUMBUS State OH Zip Code 42215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OHIO STATE UNIVERSITY Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 06 / 2016
Transaction ID : SA11AI.34258
 Amount of Each Receipt this Period 100.00
 Memo Item

C. ROTHENBERG, JEFFREY M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 235 WILLIAMS COURT
 City INDIANAPOLIS State IN Zip Code 46260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INDIANA UNIVERSITY Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 685.00

Date of Receipt 09 / 16 / 2016
Transaction ID : SA11AI.34534
 Amount of Each Receipt this Period 100.00
 Memo Item

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 29 OF 49
	<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. SANTIAGO, PATRICIA C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4332 NORTH HALL STREET
 City DALLAS State TX Zip Code 75219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT SOUTHWESTERN Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 23 / 2016
Transaction ID : SA11AI.34640
 Amount of Each Receipt this Period 250.00
 Memo Item

B. SHAFFER, MICHAEL D., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 174 TRES VISTAS CIRCLE
 City CRESSON State TX Zip Code 76035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNIVERSITY OF NORTH TEXAS Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 25 / 2016
Transaction ID : SA11AI.34605
 Amount of Each Receipt this Period 280.00
 Memo Item

C. SIMPSON, J. SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16407 KIDD LANE
 City AUSTIN State TX Zip Code 78734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SETON HEALTHCARE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 23 / 2016
Transaction ID : SA11AI.34641
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 780.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. SIROTT, LAURA L., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1875.00

Date of Receipt 09 / 16 / 2016
Transaction ID : SA11AI.34535
 Amount of Each Receipt this Period 625.00
 Memo Item

B. SMITH, BARRY D., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 ROPE FERRY ROAD
 City HANOVER State NH Zip Code 03755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEISEL SCHOOL OF MEDICINE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 12 / 2016
Transaction ID : SA11AI.34313
 Amount of Each Receipt this Period 500.00
 Memo Item

C. SMITH, PATRICIA A., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 738 FONTAINE STREET
 City ALEXANDRIA State VA Zip Code 22302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GWU MEDICAL FACULTY ASSOCIATES Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 09 / 12 / 2016
Transaction ID : SA11AI.34314
 Amount of Each Receipt this Period 250.00
 Memo Item

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 31 OF 49
	<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. SMITH, PATRICIA A., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 738 FONTAINE STREET
 City ALEXANDRIA State VA Zip Code 22302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GWU MEDICAL FACULTY ASSOCIATES Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 09 / 16 / 2016
Transaction ID : SA11AI.34536
 Amount of Each Receipt this Period 50.00
 Memo Item

B. SOLHEIM, KARLA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2436 GREENWOOD AVENUE
 City CEDAR FALLS State IA Zip Code 50613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PARTNERS IN OB/GYN Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 16 / 2016
Transaction ID : SA11AI.34537
 Amount of Each Receipt this Period 75.00
 Memo Item

C. STAUBLE, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2539 BELL ROAD
 City LOUISVILLE State KY Zip Code 40205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNIVERSITY OF LOUISVILLE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 272.00

Date of Receipt 09 / 16 / 2016
Transaction ID : SA11AI.34538
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
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 32 OF 49
	<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. STONE, DANA G., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1890.00

Date of Receipt 09 / 09 / 2016
Transaction ID : SA11AI.34305
 Amount of Each Receipt this Period 210.00
 Memo Item

B. STRACHAN, LYJIA O., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3202 NORTH BRIAR LEAF COURT
 City LA PORTE State IN Zip Code 46350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INDIANA UNIVERSITY HEALTH Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 23 / 2016
Transaction ID : SA11AI.34421
 Amount of Each Receipt this Period 500.00
 Memo Item

C. TILDON-BURTON, JANICE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 TALLEY ROAD
 City WILMINGTON State DE Zip Code 19803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1881.00

Date of Receipt 09 / 08 / 2016
Transaction ID : SA11AI.34304
 Amount of Each Receipt this Period 209.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	919.00
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 49
	<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. TOY, EUGENE C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1115 MARTIN STREET
 City HOUSTON State TX Zip Code 77018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MCGOVERN MEDICAL CENTER Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 24 / 2016
Transaction ID : SA11AI.34626
 Amount of Each Receipt this Period 200.00
 Memo Item

B. TRIPPEL, RHONDA S., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2088 WILLOW LAKE DRIVE
 City NEWBURGH State IN Zip Code 46730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DEACONESS WOMEN'S HOSPITAL Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 16 / 2016
Transaction ID : SA11AI.34539
 Amount of Each Receipt this Period 250.00
 Memo Item

C. WANG, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 77 TANNERY ROAD
 City SOUTHWICK State MA Zip Code 01072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BAYSTATE MEDICAL CENTER Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 16 / 2016
Transaction ID : SA11AI.34541
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	575.00
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 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. WHITE, CONNIE G., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 WILKINSON STREET
 City FRANKFORT State KY Zip Code 40601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COMMONWEALTH OF KENTUCKY Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt **09 / 16 / 2016**
Transaction ID : SA11AI.34544
 Amount of Each Receipt this Period 250.00
 Memo Item

B. WHITE, EMILY M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 EAST MANNING STREET
 City PROVIDENCE State RI Zip Code 02906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PROVIDENCE COMMUNITY HEALTH Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **09 / 06 / 2016**
Transaction ID : SA11AI.34260
 Amount of Each Receipt this Period 100.00
 Memo Item

C. WHITEFIELD, JAN E., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5540 GRAND TETON LOOP
 City ANCHORAGE State AK Zip Code 99502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALASKA WOMEN'S HEALTH SERVICES Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 16 / 2016**
Transaction ID : SA11AI.34545
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
YELVERTON, ROBERT, , ,

Mailing Address 2526 JETTON AVENUE

City TAMPA	State FL	Zip Code 33629
---------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
490.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		16		2016

Transaction ID : SA11AI.34546

Amount of Each Receipt this Period
70.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	70.00
TOTAL This Period (last page this line number only).....	25792.44

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. FIRST NATIONAL MERCHANT SOLUTIONS

Mailing Address 1620 DODGE STREET

City
OMAHA

State
NE

Zip Code
68197

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	1	6		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.34248

Amount of Each Disbursement this Period

[REDACTED] 124.84

Memo Item

Full Name (Last, First, Middle Initial)

B. SAGE PAYMENT SOLUTIONS

Mailing Address 1750 OLD MEADOW ROAD

City
MCLEAN

State
VA

Zip Code
22102

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	2			2	0	1	6		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.34247

Amount of Each Disbursement this Period

[REDACTED] 767.11

Memo Item

Full Name (Last, First, Middle Initial)

C. SQUARE, INC.

Mailing Address 901 MISSION STREET

City
SAN FRANCISCO

State
CA

Zip Code
94103

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	6		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.34614

Amount of Each Disbursement this Period

[REDACTED] 38.50

Memo Item

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

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

[REDACTED] 930.45

[REDACTED]

**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"/> 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. 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
09 / 23 / 2016

FEC Identification Number

C
Transaction ID : SB21B.34613
Amount of Each Disbursement this Period
70.14

Memo Item

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

MM / DD / YYYY
09 / 24 / 2016

FEC Identification Number

C
Transaction ID : SB21B.34612
Amount of Each Disbursement this Period
62.58

Memo Item

Full Name (Last, First, Middle Initial)

C. SQUARE, INC.

Mailing Address 901 MISSION STREET

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2016

FEC Identification Number

C
Transaction ID : SB21B.34611
Amount of Each Disbursement this Period
17.46

Memo Item

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

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

150.18
1080.63

**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"/> 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)

A. BRAD ASHFORD FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 24023

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

City OMAHA State NE Zip Code 68124

FEC Identification Number

Purpose of Disbursement CONTRIBUTION

C	H4NE02054
---	-----------

Candidate Name ASHFORD, BRAD, , ,

Category/Type

Transaction ID : SB23.34249

Amount of Each Disbursement this Period

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

1000.00

Memo Item

B. BUTTERFIELD FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 434 FAYETTEVILLE STREET

M M M	/	D D D	/	Y Y Y Y Y
09		16		2016

City RALEIGH State NC Zip Code 27601

FEC Identification Number

Purpose of Disbursement CONTRIBUTION

C	H4NC01046
---	-----------

Candidate Name BUTTERFIELD, G.K., , ,

Category/Type

Transaction ID : SB23.34381

Amount of Each Disbursement this Period

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

1000.00

Memo Item

C. COLLEEN DEACON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 118 JULIAN PLACE

M M M	/	D D D	/	Y Y Y Y Y
09		16		2016

City SYRACUSE State NY Zip Code 13210

FEC Identification Number

Purpose of Disbursement CONTRIBUTION

C	H6NY24177
---	-----------

Candidate Name DEACON, COLLEEN, , ,

Category/Type

Transaction ID : SB23.34384

Amount of Each Disbursement this Period

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: NY District: 24

1000.00

Memo Item

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

3000.00

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

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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"/> 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)

A. DOLD FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 6312

City LIBERTYVILLE State IL Zip Code 60048

Purpose of Disbursement CONTRIBUTION

Candidate Name DOLD, JR., ROBERT J., , ,

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

State: IL District: 10

Date of Disbursement: 09 / 28 / 2016

FEC Identification Number: C H0IL10302
Transaction ID : SB23.34504
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. DR. MATT HEINZ FOR ARIZONA

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 57698

City TUCSON State AZ Zip Code 85732

Purpose of Disbursement CONTRIBUTION

Candidate Name HEINZ, MATTHEW G., , ,

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

State: AZ District: 02

Date of Disbursement: 09 / 26 / 2016

FEC Identification Number: C H2AZ08078
Transaction ID : SB23.34425
Amount of Each Disbursement this Period: 5000.00

Memo Item

C. DR. RAUL RUIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 3433

City PALM DESERT State CA Zip Code 92261

Purpose of Disbursement CONTRIBUTION

Candidate Name RUIZ, RAUL, , ,

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

State: CA District: 36

Date of Disbursement: 09 / 16 / 2016

FEC Identification Number: C H2CA36439
Transaction ID : SB23.34395
Amount of Each Disbursement this Period: 1000.00

Memo Item

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"/> 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. ENGEL FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 26 / 2016
Mailing Address 462 CALIFORNIA ROAD		FEC Identification Number C H8NY19058 Transaction ID : SB23.34424
City BRONXVILLE	State NY	Zip Code 10708
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name ENGEL, ELIOT L., , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 17	

Full Name (Last, First, Middle Initial) B. FRIENDS OF ERIK PAULSEN		Date of Disbursement MM / DD / YYYY 09 / 16 / 2016
Mailing Address P.O. BOX 44369		FEC Identification Number C H8MN03077 Transaction ID : SB23.34394
City EDEN PRAIRIE	State MN	Zip Code 55344
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name PAULSEN, ERIK, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MN	District: 03	

Full Name (Last, First, Middle Initial) C. FRIENDS OF ROSA DELAURO		Date of Disbursement MM / DD / YYYY 09 / 26 / 2016
Mailing Address 129 CHURCH STREET		FEC Identification Number C HOCT03072 Transaction ID : SB23.34423
City NEW HAVEN	State CT	Zip Code 06510
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name DELAURO, ROSA L., , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CT	District: 03	

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
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"/> 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. HATCH ELECTION COMMITTEE

Mailing Address P.O. BOX 3986

City WASHINGTON State DC Zip Code 20027

Purpose of Disbursement CONTRIBUTION

Candidate Name HATCH, ORRIN G., , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) Convention

State: UT District: 00

Date of Disbursement 09 / 28 / 2016

FEC Identification Number C S6UT00063
Transaction ID : SB23.34506
Amount of Each Disbursement this Period 500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. JACKIE SPEIER FOR CONGRESS

Mailing Address P.O. BOX 112

City BURLINGAME State CA Zip Code 94011

Purpose of Disbursement CONTRIBUTION

Candidate Name SPEIER, JACKIE, , ,

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: CA District: 14

Date of Disbursement 09 / 16 / 2016

FEC Identification Number C H8CA12171
Transaction ID : SB23.34397
Amount of Each Disbursement this Period 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. JENKINS FOR CONGRESS

Mailing Address P.O. BOX 727

City HUNTINGTON State WV Zip Code 25711

Purpose of Disbursement CONTRIBUTION

Candidate Name JENKINS, EVAN H., , ,

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: WV District: 03

Date of Disbursement 09 / 16 / 2016

FEC Identification Number C H4WV03070
Transaction ID : SB23.34387
Amount of Each Disbursement this Period 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3000.00

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"/> 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)

A. JIMMY PANETTA FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 1579

City CARMEL VALLEY State CA Zip Code 93924

Purpose of Disbursement CONTRIBUTION

Candidate Name PANETTA, JIMMY, , ,

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

State: CA District: 20

Date of Disbursement: 09 / 16 / 2016

FEC Identification Number: C H6CA20152
Transaction ID : SB23.34391
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 1588

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement CONTRIBUTION: DEBT RETIREMENT

Candidate Name MARSHALL, ROGER, , ,

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

State: KS District: 01

Date of Disbursement: 09 / 28 / 2016

FEC Identification Number: C H6KS01179
Transaction ID : SB23.34507
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 1588

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement CONTRIBUTION

Candidate Name MARSHALL, ROGER, , ,

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

State: KS District: 01

Date of Disbursement: 09 / 28 / 2016

FEC Identification Number: C H6KS01179
Transaction ID : SB23.34508
Amount of Each Disbursement this Period: 2500.00

Memo Item

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"/> 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. KYRSTEN SINEMA FOR CONGRESS

Mailing Address P.O. BOX 25879

City
TEMPE

State
AZ

Zip Code
85285

Purpose of Disbursement
CONTRIBUTION

Candidate Name

SINEMA, KYRSTEN, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	6

FEC Identification Number

C H2AZ09019

Transaction ID : SB23.34396

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LEVIN FOR CONGRESS

Mailing Address P.O. BOX 37

City
ROSEVILLE

State
MI

Zip Code
48066

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LEVIN, SANDER M., , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: MI District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	6

FEC Identification Number

C H2MI17023

Transaction ID : SB23.34250

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. NELSON FOR WISCONSIN

Mailing Address P.O. BOX 348

City
KAUKAUNA

State
WI

Zip Code
54130

Purpose of Disbursement
CONTRIBUTION

Candidate Name

NELSON, TOM, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	6

FEC Identification Number

C H6WI08163

Transaction ID : SB23.34388

Amount of Each Disbursement this Period

2500.00

Memo Item

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

4500.00

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"/> 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. NEW DEMOCRAT COALITION PAC		Date of Disbursement MM / DD / YYYY 09 / 26 / 2016
Mailing Address 700 13TH STREET, NW		FEC Identification Number C [REDACTED] Transaction ID : SB23.34427 Amount of Each Disbursement this Period 5000.00
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. PROGRESSIVE CHOICES PAC		Date of Disbursement MM / DD / YYYY 09 / 09 / 2016
Mailing Address P.O. BOX 58		FEC Identification Number C [REDACTED] Transaction ID : SB23.34252 Amount of Each Disbursement this Period 2500.00
City EVANSTON	State IL	Zip Code 60204
Purpose of Disbursement CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RUSS FOR WISCONSIN		Date of Disbursement MM / DD / YYYY 09 / 28 / 2016
Mailing Address P.O. BOX 620061		FEC Identification Number C S8WI00026 Transaction ID : SB23.34505 Amount of Each Disbursement this Period 3500.00
City MIDDLETON	State WI	Zip Code 53562
Purpose of Disbursement CONTRIBUTION		Category/ Type
Candidate Name FEINGOLD, RUSSELL D., , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI District: 00	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	11000.00
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"/> 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. RYAN COSTELLO FOR CONGRESS

Mailing Address P.O. BOX 3154

City
WEST CHESTER

State
PA

Zip Code
19381

Purpose of Disbursement
CONTRIBUTION

Candidate Name

COSTELLO, RYAN A., , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2016

FEC Identification Number

C HOPA06076

Transaction ID : SB23.34503

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. STABENOW FOR U.S. SENATE

Mailing Address P.O. BOX 4945

City
EAST LANSING

State
MI

Zip Code
48826

Purpose of Disbursement
CONTRIBUTION

Candidate Name

STABENOW, DEBBIE, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: MI District: 00

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2016

FEC Identification Number

C S8MI00281

Transaction ID : SB23.34398

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TIBERI FOR CONGRESS

Mailing Address 2931 EAST DUBLIN GRANVILLE ROAD

City
COLUMBUS

State
OH

Zip Code
43231

Purpose of Disbursement
CONTRIBUTION

Candidate Name

TIBERI, PATRICK J., , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2016

FEC Identification Number

C H00H12062

Transaction ID : SB23.34251

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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"/> 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)

A. TIBERI FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 2931 EAST DUBLIN GRANVILLE ROAD

City COLUMBUS State OH Zip Code 43231

Purpose of Disbursement CONTRIBUTION

Candidate Name TIBERI, PATRICK J., , ,

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

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement: 09 / 26 / 2016

FEC Identification Number: C H00H12062
Transaction ID : SB23.34426
Amount of Each Disbursement this Period: 1000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

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

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

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

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	43500.00

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

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

Full Name (Last, First, Middle Initial) A. BASCO, THOMAS E., , ,		Date of Disbursement MM / DD / YYYY 09 / 19 / 2016	
Mailing Address 4000 COLISEUM DRIVE		FEC Identification Number C [] Transaction ID : SB28A.34511 Amount of Each Disbursement this Period [] 300.00	
City HAMPTON	State VA	Zip Code 23666	Category/ Type []
Purpose of Disbursement DISPUTED 08/30/2016 CREDIT CARD TRANSACTION			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	Category/ Type []
Purpose of Disbursement			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	Category/ Type []
Purpose of Disbursement			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 300.00
TOTAL This Period (last page this line number only).....▶	[] 300.00

**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"/> 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. FORWARD WITH JOCASTA

Mailing Address 1645 SOUTH 12TH STREET

City MILWAUKEE State WI Zip Code 53204

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

/ /

FEC Identification Number

Transaction ID : SB29.34414

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHRIS TAYLOR

Mailing Address P.O. BOX 3213

City MADISON State WI Zip Code 53704

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

/ /

FEC Identification Number

Transaction ID : SB29.34412

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JULIE LASSA

Mailing Address P.O. BOX 483

City PLOVER State WI Zip Code 54467

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

/ /

FEC Identification Number

Transaction ID : SB29.34404

Amount of Each Disbursement this Period

Memo Item

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 type="checkbox"/> 23	<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)

A. MILLS FOR SENATE COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 4711-A MAIN HIGHWAY

City ST. MARTINVILLE State LA Zip Code 70582

Purpose of Disbursement NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 09 / 2016

FEC Identification Number: C

Transaction ID : SB29.34253

Amount of Each Disbursement this Period: 500.00

Memo Item

B. OLSEN FOR SENATE

Full Name (Last, First, Middle Initial)

Mailing Address 1023 THOMAS STREET

City RIPON State WI Zip Code 54971

Purpose of Disbursement NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2016

FEC Identification Number: C

Transaction ID : SB29.34408

Amount of Each Disbursement this Period: 500.00

Memo Item

C. SHILLING FOR SENATE

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1261

City LA CROSSE State WI Zip Code 54602

Purpose of Disbursement NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2016

FEC Identification Number: C

Transaction ID : SB29.34410

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	3000.00