

# 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**  
American Congress of Obstetricians & Gynecologists PAC

ADDRESS (number and street) 409 12th Street SW  
Check if different than previously reported. (ACC) Washington DC 20024

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00364158 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period 03 / 01 / 2017 through 03 / 31 / 2017

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 04 / 20 / 2017

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

**American Congress of Obstetricians & Gynecologists 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="2017"/>	<input type="text"/>	<input type="text" value="272752.40"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="294187.79"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="132612.29"/>	<input type="text" value="220194.94"/>
(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="426800.08"/>	<input type="text" value="492947.34"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="59978.67"/>	<input type="text" value="126125.93"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="366821.41"/>	<input type="text" value="366821.41"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

**American Congress of Obstetricians & Gynecologists PAC**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	108191.77	136285.99
(ii) Unitemized .....	24420.52	83908.95
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	132612.29	220194.94
(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) .....	132612.29	220194.94
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	132612.29	220194.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	132612.29	220194.94

**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 .....	2478.67	4125.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2478.67	4125.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	57500.00	121000.00
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 .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	1000.00
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)) ..	59978.67	126125.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	59978.67	126125.93

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	132612.29	220194.94
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	132612.29	220194.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2478.67	4125.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2478.67	4125.93

**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 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Greves, Cole, Douglas, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12214 Hatfield Ct  
 City Orlando State FL Zip Code 32837-6543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orlando Health Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAH10**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Asaad, Radwan, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37261 Fox Gln  
 City Farmington Hills State MI Zip Code 48331-1809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hutzel Women's Specialists Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 23 / 2017  
**Transaction ID : VPF9SMTRZ10**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Ballard, Mark, Clifford, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 208 Federal Ave  
 City Rapid City State SD Zip Code 57702-2326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMZAM40**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2908.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 63
<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Maeder, Margie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2686 Dahlia St  
 City Denver State CO Zip Code 80207-3048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rocky Mountain Women's Care Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 16 / 2017  
**Transaction ID : VPF9SMH550**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Crockett, Libby, D.J., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5650 Burdette St  
 City Omaha State NE Zip Code 68104-4902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Grand Island Clinic Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMZAQ70**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Reddy, Madhuri, G., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3901 Rainbow Blvd  
 City Kansas City State KS Zip Code 66160-8500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Kansas Medical Center Occupation (for Individual) Generalist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMZARD0**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	925.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 63
<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Tildon-Burton, Janice, E., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1700 Talley Rd  
 City Wilmington State DE Zip Code 19803-3916  
 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 ▼ 418.00

Date of Receipt 03 / 08 / 2017  
**Transaction ID : VPF9SMR4EK0**  
 Amount of Each Receipt this Period 209.00  
 Memo Item

**B. Bennett, Donna, S., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 470 Brookside Dr  
 City Springville State UT Zip Code 84663-2346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMZAHM0**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Cavallaro, Grace, Ann, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1552 Saint Helena Dr  
 City Danville State CA Zip Code 94526-5543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAJT0**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	559.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. McCauley, Richard, A., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 359 Perthshire Dr  
 City Orange Park State FL Zip Code 32073-5772  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Florida Ob-Gyn Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAGW0**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Ellington, David, Rich, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1507 Grove Pl  
 City Birmingham State AL Zip Code 35209-3915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Alabama at Birmingham Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMZANX0**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Hepfer, Thomas, Willard, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2810 Lillington Dr  
 City Sumter State SC Zip Code 29150-2213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Palmetto Health Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMVH221**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 63
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Friall, Andrea, King, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1401 Centerville Rd  
 Ste 202  
 City Tallahassee State FL Zip Code 32308-4638  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Florida Women's Care Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAK31**  
 Amount of Each Receipt this Period 650.00  
 Memo Item

**B. Hofland, Erica, Corrine, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1143 8th St E  
 City Dickinson State ND Zip Code 58601-6354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sanford Dickinson Clinic Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAR31**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Windsor, Anna Marie, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2607 E Wood Pl  
 City Milwaukee State WI Zip Code 53211-1752  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Aurora Healthcare Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMZAH51**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1475.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Anderson, Ted, Louis, , MD, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 516 Leanne Way  
 City Franklin State TN Zip Code 37069-8719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vanderbilt University Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMZAP61**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Adams, Christina, Stough, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1361 16Th Ave S Ste 190  
 City Jacksonville Beach State FL Zip Code 32250-3217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Florida Ob-Gyn Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAR81**  
 Amount of Each Receipt this Period 175.00  
 Memo Item

**C. Puritz, Holly, Suzanne, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7940 N Shore Rd  
 City Norfolk State VA Zip Code 23505-1737  
 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 ▼ 627.00

Date of Receipt 03 / 07 / 2017  
**Transaction ID : VPF9SMQQD91**  
 Amount of Each Receipt this Period 209.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2884.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 63
<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Cobb, Thomas, Joseph, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Medical Park Dr  
 City Starkville State MS Zip Code 39759-4477  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Starkville Clinic for Women Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMVH1A1**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Ollendorff, Arthur, Tullin, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 Hendersonville Rd  
 City Asheville State NC Zip Code 28803-2868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mountain Area Health Education Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMZAPB1**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

**C. Sirott, Laura, L., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 429 S Berkely Ave  
 City Pasadena State CA Zip Code 91107-5063  
 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 ▼ 625.00

Date of Receipt 03 / 16 / 2017  
**Transaction ID : VPF9SMYD3B1**  
 Amount of Each Receipt this Period 625.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1950.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Dwamena, Natasha, A., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2233 Potomac Club Pkwy  
 City Woodbridge State VA Zip Code 22191-4032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2017  
**Transaction ID : VPF9SMZANK1**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item

**B. Garnaas, Mark, F., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 609 W Crestline Dr  
 City Missoula State MT Zip Code 59803-2201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Western Montana Clinic Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2017  
**Transaction ID : VPF9SMZAGQ1**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item

**C. Johnson, Clark, Timothy, MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 807 S Luzerne Ave  
 City Baltimore State MD Zip Code 21224-3734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Johns Hopkins Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2017  
**Transaction ID : VPF9SMZAGR1**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Nelson-Moseke, Anna, Christine, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3763 N Knollwood Cir  
 City Tucson State AZ Zip Code 85750-2329  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Genesis Ob-Gyn Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAPS1**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Cavallaro, Grace, Ann, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1552 Saint Helena Dr  
 City Danville State CA Zip Code 94526-5543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAMV1**  
 Amount of Each Receipt this Period 225.00  
 Memo Item

**C. Morrell, Kathleen, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 97 Butler St Apt 1F  
 City Brooklyn State NY Zip Code 11231-4708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Maimonides Medical Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMZAQ12**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 15 OF 63  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Koutrouvelis, Gayle, Olson, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11924 Sportsman Rd  
 City Galveston State TX Zip Code 77554-9365  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Texas Medical Branch Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 16 / 2017  
**Transaction ID : VPF9SM312**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Chisholm, Christian, Andrew, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1840 River Inn Ln  
 City Charlottesville State VA Zip Code 22901-6217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Virginia Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMZAQ62**  
 Amount of Each Receipt this Period 750.00  
 Memo Item

**C. Dunn, Carl, Anthony, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1010 Chapman Rd  
 City Crawford State TX Zip Code 76638-2641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Scott and White Clinic Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAKC2**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 16 OF 63  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Fenton, Douglas, K., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2921 Managua Pl  
 City Carlsbad State CA Zip Code 92009-7106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Scripps Coastal Medical Group Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 627.00

Date of Receipt 03 / 07 / 2017  
**Transaction ID : VPF9SMQDD2**  
 Amount of Each Receipt this Period 209.00  
 Memo Item

**B. Allen, Valerie, Ann, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1367 W Crystal St Unit 2  
 City Chicago State IL Zip Code 60642-3338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAKH2**  
 Amount of Each Receipt this Period 425.00  
 Memo Item

**C. Stone, Dana, Gail, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1730 Huntington Ave  
 City Nichols Hills State OK Zip Code 73116-5511  
 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 ▼ 730.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMZAHK2**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 734.00  
**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 63
<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Remmenga, Steven, W., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16995 Princeton Rd  
 City Adams State NE Zip Code 68301-7785  
 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 ▼ 627.00

Date of Receipt 03 / 17 / 2017  
**Transaction ID : VPF9SMSN0P2**  
 Amount of Each Receipt this Period 209.00  
 Memo Item

**B. McCoy, Michael, Jerry, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5020 Ferres Ln  
 City Burlington State IA Zip Code 52601-9033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Great River Medical Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAJ52**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Christie, Daniel, Ross, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2960 N State Road 7 Ste 300  
 City Margate State FL Zip Code 33063-5757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IVF Florida Reproductive Associates Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAGV2**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1534.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Elkin, Aaron, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1309 N Federal Hwy

City Hollywood	State FL	Zip Code 33020-3631
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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 ▼  
1240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2017

**Transaction ID : VPF9SMZAQY2**

Amount of Each Receipt this Period  
1200.00

Memo Item

**B. Burke, Ann, Bishop, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1500 Forest Glen Rd # 333

City Silver Spring	State MD	Zip Code 20910-1460
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Holy Cross Health	Occupation (for Individual) Medical Director
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2017

**Transaction ID : VPF9SMZAKY2**

Amount of Each Receipt this Period  
175.00

Memo Item

**C. Goldberg, Aaron, E., , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1612 Monument Ave

City Richmond	State VA	Zip Code 23220-2907
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Virginia Commonwealth University	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
03	/	12	/	2017

**Transaction ID : VPF9SMZAK23**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1625.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Greenspan, Peter, Bogach, , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3601 NW Winding Woods Dr  
 City Lees Summit State MO Zip Code 64064-1883  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University Physicians Assoc. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAN43**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Lynch, Bernard, A, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 507 Sabine St Apt 802  
 City Austin State TX Zip Code 78701-4185  
 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 ▼ 325.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMZAP53**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

**C. Combs, Shanna, Marie, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 849 Springbrook Dr  
 City Fort Worth State TX Zip Code 76107-1069  
 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 ▼ 1200.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAK73**  
 Amount of Each Receipt this Period 1200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2025.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 63
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Adams, Christina, Stough, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1361 16Th Ave S Ste 190  
 City Jacksonville Beach State FL Zip Code 32250-3217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Florida Ob-Gyn Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAR73**  
 Amount of Each Receipt this Period 175.00  
 Memo Item

**B. Ring, Brandi, Nicole, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3755 S Emporia Way Unit L-204  
 City Aurora State CO Zip Code 80014-8227  
 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 ▼ 252.00

Date of Receipt 03 / 11 / 2017  
**Transaction ID : VPF9SMRME83**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Dahl, Stephanie, K., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 517 Arrowwood Dr  
 City Horace State ND Zip Code 58047-4520  
 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 ▼ 325.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAH93**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	584.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Flora, Robert, Francis, , MD MBA MPH**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22668 Beckenham Ct  
 City Novi State MI Zip Code 48374-3526  
 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 03 / 12 / 2017  
**Transaction ID : VPF9SMRN6D3**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Bingham, Natalie, Dawn, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 410 E Woodbury Ln  
 City Spartanburg State SC Zip Code 29301-5302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USC-School of Medicine Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMVH1E3**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

**C. Pankratz, Todd, A., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1125 N Lincoln Ave  
 City Hastings State NE Zip Code 68901-3855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Obstetricians & Gynecologists, PC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMZAQF3**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3075.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Alderson, Thomas, L., , DO**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3664 Edinborough Dr

City Rochester Hills	State MI	Zip Code 48306-3632
-------------------------	-------------	------------------------

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2017

**Transaction ID : VPF9SMV1QF3**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Cheek, Ben, H., , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 231 Cascade Rd

City Columbus	State GA	Zip Code 31904-2873
------------------	-------------	------------------------

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

Name of Employer (for Individual) St. Francis Hospital	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
749.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2017

**Transaction ID : VPF9SMR4EJ3**

Amount of Each Receipt this Period  
83.33

Memo Item

**c. Stanley, John, Robert, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6022 Newport Dr

City Edmond	State OK	Zip Code 73013-8539
----------------	-------------	------------------------

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

Name of Employer (for Individual) Perinatal Center of Oklahoma	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2017

**Transaction ID : VPF9SMZAJM3**

Amount of Each Receipt this Period  
650.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	833.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 63
<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Brabson, Gail, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 517 Cherokee Blvd  
 City Knoxville State TN Zip Code 37919-6696  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2017  
**Transaction ID : VPF9SMZQM3**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item

**B. Tucker, James, Martin, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 291 E Layfair Dr  
 City Flowood State MS Zip Code 39232-9527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jackson Healthcare for Women Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2017  
**Transaction ID : VPF9SMQPNN3**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**C. Rowles, Roger, B., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2612 Palatine Ave  
 City Yakima State WA Zip Code 98902-3777  
 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 ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2017  
**Transaction ID : VPF9SMZAGP3**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 63
<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Benett, Jodi, A, , DO**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1501 Sweet Briar Rd

City Gladwyne	State PA	Zip Code 19035-1216
------------------	-------------	------------------------

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

Name of Employer (for Individual) Regional Women's Health Management	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2017

**Transaction ID : VPF9SMZAPR3**

Amount of Each Receipt this Period  
325.00

Memo Item

**B. Powell, Hartaj, K., , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4103 Edgevale Ct

City Chevy Chase	State MD	Zip Code 20815-5909
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Capital Women's Care	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2017

**Transaction ID : VPF9SMZAKS3**

Amount of Each Receipt this Period  
175.00

Memo Item

**C. Landrum, Lisa, Michelle, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 NE 10th St  
Ste 5050

City Oklahoma City	State OK	Zip Code 73104-5418
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Oklahoma Health Science	Occupation (for Individual) Professor
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2017

**Transaction ID : VPF9SMZAHW3**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. VanMeter, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 150 Evon Way  
 Apt 13  
 City Bowling Green State KY Zip Code 42101-7247  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Taylor Re Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAMZ3**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

**B. Logan, Deirdre, Dene, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 45059  
 City Los Angeles State CA Zip Code 90045-0059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Watts Healthcare Corporation Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMVH144**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Packard, Lisa, Kay, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 903 Camille Ln  
 City Mountain View State CA Zip Code 94040-2668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Palo Alto Medical Foundation Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMRN794**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Erickson, Lisa, D., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2828 Chicago Ave  
Ste 450

City Minneapolis State MN Zip Code 55407-1584

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

Name of Employer (for Individual) Center for Reproductive Medicine Occupation (for Individual) Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMZAQA4**

Amount of Each Receipt this Period 650.00

Memo Item

**B. Hampton, R., Moss, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3930 Edgebrook Ct

City Midland State TX Zip Code 79707-1434

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 03 / 12 / 2017  
**Transaction ID : VPF9SMZAKB4**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Iriye, Annie, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2103 Craig Rd SE

City Olympia State WA Zip Code 98501-2877

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

Name of Employer (for Individual) Group Health Permanente Occupation (for Individual) Physician

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZARB4**

Amount of Each Receipt this Period 300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 63
<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Dantas, Stella, Marie, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6906 SW Windemere Loop  
 City Portland State OR Zip Code 97225-6163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwest Permanente Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAGD4**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Goepfert, Alice, Reeves, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 619 19th St S 176F Rm 10270N  
 City Birmingham State AL Zip Code 35249-1900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ. of Alabama at Birmingham Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAND4**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

**C. Wachtel, John, Steven, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 811 La Mesa Dr  
 City Portola Valley State CA Zip Code 94028-7420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stanford University Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMZAPE4**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 63
<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Coslett-Charlton, Lynne, M., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 289 Harris Hill Rd  
 City Shavertown State PA Zip Code 18708-9684  
 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 ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2017  
**Transaction ID : VPF9SMRMEH4**  
 Amount of Each Receipt this Period  
 1250.00  
 Memo Item

**B. Lucas, Romeo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Stony Ridge Rd  
 City Portland State ME Zip Code 04110-1416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Maine General Medical Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2017  
**Transaction ID : VPF9SMZAPK4**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item

**C. Carroll, Charles, Shannon, , Sr, DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 291 E Layfair Dr  
 City Flowood State MS Zip Code 39232-9527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jackson Healthcare for Women 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  
 03 / 12 / 2017  
**Transaction ID : VPF9SMZAMN4**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2575.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 63
<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Brabson, Leonard, Allison, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 939 E Emerald Ave  
 Ste 806A  
 City Knoxville State TN Zip Code 37917-4577  
 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 ▼ 625.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMRN6P4**  
 Amount of Each Receipt this Period 625.00  
 Memo Item

**B. Kimelman, Judy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9242 SE 46th St  
 City Mercer Island State WA Zip Code 98040-4408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Seattle OB/GYN Group Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAJR4**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**c. Slate, Garrick, James, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 2718  
 City Bangor State ME Zip Code 04402-2718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eastern Maine Medical Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAQR4**  
 Amount of Each Receipt this Period 650.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1575.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Cothran, Shannon, Jenkins, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9004 Crownwood Ct  
 City Burke State VA Zip Code 22015-1630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 13 / 2017**  
**Transaction ID : VPF9SMZANV4**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Harris, Karen, Eloise, , MD MPH**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2800 NW 29th St  
 City Gainesville State FL Zip Code 32605-2708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt **03 / 16 / 2017**  
**Transaction ID : VPF9SMSH305**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Greenspan, Peter, Bogach, , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3601 NW Winding Woods Dr  
 City Lees Summit State MO Zip Code 64064-1883  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 12 / 2017**  
**Transaction ID : VPF9SMZAN35**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Honebrink, Ann, L., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 Valley Rd  
 City Ardmore State PA Zip Code 19003-1511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Pittsburgh Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1225.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMZAH35**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Morgan, Alethia, Ellen, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3075 S Birch St  
 City Denver State CO Zip Code 80222-6712  
 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 ▼ 1200.00

Date of Receipt 03 / 16 / 2017  
**Transaction ID : VPF9SMSBY45**  
 Amount of Each Receipt this Period 1200.00  
 Memo Item

**C. Melendez, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3671 SE Knapp St  
 City Portland State OR Zip Code 97202-8348  
 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 ▼ 325.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAR65**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 63
<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Wasserman, Sheldon, A., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3487 N Lake Dr  
 City Milwaukee State WI Zip Code 53211-2919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Columbia St. Mary's Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **03 / 13 / 2017**  
**Transaction ID : VPF9SMZAP95**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

**B. Dardarian, Thomas, S., , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 108 Ceton Ct  
 City Broomall State PA Zip Code 19008-2524  
 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 ▼ 1275.00

Date of Receipt **03 / 17 / 2017**  
**Transaction ID : VPF9SMSN295**  
 Amount of Each Receipt this Period 425.00  
 Memo Item

**C. White, Emily, Maureen, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60 E Manning St  
 City Providence State RI Zip Code 02906-4048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Providence Community Health Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 06 / 2017**  
**Transaction ID : VPF9SMQAJA5**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Tigges, Elizabeth, Jo, , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 615 Fahrney Blvd  
 City Ottumwa State IA Zip Code 52501-3264  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ottumwa Regional Health Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMZAMB5**  
 Amount of Each Receipt this Period 650.00  
 Memo Item

**B. Borders, Elizabeth, Kathleen Wilson, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1039 E Sanders Rd  
 City Shelby State NC Zip Code 28150-9253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAGH5**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

**C. Smith, Patricia, Amanda, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 738 Fontaine St  
 City Alexandria State VA Zip Code 22302-3607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) George Washington University, Medical Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 725.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMRN7J5**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Leveridge, Shannon, Lee Schauer, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3120 Grand Ave  
 City Davenport State IA Zip Code 52803-1322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Edgerton Women's Health Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAGN5**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

**B. Nelson-Moseke, Anna, Christine, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3763 N Knollwood Cir  
 City Tucson State AZ Zip Code 85750-2329  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Genesis Ob-Gyn Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAPQ5**  
 Amount of Each Receipt this Period 175.00  
 Memo Item

**C. Yelverton, Robert, Ware, , Jr, MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2821 W Fountain Blvd  
 City Tampa State FL Zip Code 33609-4011  
 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 ▼ 210.00

Date of Receipt 03 / 16 / 2017  
**Transaction ID : VPF9SMSBYW5**  
 Amount of Each Receipt this Period 70.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	570.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Smith, Patricia, Amanda, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 738 Fontaine St

City Alexandria	State VA	Zip Code 22302-3607
--------------------	-------------	------------------------

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

Name of Employer (for Individual) George Washington University, Medical	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
725.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2017

**Transaction ID : VPF9SM SH7W5**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Ogunyemi, Dotun, Adeboye, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2007 Hazel St

City Birmingham	State MI	Zip Code 48009-6825
--------------------	-------------	------------------------

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 ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2017

**Transaction ID : VPF9SM ZAFY5**

Amount of Each Receipt this Period  
175.00

Memo Item

**C. Tomich, Paul, G., , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 983255 Nebraska Medical Ctr  
Univ of Nebraska Medcl Ctr

City Omaha	State NE	Zip Code 68198-3255
---------------	-------------	------------------------

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 ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2017

**Transaction ID : VPF9SM ZAMY5**

Amount of Each Receipt this Period  
1200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1425.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Ogunyemi, Dotun, Adeboye, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2007 Hazel St  
 City Birmingham State MI Zip Code 48009-6825  
 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 ▼ 425.00

Date of Receipt 03 / 18 / 2017  
**Transaction ID : VPF9SMSTRZ5**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Burkett, Amy, Marie, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3966 Orange Wood Way  
 City Uniontown State OH Zip Code 44685-9567  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Summa Physicians Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMZAM16**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Fiebiger, Siri, Johnson, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1962 Penn Ave S  
 City Minneapolis State MN Zip Code 55405-2219  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Allina Health Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMZAQ46**  
 Amount of Each Receipt this Period 650.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 63
<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Cowling, Michele, M., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5730 Southwood Dr  
 City Bloomington State MN Zip Code 55437-1738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fairview Health Services Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAG76**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

**B. McFarren, Timothy, C., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1475 Medical Pkwy  
 City Carson City State NV Zip Code 89703-4635  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carson Medical Group Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2540.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAN76**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. Hayes, Cynthia, Robison, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1821 N 19th St  
 City Boise State ID Zip Code 83702-0708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Luke's Regional Medical Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZARA6**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3325.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Piehl, Debra, J., , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 380 Carlyle Dr

City North Liberty	State IA	Zip Code 52317-7815
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Ob-Gyn Associates, PC	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2017

**Transaction ID : VPF9SMZAGC6**

Amount of Each Receipt this Period  
650.00

Memo Item

**B. Gellhaus, Thomas, Martin, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 906 Tamarack Trl

City Iowa City	State IA	Zip Code 52245-3555
-------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Iowa	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2017

**Transaction ID : VPF9SMSBXC6**

Amount of Each Receipt this Period  
850.00

Memo Item

**C. Bakies-Life, Valerie, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2609 Black Oak Ln

City Arlington	State TX	Zip Code 76012-2829
-------------------	-------------	------------------------

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

Name of Employer (for Individual) American College of Osteopathic Obstet	Occupation (for Individual) Executive Director
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2017

**Transaction ID : VPF9SMVH2E6**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Sullivan, Scott, Allan, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3423 Colonel Vanderhorst Cir  
 MUSC-Department of Ob-Gyn  
 City Mount Pleasant State SC Zip Code 29466-8031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medical University of South Carolina Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2017  
**Transaction ID : VPF9SMZAPJ6**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item

**B. Smith, Patricia, Amanda, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 738 Fontaine St  
 City Alexandria State VA Zip Code 22302-3607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) George Washington University, Medical Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 725.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2017  
**Transaction ID : VPF9SMZAMM6**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item

**C. Banfield, Anne, Louise, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 Eastridge Dr  
 City Elkins State WV Zip Code 26241-9585  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Davis Health System Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2017  
**Transaction ID : VPF9SMVH1P6**  
 Amount of Each Receipt this Period  
 650.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 63
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	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Blea, Clarence, W., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 333 N 1st St  
 Ste 150  
 City Boise State ID Zip Code 83702-6135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Information Requested Information Requested  
 Receipt For:  Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2017  
**Transaction ID : VPF9SMZAJQ6**  
 Amount of Each Receipt this Period  
 650.00  
 Memo Item

**B. Bercaw-Pratt, Jennifer, Lyrah, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10806 Long Shadow Ln  
 City Houston State TX Zip Code 77024-6831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Baylor College of Medicine Physician  
 Receipt For:  Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2017  
**Transaction ID : VPF9SMZAAQ6**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item

**C. Burgis, Judith, T., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Medical Park Rd  
 Ste 208  
 City Columbia State SC Zip Code 29203-6839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 University of South Carolina Med Schoo Physician  
 Receipt For:  Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2017  
**Transaction ID : VPF9SMZAGS6**  
 Amount of Each Receipt this Period  
 1200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2175.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. McCullough, Deanna, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5579 Harrington Falls Ln  
 Unit 1254  
 City Alexandria State VA Zip Code 22312-2596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAMS6**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

**B. Lessard-Anderson, Collette, Rae, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2278 Star Ave S  
 City Grand Forks State ND Zip Code 58201-3477  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAJW6**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

**c. McDyer, Daniel, Charter, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3627 University Blvd S  
 Ste 340  
 City Jacksonville State FL Zip Code 32216-4294  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAGY6**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Shanahan, Moira, A., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 155 Runaround Pond Rd  
 City Durham State ME Zip Code 04222-5111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dartmouth Hitchcock Medical Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **03 / 13 / 2017**  
**Transaction ID : VPF9SMZANZ6**  
 Amount of Each Receipt this Period 1200.00  
 Memo Item

**B. Bohon, Constance, Joan, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15201 Arminio Ct  
 City Darnestown State MD Zip Code 20874-3633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Capital Women's Care Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 12 / 2017**  
**Transaction ID : VPF9SMZAK07**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. Hawkins, Tronya, N., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2348 Glebe St  
 City Carmel State IN Zip Code 46032-7272  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Vincent Health Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt **03 / 12 / 2017**  
**Transaction ID : VPF9SMZAR07**  
 Amount of Each Receipt this Period 175.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6375.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 63
<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Mass, Sharon, Brooke, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Annabelle Ln  
 City Florham Park State NJ Zip Code 07932-2719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Morristown Ob-Gyn Associates Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAN27**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

**B. Rosser, Mary, L., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32 Studio Ln  
 City Bronxville State NY Zip Code 10708-3222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Montefiore Medical Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMZAP37**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Smith, Kirsten, Michelle, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Roosevelt Way  
 City Avondale State PA Zip Code 19311-9337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Christiana Care Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMVH247**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Honebrink, Ann, L., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 Valley Rd  
 City Ardmore State PA Zip Code 19003-1511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Pittsburgh Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1225.00

Date of Receipt **03 / 12 / 2017**  
**Transaction ID : VPF9SMZAK57**  
 Amount of Each Receipt this Period 1200.00  
 Memo Item

**B. Keller, Bridget, Beth, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4248 Linden Hills Blvd  
 City Minneapolis State MN Zip Code 55410-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Park Nicollet Clinic Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **03 / 12 / 2017**  
**Transaction ID : VPF9SMZAR57**  
 Amount of Each Receipt this Period 650.00  
 Memo Item

**C. Berrubi, Guy, Ieshua, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 653-1 W 8th St Dept of Ob-Gyn  
 City Jacksonville State FL Zip Code 32209-6511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Florida Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 24 / 2017**  
**Transaction ID : VPF9SMVH077**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Levy, Barbara, S., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 70620  
 City Washington State DC Zip Code 20024-0620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ACOG Occupation (for Individual) Vice President of Advocacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMZAMA7**  
 Amount of Each Receipt this Period 650.00  
 Memo Item

**B. Mehta, Aasta, Dinesh, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1001 Towamencin Ave Apt A210  
 City Lansdale State PA Zip Code 19446-5734  
 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 ▼ 630.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMRN6G7**  
 Amount of Each Receipt this Period 210.00  
 Memo Item

**C. Matthews, Robin, D., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 39 Flat Rock Rd  
 City Waynesville State NC Zip Code 28786-7937  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Duke Lifepoint Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAGG7**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1185.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 63
<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Flowers, Coy, Alden, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1322 Maplewood Ave  
 City Ronceverte State WV Zip Code 24970-8016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Greenbriar Physicians Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMZAQJ7**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**B. Rodzak, Jeffrey, Emil, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 420 E Larkspur Ln  
 City Onalaska State WI Zip Code 54650-8303  
 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 ▼ 1200.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAGM7**  
 Amount of Each Receipt this Period 1200.00  
 Memo Item

**C. Ahlstrom, Jon, Walter, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 890 E 2600 N  
 City Logan State UT Zip Code 84341-6704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Intermountain Healthcare Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMZAHT7**  
 Amount of Each Receipt this Period 175.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1725.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Flowers, Coy, Alden, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1322 Maplewood Ave  
 City Ronceverte State WV Zip Code 24970-8016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Greenbriar Physicians Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAMX7**  
 Amount of Each Receipt this Period 650.00  
 Memo Item

**B. Glaser, Katherine, Brandee, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 64 E Oak Ave  
 City Flagstaff State AZ Zip Code 86001-1454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tuba City Regional Health Care Corp Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMZAHZ7**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

**C. Snow, Stephen, P., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4070 Scarlet Iris Pl  
 City Winter Park State FL Zip Code 32792-9412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Women's Care Florida Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAH28**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1475.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Woods, Michael, P., , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Jack Foster Dr

City Shenandoah	State IA	Zip Code 51601-4586
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Shenandoah Medical Center	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2017

**Transaction ID : VPF9SMZAG68**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B. French, Valerie, Anne, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6200 Brassie Ln

City Parkville	State MO	Zip Code 64152-4974
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Kansas	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2017

**Transaction ID : VPF9SMVH178**

Amount of Each Receipt this Period  
325.00

Memo Item

**C. Cohen, Marguerite, Patricia, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 620 SE 55th Ave

City Portland	State OR	Zip Code 97215-1818
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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 ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2017

**Transaction ID : VPF9SMVH288**

Amount of Each Receipt this Period  
1200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4025.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 63
<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Northcutt, Jeff, Edward, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1908 N 14th St  
Ste 206

City Ponca City	State OK	Zip Code 74601-2039
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Jeff E. Northcutt, M.D. PLLC	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2017

**Transaction ID : VPF9SMZAJ88**

Amount of Each Receipt this Period  
1200.00

Memo Item

**B. McDonnell, Maryanne, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19 Maple Valley Rd

City Bolton	State CT	Zip Code 06043-7659
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ob-Gyn Group of Eastern Connecticut	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2017

**Transaction ID : VPF9SMZAK98**

Amount of Each Receipt this Period  
325.00

Memo Item

**C. Jacobsen, Judith, Ann, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10010 NE 37th Ct

City Kirkland	State WA	Zip Code 98033-7877
------------------	-------------	------------------------

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 ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2017

**Transaction ID : VPF9SMZAR98**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1825.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Ostrum, Gordon, J., , Jr, MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1284 Kings Hwy  
 City Pilesgrove State NJ Zip Code 08098-2713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Women First Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAGB8**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

**B. Chervenak, Donald, Michael, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 813 Sun Valley Way  
 City Florham Park State NJ Zip Code 07932-3047  
 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 ▼ 4040.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMVH1N8**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**C. Heshmati, Nariman, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 645 Cornelia Ave  
 City Mukilteo State WA Zip Code 98275-1740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Everett Clinic Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAJP8**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2125.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. White, Connie, Gayle, , MD, MS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 203 Wilkinson St  
 City Frankfort State KY Zip Code 40601-1825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kentucky Department for Public Health Occupation (for Individual) Deputy Commissioner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMZQP8**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

**B. Stone, Dana, Gail, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1730 Huntington Ave  
 City Nichols Hills State OK Zip Code 73116-5511  
 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 ▼ 730.00

Date of Receipt 03 / 09 / 2017  
**Transaction ID : VPF9SMR4ES8**  
 Amount of Each Receipt this Period 210.00  
 Memo Item

**C. Conry, Jeanne, Ann, , MD, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8204 Cantershire Way  
 City Granite Bay State CA Zip Code 95746-9476  
 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 ▼ 1173.33

Date of Receipt 03 / 01 / 2017  
**Transaction ID : VPF9SMP9JV8**  
 Amount of Each Receipt this Period 391.11  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	926.11
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Schneider, Emily, Nicole, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5454 Uinta St

City Denver	State CO	Zip Code 80238-3824
----------------	-------------	------------------------

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

Name of Employer (for Individual) Rocky Mountain Ob-Gyn	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2017

**Transaction ID : VPF9SMZAJV8**

Amount of Each Receipt this Period  
325.00

Memo Item

**B. Hicks, Verda, Josephine, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14110 Pembroke St

City Overland Park	State KS	Zip Code 66224-4552
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Midwest Cancer Care	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2017

**Transaction ID : VPF9SMZANY8**

Amount of Each Receipt this Period  
2200.00

Memo Item

**C. Fleischman, Steven, Jay, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 148 Rimmon Rd  
Unit 6

City Woodbridge	State CT	Zip Code 06525-1916
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Ob/Gyn Menopause Physicians PC	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2017

**Transaction ID : VPF9SMZAN19**

Amount of Each Receipt this Period  
2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5025.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Harris, Karen, Eloise, , MD MPH**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2800 NW 29th St  
 City Gainesville State FL Zip Code 32605-2708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Florida Women's Physicians Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2017  
**Transaction ID : VPF9SMZAK49**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item

**B. Elfstrand, Elizabeth, Palma, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4254 Linden Hills Blvd  
 City Minneapolis State MN Zip Code 55410-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) John A. Haugen Associates, PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2017  
**Transaction ID : VPF9SMZAR49**  
 Amount of Each Receipt this Period  
 650.00  
 Memo Item

**c. Herde, Christine, Marie, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2507 South Rd  
 Mount Kisco Medical Group  
 City Poughkeepsie State NY Zip Code 12601-5458  
 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 ▼ 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2017  
**Transaction ID : VPF9SMQA559**  
 Amount of Each Receipt this Period  
 175.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Ostrum, Gordon, J., , Jr, MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1284 Kings Hwy  
 City Pilesgrove State NJ Zip Code 08098-2713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Women First Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMZAM99**  
 Amount of Each Receipt this Period 175.00  
 Memo Item

**B. Dean, Laura, A., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Highway 96 E  
 City Dellwood State MN Zip Code 55110-1408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Partners Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMVH1B9**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

**C. Cheek, Ben, H., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 231 Cascade Rd  
 City Columbus State GA Zip Code 31904-2873  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Francis Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 749.99

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMVH1G9**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Sorrentino, Myriam, Mondestin, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 213 Matchaponix Ave

City Monroe Township	State NJ	Zip Code 08831-4080
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) The Perinatal Institute	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2017

**Transaction ID : VPF9SMZAJH9**

Amount of Each Receipt this Period  
325.00

Memo Item

**B. Giles, Dobie, Lee, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4302 Goldfinch Cir

City Middleton	State WI	Zip Code 53562-5210
-------------------	-------------	------------------------

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 ▼  
418.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2017

**Transaction ID : VPF9SMS44N9**

Amount of Each Receipt this Period  
209.00

Memo Item

**C. Palmer, Robert, H., , Jr MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2331 Fairview Ave E  
Slip D

City Seattle	State WA	Zip Code 98102-3303
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Obstetrix Medical Group of Washington	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2017

**Transaction ID : VPF9SMRMDQ9**

Amount of Each Receipt this Period  
2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3034.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 56 OF 63  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. David, Laura, Jean, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5323 Meadow Wood Blvd  
 City Lyndhurst State OH Zip Code 44124-3704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University Hospitals of Cleveland Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAGR9**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Atlas, Robert, O., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 Saint Paul St  
 Mercy Medcl Ctr  
 City Baltimore State MD Zip Code 21202-2102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mercy Medical Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 13 / 2017  
**Transaction ID : VPF9SMZAHS9**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. McKinney, Gisele, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 Briarwood Dr  
 City Lake Charles State LA Zip Code 70605-1520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lake Charles Memorial Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt 03 / 12 / 2017  
**Transaction ID : VPF9SMZAPT9**  
 Amount of Each Receipt this Period 650.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5950.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 63
	<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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Slate, Garrick, James, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 2718

City Bangor	State ME	Zip Code 04402-2718
----------------	-------------	------------------------

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

Name of Employer (for Individual) Eastern Maine Medical Center	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
690.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2017

**Transaction ID : VPF9SMYCPV9**

Amount of Each Receipt this Period  
40.00

Memo Item

**B. Patterson, Brandy, Rene, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4611 Pine Cone Ln

City Belden	State MS	Zip Code 38826-6001
----------------	-------------	------------------------

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

Name of Employer (for Individual) OBGYN Associates, PA	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5040.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2017

**Transaction ID : VPF9SMZAHY9**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. Marotz, Robert, J., , DO**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12640 S 34th PI

City Phoenix	State AZ	Zip Code 85044-3527
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Gila River Health Care	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2017

**Transaction ID : VPF9SMZAJZ9**

Amount of Each Receipt this Period  
325.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5365.00
<b>TOTAL</b> This Period (last page this line number only).....	108191.77

**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)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial)

**A. Sage Payment Solutions**

Mailing Address 1750 Old Meadow Rd

City  
Mc Lean

State  
VA

Zip Code  
22102-4327

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	2			2	0	1	7		

FEC Identification Number

**C** [Redacted]  
**Transaction ID : VPEAHA544F**  
Amount of Each Disbursement this Period  
[Redacted] 316.88

Memo Item

Full Name (Last, First, Middle Initial)

**B. First Data**

Mailing Address 5565 Glenridge Connector NE  
Ste 2000

City  
Atlanta

State  
GA

Zip Code  
30342-1651

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	1	7		

FEC Identification Number

**C** [Redacted]  
**Transaction ID : VPEAHA54V2**  
Amount of Each Disbursement this Period  
[Redacted] 1425.48

Memo Item

Full Name (Last, First, Middle Initial)

**C. First Data**

Mailing Address 5565 Glenridge Connector NE  
Ste 2000

City  
Atlanta

State  
GA

Zip Code  
30342-1651

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	1	7		

FEC Identification Number

**C** [Redacted]  
**Transaction ID : VPEAHA544I**  
Amount of Each Disbursement this Period  
[Redacted] 736.31

Memo Item

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

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

2	4	7	8	.	6	7
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2	4	7	8	.	6	7
---	---	---	---	---	---	---

**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)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial)

**A. Healthcare Freedom Fund**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2017

Mailing Address PO Box 2485

FEC Identification Number

C	C00528414
---	-----------

City Springfield State VA Zip Code 22152-0485

**Transaction ID : VPEAHA50Q!**

Purpose of Disbursement Federal Contribution

Amount of Each Disbursement this Period

Candidate Name

**Healthcare Freedom Fund**

Category/Type

5000.00
---------

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

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. Courtney For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2017

Mailing Address PO Box 1372

FEC Identification Number

C	C00410233
---	-----------

City Vernon State CT Zip Code 06066-7372

**Transaction ID : VPEAHA50PV**

Purpose of Disbursement Federal Contribution

Amount of Each Disbursement this Period

Candidate Name

**COURTNEY, JOSEPH D, , ,**

Category/Type

1000.00
---------

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

Memo Item

State: CT District: 02

Full Name (Last, First, Middle Initial)

**C. NRCC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		08		2017

Mailing Address 320 1st St SE

FEC Identification Number

C	C00075820
---	-----------

City Washington State DC Zip Code 20003-1838

**Transaction ID : VPEAHA4YS**

Purpose of Disbursement Federal Contribution

Amount of Each Disbursement this Period

Candidate Name

**NRCC**

Category/Type

15000.00
----------

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

Memo Item

State: District:

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

21000.00
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**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)  
**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial) <b>A. Stivers For Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2017
Mailing Address 4679 Winterset Dr		FEC Identification Number C 00441352 <b>Transaction ID : VPEAHA51W</b> Amount of Each Disbursement this Period 2500.00
City Columbus	State OH	Zip Code 43220-8113
Purpose of Disbursement Contribution to Federal Committee		Category/Type
Candidate Name <b>STIVERS, STEVE MR., , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: OH	District: 15	

Full Name (Last, First, Middle Initial) <b>B. Louise Slaughter Re-Election Committee</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2017
Mailing Address PO Box 30632		FEC Identification Number C 00213611 <b>Transaction ID : VPEAHA51W</b> Amount of Each Disbursement this Period 5000.00
City Rochester	State NY	Zip Code 14603-0632
Purpose of Disbursement Contribution to Federal Committee		Category/Type
Candidate Name <b>Slaughter, Louise M, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: NY	District: 25	

Full Name (Last, First, Middle Initial) <b>C. Lisa Murkowski For US Senate</b>		Date of Disbursement MM / DD / YYYY 03 / 27 / 2017
Mailing Address PO Box 100847		FEC Identification Number C 00384529 <b>Transaction ID : VPEAHA50P</b> Amount of Each Disbursement this Period 2500.00
City Anchorage	State AK	Zip Code 99510-0847
Purpose of Disbursement Federal Contribution		Category/Type
Candidate Name <b>Murkowski, Lisa, , ,</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: AK	District: 00	

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

10000.00

**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)  
**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial)  
**A. Diana DeGette For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2017

Mailing Address PO Box 61337

FEC Identification Number

C	C00311639
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**Transaction ID : VPEAHA50Q**  
Amount of Each Disbursement this Period

1000.00
---------

Memo Item

City Denver State CO Zip Code 80206-8337

Purpose of Disbursement  
Federal Contribution

Candidate Name  
**DEGETTE, DIANA, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: CO District: 01

Full Name (Last, First, Middle Initial)  
**B. Schakowsky For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		28		2017

Mailing Address PO Box 5130

FEC Identification Number

C	C00327023
---	-----------

**Transaction ID : VPEAHA50VE**  
Amount of Each Disbursement this Period

2500.00
---------

Memo Item

City Evanston State IL Zip Code 60204-5130

Purpose of Disbursement  
Federal Contribution

Candidate Name  
**SCHAKOWSKY, JANICE D, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: IL District: 09

Full Name (Last, First, Middle Initial)  
**C. Jimmy Panetta for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2017

Mailing Address PO Box 1579

FEC Identification Number

C	C00592154
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**Transaction ID : VPEAHA51W**  
Amount of Each Disbursement this Period

1000.00
---------

Memo Item

City Carmel Valley State CA Zip Code 93924-1579

Purpose of Disbursement  
Contribution to Federal Committee

Candidate Name  
**Panetta, Jimmy, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: CA District: 20

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

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

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**American Congress of Obstetricians & Gynecologists PAC**

**A. Kuster For Congress, Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1498

City Concord State NH Zip Code 03302-1498

Purpose of Disbursement Federal Contribution

Candidate Name **KUSTER, ANN MCLANE, , ,**

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

State: NH District: 02

Date of Disbursement: 03 / 27 / 2017

FEC Identification Number: **C00462861**  
Transaction ID : **VPEAHA50P**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Tim Scott for Senate**

Full Name (Last, First, Middle Initial)  
Mailing Address 1405 Ashley River Rd

City Charleston State SC Zip Code 29407-5305

Purpose of Disbursement Federal Contribution

Candidate Name **SCOTT, TIMOTHY E, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: SC District: 00

Date of Disbursement: 03 / 27 / 2017

FEC Identification Number: **C00540302**  
Transaction ID : **VPEAHA50Qf**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Heller for Senate**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137-1907

Purpose of Disbursement Federal Contribution

Candidate Name **HELLER, DEAN, , ,**

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

State: NV District: 00

Date of Disbursement: 03 / 30 / 2017

FEC Identification Number: **C00494229**  
Transaction ID : **VPEAHA512**  
Amount of Each Disbursement this Period: 1500.00

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)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial)

**A. Charlie Dent For Congress**

Mailing Address PO Box 442

City  
Allentown

State  
PA

Zip Code  
18105-0442

Purpose of Disbursement  
Federal Contribution

Candidate Name

**DENT, CHARLES, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	1	7

FEC Identification Number

**C** C00386847

**Transaction ID : VPEAHA50V/**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Democratic Congressional Campaign Committee**

Mailing Address 430 S Capitol St SE  
FI 2

City  
Washington

State  
DC

Zip Code  
20003-4024

Purpose of Disbursement  
Contribution to Federal Committee

Candidate Name

**Democratic Congressional Campaign Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	7

FEC Identification Number

**C** C00000935

**Transaction ID : VPEAHA51W/**

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Pallone For Congress**

Mailing Address PO Box 3176

City  
Long Branch

State  
NJ

Zip Code  
07740-3176

Purpose of Disbursement  
Federal Contribution

Candidate Name

**PALLONE, FRANK JR, , , Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	7

FEC Identification Number

**C** C00226928

**Transaction ID : VPEAHA50P**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

18500.00

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

57500.00