

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

ADDRESS (number and street) 409 12TH STREET, SW
Check if different than previously reported. (ACC) WASHINGTON DC 20024

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

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

5. Covering Period 04 / 01 / 2016 through 04 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MARY SCHILLING

Signature of Treasurer MARY SCHILLING [Electronically Filed] Date 05 / 11 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="324208.25"/>	<input type="text" value="324208.25"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="384042.94"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="38577.77"/>	<input type="text" value="261580.74"/>
(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="422620.71"/>	<input type="text" value="585788.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11434.01"/>	<input type="text" value="174602.29"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="411186.70"/>	<input type="text" value="411186.70"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	22746.44	189388.09
(ii) Unitemized	15831.33	72192.65
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	38577.77	261580.74
(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)	38577.77	261580.74
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))..... ▶	38577.77	261580.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	38577.77	261580.74

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	1434.01	6377.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1434.01	6377.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	167000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1225.00
(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	1225.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11434.01	174602.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11434.01	174602.29

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	38577.77	261580.74
34. Total Contribution Refunds (from Line 28(d))	0.00	1225.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38577.77	260355.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1434.01	6377.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1434.01	6377.29

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. THOMAS L. ALDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3664 EDINBOROUGH DRIVE
 City ROCHESTER HILLS State MI Zip Code 48306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MCLAREN WOMEN'S HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 24 / 2016
Transaction ID : SA11AI.32439
 Amount of Each Receipt this Period 100.00
 Memo Item

B. THOMAS F. ARNOLD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2500 FAIRWAY STREET
 City DICKINSON State ND Zip Code 58601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CATHOLIC HEALTH INITIATIVES Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 04 / 06 / 2016
Transaction ID : SA11AI.32115
 Amount of Each Receipt this Period 625.00
 Memo Item

C. CATHERINE BERNARDINI
 Full Name (Last, First, Middle Initial)
 Mailing Address 804 ROCK AVON ROAD
 City NARBERTH State PA Zip Code 19072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MAIN LINE WOMEN'S HEALTHCARE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 20 / 2016
Transaction ID : SA11AI.32375
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. WILLIAM D. BINDER
Full Name (Last, First, Middle Initial)

Mailing Address 6417 PROVINCE LANE

City State Zip Code
BATON ROUGE LA 70808

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

Name of Employer Occupation
LOUISIANA WOMEN'S HEALTHCARE PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 18 / 2016
Transaction ID : SA11AI.32131

Amount of Each Receipt this Period
500.00

Memo Item

B. KEITH R. BRILL
Full Name (Last, First, Middle Initial)

Mailing Address 5502 SOUTH FORT APACHE ROAD

City State Zip Code
LAS VEGAS NV 89148

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

Name of Employer Occupation
WOMEN'S SPECIALTY CARE PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 18 / 2016
Transaction ID : SA11AI.32367

Amount of Each Receipt this Period
65.00

Memo Item

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

Mailing Address P.O. BOX 99847

City State Zip Code
PITTSBURGH PA 15233

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

Name of Employer Occupation
AMARA CONCIERGE PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 20 / 2016
Transaction ID : SA11AI.32376

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1065.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DAVID M. BURKONS
Full Name (Last, First, Middle Initial)

Mailing Address 21249 SOUTH WOODLAND ROAD

City State Zip Code
SHAKER HEIGHTS OH 49122

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 27 / 2016

Transaction ID : SA11AI.32401

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 375 CODDINGTON ROAD

City State Zip Code
COUPEVILLE WA 98239

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

Name of Employer Occupation
WHIDBY HEALTH PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11AI.32335

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 231 CASCADE ROAD

City State Zip Code
COLUMBUS GA 31904

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

Name of Employer Occupation
ST. FRANCIS HOSPITAL PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1833.32

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 12 / 2016

Transaction ID : SA11AI.32160

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	583.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. NANCY C. CHESCHEIR
 Full Name (Last, First, Middle Initial)
 Mailing Address 441 LYSTRA ESTATES DRIVE
 City CHAPEL HILL State NC Zip Code 27517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF NORTH CAROLINA Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 27 / 2016**
Transaction ID : SA11AI.32402
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. DAVID M. COMPTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1120 HUFFMAN ROAD
 City ANCHORAGE State AK Zip Code 99515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer YUKON-KUSKOKWIM HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 22 / 2016**
Transaction ID : SA11AI.32445
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. JEANNE A. CONRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 8204 CANTERSHIRE WAY
 City GRANITE BAY State CA Zip Code 95746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KAISER PERMANENTE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1871.10**

Date of Receipt **04 / 01 / 2016**
Transaction ID : SA11AI.32127
 Amount of Each Receipt this Period **391.11**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	891.11
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. STELLA DANTAS
Full Name (Last, First, Middle Initial)

Mailing Address 6906 SOUTHWEST WINDEMERE LOOP

City PORTLAND	State OR	Zip Code 97225
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FEC ID number of contributing federal political committee. **C**

Name of Employer NORTHWEST PERMANENTE	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
626.33

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	16	/	2016

Transaction ID : SA11AI.32353

Amount of Each Receipt this Period
209.00

Memo Item

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

Mailing Address 108 CETON COURT

City BROOMAIL	State PA	Zip Code 19008
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FEC ID number of contributing federal political committee. **C**

Name of Employer MAIN LINE WOMEN'S HEALTH CARE	Occupation PHYSICIAN
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	17	/	2016

Transaction ID : SA11AI.32365

Amount of Each Receipt this Period
210.00

Memo Item

C. RAYMON E. DARLING
Full Name (Last, First, Middle Initial)

Mailing Address 809 WHISPER FALLS LANE

City MENASHA	State WI	Zip Code 54952
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	11	/	2016

Transaction ID : SA11AI.32112

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	669.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MARK S. DEFRANCESCO
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 TERRELL FARM PLACE
 City CHESHIRE State CT Zip Code 06410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WOMEN'S HEALTH CONNECTICUT Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 21 / 2016
Transaction ID : SA11AI.32456
 Amount of Each Receipt this Period 500.00
 Memo Item

B. JOHN B. DEKEYSER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2259 ST. ELIAS DRIVE
 City ANCHORAGE State AK Zip Code 99517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 18 / 2016
Transaction ID : SA11AI.32134
 Amount of Each Receipt this Period 250.00
 Memo Item

C. JAMES E. DELMORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9471 CROSS CREEK CIRCLE
 City WICHITA State KS Zip Code 67206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSOCIATES IN WOMEN'S HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 11 / 2016
Transaction ID : SA11AI.32113
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. NATHANIEL DENICOLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2218 MANNING STREET
 City PHILADELPHIA State PA Zip Code 19103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF PENNSYLVANIA Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1668.00**

Date of Receipt **04 / 16 / 2016**
Transaction ID : SA11AI.32354
 Amount of Each Receipt this Period **417.00**
 Memo Item

B. GARY W. DEVANE
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 EAST SWOOPE AVENUE
 City WINTER PARK State FL Zip Code 32789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 26 / 2016**
Transaction ID : SA11AI.32416
 Amount of Each Receipt this Period **1000.00**
 Memo Item

C. ANNE M. DOBRZYNSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 6017 MASONDALE ROAD
 City ALEXANDRIA State VA Zip Code 22315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CAPITAL WOMEN'S CARE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 22 / 2016**
Transaction ID : SA11AI.32446
 Amount of Each Receipt this Period **300.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1717.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DAVID W. DOTY
Full Name (Last, First, Middle Initial)

Mailing Address 13004 SHAMUS COURT

City LOUISVILLE State KY Zip Code 40299

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

Name of Employer ANTHEM HEALTH Occupation MEDICAL DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2016

Transaction ID : SA11AI.32417

Amount of Each Receipt this Period
 250.00

Memo Item

B. STEVEN FLEISCHMAN
Full Name (Last, First, Middle Initial)

Mailing Address 148 RIMMON ROAD

City WOODBRIDGE State CT Zip Code 06525

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

Name of Employer OB/GYN & MENOPAUSE PHYSICIANS Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2016

Transaction ID : SA11AI.32457

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 890 WEST FARIS ROAD

City GREENVILLE State SC Zip Code 29605

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

Name of Employer GREENVILLE HEALTH SYSTEM Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : SA11AI.32447

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. PAMELA GALLUP GAUDRY
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 2805
 City TYBEE ISLAND State GA Zip Code 31328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEMORIAL HEALTH MEDICAL CENTER PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 04 / 24 / 2016
Transaction ID : SA11AI.32440
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. DOBIE GILES
 Full Name (Last, First, Middle Initial)
 Mailing Address 4302 GOLDFINCH CIRCLE
 City MIDDLETON State WI Zip Code 53562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNIVERSITY OF WISCONSIN PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 418.00

Date of Receipt
 04 / 16 / 2016
Transaction ID : SA11AI.32355
 Amount of Each Receipt this Period
 209.00
 Memo Item

C. LESLIE J. GRAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4172 CAMINO ALEGRE
 City LA MESA State CA Zip Code 91941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SHARP, REES- STEALY MEDICAL PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 04 / 26 / 2016
Transaction ID : SA11AI.32420
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 709.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. PRATIMA GUPTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 552 PAGE STREET
 City SAN FRANCISCO State CA Zip Code 94117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer REPRODUCTIVE HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **215.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2016
Transaction ID : SA11AI.32326
 Amount of Each Receipt this Period
 175.00
 Memo Item

B. CHRISTINE M. HERDE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2507 SOUTH ROAD
 City POUGHKEEPSIE State NY Zip Code 12601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CAREMOUNT MEDICAL GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **510.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2016
Transaction ID : SA11AI.32123
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. WILLIAM A. HOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1020 RIVER OAKS DRIVE
 City FLOWOOD State MS Zip Code 39232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2016
Transaction ID : SA11AI.32380
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ROBERT T. HOWARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 319 BAYVIEW ROAD
 City NOBLEBORO State ME Zip Code 04555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MILES MEMORIAL HOSPITAL Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 04 / 27 / 2016
Transaction ID : SA11AI.32406
 Amount of Each Receipt this Period 250.00
 Memo Item

B. DAPHNE L. JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1755 DECATUR AVENUE
 City FLORENCE State AL Zip Code 35630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTH ALABAMA OB/GYN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 300.00

Date of Receipt 04 / 26 / 2016
Transaction ID : SA11AI.32422
 Amount of Each Receipt this Period 300.00
 Memo Item

C. ANNE H. KALTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 LAUREL LANE
 City DURHAM State NH Zip Code 03824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GYNECOLOGY & INFERTILITY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 04 / 13 / 2016
Transaction ID : SA11AI.32189
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. CAROLINE A. KAUFMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 SAN MARCOS STREET
 City AUSTIN State TX Zip Code 78702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AUSTIN REGIONAL CLINIC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **315.00**

Date of Receipt **04 / 14 / 2016**
Transaction ID : SA11AI.32328
 Amount of Each Receipt this Period **50.00**
 Memo Item

B. KATHRYN J. KOSTIC
 Full Name (Last, First, Middle Initial)
 Mailing Address 4423 WEST COUNTRY VIEW DRIVE
 City MEQUON State WI Zip Code 53092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AURORA ADVANCED HEALTHCARE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 26 / 2016**
Transaction ID : SA11AI.32424
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. MARK M. LEDUC
 Full Name (Last, First, Middle Initial)
 Mailing Address 5608 LAKEVIEW DRIVE
 City CLEAR LAKE State IA Zip Code 50428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MERCY MEDICAL CENTER Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 20 / 2016**
Transaction ID : SA11AI.32383
 Amount of Each Receipt this Period **250.00**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. BERNARD LYNCH
Full Name (Last, First, Middle Initial)

Mailing Address 507 SABINE STREET

City AUSTIN State TX Zip Code 78701

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

Name of Employer AUSTIN REGIONAL CLINIC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2016
Transaction ID : SA11AI.32553

Amount of Each Receipt this Period
 40.00

Memo Item

B. G. SEALY MASSINGILL
Full Name (Last, First, Middle Initial)

Mailing Address 3887 SOUTH HILLS CIRCLE

City FORT WORTH State TX Zip Code 76109

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

Name of Employer UNIVERSITY OF NORTH TEXAS Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : SA11AI.32332

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address P.O. BOX 157

City CORONA DEL MAR State CA Zip Code 92625

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

Name of Employer OB HOSPITALIST GROUP Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2016
Transaction ID : SA11AI.32117

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1040.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. SAMANTHA L. MEDINA
 Full Name (Last, First, Middle Initial)
 Mailing Address 22007 NORTH 36TH WAY
 City PHOENIX State AZ Zip Code 85050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BANNER MEDICAL GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 04 / 26 / 2016
Transaction ID : SA11AI.32427
 Amount of Each Receipt this Period 250.00
 Memo Item

B. AASTA MEHTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 TOWAMENCIN AVENUE
 City LANSDALE State PA Zip Code 19446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LEHIGH VALLEY PHYSICIAN GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 840.00

Date of Receipt 04 / 12 / 2016
Transaction ID : SA11AI.32169
 Amount of Each Receipt this Period 210.00
 Memo Item

C. SARA H. MURPHY
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 WOODED VIEW DRIVE
 City LOS GATOS State CA Zip Code 95032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KAISER PERMANENTE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 04 / 27 / 2016
Transaction ID : SA11AI.32408
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 710.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. LAURENCE H. NACE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 8TH AVENUE NORTHWEST
 City AUSTIN State MN Zip Code 55912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : SA11AI.32342
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. DUNCAN R. NEILSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 17506 SOUTHEAST WALTA VISTA DRIVE
 City MILWAUKEE State OR Zip Code 97267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LEGACY HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016
Transaction ID : SA11AI.32448
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. ROBERT W. PHILLIPS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6061 WEST ROSE GARDEN LANE
 City GLENDALE State AZ Zip Code 85308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DESERT WEST OB/GYN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2016
Transaction ID : SA11AI.32370
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 4103 EDGEVALE COURT

City CHEVY CHASE State MD Zip Code 20815

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

Name of Employer CAPITAL WOMEN'S CARE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **825.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2016

Transaction ID : SA11AI.32442

Amount of Each Receipt this Period
250.00

Memo Item

B. DOUGLAS E. PUGMIRE
Full Name (Last, First, Middle Initial)

Mailing Address 4321 FRUITBELT LANE

City WILLIAMSTON State MI Zip Code 48895

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

Name of Employer CRITTENTON MEDICAL CENTER Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 20 / 2016

Transaction ID : SA11AI.32385

Amount of Each Receipt this Period
1000.00

Memo Item

C. HOLLY S. PURITZ
Full Name (Last, First, Middle Initial)

Mailing Address 7940 NORTH SHORE ROAD

City NORFOLK State VA Zip Code 23505

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

Name of Employer THE GROUP FOR WOMEN Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **836.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 07 / 2016

Transaction ID : SA11AI.32147

Amount of Each Receipt this Period
209.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1459.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. MAURA P. QUINLAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 BREWSTER AVENUE
 City LA GRANGE PARK State IL Zip Code 60926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTHWESTERN HOSPITAL Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 22 / 2016**
Transaction ID : SA11AI.32449
 Amount of Each Receipt this Period **300.00**
 Memo Item

B. STEVEN W. REMMENGA
 Full Name (Last, First, Middle Initial)
 Mailing Address 16995 PRINCETON ROAD
 City ADAMS State NE Zip Code 68301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF NEBRASKA Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **836.00**

Date of Receipt **04 / 17 / 2016**
Transaction ID : SA11AI.32366
 Amount of Each Receipt this Period **209.00**
 Memo Item

C. MADELAINE O. ROSCHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 11303 SCHUYLKILL ROAD
 City ROCKVILLE State MD Zip Code 20852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KAISER PERMANENTE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **04 / 26 / 2016**
Transaction ID : SA11AI.32431
 Amount of Each Receipt this Period **200.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	709.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MARY L. ROSSER
Full Name (Last, First, Middle Initial)

Mailing Address 32 STUDIO LANE

City BRONXVILLE State NY Zip Code 10708

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

Name of Employer MONTEFIORE MEDICAL CENTER Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : SA11AI.32450

Amount of Each Receipt this Period
 500.00

Memo Item

B. TONYA H. SHEPPARD
Full Name (Last, First, Middle Initial)

Mailing Address 3808 PLACID DRIVE

City MONROE State LA Zip Code 71201

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

Name of Employer THE WOMEN'S CLINIC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2016

Transaction ID : SA11AI.32409

Amount of Each Receipt this Period
 300.00

Memo Item

C. NAZEEMA Y. SIDDIQUI
Full Name (Last, First, Middle Initial)

Mailing Address 4324 SWARTHMORE ROAD

City DURHAM State NC Zip Code 21107

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

Name of Employer DUKE UNIVERSITY MEDICAL CENTER Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : SA11AI.32347

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. HUGH D. SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 1020 WEST GORDON STREET

City THOMASTON	State GA	Zip Code 30286
-------------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2016

Transaction ID : SA11AI.32387

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 738 FONTAINE STREET

City ALEXANDRIA	State VA	Zip Code 22302
--------------------	-------------	-------------------

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

Name of Employer GWU MEDICAL FACULTY ASSOCIATES	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2016

Transaction ID : SA11AI.32362

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 428 9TH STREET

City NEENAH	State WI	Zip Code 54956
----------------	-------------	-------------------

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

Name of Employer FOX VALLEY PERINATOLOGY	Occupation PHYSICIAN
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : SA11AI.32452

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 25 OF 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. DANA G. STONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1730 HUNTINGTON AVENUE
 City OKLAHOMA CITY State OK Zip Code 73116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 04 / 09 / 2016
Transaction ID : SA11AI.32149
 Amount of Each Receipt this Period 210.00
 Memo Item

B. SCOTT A. SULLIVAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3423 COLONEL VANDERHORST CIRCLE
 City MT. PLEASANT State SC Zip Code 29466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDICAL UNIVERSITY OF SC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2365.00

Date of Receipt 04 / 18 / 2016
Transaction ID : SA11AI.32144
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. JAMES E. SUMNERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 9691 SUMMERLAKES DRIVE
 City CARMEL State IN Zip Code 46032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST. VINCENT WOMEN'S HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 22 / 2016
Transaction ID : SA11AI.32453
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3210.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. JANICE TILDON-BURTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1700 TALLEY ROAD
 City WILMINGTON State DE Zip Code 19803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **836.00**

Date of Receipt **04 / 08 / 2016**
Transaction ID : SA11AI.32148
 Amount of Each Receipt this Period **209.00**
 Memo Item

B. TONY S. WEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 15510 TURTLE OAK COURT
 City HOUSTON State TX Zip Code 77059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF TEXAS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 22 / 2016**
Transaction ID : SA11AI.32454
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. EMILY M. WHITE
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 EAST MANNING STREET
 City PROVIDENCE State RI Zip Code 02906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROVIDENCE COMMUNITY HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 06 / 2016**
Transaction ID : SA11AI.32121
 Amount of Each Receipt this Period **100.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	809.00
TOTAL This Period (last page this line number only).....	22746.44

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. FIRST NATIONAL MERCHANT SOLUTIONS

Mailing Address 1620 DODGE STREET

City OMAHA State NE Zip Code 68197

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 05 / 2016

Transaction ID : SB21B.32066

Amount of Each Disbursement this Period

99.84

Memo Item

Full Name (Last, First, Middle Initial)

B. SAGE PAYMENT SOLUTIONS

Mailing Address 1750 OLD MEADOW ROAD

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 04 / 2016

Transaction ID : SB21B.32067

Amount of Each Disbursement this Period

1306.67

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

1406.51

1406.51

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. AMI BERA FOR CONGRESS

Mailing Address P.O. BOX 582496

City State Zip Code
ELK GROVE CA 95758

Purpose of Disbursement
CONTRIBUTION

Candidate Name

AMERISH BERA

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY
04 / 18 / 2016

Transaction ID : SB23.32265

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BUCSHON FOR CONGRESS

Mailing Address P.O. BOX 250

City State Zip Code
NEWBURGH IN 47629

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LARRY D. BUCSHON

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

MM / DD / YYYY
04 / 18 / 2016

Transaction ID : SB23.32266

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CHARLIE DENT FOR CONGRESS

Mailing Address P.O. BOX 442

City State Zip Code
ALLENTOWN PA 18105

Purpose of Disbursement
CONTRIBUTION

Candidate Name

CHARLES W. DENT

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2016

Transaction ID : SB23.32390

Amount of Each Disbursement this Period

1500.00

Memo Item

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. DR. RAUL RUIZ FOR CONGRESS

Mailing Address P.O. BOX 3433

City PALM DESERT State CA Zip Code 92261

Purpose of Disbursement
CONTRIBUTION

Candidate Name
RAUL RUIZ

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 18 / 2016

Transaction ID : SB23.32267

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JOSELINE PENA-MELNYK FOR CONGRESS

Mailing Address P.O. BOX 5785

City HYATTSVILLE State MD Zip Code 20782

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JOSELINE A. PENA-MELNYK

Office Sought: House
 Senate
 President
State: MD District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 19 / 2016

Transaction ID : SB23.32264

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

5000.00

10000.00