

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 WASHINGTON DC 20024

2. FEC IDENTIFICATION NUMBER C C00364158 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / 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 2016 through 03 31 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 04 12 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="315578.21"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="162921.77"/>	<input type="text" value="223002.97"/>
(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="478499.98"/>	<input type="text" value="547211.22"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="94457.04"/>	<input type="text" value="163168.28"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="384042.94"/>	<input type="text" value="384042.94"/>
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).....	144236.44	166641.65
(ii) Unitemized	18685.33	56361.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	162921.77	223002.97
(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)	162921.77	223002.97
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))..... ▶	162921.77	223002.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	162921.77	223002.97

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	3832.04	4943.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3832.04	4943.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	90000.00	157000.00
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	625.00	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)).....	625.00	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)) ..	94457.04	163168.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	94457.04	163168.28

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)	162921.77	223002.97
34. Total Contribution Refunds (from Line 28(d))	625.00	1225.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	162296.77	221777.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3832.04	4943.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3832.04	4943.28

**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 80
<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. ILANA B. ADDIS
Full Name (Last, First, Middle Initial)

Mailing Address 629 NORTH WILSON AVENUE

City TUCSON	State AZ	Zip Code 85719
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FEC ID number of contributing federal political committee. **C**

Name of Employer UNIVERSITY OF ARIZONA	Occupation PHYSICIAN
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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	/	06	/	2016

Transaction ID : SA11AI.31496

Amount of Each Receipt this Period
650.00

Memo Item

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

Mailing Address 3664 EDINBOROUGH DRIVE

City ROCHESTER HILLS	State MI	Zip Code 48306
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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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2016

Transaction ID : SA11AI.32017

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 2619 SHERWOOD AVENUE

City CHARLOTTE	State NC	Zip Code 28207
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FEC ID number of contributing federal political committee. **C**

Name of Employer NOVANT HEALTH	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2016

Transaction ID : SA11AI.31499

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 7 OF 80
	<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. JOHN R. ALLBERT
 Full Name (Last, First, Middle Initial)
 Mailing Address 2619 SHERWOOD AVENUE
 City CHARLOTTE State NC Zip Code 28207
 FEC ID number of contributing federal political committee. C
 Name of Employer NOVANT HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 07 / 2016
Transaction ID : SA11AI.31684
 Amount of Each Receipt this Period 500.00
 Memo Item

B. MATTHEW T. ALLSWEDE
 Full Name (Last, First, Middle Initial)
 Mailing Address 640 OAKWOOD DRIVE
 City EAST LANSING State MI Zip Code 48823
 FEC ID number of contributing federal political committee. C
 Name of Employer SPARROW HEALTH SYSTEM Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 07 / 2016
Transaction ID : SA11AI.31685
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. THADDEUS L. ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2350 SIMPSON STREET
 City DUBUQUE State IA Zip Code 52003
 FEC ID number of contributing federal political committee. C
 Name of Employer DUBUQUE OB/GYN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1200.00

Date of Receipt 03 / 06 / 2016
Transaction ID : SA11AI.31501
 Amount of Each Receipt this Period 1200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2700.00
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 8 OF 80
(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. TAMIKA C. AUGUSTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 IRVING STREET, NW
 City WASHINGTON State DC Zip Code 20010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDSTAR HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 18 / 2016
Transaction ID : SA11AI.31989
 Amount of Each Receipt this Period 200.00
 Memo Item

B. ANNE L. BANFIELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 EASTRIDGE DRIVE
 City ELKINS State WV Zip Code 26241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DAVIS HEALTH SYSTEM Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 17 / 2016
Transaction ID : SA11AI.31369
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. GEORGE T. BARKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 689 NORTHWEST JASON COURT
 City MCMINNVILLE State OR Zip Code 97128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 28 / 2016
Transaction ID : SA11AI.31828
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1450.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 80
	<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. JULIA E. BARNES
Full Name (Last, First, Middle Initial)

Mailing Address 19794 WILDWOOD DRIVE

City WEST LINN State OR Zip Code 97068

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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016
Transaction ID : SA11AI.31504

Amount of Each Receipt this Period
 650.00

Memo Item

B. GORDON BATES
Full Name (Last, First, Middle Initial)

Mailing Address 1254 BUCKHEAD CIRCLE

City BIRMINGHAM State AL Zip Code 35216

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

Name of Employer UNIVERSITY OF ALABAMA Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2016
Transaction ID : SA11AI.31686

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address 2172 PINON CIRCLE

City ERIE State CO Zip Code 80516

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

Name of Employer THE WOMEN'S HEALTH GROUP Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2016
Transaction ID : SA11AI.31985

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 80
	<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. GUY I. BENRUBI
 Full Name (Last, First, Middle Initial)
 Mailing Address 655 WEST 8TH STREET
 City JACKSONVILLE State FL Zip Code 32209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF FLORIDA Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2016
Transaction ID : SA11AI.31370
 Amount of Each Receipt this Period
 5000.00
 Memo Item

B. VASHALI BHARGAVA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1206 NORTH LAFAYETTE
 City ROYAL OAK State MI Zip Code 48067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BEAUMONT HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2016
Transaction ID : SA11AI.31505
 Amount of Each Receipt this Period
 325.00
 Memo Item

C. SHERRY L. BLUMENTHAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 911 FRASER ROAD
 City GLENSIDE State PA Zip Code 19038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2016
Transaction ID : SA11AI.31506
 Amount of Each Receipt this Period
 325.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5650.00
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 80
	<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. CONSTANCE J. BOHON
 Full Name (Last, First, Middle Initial)
 Mailing Address 15201 ARMINIO COURT
 City DARNESTOWN State MD Zip Code 20824
 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 ▼ 5000.00

Date of Receipt 03 / 06 / 2016
Transaction ID : SA11AI.31507
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. LEONARD A. BRABSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 939 EMERALD AVENUE
 City KNOXVILLE State TN Zip Code 37917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENNOVA HEALTHCARE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 03 / 12 / 2016
Transaction ID : SA11AI.31326
 Amount of Each Receipt this Period 625.00
 Memo Item

C. CYNTHIA A. BRINGAT
 Full Name (Last, First, Middle Initial)
 Mailing Address 308 NORTH KENILWORTH
 City OAK PARK State IL Zip Code 60302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LOYOLA UNIVERSITY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 03 / 2016
Transaction ID : SA11AI.31358
 Amount of Each Receipt this Period 350.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5975.00
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 80
	<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. ERIN C. BROUSSEAU
 Full Name (Last, First, Middle Initial)
 Mailing Address 85 STRATHMORE ROAD
 City CRANSTON State RI Zip Code 02905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WOMEN & INFANTS HOSPITAL Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016
Transaction ID : SA11AI.31508
 Amount of Each Receipt this Period
 600.00
 Memo Item

B. HAYWOOD L. BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 10113 BARNHART WAY
 City RALEIGH State NC Zip Code 27617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DUKE UNIVERSITY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016
Transaction ID : SA11AI.31509
 Amount of Each Receipt this Period
 1200.00
 Memo Item

C. COLETTE BROWN-GRAHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 1773 CLYDESDALE DRIVE
 City LOXAHATCHEE State FL Zip Code 33470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COMPLETE HEALTHCARE FOR WOMEN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016
Transaction ID : SA11AI.31512
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2050.00
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 80
	<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. KRISTEN E. CAIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2107 WESTGATE DRIVE
 City HAWLEY State MN Zip Code 56549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SANFORD HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2016
Transaction ID : SA11AI.31515
 Amount of Each Receipt this Period
 325.00
 Memo Item

B. BEN H. CHEEK
 Full Name (Last, First, Middle Initial)
 Mailing Address 231 CASCADE ROAD
 City COLUMBUS State GA Zip Code 31904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST. FRANCIS HOSPITAL Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.66

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2016
Transaction ID : SA11AI.31520
 Amount of Each Receipt this Period
 1500.00
 Memo Item

C. BEN H. CHEEK
 Full Name (Last, First, Middle Initial)
 Mailing Address 231 CASCADE ROAD
 City COLUMBUS State GA Zip Code 31904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST. FRANCIS HOSPITAL Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1749.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2016
Transaction ID : SA11AI.31329
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1908.33
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 14 OF 80
	<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. ROCHELLE CHRISTENSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4333 SKYLINE RANCH COURT
 City RAPID CITY State SD Zip Code 57701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 07 / 2016
Transaction ID : SA11AI.31697
 Amount of Each Receipt this Period 325.00
 Memo Item

B. DANIEL CHRISTIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 13703 NORTHWEST 18TH STREET
 City PEMBROKE PINES State FL Zip Code 33028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer IVF FLORIDA REPRODUCTIVE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 05 / 2016
Transaction ID : SA11AI.31432
 Amount of Each Receipt this Period 250.00
 Memo Item

C. MARGUERITE P. COHEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 620 SOUTHEAST 55TH AVENUE
 City PORTLAND State OR Zip Code 97215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WOMEN'S HEALTHCARE ASSOCIATES Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 03 / 17 / 2016
Transaction ID : SA11AI.31373
 Amount of Each Receipt this Period 1200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1775.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 80
	<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. SHANNA M. COMBS
 Full Name (Last, First, Middle Initial)
 Mailing Address 849 SPRINGBROOK DRIVE
 City FORT WORTH State TX Zip Code 76107
 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 1200.00

Date of Receipt 03 / 07 / 2016
Transaction ID : SA11AI.31699
 Amount of Each Receipt this Period 1200.00
 Memo Item

B. JEANNE A. CONRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 8204 CANTERSHIRE WAY
 City GRANITE BAY State CA Zip Code 95746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KAISER PERMANENTE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1479.99

Date of Receipt 03 / 01 / 2016
Transaction ID : SA11AI.31360
 Amount of Each Receipt this Period 391.11
 Memo Item

C. LYNNE COSLETT CHARLTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 289 HARRIS HILL ROAD
 City SHAVERTOWN State PA Zip Code 18708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1250.00

Date of Receipt 03 / 11 / 2016
Transaction ID : SA11AI.31337
 Amount of Each Receipt this Period 1250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2841.11
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 16 OF 80
	<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. DOUGLAS J. CREEDON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1119 BUCKRIDGE DRIVE
 City ROCHESTER State MN Zip Code 55906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTH MEMORIAL MEDICAL CENTER Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016
Transaction ID : SA11AI.31522
 Amount of Each Receipt this Period
 600.00
 Memo Item

B. JULIE A. CRON
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 GROVE HILL ROAD
 City GUILFORD State CT Zip Code 06437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer YALE SCHOOL OF MEDICINE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2016
Transaction ID : SA11AI.31705
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. WENDY S. CRUZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 17200 GOLDEN VIEW DRIVE
 City ANCHORAGE State AK Zip Code 99516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WOMEN'S CARE OF ALASKA Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2016
Transaction ID : SA11AI.31338
 Amount of Each Receipt this Period
 250.00
 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 17 OF 80
	<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. HOLLY CUMMINGS
Full Name (Last, First, Middle Initial)

Mailing Address 144 UPLAND ROAD

City State Zip Code
HAVERTOWN PA 19083

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

Name of Employer Occupation
UNIVERSITY OF PENNSYLVANIA PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 06 / 2016
Transaction ID : SA11AI.31523

Amount of Each Receipt this Period
650.00

Memo Item

B. MARY E. D'ALTON
Full Name (Last, First, Middle Initial)

Mailing Address 1075 PARK AVENUE

City State Zip Code
NEW YORK NY 10128

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

Name of Employer Occupation
COLUMBIA UNIVERSITY MEDICAL PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 17 / 2016
Transaction ID : SA11AI.31986

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 6906 SOUTHWEST WINDEMERE LOOP

City State Zip Code
PORTLAND OR 97225

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

Name of Employer Occupation
NORTHWEST PERMANENTE PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
417.33

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2016
Transaction ID : SA11AI.31952

Amount of Each Receipt this Period
209.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1359.00
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 80
	<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. THOMAS S. DARDARIAN
Full Name (Last, First, Middle Initial)

Mailing Address 108 CETON COURT

City BROOMAIL State PA Zip Code 19008

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt 03 / 17 / 2016
Transaction ID : SA11AI.31987

Amount of Each Receipt this Period 210.00

Memo Item

B. LAURA J. DAVID
Full Name (Last, First, Middle Initial)

Mailing Address 5323 MEADOW WOOD BOULEVARD

City LYNDHURST State OH Zip Code 44124

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

Name of Employer UNIVERSITY HOSPITALS Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 16 / 2016
Transaction ID : SA11AI.31953

Amount of Each Receipt this Period 5000.00

Memo Item

C. LAURA A. DEAN
Full Name (Last, First, Middle Initial)

Mailing Address 14 EAST HIGHWAY 96

City DELLWOOD State MN Zip Code 55110

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

Name of Employer HEALTH PARTNERS Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2540.00

Date of Receipt 03 / 07 / 2016
Transaction ID : SA11AI.31706

Amount of Each Receipt this Period 2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 7710.00

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 80
	<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. 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 **500.00**

Date of Receipt **03 / 21 / 2016**
Transaction ID : SA11AI.31994
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. 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 **1251.00**

Date of Receipt **03 / 16 / 2016**
Transaction ID : SA11AI.31982
 Amount of Each Receipt this Period **417.00**
 Memo Item

C. LUCIA DIVENERE
 Full Name (Last, First, Middle Initial)
 Mailing Address 156 12TH STREET, SE
 City WASHINGTON State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN CONGRESS OF OB/GYNS Occupation DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 06 / 2016**
Transaction ID : SA11AI.31525
 Amount of Each Receipt this Period **1000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1917.00**
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 80
	<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. LUCIA DIVENERE
Full Name (Last, First, Middle Initial)

Mailing Address 156 12TH STREET, SE

City WASHINGTON State DC Zip Code 20003

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

Name of Employer AMERICAN CONGRESS OF OB/GYNS Occupation DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.00

Date of Receipt 03 / 21 / 2016
Transaction ID : SA11AI.31995

Amount of Each Receipt this Period 30.00

Memo Item

B. CARL A. DUNN
Full Name (Last, First, Middle Initial)

Mailing Address 1010 CHAPMAN ROAD

City CRAWFORD State TX Zip Code 76638

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

Name of Employer BAYLOR SCOTT & WHITE Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 06 / 2016
Transaction ID : SA11AI.31526

Amount of Each Receipt this Period 325.00

Memo Item

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

Mailing Address 4254 LINDEN HILLS BOULEVARD

City MINNEAPOLIS State MN Zip Code 55410

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

Name of Employer JOHN A. HAUGEN ASSOCIATES Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 06 / 2016
Transaction ID : SA11AI.31528

Amount of Each Receipt this Period 325.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 680.00

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 80
	<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. AARON ELKIN
Full Name (Last, First, Middle Initial)

Mailing Address 20210 NORTHEAST 34TH COURT

City AVENTURA	State FL	Zip Code 33180
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2016

Transaction ID : SA11AI.31529

Amount of Each Receipt this Period
1000.00

Memo Item

B. MARYGRACE ELSON
Full Name (Last, First, Middle Initial)

Mailing Address 4944 RAPID CREEK ROAD

City IOWA CITY	State IA	Zip Code 52240
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FEC ID number of contributing federal political committee. **C**

Name of Employer UNIVERSITY OF IOWA	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2016

Transaction ID : SA11AI.31530

Amount of Each Receipt this Period
2500.00

Memo Item

C. EVE L. ESPEY
Full Name (Last, First, Middle Initial)

Mailing Address 712 SUNDOWN PLACE SOUTHEAST

City ALBUQUERQUE	State NM	Zip Code 87108
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FEC ID number of contributing federal political committee. **C**

Name of Employer UNIVERSITY OF NEW MEXICO	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2016

Transaction ID : SA11AI.31956

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6000.00
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 80
	<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 FAN
Full Name (Last, First, Middle Initial)

Mailing Address 316 ORACLE ROAD

City WILMINGTON State DE Zip Code 19808

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

Name of Employer ST. FRANCIS HEALTHCARE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016

Transaction ID : SA11AI.31532

Amount of Each Receipt this Period
 325.00

Memo Item

B. BRUCE FARRINGER
Full Name (Last, First, Middle Initial)

Mailing Address 13045 BROILI DRIVE

City RENO State NV Zip Code 89511

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

Name of Employer SIERRA WOMEN'S HEALTH Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2016

Transaction ID : SA11AI.31708

Amount of Each Receipt this Period
 325.00

Memo Item

C. VICTOR M. FELDBAUM
Full Name (Last, First, Middle Initial)

Mailing Address 7247 MCVAY MANOR COVE

City GERMANTOWN State TN Zip Code 38138

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

Name of Employer UNIVERSITY OF TENNESSEE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2016

Transaction ID : SA11AI.31711

Amount of Each Receipt this Period
 325.00

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 23 OF 80
	<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. 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 **1000.00**

Date of Receipt **03 / 21 / 2016**
Transaction ID : SA11AI.32006
 Amount of Each Receipt this Period **1000.00**
 Memo Item

B. ROBERT F. FLORA
 Full Name (Last, First, Middle Initial)
 Mailing Address 22668 BECKENHAM COURT
 City NOVI State MI Zip Code 48374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST. JOHN PROVIDENCE HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 12 / 2016**
Transaction ID : SA11AI.31330
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. KATHRYN G. FLORY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2715 THOMAS AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTH CLINIC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **640.00**

Date of Receipt **03 / 06 / 2016**
Transaction ID : SA11AI.31534
 Amount of Each Receipt this Period **600.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 80
	<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. COY A. FLOWERS
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1787

City LEWISBURG State WV Zip Code 24901

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

Name of Employer GREENBRIAR PHYSICIANS Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
03 / 06 / 2016
Transaction ID : SA11AI.31535

Amount of Each Receipt this Period
650.00

Memo Item

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

Mailing Address 890 WEST FARIS ROAD

City GREENVILLE State SC Zip Code 29605

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

Name of Employer GREENVILLE HEALTH SYSTEM Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 22 / 2016
Transaction ID : SA11AI.32010

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 1219 LAKEPOINTE STREET

City GROSSE POINTE PARK State MI Zip Code 48230

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

Name of Employer BEAUMONT HEALTH SYSTEM Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
03 / 17 / 2016
Transaction ID : SA11AI.31379

Amount of Each Receipt this Period
325.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1075.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 80
	<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. ANDREA K. FRIALL
Full Name (Last, First, Middle Initial)

Mailing Address 1304 LIVE OAK PLANTATION ROAD

City TALLAHASSEE State FL Zip Code 32312

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

Name of Employer NORTH FLORIDA WOMEN'S CARE Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 17 / 2016
Transaction ID : SA11AI.31380

Amount of Each Receipt this Period 325.00

Memo Item

B. CHRYSITIE K. FUJIMOTO
Full Name (Last, First, Middle Initial)

Mailing Address 2750 LOWREY AVENUE

City HONOLULU State HI Zip Code 96822

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 06 / 2016
Transaction ID : SA11AI.31537

Amount of Each Receipt this Period 500.00

Memo Item

C. DAVID L. GANDELL
Full Name (Last, First, Middle Initial)

Mailing Address 21 WARWICK DRIVE

City FAIRPORT State NY Zip Code 14450

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

Name of Employer ROCHESTER GYNECOLOGY Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 06 / 2016
Transaction ID : SA11AI.31538

Amount of Each Receipt this Period 325.00

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 26 OF 80
	<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 F. GARNAAS
Full Name (Last, First, Middle Initial)

Mailing Address 609 WEST CRESTLINE DRIVE

City MISSOULA State MT Zip Code 59803

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

Name of Employer WESTERN MONTANA CLINIC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016

Transaction ID : SA11AI.31539

Amount of Each Receipt this Period
 325.00

Memo Item

B. JACQUELINE M. GARRARD
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 214

City ALAMOSA State CO Zip Code 81101

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

Name of Employer SAN LUIS VALLEY HEALTH Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2016

Transaction ID : SA11AI.31713

Amount of Each Receipt this Period
 1000.00

Memo Item

C. THOMAS M. GELLHAUS
Full Name (Last, First, Middle Initial)

Mailing Address 906 TAMARACK TRAIL

City IOWA CITY State IA Zip Code 52245

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

Name of Employer UNIVERSITY OF IOWA Occupation 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 / 16 / 2016

Transaction ID : SA11AI.31957

Amount of Each Receipt this Period
 1250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2575.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 80
	<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. SARAH V. GERNHART
 Full Name (Last, First, Middle Initial)
 Mailing Address 1605 SOUTH 213TH CIRCLE
 City OMAHA State NE Zip Code 68022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer METHODIST PHYSICIANS CLINIC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt **03 / 06 / 2016**
Transaction ID : SA11AI.31543
 Amount of Each Receipt this Period **325.00**
 Memo Item

B. RANDALL K. GIBB
 Full Name (Last, First, Middle Initial)
 Mailing Address 4233 ASPENRIDGE DRIVE
 City BILLINGS State MT Zip Code 59106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BILLINGS CLINIC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 07 / 2016**
Transaction ID : SA11AI.31716
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. 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 UNIVERSITY OF WISCONSIN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **209.00**

Date of Receipt **03 / 16 / 2016**
Transaction ID : SA11AI.31958
 Amount of Each Receipt this Period **209.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1034.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 80
<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. CHRISTINE S. GOUDGE WALKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 15015 FREDERICK ROAD
 City ROGERS State MN Zip Code 55374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PARK NICOLLET CLINIC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 06 / 2016
Transaction ID : SA11AI.31544
 Amount of Each Receipt this Period 600.00
 Memo Item

B. PETER GREENSPAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 NEW WINDING WOODS DRIVE
 City LEE'S SUMMIT State MO Zip Code 64064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PHYSICIAN ASSOCIATES Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 06 / 2016
Transaction ID : SA11AI.31546
 Amount of Each Receipt this Period 1500.00
 Memo Item

C. COLE GREVES
 Full Name (Last, First, Middle Initial)
 Mailing Address 12214 HATFIELD COURT
 City ORLANDO State FL Zip Code 32837
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ORLANDO HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 06 / 2016
Transaction ID : SA11AI.31547
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	4600.00
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 29 OF 80
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. R. MOSS HAMPTON
Full Name (Last, First, Middle Initial)

Mailing Address 3930 EDGEBROOK COURT

City MIDLAND State TX Zip Code 79707

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

Name of Employer TEXAS TECH UNIVERSITY Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016
Transaction ID : SA11AI.31548

Amount of Each Receipt this Period
 1200.00

Memo Item

B. KAREN E. HARRIS
Full Name (Last, First, Middle Initial)

Mailing Address 2800 NORTHWEST 29TH STREET

City GAINESVILLE State FL Zip Code 32605

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

Name of Employer FLORIDA WOMEN'S PHYSICIANS Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016
Transaction ID : SA11AI.31549

Amount of Each Receipt this Period
 325.00

Memo Item

C. KATHY D. HARTKE
Full Name (Last, First, Middle Initial)

Mailing Address 19655 BIRMINGHAM COURT

City BROOKFIELD State WI Zip Code 53045

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

Name of Employer MEDICAL COLLEGE OF WISCONSIN Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016
Transaction ID : SA11AI.31550

Amount of Each Receipt this Period
 2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 4025.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 80
<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. SUSAN M. HARVEY
Full Name (Last, First, Middle Initial)

Mailing Address 8912 46TH AVENUE NORTHEAST

City SEATTLE	State WA	Zip Code 98115
-----------------	-------------	-------------------

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

Name of Employer SEATTLE OB/GYN GROUP	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	17	/	2016

Transaction ID : SA11AI.31381

Amount of Each Receipt this Period
300.00

Memo Item

B. MICHAEL M. HAWKINS
Full Name (Last, First, Middle Initial)

Mailing Address 4008 SUNFLOWER LANE

City TEMPLE	State TX	Zip Code 76502
----------------	-------------	-------------------

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

Name of Employer SCOTT & WHITE HEALTH	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	06	/	2016

Transaction ID : SA11AI.31551

Amount of Each Receipt this Period
650.00

Memo Item

C. CYNTHIA R. HAYES
Full Name (Last, First, Middle Initial)

Mailing Address 2127 ELLIS AVENUE

City BOISE	State ID	Zip Code 83702
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	06	/	2016

Transaction ID : SA11AI.31552

Amount of Each Receipt this Period
325.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1275.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 80
	<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. TAMARA G. HELFER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4412 TROSTSHIRE CIRCLE
 City CHAMPAIGN State IL Zip Code 61822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHRISTIE CLINIC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **03 / 11 / 2016**
Transaction ID : SA11AI.31339
 Amount of Each Receipt this Period **2500.00**
 Memo Item

B. RICHARD W. HENDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1709 CLEAVER LANE
 City WILMINGTON State DE Zip Code 19803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST. FRANCIS HOSPITAL Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **03 / 16 / 2016**
Transaction ID : SA11AI.31959
 Amount of Each Receipt this Period **400.00**
 Memo Item

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

Date of Receipt **03 / 17 / 2016**
Transaction ID : SA11AI.31383
 Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **3150.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 80
	<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. THOMAS W. HEPFER
 Full Name (Last, First, Middle Initial)
 Mailing Address 320 FERNWOOD DRIVE
 City SALEM State SC Zip Code 29676
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PALMETTO HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016
Transaction ID : SA11AI.31553
 Amount of Each Receipt this Period
 1000.00
 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 ▼ 385.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : SA11AI.31357
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. CATHERINE M. HERWAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 428 7TH AVENUE
 City BROOKLYN State NY Zip Code 11215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATEN ISLAND UNIVERSITY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2016
Transaction ID : SA11AI.32013
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	▶	1375.00
TOTAL This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 80
	<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. CATHERINE M. HERWAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 428 7TH AVENUE
 City BROOKLYN State NY Zip Code 11215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATEN ISLAND UNIVERSITY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 24 / 2016
Transaction ID : SA11AI.32018
 Amount of Each Receipt this Period 50.00
 Memo Item

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

Date of Receipt 03 / 16 / 2016
Transaction ID : SA11AI.31960
 Amount of Each Receipt this Period 300.00
 Memo Item

C. VERDA J. HICKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 14110 PEMBROKE LANE
 City LEAWOOD State KS Zip Code 66224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MIDWEST CANCER CARE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 07 / 2016
Transaction ID : SA11AI.31721
 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: (check only one)	PAGE 34 OF 80
	<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. GREIGH HIRATA
Full Name (Last, First, Middle Initial)

Mailing Address 2112 HAKANU STREET

City HONOLULU	State HI	Zip Code 96821
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		06		2016

Transaction ID : SA11AI.31554

Amount of Each Receipt this Period
2500.00

Memo Item

B. KELLY R. HODGES
Full Name (Last, First, Middle Initial)

Mailing Address 1406 WENTWORTH STREET

City HOUSTON	State TX	Zip Code 77004
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FEC ID number of contributing federal political committee. **C**

Name of Employer BAYLOR COLLEGE OF MEDICINE	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		06		2016

Transaction ID : SA11AI.31555

Amount of Each Receipt this Period
250.00

Memo Item

C. KATHLEEN E. HOROWITZ
Full Name (Last, First, Middle Initial)

Mailing Address 8237 EAST LIPPIZAN TRAIL

City SCOTTSDALE	State AZ	Zip Code 85258
--------------------	-------------	-------------------

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

Name of Employer MEDNAX	Occupation PHYSICIAN
----------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		28		2016

Transaction ID : SA11AI.31831

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 80
	<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. RITA HSU
Full Name (Last, First, Middle Initial)

Mailing Address 1404 SOUTH HILLS DRIVE

City WENATCHEE State WA Zip Code 98801

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

Name of Employer CONFLUENCE HEALTH Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016

Transaction ID : SA11AI.31556

Amount of Each Receipt this Period
 300.00

Memo Item

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

Mailing Address 2021 SANTA MONICA BOULEVARD

City SANTA MONICA State CA Zip Code 90404

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016

Transaction ID : SA11AI.31557

Amount of Each Receipt this Period
 200.00

Memo Item

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

Mailing Address 2103 CRAIG ROAD SOUTHEAST

City OLYMPIA State WA Zip Code 98501

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

Name of Employer GROUP HEALTH Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016

Transaction ID : SA11AI.31558

Amount of Each Receipt this Period
 300.00

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 36 OF 80
	<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. JUDITH JACOBSON
Full Name (Last, First, Middle Initial)

Mailing Address 10010 NORTHEAST 37TH COURT

City	State	Zip Code
KIRKLAND	WA	98033

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 ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	16	/	2016

Transaction ID : SA11AI.31962

Amount of Each Receipt this Period

300.00

 Memo Item

B. LYDIA M. JEFFRIES
Full Name (Last, First, Middle Initial)

Mailing Address 21 WILSON LANE

City	State	Zip Code
FAIRVIEW	NC	28730

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 ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	06	/	2016

Transaction ID : SA11AI.31559

Amount of Each Receipt this Period

5000.00

 Memo Item

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

Mailing Address 2405 SPOONBILL DRIVE

City	State	Zip Code
LEAGUE CITY	TX	77573

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

Name of Employer	Occupation
TEXAS TECH UNIVERSITY	PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	07	/	2016

Transaction ID : SA11AI.31724

Amount of Each Receipt this Period

5000.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	▶	10300.00
TOTAL This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 80
	<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. JODY JONES
Full Name (Last, First, Middle Initial)

Mailing Address 18656 CLAIMONT CIRCLE EAST

City NORTHVILLE	State MI	Zip Code 48168
--------------------	-------------	-------------------

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

Name of Employer INTEGRATED HEALTH ASSOCIATES	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2016

Transaction ID : SA11AI.31726

Amount of Each Receipt this Period
325.00

Memo Item

B. ELLEN M. JOYCE
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 363

City MERIDEN	State NH	Zip Code 03770
-----------------	-------------	-------------------

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

Name of Employer DARTMOUTH-HITCHCOCK MEDICAL	Occupation PHYSICIAN
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2016

Transaction ID : SA11AI.31564

Amount of Each Receipt this Period
600.00

Memo Item

C. 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 ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2016

Transaction ID : SA11AI.31728

Amount of Each Receipt this Period
175.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 80
	<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 **265.00**

Date of Receipt **03 / 23 / 2016**
Transaction ID : SA11AI.31866
 Amount of Each Receipt this Period **40.00**
 Memo Item

B. BRIDGET B. KELLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4248 LINDEN HILLS BOULEVARD
 City MINNEAPOLIS State MN Zip Code 55410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PARK NICOLLET CLINIC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **03 / 16 / 2016**
Transaction ID : SA11AI.31964
 Amount of Each Receipt this Period **600.00**
 Memo Item

C. MARGARET A. KELLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 DWYER AVENUE
 City SAN ANTONIO State TX Zip Code 78204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOUTHEAST OB/GYN ASSOCIATES Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt **03 / 06 / 2016**
Transaction ID : SA11AI.31565
 Amount of Each Receipt this Period **325.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **965.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 80
	<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. TAREK KHALIFE
Full Name (Last, First, Middle Initial)

Mailing Address 1103 EAST GOLD STREET

City BESSEMER	State MI	Zip Code 49911
------------------	-------------	-------------------

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

Name of Employer ASPIRUS	Occupation PHYSICIAN
-----------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2016

Transaction ID : SA11AI.31965

Amount of Each Receipt this Period
325.00

Memo Item

B. LINDA A. KILEY
Full Name (Last, First, Middle Initial)

Mailing Address 8533 NATIVE DANCER ROAD

City PALM BEACH GARDENS	State FL	Zip Code 33418
----------------------------	-------------	-------------------

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

Name of Employer FLORIDA WOMAN CARE	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2016

Transaction ID : SA11AI.31966

Amount of Each Receipt this Period
325.00

Memo Item

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

Mailing Address 9242 SOUTHEAST 46TH STREET

City MERCER ISLAND	State WA	Zip Code 98040
-----------------------	-------------	-------------------

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

Name of Employer SEATTLE OB/GYN GROUP	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2016

Transaction ID : SA11AI.31568

Amount of Each Receipt this Period
300.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 80
	<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. JULIE B. KWATRA
 Full Name (Last, First, Middle Initial)
 Mailing Address 12946 EAST CIBOLA ROAD
 City SCOTTSDALE State AZ Zip Code 85259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ARIZONA WOMEN'S CARE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016
Transaction ID : SA11AI.31569
 Amount of Each Receipt this Period
 650.00
 Memo Item

B. WILMA I. LARSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2002 CANYON SPRINGS DRIVE
 City BELTON State TX Zip Code 76513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SCOTT & WHITE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2016
Transaction ID : SA11AI.31733
 Amount of Each Receipt this Period
 650.00
 Memo Item

C. AMANDA LEIB
 Full Name (Last, First, Middle Initial)
 Mailing Address 2643 NORTH WALNUT CREEK DRIVE
 City FLAGSTAFF State AZ Zip Code 86004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TUBA CITY REGIONAL HEALTH CARE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016
Transaction ID : SA11AI.31570
 Amount of Each Receipt this Period
 325.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1625.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 80
	<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. SHANNON L. LEVERIDGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3120 GRAND AVENUE
 City DAVENPORT State IA Zip Code 53803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EDGERTON WOMEN'S HEALTH CENTER Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt **03 / 06 / 2016**
Transaction ID : SA11AI.31572
 Amount of Each Receipt this Period **325.00**
 Memo Item

B. BARBARA LEVY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1881 NORTH NASH STREET
 City ARLINGTON State VA Zip Code 22209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN CONGRESS OF OB/GYNS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **03 / 06 / 2016**
Transaction ID : SA11AI.31573
 Amount of Each Receipt this Period **2500.00**
 Memo Item

C. SUSAN LIPINSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 2004 PARK DRIVE
 City CEDAR FALLS State IA Zip Code 50613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PARTNERS IN OB/GYN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 06 / 2016**
Transaction ID : SA11AI.31574
 Amount of Each Receipt this Period **1000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3825.00
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 80
	<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. KRISTIN M. LYERLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3500 MEADOW SOUND DRIVE
 City DE PERE State WI Zip Code 54115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BELLIN HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016
Transaction ID : SA11AI.31577
 Amount of Each Receipt this Period
 325.00
 Memo Item

B. MARIA MANRIQUEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 1714 WEST SATINWOOD DRIVE
 City PHOENIX State AZ Zip Code 85045
 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 ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016
Transaction ID : SA11AI.31578
 Amount of Each Receipt this Period
 325.00
 Memo Item

C. MARIA MANRIQUEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 1714 WEST SATINWOOD DRIVE
 City PHOENIX State AZ Zip Code 85045
 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 ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016
Transaction ID : SA11AI.31579
 Amount of Each Receipt this Period
 325.00
 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 43 OF 80
	<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. JOHN R. MANTIONE
Full Name (Last, First, Middle Initial)

Mailing Address 5960 HUNTINGTON COMMONS

City ENOLA	State PA	Zip Code 17025
---------------	-------------	-------------------

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

Name of Employer WOODWARD & ASSOCIATES	Occupation PHYSICIAN
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	07	/	2016

Transaction ID : SA11AI.31742

Amount of Each Receipt this Period

325.00

 Memo Item

B. LACEY M. MARKS
Full Name (Last, First, Middle Initial)

Mailing Address 5524 SOUTH MADELIA STREET

City SPOKANE	State WA	Zip Code 99223
-----------------	-------------	-------------------

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

Name of Employer ROCKWOOD CLINIC	Occupation PHYSICIAN
-------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	07	/	2016

Transaction ID : SA11AI.31743

Amount of Each Receipt this Period

325.00

 Memo Item

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

Mailing Address 6217 MUIRLANDS COURT

City LAS VEGAS	State NV	Zip Code 89130
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	07	/	2016

Transaction ID : SA11AI.31744

Amount of Each Receipt this Period

325.00

 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 44 OF 80
	<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. IVVANEE MARTINEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 2707 FERN LACY DRIVE
 City SPRING State TX Zip Code 77388
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BAYLOR COLLEGE OF MEDICINE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 06 / 2016**
Transaction ID : SA11AI.31581
 Amount of Each Receipt this Period **500.00**
 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 **500.00**

Date of Receipt **03 / 06 / 2016**
Transaction ID : SA11AI.31582
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. ROBIN D. MATTHEWS
 Full Name (Last, First, Middle Initial)
 Mailing Address 39 FLAT ROCK ROAD
 City WAYNESVILLE State NC Zip Code 28786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HAYWOOD WOMEN'S MEDICAL CENTER Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt **03 / 06 / 2016**
Transaction ID : SA11AI.31583
 Amount of Each Receipt this Period **1200.00**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 80
<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. MICHAEL J. MCCOY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5020 FERRES LANE
 City BURLINGTON State IA Zip Code 52601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GREAT RIVER HEALTH SYSTEM Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016
Transaction ID : SA11AI.31586
 Amount of Each Receipt this Period
 1200.00
 Memo Item

B. CLAYTON H. MCCRACKEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2914 GLENWOOD LANE
 City BILLINGS State MT Zip Code 59102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BILLINGS CLINIC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016
Transaction ID : SA11AI.31587
 Amount of Each Receipt this Period
 2500.00
 Memo Item

C. MARYANNE MCDONNELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 MAPLE VALLEY ROAD
 City BOSTON State CT Zip Code 06043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OB/GYN GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016
Transaction ID : SA11AI.31588
 Amount of Each Receipt this Period
 325.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	4025.00
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 46 OF 80
	<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. TIMOTHY C. MCFARREN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1776 BRUSH DRIVE
 City CARSON CITY State NV Zip Code 89703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARSON MEDICAL GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **03 / 06 / 2016**
Transaction ID : SA11AI.31589
 Amount of Each Receipt this Period **2500.00**
 Memo Item

B. GISELE M. MCKINNEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 BRIARWOOD DRIVE
 City LAKE CHARLES State LA Zip Code 70605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LAKE CHARLES MEMORIAL HOSPITAL Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

Date of Receipt **03 / 17 / 2016**
Transaction ID : SA11AI.31388
 Amount of Each Receipt this Period **650.00**
 Memo Item

C. AASTA MEHTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 TOWAMENCIN AVENUE
 City LANSDALE State PA Zip Code 19446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LEHIGH VALLEY PHYSICIAN GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **630.00**

Date of Receipt **03 / 12 / 2016**
Transaction ID : SA11AI.31331
 Amount of Each Receipt this Period **210.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3360.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 80
	<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. LAURA T. MERCER
Full Name (Last, First, Middle Initial)

Mailing Address 1952 EAST LUKE AVENUE

City PHOENIX State AZ Zip Code 85016

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

Name of Employer ARIZONA OB/GYN AFFILIATES Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016

Transaction ID : SA11AI.31593

Amount of Each Receipt this Period
 2500.00

Memo Item

B. FONDA A. MITCHELL
Full Name (Last, First, Middle Initial)

Mailing Address 2795 PEACHTREE ROAD NORTHEAST

City ATLANTA State GA Zip Code 30305

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 ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2016

Transaction ID : SA11AI.31751

Amount of Each Receipt this Period
 325.00

Memo Item

C. ALETHIA E. MORGAN
Full Name (Last, First, Middle Initial)

Mailing Address 3075 SOUTH BIRCH STREET

City DENVER State CO Zip Code 80222

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

Name of Employer COPIC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2016

Transaction ID : SA11AI.31969

Amount of Each Receipt this Period
 1250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	4075.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 80
	<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. EILEAN L. MYER
Full Name (Last, First, Middle Initial)

Mailing Address 40 CRESTVIEW DRIVE

City FLORENCE State MA Zip Code 01062

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

Name of Employer BAYSTATE MEDICAL CENTER Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016
Transaction ID : SA11AI.31596

Amount of Each Receipt this Period
 325.00

Memo Item

B. EILEAN L. MYER
Full Name (Last, First, Middle Initial)

Mailing Address 40 CRESTVIEW DRIVE

City FLORENCE State MA Zip Code 01062

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

Name of Employer BAYSTATE MEDICAL CENTER Occupation 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 / 2016
Transaction ID : SA11AI.31323

Amount of Each Receipt this Period
 100.00

Memo Item

C. LYDIA D. NIGHTINGALE
Full Name (Last, First, Middle Initial)

Mailing Address 9501 PROSPER DRIVE

City OKLAHOMA CITY State OK Zip Code 73151

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

Name of Employer VARIETY CARE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2016
Transaction ID : SA11AI.31762

Amount of Each Receipt this Period
 325.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 80
	<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. KAREN L. NOBLETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 7056 EAST MAGDALENA DRIVE
 City ORANGE State CA Zip Code 92867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UC RIVERSIDE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt **03 / 07 / 2016**
Transaction ID : SA11AI.31763
 Amount of Each Receipt this Period **325.00**
 Memo Item

B. JOSEPH A. OGBURN
 Full Name (Last, First, Middle Initial)
 Mailing Address 709 SOUTH G STREET
 City MCALLEN State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF TEXAS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 06 / 2016**
Transaction ID : SA11AI.31599
 Amount of Each Receipt this Period **1000.00**
 Memo Item

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

Date of Receipt **03 / 18 / 2016**
Transaction ID : SA11AI.31992
 Amount of Each Receipt this Period **250.00**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 80
	<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. JANET L. OSBORNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5058 WILLIAMSBURG COURT
 City ROANOKE State VA Zip Code 24018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARLION CLINIC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **540.00**

Date of Receipt **03 / 06 / 2016**
Transaction ID : SA11AI.31602
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. GORDON J. OSTRUM
 Full Name (Last, First, Middle Initial)
 Mailing Address 1284 KING'S HIGHWAY
 City PILESGROVE State NJ Zip Code 08098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WOMEN FIRST Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt **03 / 06 / 2016**
Transaction ID : SA11AI.31603
 Amount of Each Receipt this Period **325.00**
 Memo Item

C. MICHELLE OWENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 INEZ OWENS DRIVE
 City JACKSON State MS Zip Code 39212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF MISSISSIPPI Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt **03 / 07 / 2016**
Transaction ID : SA11AI.31769
 Amount of Each Receipt this Period **325.00**
 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 51 OF 80
<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. ROBERT H. PALMER
Full Name (Last, First, Middle Initial)

Mailing Address 2331 FAIRVIEW AVENUE EAST

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2016

Transaction ID : SA11AI.31605

Amount of Each Receipt this Period

2500.00

 Memo Item

B. TODD A. PANKRATZ
Full Name (Last, First, Middle Initial)

Mailing Address 1125 NORTH LINCOLN AVENUE

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2016

Transaction ID : SA11AI.31606

Amount of Each Receipt this Period

2500.00

 Memo Item

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

Mailing Address 2121 SOUTH KINNICKINNIC AVENUE

City MILWAUKEE	State WI	Zip Code 53207
-------------------	-------------	-------------------

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

Name of Employer MEDICAL COLLEGE OF WISCONSIN	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2016

Transaction ID : SA11AI.31607

Amount of Each Receipt this Period

325.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5325.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 80
	<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 **575.00**

Date of Receipt **03 / 07 / 2016**
Transaction ID : SA11AI.31775
 Amount of Each Receipt this Period **325.00**
 Memo Item

B. SARAH W. PRAGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 7531 30TH AVENUE NORTHEAST
 City SEATTLE State WA Zip Code 98115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF WASHINGTON Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt **03 / 06 / 2016**
Transaction ID : SA11AI.31608
 Amount of Each Receipt this Period **325.00**
 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 **627.00**

Date of Receipt **03 / 07 / 2016**
Transaction ID : SA11AI.31350
 Amount of Each Receipt this Period **209.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	859.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 80
	<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. PATRICK S. RAMSEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1826 FAWN BLUFF
 City SAN ANTONIO State TX Zip Code 78248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF TEXAS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 21 / 2016
Transaction ID : SA11AI.32001
 Amount of Each Receipt this Period 100.00
 Memo Item

B. SANDRA B. REED
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 HIDING PLACE
 City THOMASVILLE State GA Zip Code 31792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SHAW CENTER FOR WOMEN'S HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 12 / 2016
Transaction ID : SA11AI.31334
 Amount of Each Receipt this Period 250.00
 Memo Item

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

Date of Receipt 03 / 17 / 2016
Transaction ID : SA11AI.31988
 Amount of Each Receipt this Period 209.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 559.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 80
	<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. ELIZABETH REYNOSO
 Full Name (Last, First, Middle Initial)
 Mailing Address 8070 EAST VIA BONITA
 City SCOTTSDALE State AZ Zip Code 85258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MOM & DOC WOMEN FOR WOMEN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt **03 / 06 / 2016**
Transaction ID : SA11AI.31611
 Amount of Each Receipt this Period **325.00**
 Memo Item

B. CARLA ROBERTS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2832 HAWTHORNE DRIVE NORTHEAST
 City ATLANTA State GA Zip Code 30345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTHSIDE HEALTHCARE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt **03 / 17 / 2016**
Transaction ID : SA11AI.31396
 Amount of Each Receipt this Period **1200.00**
 Memo Item

C. ROGER ROWLES
 Full Name (Last, First, Middle Initial)
 Mailing Address 3003 TIETO DRIVE
 City YAKIMA State WA Zip Code 98902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt **03 / 07 / 2016**
Transaction ID : SA11AI.31780
 Amount of Each Receipt this Period **325.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1850.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 80
	<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. MICHAEL A. SBARRA
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 CONSTITUTION LANE
 City State Zip Code
 TOTOWA NJ 07512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HACKENSACK UNIVERSITY MEDICAL PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2016
Transaction ID : SA11AI.31783
 Amount of Each Receipt this Period
 325.00
 Memo Item

B. ERICA L. SCHIPPER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 CARRIAGE COURT
 City State Zip Code
 SIOUX FALLS SD 67108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SANFORD WOMEN'S HEALTH 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 / 17 / 2016
Transaction ID : SA11AI.31398
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. D. PAUL SEAGO
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 GLENWOOD BEND
 City State Zip Code
 MADISON MS 39110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ST. DOMINIC MEDICAL 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 / 06 / 2016
Transaction ID : SA11AI.31617
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2325.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 80
	<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)

Full Name (Last, First, Middle Initial) A. SOHAIL SIDDIQUE		Date of Receipt
Mailing Address P.O. BOX 19640		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2016"/>
City	State	Zip Code
SPRINGFIELD	IL	62794
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.31788
Name of Employer	Occupation	Amount of Each Receipt this Period
SOUTHERN ILLINOIS UNIVERSITY	PHYSICIAN	<input type="text" value="225.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SOHAIL SIDDIQUE		Date of Receipt
Mailing Address P.O. BOX 19640		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2016"/>
City	State	Zip Code
SPRINGFIELD	IL	62794
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.31790
Name of Employer	Occupation	Amount of Each Receipt this Period
SOUTHERN ILLINOIS UNIVERSITY	PHYSICIAN	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="325.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. FRANCINE H. SINOFSKY		Date of Receipt
Mailing Address 64 CEDAR AVENUE		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2016"/>
City	State	Zip Code
HIGHLAND PARK	NJ	08904
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.31618
Name of Employer	Occupation	Amount of Each Receipt this Period
OB/GYN GROUP OF EAST BRUNSWICK	PHYSICIAN	<input type="text" value="325.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="325.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="650.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 80
	<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. LAURA L. SIROTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 249 SOUTH BERKELEY AVENUE
 City PASADENA State CA Zip Code 91107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.00**

Date of Receipt **03 / 16 / 2016**
Transaction ID : SA11AI.31977
 Amount of Each Receipt this Period **625.00**
 Memo Item

B. LAURA L. SIROTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 249 SOUTH BERKELEY AVENUE
 City PASADENA State CA Zip Code 91107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt **03 / 16 / 2016**
Transaction ID : SA11AI.31983
 Amount of Each Receipt this Period **625.00**
 Memo Item

C. ELIZABETH SLAGLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4712 13TH
 City MINNEAPOLIS State MN Zip Code 55407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HEALTH PARTNERS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **03 / 07 / 2016**
Transaction ID : SA11AI.31793
 Amount of Each Receipt this Period **200.00**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 80
<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. KIRSTEN M. SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 WOODSTOCK LANE
 City WILMINGTON State DE Zip Code 19808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHRISTIANA CARE HEALTH SYSTEM Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

Date of Receipt **03 / 17 / 2016**
Transaction ID : SA11AI.31401
 Amount of Each Receipt this Period **650.00**
 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 **250.00**

Date of Receipt **03 / 12 / 2016**
Transaction ID : SA11AI.31335
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. PATRICIA A. SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 738 FONTAINE STREET
 City ALEXANDRIA State VA Zip Code 22302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GWU MEDICAL FACULTY ASSOCIATES Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 16 / 2016**
Transaction ID : SA11AI.31978
 Amount of Each Receipt this Period **50.00**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 80
	<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. STEPHEN P. SNOW
Full Name (Last, First, Middle Initial)

Mailing Address 525 MAGNOLIA AVENUE

City ORLANDO State FL Zip Code 32792

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

Name of Employer WOMEN'S CARE FLORIDA Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016

Transaction ID : SA11AI.31620

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address 2436 GREENWOOD AVENUE

City CEDAR FALLS State IA Zip Code 50613

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

Name of Employer PARTNERS IN OB/GYN Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016

Transaction ID : SA11AI.31621

Amount of Each Receipt this Period
 325.00

Memo Item

C. MARSHALL ST. AMANT
Full Name (Last, First, Middle Initial)

Mailing Address 2153 RICHLAND

City BATON ROUGE State LA Zip Code 70808

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

Name of Employer WOMAN'S HOSPITAL Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2016

Transaction ID : SA11AI.31795

Amount of Each Receipt this Period
 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 80
	<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. JOHN R. STANLEY
Full Name (Last, First, Middle Initial)

Mailing Address 6022 NEWPORT DRIVE

City EDMOND State OK Zip Code 73013

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

Name of Employer PERINATAL CENTER OF OKLAHOMA Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016
Transaction ID : SA11AI.31622

Amount of Each Receipt this Period
 1200.00

Memo Item

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

Mailing Address 30231 PONDSVIEW DRIVE

City FRANKLIN State MI Zip Code 48025

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016
Transaction ID : SA11AI.31623

Amount of Each Receipt this Period
 325.00

Memo Item

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

Mailing Address 30231 PONDSVIEW DRIVE

City FRANKLIN State MI Zip Code 48025

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

Name of Employer BEAUMONT HEALTH SYSTEM Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016
Transaction ID : SA11AI.31624

Amount of Each Receipt this Period
 650.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 80
	<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. DANA G. STONE
Full Name (Last, First, Middle Initial)

Mailing Address 1730 HUNTINGTON AVENUE

City OKLAHOMA CITY State OK Zip Code 73116

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2016
Transaction ID : SA11AI.31347

Amount of Each Receipt this Period
 210.00

Memo Item

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

Mailing Address 725 NORTH ISLAND DRIVE

City ATLANTA State GA Zip Code 30327

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2016
Transaction ID : SA11AI.31481

Amount of Each Receipt this Period
 2500.00

Memo Item

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

Mailing Address 12833 NORTH MYSTIC VIEW PLACE

City ORO VALLEY State AZ Zip Code 85755

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

Name of Employer GENESIS OB/GYN Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2016
Transaction ID : SA11AI.31798

Amount of Each Receipt this Period
 650.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3360.00
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 62 OF 80
	<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. SCOTT A. SULLIVAN
Full Name (Last, First, Middle Initial)

Mailing Address 3423 COLONEL VANDERHORST CIRCLE

City	State	Zip Code
MT. PLEASANT	SC	29466

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

Name of Employer	Occupation
MEDICAL UNIVERSITY OF SC	PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2016

Transaction ID : SA11AI.31626

Amount of Each Receipt this Period
325.00

Memo Item

B. REGAN THEILER
Full Name (Last, First, Middle Initial)

Mailing Address 10 CRYSTAL LAKE ROAD

City	State	Zip Code
ENFIELD	NH	03748

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

Name of Employer	Occupation
DARTMOUTH-HITCHCOCK MEDICAL	PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2016

Transaction ID : SA11AI.31629

Amount of Each Receipt this Period
600.00

Memo Item

C. JANICE TILDON-BURTON
Full Name (Last, First, Middle Initial)

Mailing Address 1700 TALLEY ROAD

City	State	Zip Code
WILMINGTON	DE	19803

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 ▼
627.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2016

Transaction ID : SA11AI.31348

Amount of Each Receipt this Period
209.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1134.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 80
	<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. PAUL G. TOMICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3637 QUINCE COURT
 City Downers Grove State IL Zip Code 60515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF NEBRASKA Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 2500.00

Date of Receipt 03 / 06 / 2016
Transaction ID : SA11AI.31631
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. YEN TRUONG
 Full Name (Last, First, Middle Initial)
 Mailing Address 4030 HERON PLACE
 City Fremont State CA Zip Code 94555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PERMANENTE MEDICAL GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 325.00

Date of Receipt 03 / 06 / 2016
Transaction ID : SA11AI.31633
 Amount of Each Receipt this Period 325.00
 Memo Item

C. JOHN S. WACHTEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 811 LA MESA DRIVE
 City Portola Valley State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STANFORD UNIVERSITY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 06 / 2016
Transaction ID : SA11AI.31636
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3825.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 80
<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. JAMES WANG
Full Name (Last, First, Middle Initial)

Mailing Address 77 TANNERY ROAD

City SOUTHWICK State MA Zip Code 01072

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

Name of Employer BAYSTATE HEALTH SYSTEM Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 06 / 2016
Transaction ID : SA11AI.31637

Amount of Each Receipt this Period 325.00

Memo Item

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

Mailing Address 3487 NORTH LAKE DRIVE

City MILWAUKEE State WI Zip Code 53211

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 07 / 2016
Transaction ID : SA11AI.31815

Amount of Each Receipt this Period 325.00

Memo Item

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

Mailing Address 91 HARROWGATE DRIVE

City CHERRY HILL State NJ Zip Code 08003

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

Name of Employer COOPER MEDICAL SCHOOL Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 07 / 2016
Transaction ID : SA11AI.31816

Amount of Each Receipt this Period 325.00

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 65 OF 80
	<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. CONNIE G. WHITE
Full Name (Last, First, Middle Initial)

Mailing Address 203 WILKINSON STREET

City FRANKFORT State KY Zip Code 40601

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

Name of Employer COMMONWEALTH OF KENTUCKY Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt **03 / 06 / 2016**

Transaction ID : SA11AI.31638

Amount of Each Receipt this Period **325.00**

Memo Item

B. 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 ▼ **300.00**

Date of Receipt **03 / 06 / 2016**

Transaction ID : SA11AI.31354

Amount of Each Receipt this Period **100.00**

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 ▼ **900.00**

Date of Receipt **03 / 06 / 2016**

Transaction ID : SA11AI.31639

Amount of Each Receipt this Period **600.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1025.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 80
	<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. MAKEBA WILLIAMS
Full Name (Last, First, Middle Initial)

Mailing Address 7823 NOLL VALLEY ROAD

City VERONA State WI Zip Code 53593

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

Name of Employer UNIVERSITY OF WISCONSIN Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
03 / 06 / 2016
Transaction ID : SA11AI.31642

Amount of Each Receipt this Period
650.00

Memo Item

B. ANNA MARIE B. WINDSOR
Full Name (Last, First, Middle Initial)

Mailing Address 2607 EAST WOOD PLACE

City SHOREWOOD State WI Zip Code 53211

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

Name of Employer AURORA HEALTHCARE Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
03 / 06 / 2016
Transaction ID : SA11AI.31646

Amount of Each Receipt this Period
325.00

Memo Item

C. MICHAEL P. WOODS
Full Name (Last, First, Middle Initial)

Mailing Address 2974 105TH STREET

City TABOR State IA Zip Code 57653

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

Name of Employer SHENANDOAH MEDICAL CENTER Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
03 / 06 / 2016
Transaction ID : SA11AI.31647

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3475.00

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 67 OF 80
(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. JEFFREY A. WRIGHTSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1109 PINE ISLAND COURT
 City LAS VEGAS State NV Zip Code 89134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 WELL HEALTH PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2016
Transaction ID : SA11AI.31822
 Amount of Each Receipt this Period
 325.00
 Memo Item

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	325.00
TOTAL This Period (last page this line number only).....▶	144236.44

**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

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : SB21B.31315

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

MM / DD / YYYY
03 / 02 / 2016

Transaction ID : SB21B.31205

Amount of Each Disbursement this Period

585.54

Memo Item

Full Name (Last, First, Middle Initial)

C. SQUARE, INC.

Mailing Address 901 MISSION STREET

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2016

Transaction ID : SB21B.31651

Amount of Each Disbursement this Period

2298.25

Memo Item

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

2983.63

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. SQUARE, INC.

Mailing Address 901 MISSION STREET

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2016

Transaction ID : SB21B.31681

Amount of Each Disbursement this Period

713.37

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

--

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

Amount of Each Disbursement this Period

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Memo Item

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

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

713.37

3697.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. CASTOR FOR CONGRESS

Mailing Address 301 WEST PLATT STREET

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name
KATHY CASTOR

Office Sought: House
 Senate
 President
State: FL District: 14

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 28 / 2016

Transaction ID : SB23.31836

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 610 SOUTH BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2016

Transaction ID : SB23.31679

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DR. MATT HEINZ FOR ARIZONA

Mailing Address P.O. BOX 57698

City TUCSON State AZ Zip Code 85732

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MATTHEW G. HEINZ

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 28 / 2016

Transaction ID : SB23.31839

Amount of Each Disbursement this Period

4000.00

Memo Item

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. DSCC

Mailing Address 120 MARYLAND AVENUE, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 28 / 2016

Transaction ID : **SB23.31843**

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE HECK

Mailing Address P.O. BOX 753908

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement
CONTRIBUTION

Candidate Name

JOE HECK

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

Disbursement For: 2016 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2016

Transaction ID : **SB23.31661**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GRASSLEY COMMITTEE

Mailing Address P.O. BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement
CONTRIBUTION

Candidate Name

CHARLES E. GRASSLEY

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

Disbursement For: 2016 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2016

Transaction ID : **SB23.31660**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

20000.00

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. JACKIE SPEIER FOR CONGRESS

Mailing Address P.O. BOX 112

City State Zip Code
BURLINGAME CA 94011

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JACKIE SPEIER

Office Sought: House
 Senate
 President
State: CA District: 14

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : **SB23.31364**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JOSELINE PENA-MELNYK FOR CONGRESS

Mailing Address P.O. BOX 5785

City State Zip Code
HYATTSVILLE MD 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) ▼

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2016

Transaction ID : **SB23.31667**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KANSANS FOR MARSHALL

Mailing Address P.O. BOX 1588

City State Zip Code
GREAT BEND KS 67530

Purpose of Disbursement
CONTRIBUTION

Candidate Name
ROGER MARSHALL

Office Sought: House
 Senate
 President
State: KS District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2016

Transaction ID : **SB23.31665**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. LONE STAR LEADERSHIP PAC

Mailing Address P.O. BOX 30844

City State Zip Code
BETHESDA MD 20824

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2016

Transaction ID : **SB23.31949**

Amount of Each Disbursement this Period

7,000.00 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MCHENRY FOR CONGRESS

Mailing Address P.O. BOX 2165

City State Zip Code
GASTONIA NC 28053

Purpose of Disbursement
CONTRIBUTION

Candidate Name

PATRICK T. MCHENRY

Office Sought: House Senate President
State: NC District: 10

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 28 / 2016

Transaction ID : **SB23.31840**

Amount of Each Disbursement this Period

7,000.00 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. NITA LOWEY FOR CONGRESS

Mailing Address P.O. BOX 271

City State Zip Code
WHITE PLAINS NY 10605

Purpose of Disbursement
CONTRIBUTION

Candidate Name

NITA M. LOWEY

Office Sought: House Senate President
State: NY District: 17

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2016

Transaction ID : **SB23.31662**

Amount of Each Disbursement this Period

7,000.00 1000.00

Memo Item

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

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

7000.00

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. NRSC

Mailing Address 425 SECOND STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2016

Transaction ID : SB23.31680

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PALLONE FOR CONGRESS

Mailing Address P.O. BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement
CONTRIBUTION

Candidate Name

FRANK PALLONE, JR.

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

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : SB23.31362

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PAT MURPHY FOR IOWA

Mailing Address P.O. BOX 692

City DUBUQUE State IA Zip Code 52004

Purpose of Disbursement
CONTRIBUTION

Candidate Name

PATRICK MURPHY

Office Sought: House Senate President
State: IA District: 01

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2016

Transaction ID : SB23.31666

Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

18000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PEOPLE FOR BEN

Mailing Address P.O. BOX 31129

City State Zip Code
SANTA FE NM 87594

Purpose of Disbursement
CONTRIBUTION

Candidate Name
BEN R. LUJAN

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NM District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 22 / 2016

Transaction ID : **SB23.31663**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PORTMAN FOR SENATE COMMITTEE

Mailing Address 9856 ARCHER LANE

City State Zip Code
DUBLIN OH 43017

Purpose of Disbursement
CONTRIBUTION

Candidate Name
ROB PORTMAN

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2016

Transaction ID : **SB23.31363**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 99567

City State Zip Code
RALEIGH NC 27624

Purpose of Disbursement
CONTRIBUTION

Candidate Name
RENEE JACISIN ELLMERS

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 22 / 2016

Transaction ID : **SB23.31656**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 99567

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
CONTRIBUTION

Candidate Name
RENEE JACISIN ELLMERS

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

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2016

Transaction ID : **SB23.31657**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. RUSS FOR WISCONSIN

Mailing Address P.O. BOX 620061

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement
CONTRIBUTION

Candidate Name
RUSSELL D. FEINGOLD

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

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2016

Transaction ID : **SB23.31658**

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RUSS FOR WISCONSIN

Mailing Address P.O. BOX 620061

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement
CONTRIBUTION

Candidate Name
RUSSELL D. FEINGOLD

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

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2016

Transaction ID : **SB23.31659**

Amount of Each Disbursement this Period

1500.00

Memo Item

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

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

6500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. RYAN COSTELLO FOR CONGRESS

Mailing Address P.O. BOX 3154

City WEST CHESTER State PA Zip Code 19381

Purpose of Disbursement
CONTRIBUTION

Candidate Name
RYAN A. COSTELLO

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : **SB23.31361**

Amount of Each Disbursement this Period

9000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JANICE D. SCHAKOWSKY

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2016

Transaction ID : **SB23.31670**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. STRICKLAND FOR SENATE

Mailing Address P.O. BOX 2196

City COLUMBUS State OH Zip Code 43216

Purpose of Disbursement
CONTRIBUTION

Candidate Name
TED STRICKLAND

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2016

Transaction ID : **SB23.31671**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

9000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. TAMMY FOR ILLINOIS

Mailing Address P.O. BOX 10793

City State Zip Code
CHICAGO IL 60610

Purpose of Disbursement
CONTRIBUTION

Candidate Name
L TAMMY DUCKWORTH

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

Date of Disbursement

/ /

Transaction ID : SB23.31365

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. TIBERI FOR CONGRESS

Mailing Address 2931 EAST DUBLIN GRANVILLE ROAD

City State Zip Code
COLUMBUS OH 43231

Purpose of Disbursement
CONTRIBUTION

Candidate Name
PATRICK J. TIBERI

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

Date of Disbursement

/ /

Transaction ID : SB23.31674

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. TOM MACARTHUR FOR CONGRESS INC.

Mailing Address P.O. BOX 225

City State Zip Code
COLONIA NJ 07067

Purpose of Disbursement
CONTRIBUTION

Candidate Name
THOMAS MACARTHUR

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NJ District: 03

Date of Disbursement

/ /

Transaction ID : SB23.31664

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. WALDEN FOR CONGRESS

Mailing Address P.O. BOX 1091

City HOOD RIVER State OR Zip Code 97031

Purpose of Disbursement
CONTRIBUTION

Candidate Name
GREGORY P. WALDEN

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

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2016

Transaction ID : **SB23.31677**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WILLIAMS FOR CONGRESS

Mailing Address P.O. BOX 223

City BALDWINVILLE State NY Zip Code 13027

Purpose of Disbursement
CONTRIBUTION

Candidate Name
STEVE WILLIAMS

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

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2016

Transaction ID : **SB23.31678**

Amount of Each Disbursement this Period

1000.00

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

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

3500.00

90000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. LAURA L. SIROTT

Mailing Address 249 SOUTH BERKELEY AVENUE

City PASADENA State CA Zip Code 91107

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : SB28A.31844

Amount of Each Disbursement this Period

625.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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)..... ▶

625.00

625.00