

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
American Congress of Obstetricians & Gynecologists PAC

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

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

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

5. Covering Period 06 / 01 / 2018 through 06 / 30 / 2018

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

Signature of Treasurer Schilling, Mary, , , [Electronically Filed] Date 07 / 20 / 2018

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Congress of Obstetricians & Gynecologists PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		520897.89
(b) Cash on Hand at Beginning of Reporting Period.....	701826.98	
(c) Total Receipts (from Line 19)	15530.91	372486.06
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	717357.89	893383.95
7. Total Disbursements (from Line 31).....	35877.47	211903.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	681480.42	681480.42
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Congress of Obstetricians & Gynecologists PAC

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

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).....	10980.89	277166.14
(ii) Unitemized	4550.02	90303.42
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	15530.91	367469.56
(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)	15530.91	367469.56
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	16.50
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
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)).....▶	15530.91	372486.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	15530.91	372486.06

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	377.47	10692.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	377.47	10692.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31500.00	189500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	2711.43
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	2711.43
29. Other Disbursements (Including Non-Federal Donations).....	4000.00	9000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	35877.47	211903.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35877.47	211903.53

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	15530.91	367469.56
34. Total Contribution Refunds (from Line 28(d))	0.00	2711.43
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15530.91	364758.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	377.47	10692.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	16.50
38. Net Operating Expenditures (subtract Line 37 from Line 36)	377.47	10675.60

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

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

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

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

A. DeFrancesco, Mark, S., , MD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 Terrell Farm Pl
 City Cheshire State CT Zip Code 06410-2910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Women's Health Connecticut Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2916.66

Date of Receipt **06 / 07 / 2018**
Transaction ID : VPF9SPTRM20
 Amount of Each Receipt this Period 347.22
 Memo Item

B. Ring, Brandi, Nicole, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 425 S Cherry St
 City Denver State CO Zip Code 80246-1226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mile High ObGyn Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 919.00

Date of Receipt **06 / 11 / 2018**
Transaction ID : VPF9SPVDQ80
 Amount of Each Receipt this Period 84.00
 Memo Item

c. Herde, Christine, Marie, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 139 Jeffrey Ln
 City Hurley State NY Zip Code 12443-5408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CareMount Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1651.00

Date of Receipt **06 / 10 / 2018**
Transaction ID : VPF9SPVDCM0
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	531.22
TOTAL This Period (last page this line number only).....	

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

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

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

A. Auguste, Tamika, C., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1150 K St NW
 Apt 402
 City Washington State DC Zip Code 20005-6803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MedStar Health Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 18 / 2018
Transaction ID : VPF9SPWZHP0
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Smith, Patricia, Amanda, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 738 Fontaine St
 City Alexandria State VA Zip Code 22302-3607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GWU Medical Faculty Association Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2385.00

Date of Receipt 06 / 16 / 2018
Transaction ID : VPF9SPWZ8Z0
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Flora, Robert, Francis, , MD MBA MPH
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22668 Beckenham Ct
 City Novi State MI Zip Code 48374-3526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 12 / 2018
Transaction ID : VPF9SPVHB51
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

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

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

A. Alderson, Thomas, L., , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3664 Edinborough Dr
 City Rochester Hills State MI Zip Code 48306-3632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McLaren Women's Health Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 24 / 2018
Transaction ID : VPF9SPY6291
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Asaad, Radwan, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37261 Fox Gln
 City Farmington Hills State MI Zip Code 48331-1809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hutzel Women's Specialists Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 23 / 2018
Transaction ID : VPF9SPY5VB1
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Wilson, Matthew, Scott, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3293 W Atticus Cir
 City Riverton State UT Zip Code 84065-6053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Granger Medical Clinic Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 11 / 2018
Transaction ID : VPF9SPZTZE1
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	233.33
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

Mailing Address 231 Cascade Rd

City Columbus	State GA	Zip Code 31904-2873
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
946.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2018

Transaction ID : VPF9SPVD9T1

Amount of Each Receipt this Period
180.00

Memo Item

B. Harris, Karen, Eloise, , MD MPH
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2800 NW 29th St

City Gainesville	State FL	Zip Code 32605-2708
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) North Florida Women's Physicians	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3335.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2018

Transaction ID : VPF9SPWZ9V1

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 3643 Canfield Hill Ct

City Charlotte	State NC	Zip Code 28270-1111
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2018

Transaction ID : VPF9SPX9G52

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	330.00
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 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Flowers, Coy, A., , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1787

City Lewisburg	State WV	Zip Code 24901-4787
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Greenbrier Physicians	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2018

Transaction ID : VPF9SPX5YD2

Amount of Each Receipt this Period
250.00

Memo Item

B. Scott, Albert, , , Jr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2633 N Decatur Rd

City Decatur	State GA	Zip Code 30033-6103
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DeKalb Women's Specialists	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2018

Transaction ID : VPF9SPX5YJ2

Amount of Each Receipt this Period
250.00

Memo Item

C. Yelverton, Robert, Ware, , Jr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2821 W Fountain Blvd

City Tampa	State FL	Zip Code 33609-4011
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
810.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2018

Transaction ID : VPF9SPWZ9P2

Amount of Each Receipt this Period
70.00

Memo Item

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

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

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

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

A. Koutrouvelis, Gayle, Olson, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11924 Sportsman Rd
 City Galveston State TX Zip Code 77554-9365
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Texas Medical Branch Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 16 / 2018
Transaction ID : VPF9SPWZ8Y2
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Temming, Lorene, Atkins, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3242 Eastburn Rd
 City Charlotte State NC Zip Code 28210-4702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolinas Healthcare Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1370.00

Date of Receipt 06 / 19 / 2018
Transaction ID : VPF9SPX3R93
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Sampson, Kimberley, Marie, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Harrison Ave
 City Bennington State VT Zip Code 05201-2201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DHMC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 06 / 30 / 2018
Transaction ID : VPF9SPZ62D3
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

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

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

A. Schellhammer, Shannon, Lynn, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 126 Hampden Pl
 City Winter Park State FL Zip Code 32789-5738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orlando Health Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 06 / 26 / 2018
Transaction ID : VPF9SPYGCE3
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Morgan, Alethia, Ellen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3075 S Birch St
 City Denver State CO Zip Code 80222-6712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COPIC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 16 / 2018
Transaction ID : VPF9SPWZ924
 Amount of Each Receipt this Period 1200.00
 Memo Item

C. Gellhaus, Thomas, Martin, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 906 Tamarack Trl
 City Iowa City State IA Zip Code 52245-3555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Iowa Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 16 / 2018
Transaction ID : VPF9SPWZ9T4
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3750.00
TOTAL This Period (last page this line number only).....	

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

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

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

A. Stone, Dana, Gail, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1730 Huntington Ave

City Nichols Hills	State OK	Zip Code 73116-5511
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1515.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2018

Transaction ID : VPF9SPVD9X4

Amount of Each Receipt this Period
210.00

Memo Item

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

Mailing Address 8 Yale Dr

City Manhasset	State NY	Zip Code 11030-4045
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2018

Transaction ID : VPF9SPY2H25

Amount of Each Receipt this Period
200.00

Memo Item

C. Brabson, Leonard, Allison, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 939 E Emerald Ave
Ste 806A

City Knoxville	State TN	Zip Code 37917-4577
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Tennova Healthcare	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2018

Transaction ID : VPF9SPVHB35

Amount of Each Receipt this Period
625.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1035.00
TOTAL This Period (last page this line number only).....	

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

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

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

A. Mattison, Sandra, Patricia, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 625 Warren Ave
Apt 2

City Kingston State PA Zip Code 18704-5321

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

Name of Employer (for Individual) Ob/Gyn Associates Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 06 / 06 / 2018
Transaction ID : VPF9SPTR975

Amount of Each Receipt this Period 300.00

Memo Item

B. Casey, Rachel, Kastl, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6611 Locust St

City Falls Church State VA Zip Code 22046-2303

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

Name of Employer (for Individual) Pediatric Specialists of Virginia Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 06 / 30 / 2018
Transaction ID : VPF9SPZ62C5

Amount of Each Receipt this Period 75.00

Memo Item

C. Fenton, Douglas, K., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2921 Managua Pl

City Carlsbad State CA Zip Code 92009-7106

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

Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 3754.00

Date of Receipt 06 / 07 / 2018
Transaction ID : VPF9SPTRFD5

Amount of Each Receipt this Period 209.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 584.00

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

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

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

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

A. Drucker, Abigail, Casey, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1322 Country Club Dr
 City Spencer State IA Zip Code 51301-2757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Creighton Women's Health Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 16 / 2018
Transaction ID : VPF9SPWZ8M5
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Prabhakaran, Sujatha, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 736 Central Ave
 City Sarasota State FL Zip Code 34236-4042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Planned Parenthood of SW & Central FL Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 16 / 2018
Transaction ID : VPF9SPWZ916
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Johnson, Timothy, R.B., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Riverview Dr
 City Ann Arbor State MI Zip Code 48104-1846
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Michigan Occupation (for Individual) Professor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 04 / 2018
Transaction ID : VPF9SPTJ156
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

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

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

A. Dardarian, Thomas, S., , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1030 E Lancaster Ave
 City Bryn Mawr State PA Zip Code 19010-1451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Main Line Women's Health Care Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2550.00

Date of Receipt 06 / 03 / 2018
Transaction ID : VPF9SPTHXB6
 Amount of Each Receipt this Period 425.00
 Memo Item

B. Allbert, John, R., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2619 Sherwood Ave
 City Charlotte State NC Zip Code 28207-2548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Novant Health Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 19 / 2018
Transaction ID : VPF9SPX5XR6
 Amount of Each Receipt this Period 120.00
 Memo Item

c. Blanchard, May, Hsieh, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1316 Belt St
 City Baltimore State MD Zip Code 21230-4760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Maryland Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 06 / 01 / 2018
Transaction ID : VPF9SPSNE97
 Amount of Each Receipt this Period 25.00
 Memo Item

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

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

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

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

A. Sappenfield, Elisabeth, Christine, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11402 E Queensway Dr
 City Temple Terrace State FL Zip Code 33617-2422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of South Florida Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt 06 / 23 / 2018
Transaction ID : VPF9SPY5VJ7
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Packard, Lisa, Kay, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 903 Camille Ln
 City Mountain View State CA Zip Code 94040-2668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Palo Alto Medical Foundation Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 12 / 2018
Transaction ID : VPF9SPVHAX7
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Sirott, Laura, L., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 249 S Berkeley Ave
 City Pasadena State CA Zip Code 91107-4734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1445.00

Date of Receipt 06 / 16 / 2018
Transaction ID : VPF9SPWZ9X7
 Amount of Each Receipt this Period 625.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	735.00
TOTAL This Period (last page this line number only).....	

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

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

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

A. White, Emily, Maureen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 E Manning St
 City Providence State RI Zip Code 02906-4048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Providence Community Health Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 06 / 2018
Transaction ID : VPF9SPTP048
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Herde, Christine, Marie, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 139 Jeffrey Ln
 City Hurley State NY Zip Code 12443-5408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CareMount Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1651.00

Date of Receipt 06 / 04 / 2018
Transaction ID : VPF9SPTJ2A8
 Amount of Each Receipt this Period 175.00
 Memo Item

C. Ivey, Richard, Todd, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4023 Betsy Ln
 City Houston State TX Zip Code 77027-5105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baylor College of Medicine Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 06 / 20 / 2018
Transaction ID : VPF9SPXAED8
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	525.00
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 19 OF 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Puritz, Holly, Suzanne, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7940 N Shore Rd
 City Norfolk State VA Zip Code 23505-1737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Group for Women Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1554.00

Date of Receipt 06 / 07 / 2018
Transaction ID : VPF9SPTRFN8
 Amount of Each Receipt this Period 209.00
 Memo Item

B. Wolfe, Cheryl, D., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5000 S East End Ave 17C
 City Chicago State IL Zip Code 60615-3176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rush University Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 02 / 2018
Transaction ID : VPF9SPTHMA9
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Lynch, Bernard, A., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 608 Pressler St
 City Austin State TX Zip Code 78703-5126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Austin Regional Clinic Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1310.04

Date of Receipt 06 / 20 / 2018
Transaction ID : VPF9SPXBBD9
 Amount of Each Receipt this Period 208.34
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	517.34
TOTAL This Period (last page this line number only).....	

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

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

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

A. Skilling, Kelly, A., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1330 N Davis Farms Rd
 City Davis State CA Zip Code 95616-5730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Permanente Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1045.00

Date of Receipt **06 / 19 / 2018**
Transaction ID : VPF9SPX3YH9
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Smith, Patricia, Amanda, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 738 Fontaine St
 City Alexandria State VA Zip Code 22302-3607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GWU Medical Faculty Association Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2385.00

Date of Receipt **06 / 12 / 2018**
Transaction ID : VPF9SPVHBS9
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Bigay-Rodriguez, Felix, U., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4432 8th St SW
 City Vero Beach State FL Zip Code 32968-4153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indian River Medical Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 16 / 2018**
Transaction ID : VPF9SPWZ9W9
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	10980.89

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. First Data

Mailing Address 5565 Glenridge Connector NE
Ste 2000

City Atlanta State GA Zip Code 30342-1651

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2018

FEC Identification Number

C
Transaction ID : VPEAHA7RZ
Amount of Each Disbursement this Period
294.79

Memo Item

Full Name (Last, First, Middle Initial)

B. First Data

Mailing Address 5565 Glenridge Connector NE
Ste 2000

City Atlanta State GA Zip Code 30342-1651

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2018

FEC Identification Number

C
Transaction ID : VPEAHA7RZ
Amount of Each Disbursement this Period
19.95

Memo Item

Full Name (Last, First, Middle Initial)

C. First Data

Mailing Address 5565 Glenridge Connector NE
Ste 2000

City Atlanta State GA Zip Code 30342-1651

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2018

FEC Identification Number

C
Transaction ID : VPEAHA7RZ
Amount of Each Disbursement this Period
4.95

Memo Item

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

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

319.69

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Amalgamated Bank		Date of Disbursement MM / DD / YYYY 06 / 27 / 2018	
Mailing Address 1825 K St NW		FEC Identification Number C []	
City Washington	State DC	Zip Code 20006-1202	Transaction ID : VPEAHA7N7/ Amount of Each Disbursement this Period 57.78
Purpose of Disbursement Bank Fees		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	57.78
TOTAL This Period (last page this line number only).....▶	377.47

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name (Last, First, Middle Initial)

A. The McMorris Rodgers American Dream Project

Mailing Address PO Box 2485

City
Springfield

State
VA

Zip Code
22152-0485

Purpose of Disbursement
Voided Check

Candidate Name

The McMorris Rodgers American Dream Project

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C C00543199

Transaction ID : VPEAHA7MM

Amount of Each Disbursement this Period

- 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Elaine for Congress

Mailing Address PO Box 66191

City
Virginia Beach

State
VA

Zip Code
23466-6191

Purpose of Disbursement
Federal Contribution

Candidate Name

LURIA, ELAINE, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: VA District: 02

Date of Disbursement

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

FEC Identification Number

C C00664375

Transaction ID : VPEAHA7KZI

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tammy Baldwin For Senate

Mailing Address PO Box 696

City
Madison

State
WI

Zip Code
53701-0696

Purpose of Disbursement
Federal Contribution

Candidate Name

BALDWIN, TAMMY, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WI District: 00

Date of Disbursement

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

FEC Identification Number

C C00326801

Transaction ID : VPEAHA7MC

Amount of Each Disbursement this Period

3000.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name (Last, First, Middle Initial)

A. Katko for Congress

Mailing Address 228 S Washington St
Ste 115

City
Alexandria

State
VA

Zip Code
22314-5404

Purpose of Disbursement
Federal Contribution

Candidate Name

KATKO, JOHN M, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2018

FEC Identification Number

C C00556365

Transaction ID : VPEAHA7JR
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Walden For Congress

Mailing Address PO Box 1091

City
Hood River

State
OR

Zip Code
97031-0037

Purpose of Disbursement
Federal Contribution

Candidate Name

WALDEN, GREGORY P MR., , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2018

FEC Identification Number

C C00333427

Transaction ID : VPEAHA7KZI
Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Joe Morelle for Congress

Mailing Address PO Box 90914

City
Rochester

State
NY

Zip Code
14609-0914

Purpose of Disbursement
Federal Contribution

Candidate Name

MORELLE, JOSEPH D, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2018

FEC Identification Number

C C00675108

Transaction ID : VPEAHA7N7
Amount of Each Disbursement this Period

5000.00

Memo Item

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Progressive Choices PAC

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 58

City: Evanston State: IL Zip Code: 60204-0058

Purpose of Disbursement: Federal Contribution

Candidate Name: **Progressive Choices PAC**

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

State: District:

Date of Disbursement: MM/DD/YYYY = 06/15/2018

FEC Identification Number: **C00381806**
Transaction ID: **VPEAHA7KZ**
Amount of Each Disbursement this Period: **5000.00**

Memo Item

B. Lance For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 999

City: Edison State: NJ Zip Code: 08818-0999

Purpose of Disbursement: Federal Contribution

Candidate Name: **LANCE, LEONARD, , ,**

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

State: NJ District: 07

Date of Disbursement: MM/DD/YYYY = 06/29/2018

FEC Identification Number: **C00444224**
Transaction ID: **VPEAHA7NAI**
Amount of Each Disbursement this Period: **1000.00**

Memo Item

C. The McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 2485

City: Springfield State: VA Zip Code: 22152-0485

Purpose of Disbursement: Federal Contribution

Candidate Name: **The McMorris Rodgers American Dream Project**

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

State: District:

Date of Disbursement: MM/DD/YYYY = 06/22/2018

FEC Identification Number: **C00543199**
Transaction ID: **VPEAHA7N7**
Amount of Each Disbursement this Period: **1000.00**

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ **7000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Liz for Indiana

Mailing Address PO Box 1732

City: Bloomington State: IN Zip Code: 47402-1732

Purpose of Disbursement
Federal Contribution

Candidate Name
WATSON, LIZ, , ,

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

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2018

FEC Identification Number

C C00651331

Transaction ID : VPEAHA7KZI

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Committee to Elect Richard Ojeda

Mailing Address PO Box 624

City: Holden State: WV Zip Code: 25625-0624

Purpose of Disbursement
Federal Contribution

Candidate Name
OJEDA, RICHARD NEECE SENAT, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: WV District: 03

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2018

FEC Identification Number

C C00639989

Transaction ID : VPEAHA7KZI

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TENN Political Action Committee, Inc. (TENN PAC)

Mailing Address 228 S Washington St Ste 115

City: Alexandria State: VA Zip Code: 22314-5404

Purpose of Disbursement
Federal Contribution

Candidate Name
TENN Political Action Committee, Inc. (TENN PAC)

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

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2018

FEC Identification Number

C C00388421

Transaction ID : VPEAHA7N9

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

11000.00

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name (Last, First, Middle Initial)

A. Kuster For Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2018

Mailing Address PO Box 1498

FEC Identification Number

C	C00462861
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City
Concord

State
NH

Zip Code
03302-1498

Transaction ID : VPEAHA7N9'

Amount of Each Disbursement this Period

Purpose of Disbursement
Federal Contribution

--

500.00

Candidate Name

KUSTER, ANN MCLANE, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NH District: 02

Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C	
---	--

Amount of Each Disbursement this Period

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City

State

Zip Code

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C	
---	--

Amount of Each Disbursement this Period

--

City

State

Zip Code

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Memo Item

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

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

500.00

31500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Ron Stollings for State Senate

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 365

M M M	/	D D D	/	Y Y Y Y Y
06		22		2018

City Madison State WV Zip Code 25130-0365

FEC Identification Number

Purpose of Disbursement
Non-Federal Contribution

C []

Transaction ID : VPEAHA7N71
Amount of Each Disbursement this Period

Candidate Name

Category/
Type

[] 1000.00

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

Memo Item

State: District:

B. Heather Matson for Iowa House

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1802 SW Prairie Trail Pkwy

M M M	/	D D D	/	Y Y Y Y Y
06		01		2018

City Ankeny State IA Zip Code 50023-7047

FEC Identification Number

Purpose of Disbursement
Non-Federal Contribution

C []

Transaction ID : VPEAHA7JR7
Amount of Each Disbursement this Period

Candidate Name

Category/
Type

[] 500.00

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

Memo Item

State: District:

C. Dr. Tom Takubo for State Senate

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 272 Ridge Road

M M M	/	D D D	/	Y Y Y Y Y
06		06		2018

City South Charleston State WV Zip Code 25309

FEC Identification Number

Purpose of Disbursement
Non-Federal Contribution

C []

Transaction ID : VPEAHA7JR
Amount of Each Disbursement this Period

Candidate Name

Category/
Type

[] 500.00

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

Memo Item

State: District:

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

[] 2000.00

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

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

Full Name (Last, First, Middle Initial)

A. Caleb Frostman for State Senate

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	3		2	0	1	8		

Mailing Address PO Box 486

City Sturgeon Bay	State WI	Zip Code 54235-0486
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FEC Identification Number

C	Transaction ID : VPEAHA7MG
Amount of Each Disbursement this Period	
2000.00	

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

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

FEC Identification Number

C	Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

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

FEC Identification Number

C	Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Memo Item

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

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

2000.00

4000.00
