

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5

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

ADDRESS (number and street) 409 12TH STREET, SW

Check if different than previously reported. (ACC) WASHINGTON DC 20024

2. **FEC IDENTIFICATION NUMBER** ▼ C C00364158 **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

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:
- | | | | |
|--------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input checked="" type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of

- (d) 30-Day **POST-Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y Y 06 / 01 / 2013 through M M M / D D D / Y Y Y Y Y Y Y Y 06 / 30 / 2013

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 STACIE MONROE

Signature of Treasurer STACIE MONROE [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y Y 07 / 10 / 2013

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

Office Use Only									
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**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="2013"/>	<input type="text" value="95382.62"/>	<input type="text" value="95382.62"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="229574.63"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="35415.33"/>	<input type="text" value="372310.66"/>
(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="264989.96"/>	<input type="text" value="467693.28"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19444.93"/>	<input type="text" value="222148.25"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="245545.03"/>	<input type="text" value="245545.03"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

Report Covering the Period: From: 06 / 01 / 2013 To: 06 / 30 / 2013

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).....	27700.33	280722.31
(ii) Unitemized	7715.00	83541.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	35415.33	364263.63
(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)	35415.33	364263.63
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	47.03
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	8000.00
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))..... ▶	35415.33	372310.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	35415.33	372310.66

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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	944.93	9148.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	944.93	9148.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	211000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1000.00	2000.00
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)) ..	19444.93	222148.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19444.93	222148.25

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)	35415.33	364263.63
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35415.33	364263.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	944.93	9148.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	47.03
38. Net Operating Expenditures (subtract Line 37 from Line 36)	944.93	9101.22

**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 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. JACQUES S. ABRAMOWICZ
Full Name (Last, First, Middle Initial)

Mailing Address 100 EAST BELLEVUE

City CHICAGO State IL Zip Code 60611

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

Name of Employer RUSH UNIVERSITY 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
 06 / 06 / 2013

Transaction ID : SA11AI.7134

Amount of Each Receipt this Period
 250.00

B. MELODY R. ADLER
Full Name (Last, First, Middle Initial)

Mailing Address 815 BISHOPSGATE LANE

City VIRGINIA BEACH State VA Zip Code 23452

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

Name of Employer COMPLETE WOMEN'S CARE 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
 06 / 04 / 2013

Transaction ID : SA11AI.7011

Amount of Each Receipt this Period
 250.00

C. RICHARD C. AGNEW
Full Name (Last, First, Middle Initial)

Mailing Address 351 HOSPITAL ROAD

City NEWPORT BEACH State CA Zip Code 92663

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
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2013

Transaction ID : SA11AI.7274

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 51
	<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. THADDEUS 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 ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2013
Transaction ID : SA11AI.7126
 Amount of Each Receipt this Period
 150.00

B. THOMAS F. ARNOLD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1145 14TH AVENUE WEST
 City DICKINSON State ND Zip Code 58601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CATHOLIC HEALTH INITIATIVES Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2013
Transaction ID : SA11AI.7200
 Amount of Each Receipt this Period
 625.00

C. THOMAS F. ARNOLD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1145 14TH AVENUE WEST
 City DICKINSON State ND Zip Code 58601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CATHOLIC HEALTH INITIATIVES Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : SA11AI.7292
 Amount of Each Receipt this Period
 250.00

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 8 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2230 PRINCETON AVENUE

City ST. PAUL State MN Zip Code 55105

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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2013
Transaction ID : SA11AI.7125

Amount of Each Receipt this Period
 150.00

B. SIOBHAN M. BERTOLINO
Full Name (Last, First, Middle Initial)

Mailing Address 2269 JADE STREET

City VIRGINIA BEACH State VA Zip Code 23451

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

Name of Employer TIDEWATER PHYSICIANS 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
 06 / 07 / 2013
Transaction ID : SA11AI.7043

Amount of Each Receipt this Period
 250.00

C. TERESA G. BREMNER
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 10344

City TORRANCE State CA Zip Code 90505

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

Name of Employer DEPARTMENT OF PUBLIC HEALTH 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
 06 / 21 / 2013
Transaction ID : SA11AI.7343

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 51
	<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. KEITH R. BRILL
Full Name (Last, First, Middle Initial)

Mailing Address 5502 SOUTH FORT APACHE ROAD

City LAS VEGAS	State NV	Zip Code 89148
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FEC ID number of contributing federal political committee. **C**

Name of Employer WOMEN'S SPECIALTY CARE	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2013

Transaction ID : SA11AI.7268

Amount of Each Receipt this Period

65.00

B. CYNTHIA A. BRINCAT
Full Name (Last, First, Middle Initial)

Mailing Address 2103 KEYES AVENUE

City MADISON	State WI	Zip Code 53711
-----------------	-------------	-------------------

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 ▼ **1600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2013

Transaction ID : SA11AI.6978

Amount of Each Receipt this Period

300.00

C. MARY A. BURNS
Full Name (Last, First, Middle Initial)

Mailing Address 2635 LANDVIEW CIRCLE

City VIRGINIA BEACH	State VA	Zip Code 23454
------------------------	-------------	-------------------

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

Name of Employer VIRGINIA BEACH OB/GYN	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
06	/	04	/	2013

Transaction ID : SA11AI.7014

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶	615.00
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 51
	<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. WILDRIDO A. CASTILLO		Date of Receipt
Mailing Address 8419 124TH STREET		M M / D D / Y Y Y Y Y Y 06 / 25 / 2013
City	State	Zip Code
KEW GARDENS	NY	11415
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.7355
C		Amount of Each Receipt this Period
		250.00
Name of Employer	Occupation	
URBAN HEALTH PLAN	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	250.00	

Full Name (Last, First, Middle Initial) B. JAMES P. CHANEY		Date of Receipt
Mailing Address 1730 HIGHWAY 25 NORTH		M M / D D / Y Y Y Y Y Y 06 / 22 / 2013
City	State	Zip Code
AMORY	MS	38821
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.7345
C		Amount of Each Receipt this Period
		50.00
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	300.00	

Full Name (Last, First, Middle Initial) C. J. FLOYD CLINGENPEEL		Date of Receipt
Mailing Address 305 HUNTERDALE ROAD		M M / D D / Y Y Y Y Y Y 06 / 07 / 2013
City	State	Zip Code
FRANKLIN	VA	23851
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.7047
C		Amount of Each Receipt this Period
		250.00
Name of Employer	Occupation	
OB/GYN PHYSICIANS	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 51
<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)

Full Name (Last, First, Middle Initial) A. JEANNE A. CONRY		Date of Receipt MM / DD / YYYY 06 / 03 / 2013 Transaction ID : SA11AI.6979
Mailing Address 1600 EUREKA ROAD		Amount of Each Receipt this Period 250.00
City ROSEVILLE	State CA	Zip Code 95661
FEC ID number of contributing federal political committee. C	Name of Employer KAISER PERMANENTE	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2660.00	

Full Name (Last, First, Middle Initial) B. MONIQUE S. CRABB		Date of Receipt MM / DD / YYYY 06 / 07 / 2013 Transaction ID : SA11AI.7049
Mailing Address 2625 BOMBAY LANDING		Amount of Each Receipt this Period 250.00
City VIRGINIA BEACH	State VA	Zip Code 23456
FEC ID number of contributing federal political committee. C	Name of Employer COMPLETE WOMEN'S CARE	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. LIBBY D. CROCKETT		Date of Receipt MM / DD / YYYY 06 / 22 / 2013 Transaction ID : SA11AI.7346
Mailing Address 5650 BURDETTE STREET		Amount of Each Receipt this Period 50.00
City OMAHA	State NE	Zip Code 68104
FEC ID number of contributing federal political committee. C	Name of Employer UNIVERSITY OF NEBRASKA	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 51
	<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. JON L. CROCKFORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2951 BALTIC AVENUE
 City VIRGINIA BEACH State VA Zip Code 23451
 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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.7051
 Amount of Each Receipt this Period
 250.00

B. ELISABETH CURTIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2306 RESERVE WAY
 City NEWPORT NEWS State VA Zip Code 23602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MID-ATLANTIC WOMEN'S CARE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.7053
 Amount of Each Receipt this Period
 250.00

C. 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 ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2013
Transaction ID : SA11AI.7270
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
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 13 OF 51
(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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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)

Full Name (Last, First, Middle Initial)
A. ROBERT H. DEBBS

Mailing Address 2 SASSAFRAS COURT

City State Zip Code
VOORHEES NJ 08043

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 ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 10 / 2013

Transaction ID : SA11AI.7173

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. MARK S. DEFRANCESCO

Mailing Address 35 TERRELL FARM PLACE

City State Zip Code
CHESHIRE CT 06410

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

Name of Employer Occupation
WOMEN'S HEALTH CONNECTICUT PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1725.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 03 / 2013

Transaction ID : SA11AI.6980

Amount of Each Receipt this Period
200.00

Full Name (Last, First, Middle Initial)
C. ANTONIO DE LA ROSA

Mailing Address 19 VIA PLACITA

City State Zip Code
EL PASO TX 79927

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

Name of Employer Occupation
EAST DESERT OB/GYN PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 03 / 2013

Transaction ID : SA11AI.6981

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 51
	<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. NATHANIEL DENICOLA			Date of Receipt
Mailing Address 2121 PINE STREET			<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : SA11AI.7341
PHILADELPHIA	PA	19103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="209.00"/>
Name of Employer	Occupation		
UNIVERSITY OF PENNSYLVANIA	PHYSICIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1086.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MARYBETH R. DIXON			Date of Receipt
Mailing Address 510 CARLISLE WAY			<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : SA11AI.7055
NORFOLK	VA	23505	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
WOMAN CARE CENTERS	PHYSICIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. EILEEN F. FARWICK			Date of Receipt
Mailing Address 516 JENNIFER LANE			<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : SA11AI.7276
WINDEMERE	FL	34786	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
ORLANDO HEALTH	PHYSICIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="709.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 51
	<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. BENIGNO FEDERICI
Full Name (Last, First, Middle Initial)

Mailing Address 5026 RIVERFRONT DRIVE

City SUFFOLK State VA Zip Code 23434

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

Name of Employer SPECIALISTS FOR WOMEN Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 251.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.7057

Amount of Each Receipt this Period
 251.00

B. DOUGLAS K. FENTON
Full Name (Last, First, Middle Initial)

Mailing Address 2921 MANAGUA PLACE

City CARLSBAD State CA Zip Code 92009

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

Name of Employer SCRIPPS COASTAL MEDICAL GROUP Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 836.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2013
Transaction ID : SA11AI.7205

Amount of Each Receipt this Period
 209.00

C. MARTHA T. FERNANDEZ
Full Name (Last, First, Middle Initial)

Mailing Address 1308 LITCHFIELD COURT

City VIRGINIA BEACH State VA Zip Code 23452

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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.7059

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 710.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 51
	<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 A. FERRARA
Full Name (Last, First, Middle Initial)

Mailing Address 10122 EAST 10TH STREET

City INDIANAPOLIS State IN Zip Code 46229

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

Name of Employer COMMUNITY HEALTH NETWORK Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2013

Transaction ID : SA11AI.7337

Amount of Each Receipt this Period
 250.00

B. NELLI FISHER
Full Name (Last, First, Middle Initial)

Mailing Address 1111 SHEEPSHEAD BAY ROAD

City BROOKLYN State NY Zip Code 11229

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

Name of Employer MAIMONIDES MEDICAL CENTER Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 11 / 2013

Transaction ID : SA11AI.7181

Amount of Each Receipt this Period
 250.00

C. ROBERT F. FLORA
Full Name (Last, First, Middle Initial)

Mailing Address 7679 MANNHEIM COURT

City HUDSON State OH Zip Code 44236

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

Name of Employer SUMMA HEALTH SYSTEM Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2013

Transaction ID : SA11AI.7139

Amount of Each Receipt this Period
 250.00

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 17 OF 51
	<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)

Full Name (Last, First, Middle Initial) A. ARLENE J. FONTANARES		Date of Receipt
Mailing Address 1013 SAW PEN POINT TRAIL		M M M / D D D / Y Y Y Y Y Y 06 / 07 / 2013
City	State	Zip Code
VIRGINIA BEACH	VA	23455
FEC ID number of contributing federal political committee.	C	Transaction ID : SA11Al.7061
Name of Employer	Occupation	Amount of Each Receipt this Period
TIDEWATER PHYSICIANS FOR WOMEN	PHYSICIAN	250.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	250.00	

Full Name (Last, First, Middle Initial) B. CANDICE GEARY		Date of Receipt
Mailing Address 635 HIDDEN FALLS LANE		M M M / D D D / Y Y Y Y Y Y 06 / 07 / 2013
City	State	Zip Code
CHESAPEAKE	VA	23320
FEC ID number of contributing federal political committee.	C	Transaction ID : SA11Al.7063
Name of Employer	Occupation	Amount of Each Receipt this Period
VIRGINIA CENTER FOR WOMEN	PHYSICIAN	250.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	250.00	

Full Name (Last, First, Middle Initial) C. THOMAS M. GELLHAUS		Date of Receipt
Mailing Address 6345 JAMES ROAD		M M M / D D D / Y Y Y Y Y Y 06 / 05 / 2013
City	State	Zip Code
BETTENDORF	IA	52722
FEC ID number of contributing federal political committee.	C	Transaction ID : SA11Al.7127
Name of Employer	Occupation	Amount of Each Receipt this Period
UNIVERSITY OF IOWA	PHYSICIAN	250.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2750.00	

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 18 OF 51
	<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. JENNIFER M. GODBOUT
 Full Name (Last, First, Middle Initial)
 Mailing Address 4000 COLISEUM DRIVE
 City HAMPTON State VA Zip Code 23666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OB/GYN ASSOCIATES OF HAMPTON Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2013
Transaction ID : SA11AI.7016
 Amount of Each Receipt this Period
250.00

B. ILENE GOLDSTEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 921 ATLANTIC AVENUE
 City VIRGINIA BEACH State VA Zip Code 23451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VIRGINIA BEACH OB/GYN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2013
Transaction ID : SA11AI.7018
 Amount of Each Receipt this Period
250.00

C. ELIZABETH B. GOLPIRA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1702 CLONCURRY ROAD
 City NORFOLK State VA Zip Code 23505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WOMAN CARE CENTERS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.7065
 Amount of Each Receipt this Period
250.00

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 19 OF 51
	<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. S. DWIGHT GROVES
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 HARBOR WATCH DRIVE
 City CHESAPEAKE State VA Zip Code 23320
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.7067
 Amount of Each Receipt this Period
 250.00

B. WILLIAM A. GROWDON
 Full Name (Last, First, Middle Initial)
 Mailing Address 624 OCAMPO DRIVE
 City PACIFIC PALISADES State CA Zip Code 90272
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UCLA 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
 06 / 21 / 2013
Transaction ID : SA11AI.7297
 Amount of Each Receipt this Period
 250.00

C. NEIL A. HAMILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3882 SOUTH 177TH AVENUE
 City OMAHA State NE Zip Code 68130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer METHODIST 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
 06 / 09 / 2013
Transaction ID : SA11AI.7167
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 51
	<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. HITENDRA HANSALIA		Date of Receipt
Mailing Address 1810 MULKEY ROAD		<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
AUSTELL	GA	30106
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.7140
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
COBB WOMEN'S HEALTH	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. LISBET M. HANSON		Date of Receipt
Mailing Address 1501 MCCULLOUGH LANE		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
VIRGINIA BEACH	VA	23454
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.7069
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
VIRGINIA BEACH OB/GYN	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. DENISE L. HARRIS		Date of Receipt
Mailing Address 880 KEMPSVILLE ROAD		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
NORFOLK	VA	23502
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.7071
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
THE GROUP FOR WOMEN	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 51
	<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. 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 ▼ 1850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : SA11AI.7142
 Amount of Each Receipt this Period
 250.00

B. THOMAS W. HEPFER
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 NORTH SUMTER STREET
 City SUMTER State SC Zip Code 29150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUMTER OB/GYN 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 Y Y
 06 / 24 / 2013
Transaction ID : SA11AI.7339
 Amount of Each Receipt this Period
 50.00

C. ROBERT M. HILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 10101 RAINBOW ROAD
 City CARROLLTON State VA Zip Code 23314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HAMPTON ROADS OB/GYN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.7073
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 51
	<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. DIANE J. HORVATH-COSPER		Date of Receipt
Mailing Address 3238 HILL RIDGE DRIVE		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
EAGAN	MN	55121
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.7174
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
HEALTH PARTNERS	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="775.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. G. THEODORE HUGHES		Date of Receipt
Mailing Address 6069 RIVER CRESCENT		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
NORFOLK	VA	23505
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.7075
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
WOMAN CARE CENTERS	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. NAVED A. JAFRI		Date of Receipt
Mailing Address 4000 COLISEUM DRIVE		<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
HAMPTON	VA	23666
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.7020
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
OB/GYN ASSOCIATES OF HAMPTON	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="550.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 51
	<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)

Full Name (Last, First, Middle Initial) A. OBAID H. JAFRI		Date of Receipt
Mailing Address 4000 COLISEUM DRIVE		<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
HAMPTON	VA	23666
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7022
Name of Employer	Occupation	Amount of Each Receipt this Period
OB/GYN ASSOCIATES OF HAMPTON	PHYSICIAN	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. LYDIA M. JEFFRIES		Date of Receipt
Mailing Address 21 WILSON LANE		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
FAIRVIEW	NC	28730
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7379
Name of Employer	Occupation	Amount of Each Receipt this Period
ASHEVILLE WOMEN'S MEDICAL	PHYSICIAN	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3050.00"/>	

Full Name (Last, First, Middle Initial) C. SUSAN J. JOHNSON		Date of Receipt
Mailing Address 4521 RIO VISTA DRIVE		<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City	State	Zip Code
BILLINGS	MT	59106
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7262
Name of Employer	Occupation	Amount of Each Receipt this Period
BILLINGS CLINIC	PHYSICIAN	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 51
	<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. JOHN P. KEATS		Date of Receipt
Mailing Address 241 CROWNHILL COURT		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
VENTURA	CA	93003
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.7380
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Name of Employer	Occupation	
CIGNA HEALTHCARE	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. H. JOSEPH KHAN		Date of Receipt
Mailing Address 1629 WEST 17TH STREET		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
SANTA ANA	CA	92706
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.7361
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
ST. JOSEPH HEALTH	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JUDITH M. KIMELMAN		Date of Receipt
Mailing Address 9242 SOUTHEAST 46TH STREET		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
MERCER ISLAND	WA	98040
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.7287
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Name of Employer	Occupation	
SEATTLE OB/GYN GROUP	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1150.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="550.00"/>
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 25 OF 51
	<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. J. JOSHUA KOPELMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7600 LANDMARK WAY
 City State Zip Code
 GREENWOOD VILLAGE CO 80111
 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 ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : SA11Al.7272
 Amount of Each Receipt this Period
 75.00

B. RAEGAN N. KOTSKO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1608 BOHNHOFF DRIVE
 City State Zip Code
 VIRGINIA BEACH VA 23454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 VIRGINIA BEACH OB/GYN 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
 06 / 07 / 2013
Transaction ID : SA11Al.7077
 Amount of Each Receipt this Period
 250.00

C. FENNEY KWAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4545 COMMERCE STREET
 City State Zip Code
 VIRGINIA BEACH VA 23462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 VIRGINIA BEACH OB/GYN 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
 06 / 04 / 2013
Transaction ID : SA11Al.7024
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	575.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 51
<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)

Full Name (Last, First, Middle Initial) A. MELISSA E. LARSEN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 05 / 2013
Mailing Address 2509 NANTES WAY		Transaction ID : SA11Al.7010
City BAKERSFIELD	State CA	Zip Code 93311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer KERN MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. ZENETTE M. LEO		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 07 / 2013
Mailing Address 1608 BEARDSLY COURT		Transaction ID : SA11Al.7079
City CHESAPEAKE	State VA	Zip Code 23322
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer GYNECOLOGY SPECIALISTS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. SUSAN M. LEMAGIE		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 25 / 2013
Mailing Address 425 EAST DAHLIA AVENUE		Transaction ID : SA11Al.7375
City PALMER	State AK	Zip Code 99645
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 51
	<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. JANICE LEVIN
Full Name (Last, First, Middle Initial)

Mailing Address 2100 CHAMBERLING KEY

City	State	Zip Code
VIRGINIA BEACH	VA	23454

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

Name of Employer	Occupation
COMPLETE WOMEN'S CARE	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
06	/	07	/	2013

Transaction ID : SA11Al.7081

Amount of Each Receipt this Period
250.00

B. PAUL I. LINDNER
Full Name (Last, First, Middle Initial)

Mailing Address 1100 KENNEDY TRAIL

City	State	Zip Code
CHESAPEAKE	VA	23322

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

Name of Employer	Occupation
TOTAL CARE FOR WOMEN	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
06	/	07	/	2013

Transaction ID : SA11Al.7083

Amount of Each Receipt this Period
250.00

C. PAUL A. LOCUS
Full Name (Last, First, Middle Initial)

Mailing Address 14023 SOUTHWEST FREEWAY

City	State	Zip Code
SUGAR LAND	TX	77478

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

Name of Employer	Occupation
MEMORIAL FAMILY MEDICINE	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	/	17	/	2013

Transaction ID : SA11Al.7264

Amount of Each Receipt this Period
400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 51
	<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. LINDA M. LONG
Full Name (Last, First, Middle Initial)

Mailing Address 3072 FALMOUTH DRIVE

City CHESAPEAKE State VA Zip Code 23321

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

Name of Employer GYNECOLOGY SPECIALISTS 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
 06 / 04 / 2013

Transaction ID : SA11AI.7026

Amount of Each Receipt this Period
 250.00

B. ROBERT P. LORENZ
Full Name (Last, First, Middle Initial)

Mailing Address 3226 WELLINGTON COURT

City WEST BLOOMFIELD State MI Zip Code 48324

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 ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2013

Transaction ID : SA11AI.7378

Amount of Each Receipt this Period
 250.00

C. MARGARET P. MAEDER
Full Name (Last, First, Middle Initial)

Mailing Address 856 JACKSON STREET

City DENVER State CO Zip Code 80206

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 ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013

Transaction ID : SA11AI.7164

Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 51
	<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. MARGARET P. MAEDER		Date of Receipt
Mailing Address 856 JACKSON STREET		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City	State	Zip Code
DENVER	CO	80206
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7290
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF-EMPLOYED	PHYSICIAN	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="850.00"/>	

Full Name (Last, First, Middle Initial) B. WILLIAM L. MARTIN		Date of Receipt
Mailing Address 452 LINKHORN DRIVE		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
VIRGINIA BEACH	VA	23451
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7085
Name of Employer	Occupation	Amount of Each Receipt this Period
MID-ATLANTIC WOMEN'S CARE	PHYSICIAN	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. LINDA MATHISON-EZIEME		Date of Receipt
Mailing Address 816 FOREST GLADE DRIVE		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
CHESAPEAKE	VI	23322
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7087
Name of Employer	Occupation	Amount of Each Receipt this Period
VIRGINIA CENTER FOR WOMEN	PHYSICIAN	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="550.00"/>
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 30 OF 51
	<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. 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 **470.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2013
Transaction ID : SA11AI.7170
 Amount of Each Receipt this Period
20.00

B. MICHAEL J. MCCOY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1223 SOUTH GEAR AVENUE
 City WEST BURLINGTON State IA Zip Code 52655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GREAT RIVER WOMEN'S HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1525.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2013
Transaction ID : SA11AI.6975
 Amount of Each Receipt this Period
350.00

C. KELLY SKILLING MCCUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1330 NORTH DAVIS FARM ROAD
 City DAVIS State CA Zip Code 95616
 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 **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : SA11AI.7151
 Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....	395.00
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 51
	<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 R. MECKSTROTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 POTRERO AVENUE
 City SAN FRANCISCO State CA Zip Code 94110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UC SAN FRANCISCO 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
 06 / 26 / 2013
Transaction ID : SA11AI.7330
 Amount of Each Receipt this Period
 250.00

B. BARBARA MERCADO-FILES
 Full Name (Last, First, Middle Initial)
 Mailing Address 11400 FAWN LAKE PARKWAY
 City SPOTSYLVANIA State VA Zip Code 22553
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENERATIONS OF 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
 06 / 11 / 2013
Transaction ID : SA11AI.7187
 Amount of Each Receipt this Period
 250.00

C. OWEN MONTGOMERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 450 CHAPEL
 City SEWELL State NJ Zip Code 08080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DREXEL UNIVERSITY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 877.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : SA11AI.7152
 Amount of Each Receipt this Period
 209.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 51
	<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. FRANKLIN G. MORGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1444 CLONCURRY ROAD
 City NORFOLK State VA Zip Code 23505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TIDEWATER PHYSICIANS FOR WOMEN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.7089
 Amount of Each Receipt this Period
250.00

B. IVAN K. MUHLENDORF
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 SOUTH SPIGEL DRIVE
 City VIRGINIA BEACH State VA Zip Code 23454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MID-ATLANTIC IMAGING CENTERS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.7091
 Amount of Each Receipt this Period
250.00

C. LUKE A. NEWTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 314 TRAFALGAR
 City SAN ANTONIO State TX Zip Code 78216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UT HEALTH SCIENCE CENTER Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2013
Transaction ID : SA11AI.7364
 Amount of Each Receipt this Period
25.00

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: (check only one)	PAGE 33 OF 51
	<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)

Full Name (Last, First, Middle Initial) A. DANIEL L. NOFFSINGER		Date of Receipt 06 / 07 / 2013 Transaction ID : SA11Al.7093
Mailing Address 627 LYNN SHORES DRIVE		Amount of Each Receipt this Period 250.00
City VIRGINIA BEACH	State VA	Zip Code 23452
FEC ID number of contributing federal political committee. C	Name of Employer THE GROUP FOR WOMEN	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. KATHY K. O'CONNELL		Date of Receipt 06 / 07 / 2013 Transaction ID : SA11Al.7095
Mailing Address 402 CHINQUAPIN ORCHARD		Amount of Each Receipt this Period 251.00
City YORKTOWN	State VA	Zip Code 23693
FEC ID number of contributing federal political committee. C	Name of Employer MID-ATLANTIC WOMEN'S CARE	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 251.00	

Full Name (Last, First, Middle Initial) C. TIMOTHY A. O'CONNELL		Date of Receipt 06 / 04 / 2013 Transaction ID : SA11Al.7028
Mailing Address 68 COLUMBIA DRIVE		Amount of Each Receipt this Period 250.00
City NEWPORT NEWS	State VA	Zip Code 23608
FEC ID number of contributing federal political committee. C	Name of Employer MID-ATLANTIC WOMEN'S CARE	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	751.00
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 51
	<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)

Full Name (Last, First, Middle Initial) A. TODD A. PANKRATZ		Date of Receipt MM / DD / YYYY 06 / 19 / 2013
Mailing Address 2115 NORTH KANSAS AVENUE		Transaction ID : SA11AI.7313
City HASTINGS	State NE	Zip Code 68901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer OBSTETRICIANS & GYNECOLOGISTS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

Full Name (Last, First, Middle Initial) B. MOHAMAD PARVA		Date of Receipt MM / DD / YYYY 06 / 07 / 2013
Mailing Address 880 BISHOPS GATE LANE		Transaction ID : SA11AI.7097
City VIRGINIA BEACH	State VA	Zip Code 23452
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer THE GROUP FOR WOMEN	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. STEVEN B. POWERS		Date of Receipt MM / DD / YYYY 06 / 07 / 2013
Mailing Address 612 KINGSBOROUGH SQUARE		Transaction ID : SA11AI.7099
City CHESAPEAKE	State VA	Zip Code 23320
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MID-ATLANTIC WOMEN'S CARE	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 51
	<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. 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 ▼
2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2013

Transaction ID : SA11Al.7101

Amount of Each Receipt this Period
250.00

B. 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 ▼
2350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2013

Transaction ID : SA11Al.7171

Amount of Each Receipt this Period
100.00

C. PAMELA G. PYLE
Full Name (Last, First, Middle Initial)

Mailing Address 1304 KINGFISHER COURT

City VIRGINIA BEACH	State VA	Zip Code 23541
------------------------	-------------	-------------------

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

Name of Employer VIRGINIA BEACH OB/GYN	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
06		07		2013

Transaction ID : SA11Al.7102

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 51
	<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. RODOLFO QUINTERO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 EAST CHEVY CHASE DRIVE
 City GLENDALE State CA Zip Code 91206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARE FERTILITY CLINIC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2013
Transaction ID : SA11AI.6993
 Amount of Each Receipt this Period
 350.00

B. GEORGE RECTOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 608 FORDSMERE ROAD
 City CHESAPEAKE State VA Zip Code 23322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MID-ATLANTIC WOMEN'S CARE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2013
Transaction ID : SA11AI.7030
 Amount of Each Receipt this Period
 250.00

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 ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2013
Transaction ID : SA11AI.7315
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 51
	<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. NATALIE RODGERS
Full Name (Last, First, Middle Initial)

Mailing Address 964 JENKINS DRIVE

City VIRGINIA BEACH State VA Zip Code 23464

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

Name of Employer VIRGINIA BEACH OB/GYN 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
 06 / 07 / 2013
Transaction ID : SA11Al.7104

Amount of Each Receipt this Period
 250.00

B. JEFFREY E. RODZAK
Full Name (Last, First, Middle Initial)

Mailing Address 420 EAST LARKSPUR LANE

City ONALASKA State WI Zip Code 54650

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

Name of Employer GUNDERSEN LUTHERAN Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2013
Transaction ID : SA11Al.7130

Amount of Each Receipt this Period
 250.00

C. REBECCA M. RYDER
Full Name (Last, First, Middle Initial)

Mailing Address 816 WAKEDALE ARCH

City CHESAPEAKE State VA Zip Code 23322

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

Name of Employer GYNECOLOGY SPECIALISTS 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
 06 / 04 / 2013
Transaction ID : SA11Al.7032

Amount of Each Receipt this Period
 250.00

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 38 OF 51
	<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. NEGAR N. SADR
Full Name (Last, First, Middle Initial)

Mailing Address 1184 BELMEADE DRIVE

City VIRGINIA BEACH State VA Zip Code 23455

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

Name of Employer TIDEWATER PHYSICIANS 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
 06 / 07 / 2013

Transaction ID : SA11AI.7106

Amount of Each Receipt this Period
 250.00

B. HEATHER Z. SANKEY
Full Name (Last, First, Middle Initial)

Mailing Address 34 LONGFELLOW DRIVE

City WEST SPRINGFIELD State MA Zip Code 01089

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

Name of Employer BAYSTATE MEDICAL PRACTICES Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2013

Transaction ID : SA11AI.7190

Amount of Each Receipt this Period
 10.00

C. SLOAN S. SHAH
Full Name (Last, First, Middle Initial)

Mailing Address 16816 ORCHARD RIDGE COURT

City GRANGER State IN Zip Code 46530

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

Name of Employer ALLIED PHYSICIANS OF MICHIANA 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
 06 / 28 / 2013

Transaction ID : SA11AI.7309

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 510.00

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 51
	<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. SHARON L. SHEFFIELD
Full Name (Last, First, Middle Initial)

Mailing Address 118 FAIRVIEW DRIVE

City FRANKLIN State VA Zip Code 23851

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

Name of Employer OB/GYN PHYSICIANS 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
 06 / 07 / 2013
Transaction ID : SA11AI.7108

Amount of Each Receipt this Period
 250.00

B. MARY H. SINE
Full Name (Last, First, Middle Initial)

Mailing Address 3523 RUNNYMEDE PLACE, NW

City WASHINGTON State DC Zip Code 20015

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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2013
Transaction ID : SA11AI.6995

Amount of Each Receipt this Period
 500.00

C. LAURA 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 ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2013
Transaction ID : SA11AI.6997

Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 51
	<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. KIMBERLY J. STOCKMASTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 880 KEMPSVILLE ROAD
 City NORFOLK State VA Zip Code 23502
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.7110
 Amount of Each Receipt this Period
 250.00

B. 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 ▼ 1017.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2013
Transaction ID : SA11AI.7172
 Amount of Each Receipt this Period
 209.00

C. REENA TALREJA-PELAEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 1713 SOUTH WOODHOUSE ROAD
 City VIRGINIA BEACH State VA Zip Code 23454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VIRGINIA BEACH OB/GYN 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
 06 / 07 / 2013
Transaction ID : SA11AI.7112
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 51
	<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. FRANCES H. TANEY		Date of Receipt
Mailing Address 5 TWIN PONDS STREET		<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
KINGS POINT	NY	11024
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.7157
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JANICE TILDON-BURTON		Date of Receipt
Mailing Address 1700 TALLEY ROAD		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City	State	Zip Code
WILMINGTON	DE	19803
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.7284
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="849.98"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ERIN E. TRACY		Date of Receipt
Mailing Address 5 HIGH STREET		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
STONEHAM	MA	02180
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.7210
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="209.00"/>
Name of Employer	Occupation	
MASS GENERAL PHYSICIANS	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="836.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="542.33"/>
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 42 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. 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 MENLO MEDICAL CLINIC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 11 / 2013
Transaction ID : SA11AI.7291

Amount of Each Receipt this Period
250.00

B. ROGER L. WALLACE
Full Name (Last, First, Middle Initial)

Mailing Address 6130 AVIARA BOULEVARD

City BILLINGS State MT Zip Code 59106

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

Name of Employer ST. VINCENT HEALTHCARE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 03 / 2013
Transaction ID : SA11AI.7004

Amount of Each Receipt this Period
500.00

C. JEFFREY M. WENTWORTH
Full Name (Last, First, Middle Initial)

Mailing Address 332 BAY DUNES DRIVE

City NORFOLK State VA Zip Code 23503

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 ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.7114

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 51
	<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. THERESA W. WHIBLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1658 LONGWOOD DRIVE
 City NORFOLK State VA Zip Code 23508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WOMEN CARING Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.7116
 Amount of Each Receipt this Period
 250.00

B. VALERIE E. WHITEMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 813 MACDILL AVENUE
 City TAMPA State FL Zip Code 33629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF SOUTH FLORIDA Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : SA11AI.7161
 Amount of Each Receipt this Period
 250.00

C. CHARLES A. WILKES
 Full Name (Last, First, Middle Initial)
 Mailing Address 844 KEMPSVILLE ROAD
 City NORFOLK State VA Zip Code 23502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TIDEWATER PHYSICIANS FOR WOMEN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2013
Transaction ID : SA11AI.7035
 Amount of Each Receipt this Period
 250.00

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 44 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1202 YANCEY CIRCLE

City VIRGINIA BEACH State VA Zip Code 23454

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

Name of Employer MID-ATLANTIC WOMEN'S CARE Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
06 / 07 / 2013
Transaction ID : SA11AI.7118

Amount of Each Receipt this Period
250.00

B. ALISA R. WOLNER
Full Name (Last, First, Middle Initial)

Mailing Address 4000 COLISEUM DRIVE

City HAMPTON State VA Zip Code 23666

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

Name of Employer OB/GYN ASSOCIATES OF HAMPTON Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
06 / 04 / 2013
Transaction ID : SA11AI.7037

Amount of Each Receipt this Period
250.00

C. KATHRYN J. WOOD
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1048

City FRISCO State TX Zip Code 75034

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
06 / 22 / 2013
Transaction ID : SA11AI.7347

Amount of Each Receipt this Period
250.00

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 45 OF 51
	<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. TRACY B. WRIGHT
Full Name (Last, First, Middle Initial)

Mailing Address 2403 WHALER COURT

City VIRGINIA BEACH State VA Zip Code 23451

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

Name of Employer COMPLETE WOMEN'S CARE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 04 / 2013
Transaction ID : SA11AI.7039

Amount of Each Receipt this Period
 250.00

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

Mailing Address 2526 JETTON AVENUE

City TAMPA State FL Zip Code 33629

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 ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 15 / 2013
Transaction ID : SA11AI.7271

Amount of Each Receipt this Period
 50.00

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	27700.33

**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. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

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
06 / 05 / 2013

Transaction ID : SB21B.7041

Amount of Each Disbursement this Period

245.45

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

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
06 / 28 / 2013

Transaction ID : SB21B.7353

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. 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
06 / 03 / 2013

Transaction ID : SB21B.7042

Amount of Each Disbursement this Period

570.71

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

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

824.11

824.11

**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. ANDY BARR FOR CONGRESS

Mailing Address P.O. BOX 2059

City LEXINGTON State KY Zip Code 40588

Purpose of Disbursement
CONTRIBUTION

Candidate Name
GARLAND A. BARR

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	3

Transaction ID : **SB23.7215**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. FOLLOW THE NORTH STAR FUND

Mailing Address 316 EAST HENNEPIN AVENUE

City MINNEAPOLIS State MN Zip Code 55414

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	3

Transaction ID : **SB23.7240**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ERIK PAULSEN

Mailing Address P.O. BOX 44369

City EDEN PRAIRIE State MN Zip Code 55344

Purpose of Disbursement
CONTRIBUTION

Candidate Name
ERIK PAULSEN

Office Sought: House
 Senate
 President
State: MN District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	3

Transaction ID : **SB23.7223**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

4	5	0	0	0	0	0	0	0	0

**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. FRIENDS OF VAL ARKOOSH

Mailing Address P.O. BOX 1011

City GLENSIDE State PA Zip Code 19038

Purpose of Disbursement
CONTRIBUTION

Candidate Name
VALERIE A. ARKOOSH

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: PA District: 13

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2013

Transaction ID : **SB23.7212**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MORAN FOR CONGRESS

Mailing Address 311 NORTH WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JAMES P. MORAN, JR.

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: VA District: 08

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2013

Transaction ID : **SB23.7220**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. NANCY PELOSI FOR CONGRESS

Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
CONTRIBUTION

Candidate Name
NANCY PELOSI

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: CA District: 12

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2013

Transaction ID : **SB23.7226**

Amount of Each Disbursement this Period

2500.00

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

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

4500.00

**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. PRICE FOR CONGRESS

Mailing Address P.O. BOX 425

City ROSWELL State GA Zip Code 30077

Purpose of Disbursement
CONTRIBUTION

Candidate Name
THOMAS E. PRICE

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2013

Transaction ID : **SB23.7229**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. STIVERS FOR CONGRESS

Mailing Address 4679 WINTERSET DRIVE

City COLUMBUS State OH Zip Code 43220

Purpose of Disbursement
CONTRIBUTION

Candidate Name
STEVE STIVERS

Office Sought: House
 Senate
 President
State: OH District: 15

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2013

Transaction ID : **SB23.7236**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. TEXANS FOR SENATOR JOHN CORNYN

Mailing Address P.O. BOX 13026

City AUSTIN State TX Zip Code 78711

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JOHN CORNYN

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2013

Transaction ID : **SB23.7218**

Amount of Each Disbursement this Period

2500.00

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

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

5500.00

**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. TOM REED FOR CONGRESS

Mailing Address P.O. BOX 450

City VICTOR State NY Zip Code 14564

Purpose of Disbursement CONTRIBUTION

Candidate Name
THOMAS W. REED, II

Office Sought: House Senate President
State: NY District: 23
Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 19 / 2013

Transaction ID : **SB23.7232**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. WELCH FOR CONGRESS

Mailing Address P.O. BOX 1682

City BURLINGTON State VT Zip Code 05402

Purpose of Disbursement CONTRIBUTION

Candidate Name
PETER WELCH

Office Sought: House Senate President
State: VT District: 00
Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 19 / 2013

Transaction ID : **SB23.7237**

Amount of Each Disbursement this Period

2000.00

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) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

3000.00

17500.00

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

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

Full Name (Last, First, Middle Initial)

A. PAMELA R. LAMPITT

Mailing Address 2240-15 ROUTE 70

City State Zip Code
CHERRY HILL NJ 08002

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2013

Transaction ID : SB29.7242

Amount of Each Disbursement this Period

1000.00

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
	/		/	

Amount of Each Disbursement this Period

--

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

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

1000.00

1000.00
