

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 409 12th Street SW Washington DC 20024

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

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

5. Covering Period 04 01 2018 through 04 30 2018

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

Signature of Treasurer Schilling, Mary, , , [Electronically Filed] Date 05 20 2018

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Congress of Obstetricians & Gynecologists PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text"/>	<input type="text" value="520897.89"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="658395.68"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="48704.01"/>	<input type="text" value="328934.76"/>
(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="707099.69"/>	<input type="text" value="849832.65"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15077.79"/>	<input type="text" value="157810.75"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="692021.90"/>	<input type="text" value="692021.90"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**American Congress of Obstetricians & Gynecologists PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

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).....	36502.00	253349.36
(ii) Unitemized .....	12185.51	75568.90
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	48687.51	328918.26
(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) .....	48687.51	328918.26
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).....	16.50	16.50
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	48704.01	328934.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	48704.01	328934.76

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	4804.46	8990.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4804.46	8990.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	141500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	1773.33	2320.32
(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)).....	1773.33	2320.32
29. Other Disbursements (Including Non-Federal Donations).....	0.00	5000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15077.79	157810.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15077.79	157810.75

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	48687.51	328918.26
34. Total Contribution Refunds (from Line 28(d)) .....	1773.33	2320.32
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	46914.18	326597.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	4804.46	8990.43
37. Offsets to Operating Expenditures (from Line 15, page 3).....	16.50	16.50
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4787.96	8973.93

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Gephart, Laura, Faye, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 Canary Ave  
 City McAllen State TX Zip Code 78504-2717  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UTRGV Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1155.00

Date of Receipt 04 / 03 / 2018  
**Transaction ID : VPF9SPJYA10**  
 Amount of Each Receipt this Period 1155.00  
 Memo Item

**B. Asaad, Radwan, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37261 Fox Gln  
 City Farmington Hills State MI Zip Code 48331-1809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hutzel Women's Specialists Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 04 / 23 / 2018  
**Transaction ID : VPF9SPN5Q40**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Lucas, Joelle, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4558 Latona Ave NE  
 City Seattle State WA Zip Code 98105-4848  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VA Puget Sound Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 04 / 02 / 2018  
**Transaction ID : VPF9SPJHZB0**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1563.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Allswede, Matthew, T., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 640 Oakwood Dr  
 City East Lansing State MI Zip Code 48823-3031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Spanow Health System Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **04 / 28 / 2018**  
**Transaction ID : VPF9SPQQ2F0**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Conry, Jeanne, Ann, , MD, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8204 Cantershire Way  
 City Granite Bay State CA Zip Code 95746-9476  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Environmental Health Leadership Founda Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5390.79

Date of Receipt **04 / 01 / 2018**  
**Transaction ID : VPF9SPJEPK0**  
 Amount of Each Receipt this Period 391.11  
 Memo Item  
 Contribution refunded in the next period

**C. Reisner, Dale, P., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5208 28th Ave S Unit 309  
 City Seattle State WA Zip Code 98108-3010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Obstetrix Medical Group of WA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt **04 / 03 / 2018**  
**Transaction ID : VPF9SPJY9K0**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	621.11
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Gibb, Randall, Keith, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2825 8th Ave N  
 PO Box 37000  
 City Billings State MT Zip Code 59101-0909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Billings Clinic Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 04 / 28 / 2018  
**Transaction ID : VPF9SPQQ1W0**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Trippel, Rhonda, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1497 E Commander Ct  
 City Bloomington State IN Zip Code 47401-9343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IU Southern Indiana Physicians Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 28 / 2018  
**Transaction ID : VPF9SPQPZ71**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Brabson, Gail, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 517 Cherokee Blvd  
 City Knoxville State TN Zip Code 37919-6696  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tenova-CHS Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 03 / 2018  
**Transaction ID : VPF9SPK0S91**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kelley-Osdoaba, Amy, Brooke, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2052 S Abbeystone Ct  
 City Sioux Falls State SD Zip Code 57110-5987  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sanford Health Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 27 / 2018**  
**Transaction ID : VPF9SPQQ2A1**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**B. Temming, Lorene, Atkins, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3242 Eastburn Rd  
 City Charlotte State NC Zip Code 28210-4702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carolinas Healthcare Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1270.00

Date of Receipt **04 / 19 / 2018**  
**Transaction ID : VPF9SPMWSE1**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Zigman, Jessica, S., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3623 Jasmine Ave Apt 305  
 City Los Angeles State CA Zip Code 90034-5257  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Harbor UCLA Medical Center Occupation (for Individual) Fellow  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **04 / 04 / 2018**  
**Transaction ID : VPF9SPK4XJ1**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Keller, Bridget, Beth, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4248 Linden Hills Blvd  
 City Minneapolis State MN Zip Code 55410-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Park Nicollet Clinic Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 895.00

Date of Receipt 04 / 27 / 2018  
**Transaction ID : VPF9SPQPZN1**  
 Amount of Each Receipt this Period 245.00  
 Memo Item

**B. Anton McIntyre, Elisabeth, S., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16505 NE 44th Way  
 City Redmond State WA Zip Code 98052-5444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bellegrave ObGyn Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 04 / 03 / 2018  
**Transaction ID : VPF9SPK0SQ1**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Washington, Krystilyn, Lamese, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2109 Mill Rd Apt 304  
 City Alexandria State VA Zip Code 22314-5324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kaiser Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 04 / 27 / 2018  
**Transaction ID : VPF9SPQQ2R1**  
 Amount of Each Receipt this Period 70.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	345.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Wolfe, Cheryl, D., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5000 S East End Ave  
 17C  
 City Chicago State IL Zip Code 60615-3176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rush University Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 02 / 2018**  
**Transaction ID : VPF9SPJHZS1**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Joseph, Gerald, F., , Jr**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 N General Patton St  
 City Hammond State LA Zip Code 70401-1702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **04 / 26 / 2018**  
**Transaction ID : VPF9SPQPZT1**  
 Amount of Each Receipt this Period 390.00  
 Memo Item

**C. Cheek, Ben, H., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 231 Cascade Rd  
 City Columbus State GA Zip Code 31904-2873  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Francis Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 586.66

Date of Receipt **04 / 09 / 2018**  
**Transaction ID : VPF9SPKE9T1**  
 Amount of Each Receipt this Period 180.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	670.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Stille, Kristen, M., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20301 New England Dr  
 City Eagle River State AK Zip Code 99577-7114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) South Central Foundation Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt **04 / 03 / 2018**  
**Transaction ID : VPF9SPJY9W1**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Washington, Krystilyn, Lamese, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2109 Mill Rd Apt 304  
 City Alexandria State VA Zip Code 22314-5324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kaiser Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt **04 / 02 / 2018**  
**Transaction ID : VPF9SPJRAY1**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Nielsen, Peter, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 San Isidro  
 City San Antonio State TX Zip Code 78261-2303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baylor Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **04 / 28 / 2018**  
**Transaction ID : VPF9SPQQ202**  
 Amount of Each Receipt this Period 390.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. DeFrancesco, Mark, S., , MD, MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 Terrell Farm Pl  
 City Cheshire State CT Zip Code 06410-2910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Women's Health Connecticut Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2222.22

Date of Receipt 04 / 07 / 2018  
**Transaction ID : VPF9SPKB162**  
 Amount of Each Receipt this Period 347.22  
 Memo Item

**B. Sappenfield, Elisabeth, Christine, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11402 E Queensway Dr  
 City Temple Terrace State FL Zip Code 33617-2422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of South Florida Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt 04 / 27 / 2018  
**Transaction ID : VPF9SPQQ182**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Sawyer, Renata, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51370 Hidden Pines Ct  
 City Granger State IN Zip Code 46530-5903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Beacon Health Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt 04 / 02 / 2018  
**Transaction ID : VPF9SPJHZA2**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	427.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Wieneke, Carrie, Lynn, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5548 Norwood St  
 City Fairway State KS Zip Code 66205-2650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kansas University Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 04 / 03 / 2018  
**Transaction ID : VPF9SPK0SD2**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Varlamov, Anna, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10411 Oakview Pointe Ter  
 City Gotha State FL Zip Code 34734-4729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Winnie Palmer Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 555.00

Date of Receipt 04 / 28 / 2018  
**Transaction ID : VPF9SPQQ2E2**  
 Amount of Each Receipt this Period 210.00  
 Memo Item

**C. Sinofsky, Francine, E, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 64 Cedar Ave  
 City Highland Park State NJ Zip Code 08904-2102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jewish Renaissance Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 27 / 2018  
**Transaction ID : VPF9SPQPZG2**  
 Amount of Each Receipt this Period 195.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	435.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dimer, Jane Ann, Smith, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4631 90th Ave SE

City Mercer Island	State WA	Zip Code 98040-4431
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mednax: Obstetrics of of Washington	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2018  
**Transaction ID : VPF9SPJY9J2**

Amount of Each Receipt this Period  
 30.00

Memo Item

**B. Nelson-Moseke, Anna, Christine, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3763 N Knollwood Cir

City Tucson	State AZ	Zip Code 85750-2329
----------------	-------------	------------------------

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

Name of Employer (for Individual) Genesis ObGyn	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
355.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2018  
**Transaction ID : VPF9SPK0SJ2**

Amount of Each Receipt this Period  
 30.00

Memo Item

**C. Heilman, Erica, Anne, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3131 Meetinghouse Rd  
 Apt S22

City Upper Chichester	State PA	Zip Code 19061-2991
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Christiana Care	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2018  
**Transaction ID : VPF9SPQQ2K2**

Amount of Each Receipt this Period  
 350.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	410.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1300 N Federal Highway

City Hollywood	State FL	Zip Code 33020
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4040.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		28		2018

**Transaction ID : VPF9SPQQ1V2**

Amount of Each Receipt this Period  
720.00

Memo Item

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

Mailing Address 1422 Highland Dr

City Silver Spring	State MD	Zip Code 20910-1524
-----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1030.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		02		2018

**Transaction ID : VPF9SPJHZX2**

Amount of Each Receipt this Period  
1030.00

Memo Item

**C. Cron, Julia, Anne, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 Grove Hill Rd

City Guilford	State CT	Zip Code 06437-3126
------------------	-------------	------------------------

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

Name of Employer (for Individual) Yale School of Medicine	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		02		2018

**Transaction ID : VPF9SPJHWZ2**

Amount of Each Receipt this Period  
325.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2075.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Millan, Nicole, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7921 NW 169th Ter  
 City Miami Lakes State FL Zip Code 33016-3429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FIU College of Medicine Occupation (for Individual) Medical Student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 04 / 04 / 2018  
**Transaction ID : VPF9SPK4X43**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

**B. Sullivan, Kathleen, T., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2820 Napoleon Ave Ste 520  
 City New Orleans State LA Zip Code 70115-8225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lakeside Women's Specialty Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 27 / 2018  
**Transaction ID : VPF9SPP1K83**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Massingill, G Sealy, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3887 S Hills Cir  
 City Ft Worth State TX Zip Code 76109-2758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Planned Parenthood of Greater Texas Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 27 / 2018  
**Transaction ID : VPF9SPQQ293**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1075.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 58
	<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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**American Congress of Obstetricians & Gynecologists PAC**

**A. Amies Oelschlager, Annemarie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1011 3rd Ave W  
 City Seattle State WA Zip Code 98119-3598  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UW Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2018  
**Transaction ID : VPF9SPK4TE3**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Zaritsky, Eve, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3059 25th St  
 City San Francisco State CA Zip Code 94110-4140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2018  
**Transaction ID : VPF9SPK4XH3**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item

**C. Bullock, Holly, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 260 S 500 E Apt 320  
 City Salt Lake City State UT Zip Code 84102-3783  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Utah Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2018  
**Transaction ID : VPF9SPK4TK3**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	385.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Clare, Camille, Angela, , MD MPH**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1376 Midland Ave  
 Apt 402  
 City Bronxville State NY Zip Code 10708-6853  
 Name of Employer (for Individual) Metropolitan Hospital Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 27 / 2018  
**Transaction ID : VPF9SPQQ3K3**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Clare, Camille, Angela, , MD MPH**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1376 Midland Ave  
 Apt 402  
 City Bronxville State NY Zip Code 10708-6853  
 Name of Employer (for Individual) Metropolitan Hospital Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 27 / 2018  
**Transaction ID : VPF9SPQPZM3**  
 Amount of Each Receipt this Period 195.00  
 Memo Item

**C. Burkett, Amy, Marie, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3966 Orange Wood Way  
 City Uniontown State OH Zip Code 44685-9567  
 Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 04 / 03 / 2018  
**Transaction ID : VPF9SPJY9P3**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	345.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 2921 Managua Pl

City Carlsbad	State CA	Zip Code 92009-7106
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3336.00

Date of Receipt  

M M / D D / Y Y Y Y
04 / 07 / 2018

**Transaction ID : VPF9SPKAZP3**

Amount of Each Receipt this Period  
209.00

Memo Item

**B. Phipps, Maureen, Glennon, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 Summer St

City Wrentham	State MA	Zip Code 02093-1841
------------------	-------------	------------------------

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

Name of Employer (for Individual) Women & Infants Hospital	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1035.00

Date of Receipt  

M M / D D / Y Y Y Y
04 / 28 / 2018

**Transaction ID : VPF9SPQQ1P3**

Amount of Each Receipt this Period  
140.00

Memo Item

**C. Schneiter, Mali, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2400 Charlotte Ave  
Apt 209

City Nashville	State TN	Zip Code 37203-2395
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Vanderbilt University	Occupation (for Individual) Resident
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M / D D / Y Y Y Y
04 / 27 / 2018

**Transaction ID : VPF9SPQQ2Q3**

Amount of Each Receipt this Period  
70.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	419.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Hawkins, Tronya, N., , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2348 Glebe St

City Carmel	State IN	Zip Code 46032-7272
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) St Vincent Health	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
60.00

Date of Receipt  

M M / D D / Y Y Y Y Y
04 / 02 / 2018

**Transaction ID : VPF9SPJRAR3**

Amount of Each Receipt this Period  
60.00

Memo Item

**B. Phelan, Sharon, Theresa, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13429 Desert Hills PI NE

City Albuquerque	State NM	Zip Code 87111-3032
---------------------	-------------	------------------------

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

Name of Employer (for Individual) University of New Mexico School of Med	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
685.00

Date of Receipt  

M M / D D / Y Y Y Y Y
04 / 26 / 2018

**Transaction ID : VPF9SPQPZS3**

Amount of Each Receipt this Period  
685.00

Memo Item

**C. Ring, Brandi, Nicole, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 425 S Cherry St

City Denver	State CO	Zip Code 80246-1226
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mile High ObGyn	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
751.00

Date of Receipt  

M M / D D / Y Y Y Y Y
04 / 11 / 2018

**Transaction ID : VPF9SPKYVV3**

Amount of Each Receipt this Period  
84.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	829.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Bercaw-Pratt, Jennifer, Lyrah, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10806 Long Shadow Ln  
 City Houston State TX Zip Code 77024-6831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baylor College of Medicine Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 03 / 2018**  
**Transaction ID : VPF9SPJY9V3**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Palmer, Robert, H., , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2331 Fairview Ave E  
 City Seattle State WA Zip Code 98102-3303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Obstetrix Medical Group Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **04 / 05 / 2018**  
**Transaction ID : VPF9SPK8RV3**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. Zigman, Jessica, S., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3623 Jasmine Ave Apt 305  
 City Los Angeles State CA Zip Code 90034-5257  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Harbor UCLA Medical Center Occupation (for Individual) Fellow  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **04 / 04 / 2018**  
**Transaction ID : VPF9SPK4WZ3**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2780.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Stauble, Mary, Elaine, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2539 Dell Rd  
 City Louisville State KY Zip Code 40205-2309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Louisville Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 28 / 2018**  
**Transaction ID : VPF9SPQQ024**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Cowling, Michelle, M., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5730 Southwood Dr  
 City Bloomington State MN Zip Code 55437-1738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fairview Physician Associates Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt **04 / 02 / 2018**  
**Transaction ID : VPF9SPJHY94**  
 Amount of Each Receipt this Period 120.00  
 Memo Item

**C. Smith, Patricia, Amanda, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 738 Fontaine St  
 City Alexandria State VA Zip Code 22302-3607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medical Faculty Association GWU Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2035.00

Date of Receipt **04 / 16 / 2018**  
**Transaction ID : VPF9SPM9HA4**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Scales, Kasandra, Lynne, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6466 Sutcliffe Dr  
 City Alexandria State VA Zip Code 22315-5579  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MAPMG Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 27 / 2018  
**Transaction ID : VPF9SPQPZA4**  
 Amount of Each Receipt this Period 120.00  
 Memo Item

**B. Iriye, Annie, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2103 Craig Rd SE  
 City Olympia State WA Zip Code 98501-2877  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 03 / 2018  
**Transaction ID : VPF9SPK0SC4**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**C. Nicholson, Wanda, Kay, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Manning Dr  
 3027 Old Clinic Bldg CB #7570  
 City Chapel Hill State NC Zip Code 27514-4220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of North Carolina Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 04 / 28 / 2018  
**Transaction ID : VPF9SPQQ2D4**  
 Amount of Each Receipt this Period 245.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	425.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Sirott, Laura, L., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 249 S Berkeley Ave  
 City Pasadena State CA Zip Code 91107-4734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 820.00

Date of Receipt **04 / 27 / 2018**  
**Transaction ID : VPF9SPQPZF4**  
 Amount of Each Receipt this Period 195.00  
 Memo Item

**B. Price, Bradley, Bryan, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2911 Medical Arts St Ste 6  
 City Austin State TX Zip Code 78705-3302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **04 / 27 / 2018**  
**Transaction ID : VPF9SPQQ2J4**  
 Amount of Each Receipt this Period 390.00  
 Memo Item

**C. Martinez, Ivvanee, Escobar, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2707 Fern Lacy Dr  
 City Spring State TX Zip Code 77388-2509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baylor College of Medicine Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt **04 / 28 / 2018**  
**Transaction ID : VPF9SPQQ0S4**  
 Amount of Each Receipt this Period 245.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	830.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Levy, Barbara, S., , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 70620

City Washington	State DC	Zip Code 20024-0620
--------------------	-------------	------------------------

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

Name of Employer (for Individual) ACOG	Occupation (for Individual) Vice President of Advocacy
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		28		2018

**Transaction ID : VPF9SPQQ1T4**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

Mailing Address 2800 NW 29th St

City Gainesville	State FL	Zip Code 32605-2708
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2940.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		16		2018

**Transaction ID : VPF9SPM9HX4**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Addis, Ilana, Beth, , MD, MPH**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 629 N Wilson Ave

City Tucson	State AZ	Zip Code 85719-5145
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
955.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		03		2018

**Transaction ID : VPF9SPJY9Z4**

Amount of Each Receipt this Period  
60.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2660.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Hampton, R., Moss, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3930 Edgebrook Ct  
 City Midland State TX Zip Code 79707-1434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TTUHSC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1140.00

Date of Receipt 04 / 28 / 2018  
**Transaction ID : VPF9SPQQ1Z4**  
 Amount of Each Receipt this Period 390.00  
 Memo Item

**B. Martter, Danielle, Theresa, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 344 Restoration Dr  
 City Marysville State OH Zip Code 43040-9392  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Marysville Obgyn Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt 04 / 02 / 2018  
**Transaction ID : VPF9SPJS605**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Johnson, Clark, Timothy, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 Hawthorne Rd  
 City Baltimore State MD Zip Code 21210-2501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Johns Hopkins Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1060.00

Date of Receipt 04 / 04 / 2018  
**Transaction ID : VPF9SPK4T05**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	480.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Washington, Krystilyn, Lamese, , MD**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2109 Mill Rd  
Apt 304

City Alexandria State VA Zip Code 22314-5324

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

Name of Employer (for Individual) Kaiser Occupation (for Individual) Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  
04 / 28 / 2018

**Transaction ID : VPF9SPQQ125**

Amount of Each Receipt this Period  
140.00

Memo Item

**B. Flowers, Coy, A., , MD**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1787

City Lewisburg State WV Zip Code 24901-4787

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 19 / 2018

**Transaction ID : VPF9SPMWX75**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Evans, Megan, L., , MD, MPH**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 190 Dudley St

City Brookline State MA Zip Code 02445-5908

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

Name of Employer (for Individual) Tufts Medical Center Occupation (for Individual) Physician

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1025.00

Date of Receipt  
04 / 27 / 2018

**Transaction ID : VPF9SPQQ285**

Amount of Each Receipt this Period  
700.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1090.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Bullock, Holly, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 260 S 500 E Apt 320  
 City Salt Lake City State UT Zip Code 84102-3783  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Utah Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 04 / 04 / 2018  
**Transaction ID : VPF9SPK4TJ5**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Hawkins, Tronya, N., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2348 Glebe St  
 City Carmel State IN Zip Code 46032-7272  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St Vincent Health Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 505.05

Date of Receipt 04 / 27 / 2018  
**Transaction ID : VPF9SPQPZK5**  
 Amount of Each Receipt this Period 195.00  
 Memo Item

**C. Goepfert, Alice, Reeves, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 836 Conroy Rd  
 City Birmingham State AL Zip Code 35222-4423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ. of Alabama at Birmingham Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1230.00

Date of Receipt 04 / 03 / 2018  
**Transaction ID : VPF9SPJY9N5**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	255.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Matthews, Robin, D., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 39 Flat Rock Rd  
 City Waynesville State NC Zip Code 28786-7937  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Duke Lifepoint Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 04 / 28 / 2018  
**Transaction ID : VPF9SPQQ1N5**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. White, Connie, Gayle, , MD, MS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 203 Wilkinson St  
 City Frankfort State KY Zip Code 40601-1825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kentucky Department for Public Health Occupation (for Individual) Deputy Commissioner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 04 / 27 / 2018  
**Transaction ID : VPF9SPQPZR5**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Lynch, Bernard, A., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 608 Pressler St  
 City Austin State TX Zip Code 78703-5126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Austin Regional Clinic Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 893.36

Date of Receipt 04 / 03 / 2018  
**Transaction ID : VPF9SPJY9T5**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	410.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dimer, Jane Ann, Smith, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4631 90th Ave SE  
 City Mercer Island State WA Zip Code 98040-4431  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax: Obstetrics of of Washington Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 04 / 28 / 2018  
**Transaction ID : VPF9SPQQ0X5**  
 Amount of Each Receipt this Period 195.00  
 Memo Item

**B. Skilling, Kelly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1330 N Davis Farms Rd  
 City Davis State CA Zip Code 95616-5730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TPMG Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 19 / 2018  
**Transaction ID : VPF9SPMWVX5**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Packard, Lisa, Kay, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 903 Camille Ln  
 City Mountain View State CA Zip Code 94040-2668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Palo Alto Medical Foundation Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 12 / 2018  
**Transaction ID : VPF9SPM4T56**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	545.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Heilman, Erica, Anne, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3131 Meetinghouse Rd  
Apt S22

City Upper Chichester State PA Zip Code 19061-2991

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

Name of Employer (for Individual) Christiana Care Occupation (for Individual) Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 04 / 27 / 2018  
**Transaction ID : VPF9SPQQ166**

Amount of Each Receipt this Period 70.00

Memo Item

**B. White, Emily, Maureen, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 60 E Manning St

City Providence State RI Zip Code 02906-4048

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

Name of Employer (for Individual) Providence Community Health Center Occupation (for Individual) Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 04 / 28 / 2018  
**Transaction ID : VPF9SPQQ066**

Amount of Each Receipt this Period 50.00

Memo Item

**C. Matthews, Robin, D., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 39 Flat Rock Rd

City Waynesville State NC Zip Code 28786-7937

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

Name of Employer (for Individual) Duke Lifepoint Hospital Occupation (for Individual) Physician

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 04 / 04 / 2018  
**Transaction ID : VPF9SPK4X76**

Amount of Each Receipt this Period 325.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	445.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Koutrouvelis, Gayle, Olson, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11924 Sportsman Rd  
 City Galveston State TX Zip Code 77554-9365  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Texas Medical Branch Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 16 / 2018**  
**Transaction ID : VPF9SPM9H96**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Brousseau, Erin, Christine, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85 Strathmore Rd  
 City Cranston State RI Zip Code 02905-3722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Women & Infants Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt **04 / 28 / 2018**  
**Transaction ID : VPF9SPQPZ96**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**C. Allbert, John, R., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2619 Sherwood Ave  
 City Charlotte State NC Zip Code 28207-2548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novant Health Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **04 / 19 / 2018**  
**Transaction ID : VPF9SPMWWA6**  
 Amount of Each Receipt this Period 120.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 3637 Quince Ct

City Downers Grove	State IL	Zip Code 60515-1429
-----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M / D D / Y Y Y Y Y
04 / 05 / 2018

**Transaction ID : VPF9SPK80C6**

Amount of Each Receipt this Period  
1200.00

Memo Item

**B. Bartlett, Sarah, Elizabeth, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3648 Herschel Ave

City Cincinnati	State OH	Zip Code 45208-1936
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M / D D / Y Y Y Y Y
04 / 02 / 2018

**Transaction ID : VPF9SPJHZD6**

Amount of Each Receipt this Period  
30.00

Memo Item

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

Mailing Address 1730 Huntington Ave

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1095.00

Date of Receipt  

M M / D D / Y Y Y Y Y
04 / 27 / 2018

**Transaction ID : VPF9SPQPZE6**

Amount of Each Receipt this Period  
195.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Bhargava, Vashali, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1206 N Lafayette Ave  
 City Royal Oak State MI Zip Code 48067-1218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Beaumont Hospital-Troy Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **04 / 04 / 2018**  
**Transaction ID : VPF9SPK4XG6**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

**B. Keyser, Erin, A., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1005 E Baltimore Dr  
 City El Paso State TX Zip Code 79902-2424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **04 / 27 / 2018**  
**Transaction ID : VPF9SPQQ2H6**  
 Amount of Each Receipt this Period 390.00  
 Memo Item

**C. Elkin, Aaron, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1300 N Federal Highway  
 City Hollywood State FL Zip Code 33020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Florida Women's Care Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4040.00

Date of Receipt **04 / 02 / 2018**  
**Transaction ID : VPF9SPJS5P6**  
 Amount of Each Receipt this Period 120.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	835.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Yelverton, Robert, Ware, , Jr, MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2821 W Fountain Blvd  
 City Tampa State FL Zip Code 33609-4011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 16 / 2018  
**Transaction ID : VPF9SPM9HQ6**  
 Amount of Each Receipt this Period 70.00  
 Memo Item

**B. Addis, Ilana, Beth, , MD, MPH**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 629 N Wilson Ave  
 City Tucson State AZ Zip Code 85719-5145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Arizona Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 955.00

Date of Receipt 04 / 28 / 2018  
**Transaction ID : VPF9SPQQ0R6**  
 Amount of Each Receipt this Period 245.00  
 Memo Item

**C. Brabson, Leonard, Allison, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 939 E Emerald Ave Ste 806A  
 City Knoxville State TN Zip Code 37917-4577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tenova Healthcare Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3125.00

Date of Receipt 04 / 28 / 2018  
**Transaction ID : VPF9SPQQ1S6**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2815.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 738 Fontaine St

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

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

Name of Employer (for Individual) Medical Faculty Association GWU	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2035.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2018

**Transaction ID : VPF9SPJHYV6**

Amount of Each Receipt this Period  
60.00

Memo Item

**B. Ring, Brandi, Nicole, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 425 S Cherry St

City Denver	State CO	Zip Code 80246-1226
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mile High ObGyn	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
751.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2018

**Transaction ID : VPF9SPQQ3V6**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Matteson, Kristen, A., , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 Dudley St  
Division of Research

City Providence	State RI	Zip Code 02905-2401
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Women & Infants Hospital	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2018

**Transaction ID : VPF9SPQQ1Y6**

Amount of Each Receipt this Period  
400.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	510.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1730 Huntington Ave

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1095.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2018

**Transaction ID : VPF9SPKECZ6**

Amount of Each Receipt this Period  
210.00

Memo Item

**B. Goetz, Sarah, Noren, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address M205 Edgewood Ln

City Marshfield	State WI	Zip Code 54449-8820
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Marshfield Clinic	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
355.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2018

**Transaction ID : VPF9SPJRB07**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. Dardarian, Thomas, S., , DO**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1030 E Lancaster Ave

City Bryn Mawr	State PA	Zip Code 19010-1451
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Main Line Women's Health Care	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2018

**Transaction ID : VPF9SPK1V77**

Amount of Each Receipt this Period  
425.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	665.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Phipps, Maureen, Glennon, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Summer St  
 City Wrentham State MA Zip Code 02093-1841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Women & Infants Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1035.00

Date of Receipt **04 / 27 / 2018**  
**Transaction ID : VPF9SPQQ277**  
 Amount of Each Receipt this Period 895.00  
 Memo Item

**B. Herde, Christine, Marie, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 139 Jeffrey Ln  
 City Hurley State NY Zip Code 12443-5408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CareMount Medical Group Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1101.00

Date of Receipt **04 / 10 / 2018**  
**Transaction ID : VPF9SPKS2A7**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Swenson, Karen, Grace, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2012 Antone St  
 City Austin State TX Zip Code 78723-5444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Central Texas Ob-Gyn Associates Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 29 / 2018**  
**Transaction ID : VPF9SPQQ0A7**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1245.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dunn, Carl, Anthony, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1010 Chapman Rd

City Crawford	State TX	Zip Code 76638-2641
------------------	-------------	------------------------

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

Name of Employer (for Individual) Scott and White Clinic	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1040.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2018

**Transaction ID : VPF9SPQQ2C7**

Amount of Each Receipt this Period  
390.00

Memo Item

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

Mailing Address 22 Eastridge Dr

City Elkins	State WV	Zip Code 26241-9585
----------------	-------------	------------------------

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

Name of Employer (for Individual) Davis Health System	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1460.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2018

**Transaction ID : VPF9SPQPZQ7**

Amount of Each Receipt this Period  
260.00

Memo Item

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

Mailing Address 8140 S Spaulding Ave

City Chicago	State IL	Zip Code 60652-2613
-----------------	-------------	------------------------

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

Name of Employer (for Individual) LCMH Affiliated Services, Inc	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2018

**Transaction ID : VPF9SPJRAV7**

Amount of Each Receipt this Period  
60.00

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Hicks, Verda, Josephine, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14110 Pembroke St  
 City Leawood State KS Zip Code 66224-4552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HCA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1545.00

Date of Receipt 04 / 03 / 2018  
**Transaction ID : VPF9SPJY9Y7**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Lynch, Bernard, A., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 608 Pressler St  
 City Austin State TX Zip Code 78703-5126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Austin Regional Clinic Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 893.36

Date of Receipt 04 / 20 / 2018  
**Transaction ID : VPF9SPN51Z7**  
 Amount of Each Receipt this Period 208.34  
 Memo Item

**C. Scales, Kasandra, Lynne, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6466 Sutcliffe Dr  
 City Alexandria State VA Zip Code 22315-5579  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MAPMG Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 04 / 2018  
**Transaction ID : VPF9SPK4SZ7**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	388.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Scales, Kasandra, Lynne, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6466 Sutcliffe Dr  
 City Alexandria State VA Zip Code 22315-5579  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MAPMG Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **04 / 28 / 2018**  
**Transaction ID : VPF9SPQQ2Z7**  
 Amount of Each Receipt this Period 70.00  
 Memo Item

**B. Sappenfield, Elisabeth, Christine, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11402 E Queensway Dr  
 City Temple Terrace State FL Zip Code 33617-2422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of South Florida Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt **04 / 23 / 2018**  
**Transaction ID : VPF9SPN6948**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Tracy, Erin, Elizabeth, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 High St  
 City Stoneham State MA Zip Code 02180-1120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Massachusetts Concord Physicians Org Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt **04 / 02 / 2018**  
**Transaction ID : VPF9SPJS068**  
 Amount of Each Receipt this Period 120.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Morgan, Alethia, Ellen, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3075 S Birch St  
 City Denver State CO Zip Code 80222-6712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COPIC Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt **04 / 05 / 2018**  
**Transaction ID : VPF9SPK5D78**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Green, Beena, J. S., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10625 Limeshore Ln  
 City Rolla State MO Zip Code 65401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Phelps County Regional Medical Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt **04 / 04 / 2018**  
**Transaction ID : VPF9SPK4TC8**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Anton McIntyre, Elisabeth, S., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16505 NE 44th Way  
 City Redmond State WA Zip Code 98052-5444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bellegrove ObGyn Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **04 / 04 / 2018**  
**Transaction ID : VPF9SPK4XF8**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	380.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Stauble, Mary, Elaine, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2539 Dell Rd  
 City Louisville State KY Zip Code 40205-2309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Louisville Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 28 / 2018**  
**Transaction ID : VPF9SPQQ2G8**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Alderson, Thomas, L., , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3664 Edinborough Dr  
 City Rochester Hills State MI Zip Code 48306-3632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) McLaren Women's Health Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 24 / 2018**  
**Transaction ID : VPF9SPNMZJ8**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**c. Quinlan, Maura, Parker, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 Brewster Ave  
 City La Grange Park State IL Zip Code 60526-2002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwestern University Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 710.00

Date of Receipt **04 / 03 / 2018**  
**Transaction ID : VPF9SPJY9M8**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	360.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. White, Emily, Maureen, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60 E Manning St  
 City Providence State RI Zip Code 02906-4048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Providence Community Health Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 04 / 06 / 2018  
**Transaction ID : VPF9SPK8YN8**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Begley, Colleen, Patricia, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2172 Pinon Cir  
 City Erie State CO Zip Code 80516-7957  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Women's Health Group Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 04 / 28 / 2018  
**Transaction ID : VPF9SPQQ0Q8**  
 Amount of Each Receipt this Period 295.00  
 Memo Item

**C. Lessard, Lauren, Catherine, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 Town Hall Rd  
 City Madbury State NH Zip Code 03823-7548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Concord Hospital Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 02 / 2018  
**Transaction ID : VPF9SPJHYT8**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	645.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Smith, Kirsten, Michelle, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Roosevelt Way  
 City Avondale State PA Zip Code 19311-9337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Christiana Care Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 28 / 2018  
**Transaction ID : VPF9SPQQ1X8**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Hicks, Verda, Josephine, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14110 Pembroke St  
 City Leawood State KS Zip Code 66224-4552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HCA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1545.00

Date of Receipt 04 / 28 / 2018  
**Transaction ID : VPF9SPQQ109**  
 Amount of Each Receipt this Period 195.00  
 Memo Item

**C. Piehl, Debra, J., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 380 Carlyle Dr  
 City North Liberty State IA Zip Code 52317-7815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ob and Gyn Assoc Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 830.00

Date of Receipt 04 / 02 / 2018  
**Transaction ID : VPF9SPJHX59**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	755.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Ogburn, Joseph, A, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 709 S G St  
 City McAllen State TX Zip Code 78501-8806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Texas Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 04 / 27 / 2018  
**Transaction ID : VPF9SPQQ269**  
 Amount of Each Receipt this Period 950.00  
 Memo Item

**B. Herde, Christine, Marie, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 139 Jeffrey Ln  
 City Hurley State NY Zip Code 12443-5408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CareMount Medical Group Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1101.00

Date of Receipt 04 / 04 / 2018  
**Transaction ID : VPF9SPK1X89**  
 Amount of Each Receipt this Period 175.00  
 Memo Item

**C. Leslie, Kimberly, Kay, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Hawkins Dr  
 City Iowa City State IA Zip Code 52242-1009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Iowa Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 04 / 28 / 2018  
**Transaction ID : VPF9SPQPZ89**  
 Amount of Each Receipt this Period 345.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1470.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Allswede, Matthew, T., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 640 Oakwood Dr  
 City East Lansing State MI Zip Code 48823-3031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Spanow Health System Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 10 / 2018  
**Transaction ID : VPF9SPKS299**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Ramsey, Patrick, Shannon, , MD, MSPH**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1826 Fawn Blf  
 City San Antonio State TX Zip Code 78248-1579  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UT Health San Antonio Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 04 / 28 / 2018  
**Transaction ID : VPF9SPQQ099**  
 Amount of Each Receipt this Period 280.00  
 Memo Item

**C. Peterson, Katherine, Lynn, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3656 Lakeview Rd  
 City Carson City State NV Zip Code 89703-9402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carson Medical Group Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 04 / 02 / 2018  
**Transaction ID : VPF9SPJHXA9**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	410.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Apuzzio, Joseph, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 185 S Orange Ave  
 MSB E-506  
 City Newark State NJ Zip Code 07103-2757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Jersey Medical School Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 04 / 27 / 2018  
**Transaction ID : VPF9SPQQ2B9**  
 Amount of Each Receipt this Period 390.00  
 Memo Item

**B. Landrum, Lisa, Michelle, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2701 Chaumont  
 City Edmond State OK Zip Code 73034-9177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Oklahoma Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 04 / 28 / 2018  
**Transaction ID : VPF9SPQQ1K9**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. McHugh, Katherine, W, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4030 N Pennsylvania St  
 City Indianapolis State IN Zip Code 46205-2609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IU Health Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 04 / 04 / 2018  
**Transaction ID : VPF9SPK4TN9**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Moss, Kristie, Hofmockel, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16610 Rose View Ct

City Cypress	State TX	Zip Code 77429-3685
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Northwest Women's Center	Occupation (for Individual) 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
04 / 27 / 2018

**Transaction ID : VPF9SPQPZP9**

Amount of Each Receipt this Period  

250.00
--------

 Memo Item

**B. Puritz, Holly, Suzanne, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7940 N Shore Rd

City Norfolk	State VA	Zip Code 23505-1737
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Group for Women	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1136.00

Date of Receipt  

M M / D D / Y Y Y Y Y
04 / 07 / 2018

**Transaction ID : VPF9SPKAZR9**

Amount of Each Receipt this Period  

209.00
--------

 Memo Item

**C. Schneiter, Mali, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2400 Charlotte Ave  
Apt 209

City Nashville	State TN	Zip Code 37203-2395
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Vanderbilt University	Occupation (for Individual) Resident
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M / D D / Y Y Y Y Y
04 / 28 / 2018

**Transaction ID : VPF9SPQQ1R9**

Amount of Each Receipt this Period  

120.00
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 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	579.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 51 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Tovar, Winfred, S., ,**

Mailing Address **275 Park Ave  
 Apt 45**

City **Brooklyn**    State **NY**    Zip Code **11205-2555**

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

Name of Employer (for Individual) **Mimsi International**    Occupation (for Individual) **Physician**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**04 / 10 / 2018**

**Transaction ID : VPF9SPKS2W9**

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

Mailing Address

City    State    Zip Code

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

Name of Employer (for Individual)    Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City    State    Zip Code

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

Name of Employer (for Individual)    Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>36502.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial)

**A. Square, Inc.**

Mailing Address 901 Mission St

City  
San Francisco

State  
CA

Zip Code  
94103-3052

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	8

FEC Identification Number

**C**

**Transaction ID : VPEAHA7GC**

Amount of Each Disbursement this Period

31.79

Memo Item

Full Name (Last, First, Middle Initial)

**B. Amalgamated Bank**

Mailing Address 1825 K St NW

City  
Washington

State  
DC

Zip Code  
20006-1202

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	8

FEC Identification Number

**C**

**Transaction ID : VPEAHA7GA**

Amount of Each Disbursement this Period

54.07

Memo Item

Full Name (Last, First, Middle Initial)

**C. Square, Inc.**

Mailing Address 901 Mission St

City  
San Francisco

State  
CA

Zip Code  
94103-3052

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	8

FEC Identification Number

**C**

**Transaction ID : VPEAHA7GC**

Amount of Each Disbursement this Period

438.52

Memo Item

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

524.38

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial)

**A. Square, Inc.**

Mailing Address 901 Mission St

City  
San Francisco

State  
CA

Zip Code  
94103-3052

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2018

FEC Identification Number

C [REDACTED]

**Transaction ID : VPEAHA7GC**  
Amount of Each Disbursement this Period

[REDACTED] 275.83

Memo Item

Full Name (Last, First, Middle Initial)

**B. Square, Inc.**

Mailing Address 901 Mission St

City  
San Francisco

State  
CA

Zip Code  
94103-3052

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2018

FEC Identification Number

C [REDACTED]

**Transaction ID : VPEAHA7GC**  
Amount of Each Disbursement this Period

[REDACTED] 40.98

Memo Item

Full Name (Last, First, Middle Initial)

**C. Sage Payment Solutions**

Mailing Address 1750 Old Meadow Rd

City  
McLean

State  
VA

Zip Code  
22102-4304

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2018

FEC Identification Number

C [REDACTED]

**Transaction ID : VPEAHA7GA**  
Amount of Each Disbursement this Period

[REDACTED] 3923.37

Memo Item

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

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

[REDACTED] 4240.18

[REDACTED] 4764.56

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Sherrod Brown</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2018
Mailing Address PO Box 15293		FEC Identification Number C00264697 <b>Transaction ID : VPEAHA7FD</b> Amount of Each Disbursement this Period 1000.00
City Washington	State DC	Zip Code 20003-0293
Purpose of Disbursement Federal Contribution		Category/Type
Candidate Name <b>BROWN, SHERROD, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District: 00	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Tina Smith for Minnesota</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2018
Mailing Address PO Box 14362		FEC Identification Number C00663781 <b>Transaction ID : VPEAHA7FD</b> Amount of Each Disbursement this Period 2500.00
City Saint Paul	State MN	Zip Code 55114-0362
Purpose of Disbursement Federal Contribution		Category/Type
Candidate Name <b>SMITH, TINA FLINT, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 00	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. People For Patty Murray</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2018
Mailing Address PO Box 3662		FEC Identification Number C00257642 <b>Transaction ID : VPEAHA7FD</b> Amount of Each Disbursement this Period 1000.00
City Seattle	State WA	Zip Code 98124-3662
Purpose of Disbursement Federal Contribution		Category/Type
Candidate Name <b>MURRAY, PATTY, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA	District: 00	
<input type="checkbox"/> Memo Item		

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Lou Correa for Congress</b>			Date of Disbursement MM / DD / YYYY 04 / 13 / 2018		
Mailing Address PO Box 2229					
City San Marcos		State CA	Zip Code 92079-2229		
Purpose of Disbursement Federal Contribution					Category/Type
Candidate Name <b>CORREA, JOSE LUIS (LOU) MR., , ,</b>					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: CA		District: 46			
FEC Identification Number <b>C</b> C00578302 <b>Transaction ID : VPEAHA7FDI</b> Amount of Each Disbursement this Period 1000.00					<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Katherine Clark for Congress</b>			Date of Disbursement MM / DD / YYYY 04 / 13 / 2018		
Mailing Address PO Box 361					
City Malden		State MA	Zip Code 02148-0004		
Purpose of Disbursement Federal Contribution					Category/Type
Candidate Name <b>CLARK, KATHERINE, , ,</b>					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MA		District: 05			
FEC Identification Number <b>C</b> C00541888 <b>Transaction ID : VPEAHA7FDI</b> Amount of Each Disbursement this Period 1000.00					<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Kinzinger for Congress</b>			Date of Disbursement MM / DD / YYYY 04 / 13 / 2018		
Mailing Address PO Box 2365					
City Ottawa		State IL	Zip Code 61350-6965		
Purpose of Disbursement Federal Contribution					Category/Type
Candidate Name <b>KINZINGER, ADAM, , ,</b>					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: IL		District: 16			
FEC Identification Number <b>C</b> C00458877 <b>Transaction ID : VPEAHA7FDI</b> Amount of Each Disbursement this Period 1000.00					<input type="checkbox"/> Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Nancy Pelosi For Congress**

Full Name (Last, First, Middle Initial)  
Nancy Pelosi For Congress

Date of Disbursement: 04 / 13 / 2018

Mailing Address: 700 13th St NW, Ste 600  
City: Washington, State: DC, Zip Code: 20005-5998

Purpose of Disbursement: Federal Contribution

Candidate Name: PELOSI, NANCY, , ,

Office Sought:  House,  Senate,  President  
State: CA, District: 12

Disbursement For: 2018  
 Primary,  General,  Other (specify) ▼

FEC Identification Number: C 00213512  
Transaction ID: VPEAHA7FDI  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City, State, Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House,  Senate,  President  
State, District

Disbursement For:  Primary,  General,  Other (specify) ▼

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City, State, Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House,  Senate,  President  
State, District

Disbursement For:  Primary,  General,  Other (specify) ▼

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8500.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Conry, Jeanne, Ann, , MD, PhD</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2018
Mailing Address 8204 Cantershire Way		FEC Identification Number C [REDACTED] <b>Transaction ID : VPEAHA7GE</b> Amount of Each Disbursement this Period [REDACTED] 391.11
City Granite Bay	State CA	Zip Code 95746-9476
Purpose of Disbursement Contribution Refund		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Yen Yen, Tin, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 19 / 2018
Mailing Address 2591 99 St North Battleford SK S9A 3W1 Ca		FEC Identification Number C [REDACTED] <b>Transaction ID : VPEAHA7GC</b> Amount of Each Disbursement this Period [REDACTED] 500.00
City nada	State ZZ	Zip Code 00000
Purpose of Disbursement Contribution Refund		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Conry, Jeanne, Ann, , MD, PhD</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2018
Mailing Address 8204 Cantershire Way		FEC Identification Number C [REDACTED] <b>Transaction ID : VPEAHA7GE</b> Amount of Each Disbursement this Period [REDACTED] 391.11
City Granite Bay	State CA	Zip Code 95746-9476
Purpose of Disbursement Contribution Refund		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	[REDACTED] 1282.22
<b>TOTAL</b> This Period (last page this line number only)..... ▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial)

**A. Conry, Jeanne, Ann, , MD, PhD**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		1	3							2018

Mailing Address 8204 Cantershire Way

City Granite Bay State CA Zip Code 95746-9476

FEC Identification Number

**C**

**Transaction ID : VPEAHA7GE**

Amount of Each Disbursement this Period

391.11

Purpose of Disbursement  
Contribution Refund

Category/  
Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

City State Zip Code

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City State Zip Code

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

Purpose of Disbursement

Category/  
Type

Candidate Name

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

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

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

<input type="text"/>	391.11
<input type="text"/>	1673.33