

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 03 / 01 / 2013 through 03 / 31 / 2013

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

Type or Print Name of Treasurer STACIE MONROE

Signature of Treasurer STACIE MONROE [Electronically Filed] Date 04 / 09 / 2013

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="95382.62"/>	<input type="text" value="95382.62"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="119271.02"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="158786.69"/>	<input type="text" value="254881.01"/>
(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="278057.71"/>	<input type="text" value="350263.63"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="70355.19"/>	<input type="text" value="142561.11"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="207702.52"/>	<input type="text" value="207702.52"/>
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. 06/2004)

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	136513.66	193033.66
(ii) Unitemized .....	22226.00	58800.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	158739.66	251833.98
(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) .....	158739.66	251833.98
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).....	47.03	47.03
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	3000.00
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))..... ▶	158786.69	254881.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	158786.69	254881.01

**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 .....	3355.19	4561.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3355.19	4561.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	67000.00	137000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	1000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	70355.19	142561.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	70355.19	142561.11

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	158739.66	251833.98
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	158739.66	251833.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	3355.19	4561.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	47.03	47.03
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3308.16	4514.08

**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 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. JACQUES S. ABRAMOWICZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 EAST BELLEVUE  
 City CHICAGO State IL Zip Code 60611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RUSH UNIVERSITY Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 06 / 2013  
**Transaction ID : SA11AI.5263**  
 Amount of Each Receipt this Period  
 250.00

**B. LINDA A. ALEXANDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 FIELDSTREAM COURT  
 City LUTHERVILLE State MD Zip Code 21093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MEDSTAR FRANKLIN SQUARE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 12 / 2013  
**Transaction ID : SA11AI.5291**  
 Amount of Each Receipt this Period  
 300.00

**C. THADDEUS ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2350 SIMPSON STREET  
 City DUBUQUE State IA Zip Code 52003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DUBUQUE OB/GYN Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 03 / 2013  
**Transaction ID : SA11AI.5606**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1550.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 95  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. THADDEUS ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2350 SIMPSON STREET  
 City DUBUQUE State IA Zip Code 52003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DUBUQUE OB/GYN Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 03 / 19 / 2013  
**Transaction ID : SA11AI.5971**  
 Amount of Each Receipt this Period 600.00

**B. LORENZO A. APODACA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1636 HEATHER LANE  
 City REDLANDS State CA Zip Code 92373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BEAVER MEDICAL GROUP Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 15 / 2013  
**Transaction ID : SA11AI.5857**  
 Amount of Each Receipt this Period 250.00

**C. ARTHUR A. ARENA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4955 SOUTH 43RD STREET  
 City GREENVILLE State WI Zip Code 53220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 14 / 2013  
**Transaction ID : SA11AI.5732**  
 Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KATHRYN L. ARENDT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18725 NORTHEAST 109TH STREET  
 City REDMOND State WA Zip Code 98052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WASHINGTON UROLOGY ASSOCIATES Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2013  
**Transaction ID : SA11AI.5859**  
 Amount of Each Receipt this Period  
 250.00

**B. THOMAS F. ARNOLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1145 14TH AVENUE WEST  
 City DICKINSON State ND Zip Code 58601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CATHOLIC HEALTH INITIATIVES Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2013  
**Transaction ID : SA11AI.5293**  
 Amount of Each Receipt this Period  
 625.00

**C. DOUGLAS AUSTIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30045 LE BLEU ROAD  
 City EUGENE State OR Zip Code 97405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WOMEN'S CARE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2013  
**Transaction ID : SA11AI.5993**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1125.00
<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 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. J. MAX AUSTIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3912 SHANNON LANE

City MOUNTAIN BROOK State AL Zip Code 35213

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

Name of Employer UNIVERSITY OF ALABAMA Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2013

**Transaction ID : SA11AI.5796**

Amount of Each Receipt this Period  
 250.00

**B. INGRID A. BALCOMB**  
Full Name (Last, First, Middle Initial)

Mailing Address 131 ORNAC STREET

City CONCORD State MA Zip Code 01742

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

Name of Employer EMERSON HOSPITAL Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2013

**Transaction ID : SA11AI.5734**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 2230 PRINCETON AVENUE

City ST. PAUL State MN Zip Code 55105

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

Name of Employer HEALTH PARTNERS Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2013

**Transaction ID : SA11AI.5295**

Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. OWEN R. BELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2501 EAST 42ND AVENUE

City ANCHORAGE State AK Zip Code 99508

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2013  
**Transaction ID : SA11AI.5798**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 6417 PROVINCE LANE

City BATON ROUGE State LA Zip Code 70808

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

Name of Employer LOUISIANA WOMEN'S HEALTHCARE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2013  
**Transaction ID : SA11AI.5800**

Amount of Each Receipt this Period  
 1000.00

**C. SCOTT B. BIRDSALL**  
Full Name (Last, First, Middle Initial)

Mailing Address 292 EAST GARVIN HEIGHTS ROAD

City WINONA State MN Zip Code 55987

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

Name of Employer WINONA HEALTH Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2013  
**Transaction ID : SA11AI.5802**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<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 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. HOWARD A. BLANCHETTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 BRINSCALL COURT  
 City DANBURY State CT Zip Code 06810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NEW YORK MEDICAL COLLEGE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2013  
**Transaction ID : SA11AI.5253**  
 Amount of Each Receipt this Period  
 100.00

**B. SHERRY L. BLUEMENTHAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 911 FRASER ROAD  
 City GLENSIDE State PA Zip Code 19038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WOMENCARE OB/GYN Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2013  
**Transaction ID : SA11AI.5608**  
 Amount of Each Receipt this Period  
 300.00

**C. CONSTANCE BOHON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2141 K STREET, NW  
 City WASHINGTON State DC Zip Code 20037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CAPITAL WOMEN'S CARE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2013  
**Transaction ID : SA11AI.5611**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<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 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MARYANNE BOMBAUGH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 81 CLOWES DRIVE  
 City FALMOUTH State MA Zip Code 02540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARITAS HEALTHCARE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2013  
**Transaction ID : SA11AI.5613**  
 Amount of Each Receipt this Period  
 300.00

**B. ROBERT BONEBRAKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8807 EDGEVALE PLACE  
 City OMAHA State NE Zip Code 68114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer METHODIST PERINATAL CENTER Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2013  
**Transaction ID : SA11AI.5616**  
 Amount of Each Receipt this Period  
 300.00

**C. LEONARD BRABSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 939 EAST EMERALD AVENUE  
 City KNOXVILLE State TN Zip Code 37917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2013  
**Transaction ID : SA11AI.5618**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<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 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. NABAL BRACERO**  
Full Name (Last, First, Middle Initial)

Mailing Address 576 CESAR GONZALEZ AVENUE

City SAN JUAN	State PR	Zip Code 00918
------------------	-------------	-------------------

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

Name of Employer GENES FERTILITY INSTITUTE	Occupation PHYSICIAN
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	04	/	2013

**Transaction ID : SA11AI.5565**

Amount of Each Receipt this Period  
300.00

**B. JAMES T. BREEDEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1775 CHAPARRAL

City CARSON CITY	State NV	Zip Code 89703
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

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

**Transaction ID : SA11AI.5620**

Amount of Each Receipt this Period  
1500.00

**C. BRUCE BREIT**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 PERTH LANE

City WINTER PARK	State FL	Zip Code 32792
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	04	/	2013

**Transaction ID : SA11AI.5567**

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2100.00
<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 14 OF 95
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. CYNTHIA A. BRINCAT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2103 KEYES AVENUE  
 City MADISON State WI Zip Code 53711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF WISCONSIN Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2013  
**Transaction ID : SA11AI.5621**  
 Amount of Each Receipt this Period  
 1300.00

**B. ERIN C. BROUSSEAU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 STRATHMORE ROAD  
 City CRANSTON State RI Zip Code 02905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WOMEN & INFANTS HOSPITAL Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2013  
**Transaction ID : SA11AI.5623**  
 Amount of Each Receipt this Period  
 300.00

**C. HAYWOOD BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 WINDROW PLACE  
 City DURHAM State NC Zip Code 27705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DUKE UNIVERSITY Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2013  
**Transaction ID : SA11AI.5936**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2600.00
<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 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WILLIAM E. BROWN**  
Full Name (Last, First, Middle Initial)

Mailing Address 806 BREMERTON DRIVE

City GREENVILLE State NC Zip Code 27858

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

Name of Employer PHYSICIANS EAST Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 22 / 2013

**Transaction ID : SA11AI.6132**

Amount of Each Receipt this Period  
 300.00

**B. CARLA BURKLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 51 OAKLAND STREET

City AUBURN State ME Zip Code 04210

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

Name of Employer COASTAL WOMEN'S HEALTHCARE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

**Transaction ID : SA11AI.5625**

Amount of Each Receipt this Period  
 600.00

**C. STEPHEN H. BUSH**  
Full Name (Last, First, Middle Initial)

Mailing Address 4400 KANAWHA AVENUE

City CHARLESTON State WV Zip Code 25304

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

Name of Employer WEST VIRGINIA UNIVERSITY Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 22 / 2013

**Transaction ID : SA11AI.6134**

Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 95  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MARTIN J. CALIENDO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1608 CASTLEFORD ROAD  
 City MIDLAND State TX Zip Code 79705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TEXAS TECH PHYSICIANS Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 21 / 2013  
**Transaction ID : SA11AI.5809**  
 Amount of Each Receipt this Period 250.00

**B. BEN H. CHEEK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1626 SUMMIT DRIVE  
 City COLUMBUS State GA Zip Code 31906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OB/GYN ASSOCIATES OF COLUMBUS Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1166.66

Date of Receipt 03 / 03 / 2013  
**Transaction ID : SA11AI.5627**  
 Amount of Each Receipt this Period 1000.00

**C. BEN H. CHEEK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1626 SUMMIT DRIVE  
 City COLUMBUS State GA Zip Code 31906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OB/GYN ASSOCIATES OF COLUMBUS Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.99

Date of Receipt 03 / 26 / 2013  
**Transaction ID : SA11AI.6076**  
 Amount of Each Receipt this Period 83.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1333.33  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DONALD D. CHERVENAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 90 WESTCOTT ROAD  
 City BEDMINSTER State NJ Zip Code 07921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2013  
**Transaction ID : SA11AI.5150**  
 Amount of Each Receipt this Period  
 1000.00

**B. CHRISTIAN A. CHISHOLM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1840 RIVER INN LANE  
 City CHARLOTTESVILLE State VA Zip Code 22901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF VIRGINIA Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 22 / 2013  
**Transaction ID : SA11AI.6137**  
 Amount of Each Receipt this Period  
 250.00

**C. ARTHUR CLEMENTS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1401 CENTERVILLE ROAD  
 City TALLAHASSEE State FL Zip Code 32308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NORTH FLORIDA WOMEN'S CARE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2013  
**Transaction ID : SA11AI.5569**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1550.00
<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 18 OF 95  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. MARGUERITE P. COHEN</b>		Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>15</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	03		15		2013
M M M	/	D D D	/	Y Y Y Y Y Y								
03		15		2013								
Mailing Address 620 55TH AVENUE		<b>Transaction ID : SA11AI.5154</b>										
City PORTLAND	State OR	Zip Code 97215										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00										
Name of Employer WOMEN'S HEALTHCARE ASSOCIATES	Occupation PHYSICIAN											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00											

Full Name (Last, First, Middle Initial) <b>B. SHANNA M. COMBS</b>		Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>14</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	03		14		2013
M M M	/	D D D	/	Y Y Y Y Y Y								
03		14		2013								
Mailing Address 849 SPRINGBROOK DRIVE		<b>Transaction ID : SA11AI.5738</b>										
City FORT WORTH	State TX	Zip Code 76107										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00										
Name of Employer UNIVERSITY OF NORTH TEXAS	Occupation PHYSICIAN											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00											

Full Name (Last, First, Middle Initial) <b>C. JEANNE A. CONRY</b>		Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>03</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	03		03		2013
M M M	/	D D D	/	Y Y Y Y Y Y								
03		03		2013								
Mailing Address 8204 CANTERSHIRE WAY		<b>Transaction ID : SA11AI.5257</b>										
City GRANITE BAY	State CA	Zip Code 95246										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 220.00										
Name of Employer KAISER PERMANENTE	Occupation PHYSICIAN											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00											

<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 19 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JEANNE A. CONRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8204 CANTERSHIRE WAY  
 City GRANITE BAY State CA Zip Code 95246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KAISER PERMANENTE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1660.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2013  
**Transaction ID : SA11AI.5628**  
 Amount of Each Receipt this Period  
**1000.00**

**B. LYNNE COSLETT CHARLTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 289 HARRIS HILL ROAD  
 City SHAVERTOWN State PA Zip Code 18708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2013  
**Transaction ID : SA11AI.5156**  
 Amount of Each Receipt this Period  
**1000.00**

**C. MARY E. D'ALTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 622 WEST 168TH STREET  
 City NEW YORK State NY Zip Code 10032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer COLUMBIA UNIVERSITY Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2013  
**Transaction ID : SA11AI.6059**  
 Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2500.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. STELLA DANTAS</b>		Date of Receipt
Mailing Address 6906 WINDEMERE		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
PORTLAND	OR	97225
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5629</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
KAISER PERMANENTE	PHYSICIAN	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. THOMAS S. DARDARIAN</b>		Date of Receipt
Mailing Address 108 CETON COURT		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
BROOMAIL	PA	19008
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5266</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MAIN LINE WOMEN'S HEALTH CARE	PHYSICIAN	<input type="text" value="125.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="375.00"/>	

Full Name (Last, First, Middle Initial) <b>C. LAURA J. DAVID</b>		Date of Receipt
Mailing Address 5323 MEADOW WOOD BOULEVARD		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
LYNDHURST	OH	44124
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5631</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
UNIVERSITY HOSPITALS PRACTICES	PHYSICIAN	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1375.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. LAURA J. DAVID</b>		Date of Receipt
Mailing Address 5323 MEADOW WOOD BOULEVARD		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
LYNDHURST	OH	44124
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5633</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
UNIVERSITY HOSPITALS PRACTICES	PHYSICIAN	<input type="text" value="1500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. BRENDA L. DAWLEY</b>		Date of Receipt
Mailing Address 1 WINDSOR DRIVE		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
HUNTINGTON	WV	25705
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.6145</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
EDWARDS SCHOOL OF MEDICINE	PHYSICIAN	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. LAURA A. DEAN</b>		Date of Receipt
Mailing Address 14 HIGHWAY 96 EAST		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
DELLWOOD	MN	55110
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5158</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
STILLWATER MEDICAL GROUP	PHYSICIAN	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. ROBERT H. DEBBS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 SASSAFRAS COURT  
 City VOORHEES State NJ Zip Code 08043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF PENNSYLVANIA Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 10 / 2013  
**Transaction ID : SA11AI.5285**  
 Amount of Each Receipt this Period  
**100.00**

**B. MARK S. DEFRANCESCO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 TERRELL FARM PLACE  
 City CHESHIRE State CT Zip Code 06410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WOMEN'S HEALTH CONNECTICUT Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2013  
**Transaction ID : SA11AI.5258**  
 Amount of Each Receipt this Period  
**200.00**

**C. MARK S. DEFRANCESCO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 TERRELL FARM PLACE  
 City CHESHIRE State CT Zip Code 06410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WOMEN'S HEALTH CONNECTICUT Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2013  
**Transaction ID : SA11AI.5316**  
 Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **400.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. TRACEY L. DELAPLAIN</b>		Date of Receipt
Mailing Address 8731 RAINBOW TROUT COURT		M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2013
City	State	Zip Code
RENO	NV	89523
FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.5634	
	Amount of Each Receipt this Period	
	300.00	
Name of Employer	Occupation	
CENTER FOR WOMEN'S HEALTH	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	300.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JAMES E. DELLMORE</b>		Date of Receipt
Mailing Address 9471 CROSS CREEK CIRCLE		M M M / D D D / Y Y Y Y Y Y 03 / 15 / 2013
City	State	Zip Code
WICHITA	KS	67206
FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.5160	
	Amount of Each Receipt this Period	
	250.00	
Name of Employer	Occupation	
ASSOCIATES IN WOMEN'S HEALTH	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	250.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. NATHANIEL DENICOLA</b>		Date of Receipt
Mailing Address 2121 PINE STREET		M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2013
City	State	Zip Code
PHILADELPHIA	PA	19103
FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.6090	
	Amount of Each Receipt this Period	
	209.00	
Name of Employer	Occupation	
UNIVERSITY OF PENNSYLVANIA	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	459.00	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	759.00
<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 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JANE ANN DIMER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4631 90TH AVENUE

City MERCER ISLAND State WA Zip Code 98040

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

Name of Employer GROUP HEALTH PERMANENTE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

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

**Transaction ID : SA11AI.5636**

Amount of Each Receipt this Period  
 2000.00

**B. PATRICIA M. DIX**  
Full Name (Last, First, Middle Initial)

Mailing Address 1000 EAST PRIMROSE

City SPRINGFIELD State MO Zip Code 65807

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

Name of Employer COX HEALTH Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2013

**Transaction ID : SA11AI.5942**

Amount of Each Receipt this Period  
 500.00

**C. WALEED DOANY**  
Full Name (Last, First, Middle Initial)

Mailing Address 18339 VENTURA BOULEVARD

City TRAZANA State CA Zip Code 91356

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2013

**Transaction ID : SA11AI.5871**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<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 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MYRA C. DOVE**  
Full Name (Last, First, Middle Initial)

Mailing Address 502 FIELDSTONE COURT

City GREENSBORO State NC Zip Code 27455

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

Name of Employer: CENTER FOR WOMEN'S HEALTH Occupation: PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 15 / 2013  
**Transaction ID : SA11AI.5873**

Amount of Each Receipt this Period: 500.00

**B. SHERMAN DUNN**  
Full Name (Last, First, Middle Initial)

Mailing Address 214 AVENUE S

City BROOKLYN State NY Zip Code 11223

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

Name of Employer: PHYSICIAN AFFILIATE GROUP Occupation: PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 25 / 2013  
**Transaction ID : SA11AI.6103**

Amount of Each Receipt this Period: 1000.00

**C. KACI L. DURBIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 12183 EAST HUTCHINSON ROAD

City MT. VERNON State IL Zip Code 62864

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

Name of Employer: HEARTLAND WOMEN'S HEALTH Occupation: PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 14 / 2013  
**Transaction ID : SA11AI.5742**

Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JOSPEH T. EDWARDS**  
Full Name (Last, First, Middle Initial)

Mailing Address 284 EAST GREENTREE DRIVE

City TEMPE State AZ Zip Code 85284

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

Name of Employer SUNLIFE FAMILY HEALTH CENTER Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 15 / 2013  
**Transaction ID : SA11AI.5875**

Amount of Each Receipt this Period 250.00

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

Mailing Address 712 SUNDOWN PLACE

City ALBUQUERQUE State NM Zip Code 87108

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

Name of Employer UNIVERSITY OF NEW MEXICO Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 03 / 2013  
**Transaction ID : SA11AI.5638**

Amount of Each Receipt this Period 1000.00

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

Mailing Address 712 SUNDOWN PLACE

City ALBUQUERQUE State NM Zip Code 87108

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

Name of Employer UNIVERSITY OF NEW MEXICO Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 04 / 2013  
**Transaction ID : SA11AI.5575**

Amount of Each Receipt this Period 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<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 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. NANCY FAN</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2013
Mailing Address 1806 NORTH VAN BUREN STREET		<b>Transaction ID : SA11AI.5431</b>
City WILMINGTON	State DE	Zip Code 19802
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer ST. FRANCIS HOSPITAL	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. EILEEN F. FARWICK</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2013
Mailing Address 516 JENNIFER LANE		<b>Transaction ID : SA11AI.5432</b>
City WINDEMERE	State FL	Zip Code 34786
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer ORLANDO HEALTH	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. THEODORE L. FELLEBAUM</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 21 / 2013
Mailing Address 1289 SOUTH LINDEN ROAD		<b>Transaction ID : SA11AI.6002</b>
City FLINT	State MI	Zip Code 48532
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<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 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. DOUGLAS K. FENTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2921 MANAGUA PLACE  
 City CARLSBAD State CA Zip Code 92009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SCRIPPS COASTAL MEDICAL GROUP Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **209.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2013  
**Transaction ID : SA11AI.5327**  
 Amount of Each Receipt this Period  
**209.00**

**B. THOMAS A. FERRARA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10122 EAST 10TH STREET  
 City INDIANAPOLIS State IN Zip Code 46229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer COMMUNITY HEALTH NETWORK Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2013  
**Transaction ID : SA11AI.6061**  
 Amount of Each Receipt this Period  
**250.00**

**C. MARK A. FISHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 634 WEST PINON STREET  
 City FARMINGTON State NM Zip Code 87401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SOUTHWEST OB/GYN Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2013  
**Transaction ID : SA11AI.5744**  
 Amount of Each Receipt this Period  
**250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 95
	<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"/>	<input type="checkbox"/> 17

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

**A. STEVEN FLEISCHMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 CARRIAGE HILL ROAD  
 City WOODBRIDGE State CT Zip Code 06525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OB/GYN & MENOPAUSE PHYSICIANS Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt **03 / 12 / 2013**  
**Transaction ID : SA11AI.5330**  
 Amount of Each Receipt this Period **2500.00**

**B. AMANDA B. FLICKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2029 GOLDENROD DRIVE  
 City MACUNGIE State PA Zip Code 18062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LEHIGH VALLEY HEALTH NETWORK Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 03 / 2013**  
**Transaction ID : SA11AI.5639**  
 Amount of Each Receipt this Period **300.00**

**C. ROBERT F. FLORA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7679 MANNHEIM COURT  
 City HUDSON State OH Zip Code 44236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SUMMA HEALTH SYSTEM Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 07 / 2013**  
**Transaction ID : SA11AI.5271**  
 Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3050.00</b>
<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 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. ERIC C. FOK**  
Full Name (Last, First, Middle Initial)

Mailing Address 240-16 66TH AVENUE

City DOUGLASTON State NY Zip Code 11362

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

Name of Employer GENESIS OB/GYN GROUP Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2013  
**Transaction ID : SA11AI.5168**

Amount of Each Receipt this Period  
 250.00

**B. HUBERT FORMALIK**  
Full Name (Last, First, Middle Initial)

Mailing Address 13443 ROCK CREEK DRIVE

City CARMEL State IN Zip Code 46074

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

Name of Employer ST. VINCENT HOSPITAL Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2013  
**Transaction ID : SA11AI.5978**

Amount of Each Receipt this Period  
 250.00

**C. ANDREA K. FRIALL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1304 LIVE OAK PLANTATION ROAD

City TALLAHASSEE State FL Zip Code 32312

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

Name of Employer NORTH FLORIDA WOMEN'S CARE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2013  
**Transaction ID : SA11AI.5172**

Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. FREDERICK FRIEDMAN</b>		Date of Receipt
Mailing Address 1 LAKE ROAD SOUTH		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
GREAT NECK	NY	11020
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.6108</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
MT. SINAI HOSPITAL	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. RAVI GADA</b>		Date of Receipt
Mailing Address 1543 CAMINO LAGO		<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City	State	Zip Code
IRVING	TX	75039
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.5521</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="600.00"/>
Name of Employer	Occupation	
DALLAS FORT WORTH FERTILITY	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. DAVID L. GANDELL</b>		Date of Receipt
Mailing Address 21 WARWICK DRIVE		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
FAIRPORT	NY	14450
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.5642</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
ROCHESTER OB/GYN ASSOCIATES	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1150.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. JENNIFER B. GANNON</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 15 / 2013
Mailing Address 83 FAIRWAY DRIVE		<b>Transaction ID : SA11AI.5176</b>
City STAMFORD	State CT	Zip Code 06903
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer MT. KISCO MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. MARK F. GARNAAS</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2013
Mailing Address 609 WEST CRESTLINE DRIVE		<b>Transaction ID : SA11AI.5436</b>
City MISSOULA	State MT	Zip Code 59803
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer WESTERN MONTANA CLINIC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. THOMAS M. GELLHAUS</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2013
Mailing Address 906 TAMARACK TRAIL		<b>Transaction ID : SA11AI.5644</b>
City IOWA CITY	State IA	Zip Code 52245
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer UNIVERSITY OF IOWA	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3300.00
<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 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MARK C. GENESEN</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2013
Mailing Address 2916 EAST 68TH STREET		<b>Transaction ID : SA11AI.5178</b>
City TULSA	State OK	Zip Code 74136
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer CANCER CARE ASSOCIATES	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. SARAH V. GERNHART</b>		Date of Receipt MM / DD / YYYY 03 / 03 / 2013
Mailing Address 1605 SOUTH 213TH CIRCLE		<b>Transaction ID : SA11AI.5646</b>
City OMAHA	State NE	Zip Code 68022
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer METHODIST HEALTH SYSTEM	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. KATHERINE M. GILLOGLEY</b>		Date of Receipt MM / DD / YYYY 03 / 18 / 2013
Mailing Address 6225 NORTH POINT WAY		<b>Transaction ID : SA11AI.5946</b>
City SACRAMENTO	State CA	Zip Code 95831
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer MERCY MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<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 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. LAURIE C. GREGG**  
Full Name (Last, First, Middle Initial)

Mailing Address 1846 ROCKWOOD DRIVE

City SACRAMENTO State CA Zip Code 95864

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2013  
**Transaction ID : SA11AI.5648**

Amount of Each Receipt this Period  
 300.00

**B. LAURIE C. GREGG**  
Full Name (Last, First, Middle Initial)

Mailing Address 1846 ROCKWOOD DRIVE

City SACRAMENTO State CA Zip Code 95864

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 04 / 2013  
**Transaction ID : SA11AI.5579**

Amount of Each Receipt this Period  
 1200.00

**C. TRICIA N. GUIDRY**  
Full Name (Last, First, Middle Initial)

Mailing Address 4150 NELSON ROAD

City LAKE CHARLES State LA Zip Code 70605

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

Name of Employer WOMEN & CHILDREN'S HOSPITAL Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2013  
**Transaction ID : SA11AI.6004**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<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 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. EDWIN R. GUZMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1125 MAXWELL LANE

City HOBOKEN State NJ Zip Code 07030

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

Name of Employer ST. PETER'S HOSPITAL Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2013

**Transaction ID : SA11AI.6006**

Amount of Each Receipt this Period  
 500.00

**B. NEIL A. HAMILL**  
Full Name (Last, First, Middle Initial)

Mailing Address 3882 SOUTH 177TH AVENUE

City OMAHA State NE Zip Code 68130

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

Name of Employer METHODIST HOSPITAL Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2013

**Transaction ID : SA11AI.5277**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 3930 EDGEBROOK COURT

City MIDLAND State TX Zip Code 79707

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

Name of Employer TEXAS TECH UNIVERSITY Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

**Transaction ID : SA11AI.5649**

Amount of Each Receipt this Period  
 600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<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 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. R. MOSS HAMPTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3930 EDGEBROOK COURT  
 City MIDLAND State TX Zip Code 79707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TEXAS TECH UNIVERSITY Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2013  
**Transaction ID : SA11AI.6077**  
 Amount of Each Receipt this Period  
 350.00

**B. BRUCE W. HARLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14052 MINT TRAIL DRIVE  
 City SAN ANTONIO State TX Zip Code 78232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SEVEN OAKS WOMEN'S CENTER Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 04 / 2013  
**Transaction ID : SA11AI.5581**  
 Amount of Each Receipt this Period  
 2500.00

**C. KAREN E. HARRIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2800 29TH STREET  
 City GAINESVILLE State FL Zip Code 32605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FLORIDA WOMEN'S PHYSICIANS Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2013  
**Transaction ID : SA11AI.5651**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3150.00
<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 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. FRANK N. HARRISON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3741 HEARTHSTONE COURT

City CHARLOTTE State NC Zip Code 28211

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

Name of Employer CAROLINAS HEALTH SYSTEM Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2013  
**Transaction ID : SA11AI.6034**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 19655 BIRMINGHAM COURT

City BROOKFIELD State WI Zip Code 53045

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2013  
**Transaction ID : SA11AI.5653**

Amount of Each Receipt this Period  
 1000.00

**C. ALBERT R. HARTMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4403 HARRISON BOULEVARD

City OGDEN State UT Zip Code 84403

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2013  
**Transaction ID : SA11AI.5980**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. TAMARA HELFER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4412 TROSTSHIRE CIRCLE

City CHAMPAIGN	State IL	Zip Code 61822
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FEC ID number of contributing federal political committee. **C**

Name of Employer CHRISTIE CLINIC	Occupation PHYSICIAN
-------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2013

**Transaction ID : SA11AI.5348**

Amount of Each Receipt this Period  
300.00

**B. RICHARD W. HENDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1709 CLEAVER LANE

City WILMINGTON	State DE	Zip Code 19803
--------------------	-------------	-------------------

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

Name of Employer ST. FRANCIS HOSPITAL	Occupation PHYSICIAN
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

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

**Transaction ID : SA11AI.5655**

Amount of Each Receipt this Period  
1000.00

**C. RICHARD W. HENDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1709 CLEAVER LANE

City WILMINGTON	State DE	Zip Code 19803
--------------------	-------------	-------------------

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

Name of Employer ST. FRANCIS HOSPITAL	Occupation PHYSICIAN
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

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

**Transaction ID : SA11AI.5267**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1550.00
<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 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. VERDA J. HICKS**  
Full Name (Last, First, Middle Initial)

Mailing Address 14110 PEMBROKE LANE

City LEAWOOD State KS Zip Code 66224

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

Name of Employer MIDWEST CANCER CARE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2013  
**Transaction ID : SA11AI.5351**

Amount of Each Receipt this Period  
 2500.00

**B. ERIC J. HODGSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 63 BERNCLIFF DRIVE

City NORTHFORD State CT Zip Code 06472

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

Name of Employer YALE UNIVERSITY Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2013  
**Transaction ID : SA11AI.5180**

Amount of Each Receipt this Period  
 250.00

**C. WILLIAM L. HOLCOMB**  
Full Name (Last, First, Middle Initial)

Mailing Address 6926 DARTMOUTH AVENUE

City ST. LOUIS State MO Zip Code 63130

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

Name of Employer ST. JOSEPH HEALTH CENTER Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2013  
**Transaction ID : SA11AI.5182**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2850.00
<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 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. LISA HOLLIER**  
Full Name (Last, First, Middle Initial)

Mailing Address 6612 MERCER STREET

City HOUSTON State TX Zip Code 77005

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

Name of Employer BAYLOR COLLEGE OF MEDICINE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2013

**Transaction ID : SA11AI.6065**

Amount of Each Receipt this Period  
 600.00

**B. MARY K. HOLM**  
Full Name (Last, First, Middle Initial)

Mailing Address 51 32ND AVENUE

City FARGO State ND Zip Code 58102

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

Name of Employer ESSENTIA HEALTH Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2013

**Transaction ID : SA11AI.5353**

Amount of Each Receipt this Period  
 300.00

**C. STEVE HOLT**  
Full Name (Last, First, Middle Initial)

Mailing Address 13458 KING LAKE TRAIL

City BROOMFIELD State CO Zip Code 80020

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

Name of Employer ROSE MEDICAL CENTER Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

**Transaction ID : SA11AI.5656**

Amount of Each Receipt this Period  
 600.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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

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

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

FOR LINE NUMBER: PAGE 41 OF 95  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. DAVID L. HOOGERLAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9607 NORTH LAKE DRIVE  
 City BAYSIDE State WI Zip Code 53217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer COLUMBIA ST. MARY'S Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 12 / 2013  
**Transaction ID : SA11AI.5355**  
 Amount of Each Receipt this Period  
 300.00

**B. JANET M. HORENSTEIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 PALERMO WALK  
 City LONG BEACH State CA Zip Code 90803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 19 / 2013  
**Transaction ID : SA11AI.5982**  
 Amount of Each Receipt this Period  
 500.00

**C. DIANE J. HORVATH-COSPER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3238 HILL RIDGE DRIVE  
 City EAGAN State MN Zip Code 55121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HEALTH PARTNERS Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 15 / 2013  
**Transaction ID : SA11AI.5183**  
 Amount of Each Receipt this Period  
 300.00

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

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

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

FOR LINE NUMBER: PAGE 42 OF 95  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. DIANE J. HORVATH-COSPER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3238 HILL RIDGE DRIVE  
 City EAGAN State MN Zip Code 55121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HEALTH PARTNERS Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 03 / 27 / 2013  
**Transaction ID : SA11AI.6066**  
 Amount of Each Receipt this Period 175.00

**B. JEFFREY S. ILLECK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17742 BEACH BOULEVARD  
 City HUNTINGTON BEACH State CA Zip Code 92647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BEACH OB/GYN MEDICAL GROUP Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 15 / 2013  
**Transaction ID : SA11AI.5883**  
 Amount of Each Receipt this Period 250.00

**C. ANNIE I. IRIYE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 LILLY ROAD  
 City OLYMPIA State WA Zip Code 98506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GROUP HEALTH PERMANENTE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 12 / 2013  
**Transaction ID : SA11AI.5357**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 925.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. LYDIA M. JEFFRIES</b>		Date of Receipt
Mailing Address 21 WILSON LANE		M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2013
City	State	Zip Code
FAIRVIEW	NC	28730
FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.5660	
	Amount of Each Receipt this Period	
	2500.00	
Name of Employer	Occupation	
ASHEVILLE MEDICAL CENTER	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	2700.00	

Full Name (Last, First, Middle Initial) <b>B. LYDIA M. JEFFRIES</b>		Date of Receipt
Mailing Address 21 WILSON LANE		M M M / D D D / Y Y Y Y Y Y 03 / 05 / 2013
City	State	Zip Code
FAIRVIEW	NC	28730
FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.5262	
	Amount of Each Receipt this Period	
	100.00	
Name of Employer	Occupation	
ASHEVILLE MEDICAL CENTER	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	2800.00	

Full Name (Last, First, Middle Initial) <b>C. JOHN C. JENNINGS</b>		Date of Receipt
Mailing Address 2405 SPOONBILL DRIVE		M M M / D D D / Y Y Y Y Y Y 03 / 12 / 2013
City	State	Zip Code
LEAGUE CITY	TX	77573
FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.5359	
	Amount of Each Receipt this Period	
	2500.00	
Name of Employer	Occupation	
TEXAS TECH UNIVERSITY	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5100.00
<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 44 OF 95  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. AMOUR M. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2941 CHESTNUT OAK WAY  
 City VIRGINIA BEACH State VA Zip Code 23453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer COMPLETE WOMEN'S CARE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 15 / 2013  
**Transaction ID : SA11AI.5885**  
 Amount of Each Receipt this Period 500.00

**B. JULIA V. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 119 BELMONT STREET  
 City WORCESTER State MA Zip Code 01605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF MASSACHUSETTS Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 18 / 2013  
**Transaction ID : SA11AI.5948**  
 Amount of Each Receipt this Period 250.00

**C. GERALD F. JOSEPH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1600 SOUTH EADS STREET  
 City ARLINGTON State VA Zip Code 22202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMERICAN CONGRESS OF OB/GYNS Occupation VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 03 / 2013  
**Transaction ID : SA11AI.5259**  
 Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 45 OF 95  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. AMI H. KEATTS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 503 VICTORIA DRIVE  
 City STAUNTON State VA Zip Code 24401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2013  
**Transaction ID : SA11AI.5363**  
 Amount of Each Receipt this Period  
 1000.00

**B. MARGARET A. KELLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 230 DWYER AVENUE  
 City SAN ANTONIO State TX Zip Code 78204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SOUTHEAST OB/GYN ASSOCIATES Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2013  
**Transaction ID : SA11AI.5366**  
 Amount of Each Receipt this Period  
 300.00

**C. RANDALL T. KELLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 701 WEST 5TH STREET  
 City ODESSA State TX Zip Code 79763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TEXAS TECH PHYSICIANS Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2013  
**Transaction ID : SA11AI.6111**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1550.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 95
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. KRIS E. KENNEDY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1812 UPPER JAMES COURT

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

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

Name of Employer COMPLETE WOMEN'S CARE	Occupation PHYSICIAN
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	04	/	2013

**Transaction ID : SA11AI.5583**

Amount of Each Receipt this Period  
500.00

**B. JUDITH KIMELMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1101 MADISON

City SEATTLE	State WA	Zip Code 98104
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

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

**Transaction ID : SA11AI.5663**

Amount of Each Receipt this Period  
1000.00

**C. SANDRA KOCH MCFARREN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1776 BRUSH DRIVE

City CARSON CITY	State NV	Zip Code 89703
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	01	/	2013

**Transaction ID : SA11AI.5254**

Amount of Each Receipt this Period  
600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2100.00
<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 47 OF 95  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MELANIE KONRADI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2658 AUGUSTA STREET  
 City EUGENE State OR Zip Code 97403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OREGON MEDICAL GROUP Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2013  
**Transaction ID : SA11AI.5889**  
 Amount of Each Receipt this Period  
 500.00

**B. ROBERT G. KOSS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1875 DEMPSTER STREET  
 City PARK RIDGE State IL Zip Code 60068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FOCUS ON WOMEN'S HEALTH Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 22 / 2013  
**Transaction ID : SA11AI.6153**  
 Amount of Each Receipt this Period  
 750.00

**C. STEPHEN M. KRANZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9422 NORTH 115TH STREET  
 City SCOTTSDALE State AZ Zip Code 85259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2013  
**Transaction ID : SA11AI.6038**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. PHILIP LAHRMANN**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 RED HILL DRIVE

City GLASTONBURY State CT Zip Code 06033

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

Name of Employer HARTFORD HOSPITAL Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2013

**Transaction ID : SA11AI.5440**

Amount of Each Receipt this Period  
 600.00

**B. MARY E. LAPLANTE**  
Full Name (Last, First, Middle Initial)

Mailing Address 591 QUAIL RUN DRIVE

City BROADVIEW HEIGHTS State OH Zip Code 44147

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

Name of Employer CLEVELAND CLINIC FOUNDATION Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2013

**Transaction ID : SA11AI.5585**

Amount of Each Receipt this Period  
 300.00

**C. EDUARDO LARA-TORRE**  
Full Name (Last, First, Middle Initial)

Mailing Address 5907 CAVALIER DRIVE

City ROANOKE State VA Zip Code 24018

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

Name of Employer CARILION CLINIC Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 22 / 2013

**Transaction ID : SA11AI.6155**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1400.00
<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 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MELISSA E. LARSEN</b>		Date of Receipt
Mailing Address 2509 NANTES WAY		<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2013"/>
City	State	Zip Code
BAKERSFIELD	CA	93311
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5276</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
KERN MEDICAL CENTER	PHYSICIAN	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>B. WILMA I. LARSEN</b>		Date of Receipt
Mailing Address 2002 CANYON SPRINGS		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
BELTON	TX	76513
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5665</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SCOTT & WHITE HEALTHCARE	PHYSICIAN	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. WILMA I. LARSEN</b>		Date of Receipt
Mailing Address 2002 CANYON SPRINGS		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
BELTON	TX	76513
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5667</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SCOTT & WHITE HEALTHCARE	PHYSICIAN	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="700.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 95
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. WILMA I. LARSEN</b>		Date of Receipt
Mailing Address 2002 CANYON SPRINGS		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
BELTON	TX	76513
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5197</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SCOTT & WHITE HEALTHCARE	PHYSICIAN	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="800.00"/>	

Full Name (Last, First, Middle Initial) <b>B. STEPHEN L. LARSON</b>		Date of Receipt
Mailing Address 6545 FRANCE AVENUE SOUTH		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
EDINA	MN	55435
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5891</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
OB/GYN SPECIALISTS	PHYSICIAN	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. SUSAN M. LEMAGIE</b>		Date of Receipt
Mailing Address 425 EAST DAHLIA		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
PALMER	AK	99645
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5669</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF-EMPLOYED	PHYSICIAN	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. RONALD F. LESS**  
Full Name (Last, First, Middle Initial)

Mailing Address 17 WEST EXCHANGE STREET

City ST. PAUL State MN Zip Code 55102

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

Name of Employer METROPOLITAN OB/GYN Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2013

**Transaction ID : SA11AI.5897**

Amount of Each Receipt this Period  
 250.00

**B. BARBARA LEVY**  
Full Name (Last, First, Middle Initial)

Mailing Address 28511 10TH AVENUE SOUTH

City FEDERAL WAY State WA Zip Code 98003

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

Name of Employer AMERICAN CONGRESS OF OB/GYNS Occupation VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2013

**Transaction ID : SA11AI.5444**

Amount of Each Receipt this Period  
 2500.00

**C. LLOYD L. LEWIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2541 INTELLIPLEX DRIVE

City SHELBYVILLE State IN Zip Code 46176

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

Name of Employer MAJOR HOSPITAL Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2013

**Transaction ID : SA11AI.5984**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3750.00
<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 52 OF 95
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. CHAINORONK LIMANON</b>		Date of Receipt
Mailing Address 5524 ASSEMBLY COURT		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
SACRAMENTO	CA	95823
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.6157</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL LINDSAY</b>		Date of Receipt
Mailing Address 3461 FOXHOUND RUN		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
LITHONIA	GA	30038
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.6159</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
EMORY UNIVERSITY	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. SUSAN E. LIPINSKI</b>		Date of Receipt
Mailing Address 2004 PARK DRIVE		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
CEDAR FALLS	IA	50613
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.5203</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
PARTNERS IN OB/GYN	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MARC A. LUCKETT</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2013 <b>Transaction ID : SA11AI.5903</b>
Mailing Address 3550 SOUTH 4TH STREET		Amount of Each Receipt this Period 250.00
City LEAVENWORTH	State KS	Zip Code 66048
FEC ID number of contributing federal political committee. C	Name of Employer ST. JOHN OB/GYN	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. MARIA MANRIQUEZ</b>		Date of Receipt MM / DD / YYYY 03 / 03 / 2013 <b>Transaction ID : SA11AI.5671</b>
Mailing Address 1321 WEST THUNDERHILL DRIVE		Amount of Each Receipt this Period 300.00
City PHOENIX	State AZ	Zip Code 85045
FEC ID number of contributing federal political committee. C	Name of Employer DISTRICT MEDICAL GROUP	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. JUSTO MAQUEIRA</b>		Date of Receipt MM / DD / YYYY 03 / 22 / 2013 <b>Transaction ID : SA11AI.6161</b>
Mailing Address 103 EAST 23RD STREET		Amount of Each Receipt this Period 250.00
City PANAMA CITY	State FL	Zip Code 32405
FEC ID number of contributing federal political committee. C	Name of Employer GULF COAST WOMEN'S SERVICES	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<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 54 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. ADRIAN T. MARIMON**  
Full Name (Last, First, Middle Initial)

Mailing Address 6350 106TH STREET

City MIAMI State FL Zip Code 33156

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2013

**Transaction ID : SA11AI.5825**

Amount of Each Receipt this Period  
 500.00

**B. NICOLE MARSHALL**  
Full Name (Last, First, Middle Initial)

Mailing Address 8332 NORTH FOX STREET

City PORTLAND State OR Zip Code 97203

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

Name of Employer OREGON HEALTH & SCIENCES Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID : SA11AI.5674**

Amount of Each Receipt this Period  
 250.00

**C. JAMES N. MARTIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2101 EASTOVER DRIVE

City JACKSON State MS Zip Code 39211

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

Name of Employer UNIVERSITY OF MISSISSIPPI Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

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

**Transaction ID : SA11AI.5676**

Amount of Each Receipt this Period  
 600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<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 55 OF 95
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. KURT MARTINUZZI</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2013 <b>Transaction ID : SA11AI.5207</b>
Mailing Address 1258 NORTH MORNINGSIDE DRIVE		Amount of Each Receipt this Period 250.00
City ATLANTA	State GA	Zip Code 30306
FEC ID number of contributing federal political committee. C	Name of Employer EMORY UNIVERSITY	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. KURT MARTINUZZI</b>		Date of Receipt MM / DD / YYYY 03 / 19 / 2013 <b>Transaction ID : SA11AI.5988</b>
Mailing Address 1258 NORTH MORNINGSIDE DRIVE		Amount of Each Receipt this Period 300.00
City ATLANTA	State GA	Zip Code 30306
FEC ID number of contributing federal political committee. C	Name of Employer EMORY UNIVERSITY	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>C. G. SEALY MASSINGILL</b>		Date of Receipt MM / DD / YYYY 03 / 28 / 2013 <b>Transaction ID : SA11AI.6055</b>
Mailing Address 3887 SOUTH HILLS CIRCLE		Amount of Each Receipt this Period 175.00
City FORT WORTH	State TX	Zip Code 76109
FEC ID number of contributing federal political committee. C	Name of Employer UNIVERSITY OF NORTH TEXAS	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	725.00
<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 56 OF 95
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. ROBIN D. MATTHEWS</b>		Date of Receipt
Mailing Address 39 FLAT ROCK ROAD		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
WAYNESVILLE	NC	28786
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5677</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
HAYWOOD WOMEN'S MEDICAL CENTER	PHYSICIAN	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="340.00"/>	

Full Name (Last, First, Middle Initial) <b>B. ROBIN D. MATTHEWS</b>		Date of Receipt
Mailing Address 39 FLAT ROCK ROAD		<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City	State	Zip Code
WAYNESVILLE	NC	28786
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5281</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
HAYWOOD WOMEN'S MEDICAL CENTER	PHYSICIAN	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="360.00"/>	

Full Name (Last, First, Middle Initial) <b>C. ROBIN D. MATTHEWS</b>		Date of Receipt
Mailing Address 39 FLAT ROCK ROAD		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
WAYNESVILLE	NC	28786
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5209</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
HAYWOOD WOMEN'S MEDICAL CENTER	PHYSICIAN	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="410.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="370.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ROLAND MATTHEWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 950 IVY FALLS DRIVE  
 City ATLANTA State GA Zip Code 30328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MOREHOUSE SCHOOL OF MEDICINE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2013  
**Transaction ID : SA11AI.5678**  
 Amount of Each Receipt this Period  
**300.00**

**B. MICHAEL J. MCCOY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5020 FERRES LANE  
 City BURLINGTON State IA Zip Code 52601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GREAT RIVER HEALTH SYSTEM Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2013  
**Transaction ID : SA11AI.5681**  
 Amount of Each Receipt this Period  
**1000.00**

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2013  
**Transaction ID : SA11AI.5683**  
 Amount of Each Receipt this Period  
**2500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3800.00</b>
<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 58 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. DAWN M. MCDAID**  
Full Name (Last, First, Middle Initial)

Mailing Address 1314 NORTHLAKE DRIVE

City GREENVILLE State IL Zip Code 62246

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

Name of Employer GREENVILLE REGIONAL HOSPITAL Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
03 / 15 / 2013  
Transaction ID : SA11AI.5905

Amount of Each Receipt this Period  
1000.00

**B. STACI L. MCHALE**  
Full Name (Last, First, Middle Initial)

Mailing Address 6140 SOUTH FORT APACHE ROAD

City LAS VEGAS State NV Zip Code 89148

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

Name of Employer NEW BEGINNINGS OB/GYN Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
03 / 04 / 2013  
Transaction ID : SA11AI.5589

Amount of Each Receipt this Period  
250.00

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

Mailing Address P.O. BOX 157

City CORONA DEL MAR State CA Zip Code 92625

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

Name of Employer PLANNED PARENTHOOD Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
03 / 26 / 2013  
Transaction ID : SA11AI.6086

Amount of Each Receipt this Period  
175.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1425.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. JASON V. MELILLO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10624 CHURCHILL DRIVE  
 City POWELL State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MATERN OHIO Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2013  
**Transaction ID : SA11AI.5685**  
 Amount of Each Receipt this Period  
 300.00

**B. M. KATHRYN MENARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 212 GLEN HAVEN DRIVE  
 City CHAPEL HILL State NC Zip Code 27516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF NORTH CAROLINA Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2013  
**Transaction ID : SA11AI.5210**  
 Amount of Each Receipt this Period  
 2500.00

**C. MARY ANN MILLAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5171 POINTE EAST DRIVE  
 City JAMESVILLE State NY Zip Code 13078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ST. JOSEPH'S MEDICAL Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2013  
**Transaction ID : SA11AI.5687**  
 Amount of Each Receipt this Period  
 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5300.00
<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 60 OF 95  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. PATRICIA M. MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 VILLAGE BROOK LANE  
 City DERRY State NH Zip Code 03038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2013  
**Transaction ID : SA11AI.5689**  
 Amount of Each Receipt this Period  
 1000.00

**B. LAURA MINIKEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4455 SHEPHERD STREET  
 City OAKLAND State CA Zip Code 94169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KAISER Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2013  
**Transaction ID : SA11AI.5212**  
 Amount of Each Receipt this Period  
 250.00

**C. JAMES R. MONTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2361 BANNING ROAD  
 City AKRON State OH Zip Code 44333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PARAGON OB/GYN Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2013  
**Transaction ID : SA11AI.6116**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. OWEN MONTGOMERY</b>		Date of Receipt
Mailing Address 450 CHAPEL		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
SEWELL	NJ	08080
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.5269</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
DREXEL UNIVERSITY	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHER P. MONTVILLE</b>		Date of Receipt
Mailing Address 1020 MOON VALLEY ROAD		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
BILLINGS	MT	59105
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.5690</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
BILLINGS CLINIC	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. ALETHIA MORGAN</b>		Date of Receipt
Mailing Address 3075 SOUTH BIRCH STREET		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
DENVER	CO	80222
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.5692</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
COPIC	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1550.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 95
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. WADE A. NEIMAN</b>		Date of Receipt
Mailing Address 1300 CRENSHAW COURT		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
LYNCHBURG	VA	24503
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5218</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
WOMEN'S HEALTH SERVICES	PHYSICIAN	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. CORLISS D. NEWHOUSE</b>		Date of Receipt
Mailing Address 225 GRANVILLE DRIVE		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
SILVER SPRING	MD	20901
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.6009</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
CAPITAL WOMEN'S CARE	PHYSICIAN	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. ROGER B. NEWMAN</b>		Date of Receipt
Mailing Address 737 CREEKSIDE DRIVE		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
MT. PLEASANT	SC	29464
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.6167</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDICAL UNIVERSITY OF S.C.	PHYSICIAN	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1550.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. LUKE A. NEWTON</b>		Date of Receipt
Mailing Address 314 TRAFALGAR		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
SAN ANTONIO	TX	78216
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5695</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
UT HEALTH SCIENCE CENTER	PHYSICIAN	<input type="text" value="600.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="650.00"/>	

Full Name (Last, First, Middle Initial) <b>B. LUKE A. NEWTON</b>		Date of Receipt
Mailing Address 314 TRAFALGAR		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
SAN ANTONIO	TX	78216
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.6118</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
UT HEALTH SCIENCE CENTER	PHYSICIAN	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="675.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MARGARET C. NORDELL</b>		Date of Receipt
Mailing Address 831 SOUTH BROADWAY STREET		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City	State	Zip Code
MINOT	ND	58701
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5760</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
TRINITY HEALTH	PHYSICIAN	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="925.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 95
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. JOSEPH A. OGBURN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13204 HIDDEN VALLEY ROAD  
 City ALBUQUERQUE State NM Zip Code 87111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF NEW MEXICO Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 04 / 2013**  
**Transaction ID : SA11AI.5594**  
 Amount of Each Receipt this Period **300.00**

**B. HOLLY L. OLSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 95-1067 ALAOKI STREET  
 City MILILANI State HI Zip Code 96789  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer U.S. ARMY Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 15 / 2013**  
**Transaction ID : SA11AI.5909**  
 Amount of Each Receipt this Period **500.00**

**C. GORDON J. OSTRUM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4745 OGLETOWN STANTON ROAD  
 City NEWARK State DE Zip Code 19713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WOMEN FIRST Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 03 / 2013**  
**Transaction ID : SA11AI.5696**  
 Amount of Each Receipt this Period **300.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1100.00</b>
<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 65 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1125 NORTH LINCOLN AVENUE

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		15		2013

**Transaction ID : SA11AI.5219**

Amount of Each Receipt this Period  
1000.00

**B. MOHAN PAPUDESU**  
Full Name (Last, First, Middle Initial)

Mailing Address 1076 PLANTATION DRIVE

City SANDERSVILLE	State GA	Zip Code 31082
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		15		2013

**Transaction ID : SA11AI.5221**

Amount of Each Receipt this Period  
250.00

**C. CO D.L. PHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 10362 BOLSA AVENUE

City WESTMINSTER	State CA	Zip Code 92683
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		18		2013

**Transaction ID : SA11AI.5952**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<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 66 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SHARON T. PHELAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 UNIVERSITY OF NEW MEXICO MSC10

City	State	Zip Code
ALBUQUERQUE	NM	87131

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

Name of Employer	Occupation
UNIVERSITY OF NEW MEXICO	PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2013

**Transaction ID : SA11AI.6011**

Amount of Each Receipt this Period  
500.00

**B. DEBRA J. PIEHL**  
Full Name (Last, First, Middle Initial)

Mailing Address 380 CARLYLE DRIVE

City	State	Zip Code
NORTH LIBERTY	IA	52317

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

Name of Employer	Occupation
OB/GYN ASSOCIATES	PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID : SA11AI.5698**

Amount of Each Receipt this Period  
500.00

**C. MARCELLO PIETRANTONI**  
Full Name (Last, First, Middle Initial)

Mailing Address 210 EAST GRAY STREET

City	State	Zip Code
LOUISVILLE	KY	40202

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

Name of Employer	Occupation
KENTUCKIANA PERINATOLOGY	PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2013

**Transaction ID : SA11AI.5766**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<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 67 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JOSPEH W. PLAUTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 210 WEST FAIRWAY  
 City HENDERSON State NV Zip Code 89015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WOMEN'S SPECIALTY CARE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 15 / 2013  
**Transaction ID : SA11AI.5911**  
 Amount of Each Receipt this Period  
**250.00**

**B. HARTAJ POWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 229 CHRISTIE STREET  
 City NEW YORK State NY Zip Code 10002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NEW YORK UNIVERSITY Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 03 / 2013  
**Transaction ID : SA11AI.5700**  
 Amount of Each Receipt this Period  
**300.00**

**C. HOLLY S. PURITZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7940 NORTH SHORE ROAD  
 City NORFOLK State VA Zip Code 23505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THE GROUP FOR WOMEN Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 03 / 2013  
**Transaction ID : SA11AI.5701**  
 Amount of Each Receipt this Period  
**1500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2050.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 7940 NORTH SHORE ROAD

City NORFOLK State VA Zip Code 23505

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

Name of Employer THE GROUP FOR WOMEN Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2013  
**Transaction ID : SA11AI.5283**

Amount of Each Receipt this Period  
 100.00

**B. SUSAN P. RAINE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1408 WENTWORTH STREET

City HOUSTON State TX Zip Code 77004

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

Name of Employer BAYLOR COLLEGE OF MEDICINE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2013  
**Transaction ID : SA11AI.5704**

Amount of Each Receipt this Period  
 500.00

**C. DIANA RAMOS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2545 CORONA WAY

City LAGUNA BEACH State CA Zip Code 92651

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2013  
**Transaction ID : SA11AI.5706**

Amount of Each Receipt this Period  
 600.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. ALAN T. RAPPLEYE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3970 SOUTH 700 EAST  
 City SALT LAKE CITY State UT Zip Code 84107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2013  
**Transaction ID : SA11AI.5391**  
 Amount of Each Receipt this Period  
 600.00

**B. ELIZABETH M. READ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8000 NORTH SHORELINE DRIVE  
 City HOLLAND State OH Zip Code 43528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PROMEDICA PHYSICIANS Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 22 / 2013  
**Transaction ID : SA11AI.6171**  
 Amount of Each Receipt this Period  
 250.00

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 22 / 2013  
**Transaction ID : SA11AI.6174**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<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 70 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. ERIC REUSS</b>		Date of Receipt MM / DD / YYYY 03 / 12 / 2013 <b>Transaction ID : SA11AI.5393</b>
Mailing Address 7331 EAST OSBORN DIRVE		Amount of Each Receipt this Period 250.00
City SCOTTSDALE	State AZ	Zip Code 83251
FEC ID number of contributing federal political committee. C	Name of Employer SCOTTSDALE OB/GYN	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. CARLA ROBERTS</b>		Date of Receipt MM / DD / YYYY 03 / 12 / 2013 <b>Transaction ID : SA11AI.5395</b>
Mailing Address 3297 ROSE RIDGE		Amount of Each Receipt this Period 600.00
City ATLANTA	State GA	Zip Code 30340
FEC ID number of contributing federal political committee. C	Name of Employer EMORY UNIVERSITY	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. JEFFREY E. RODZAK</b>		Date of Receipt MM / DD / YYYY 03 / 03 / 2013 <b>Transaction ID : SA11AI.5708</b>
Mailing Address 420 EAST LARKSPUR LANE		Amount of Each Receipt this Period 1000.00
City ONALASKA	State WI	Zip Code 54650
FEC ID number of contributing federal political committee. C	Name of Employer GUNDERSEN LUTHERAN	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1850.00
<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 71 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 32 STUDIO LANE

City BRONXVILLE State NY Zip Code 10708

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

Name of Employer MONTEFIORE MEDICAL CENTER Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2013

**Transaction ID : SA11AI.5228**

Amount of Each Receipt this Period  
 500.00

**B. JILL H. RUSTERHOLZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 6517 DREW AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55435

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

Name of Employer OB/GYN ASSOCIATES Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2013

**Transaction ID : SA11AI.5915**

Amount of Each Receipt this Period  
 250.00

**C. ANDRE H. SAAD**  
Full Name (Last, First, Middle Initial)

Mailing Address 372 POST AVENUE

City WESTBURY State NY Zip Code 11590

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

Name of Employer WOMAN'S HEALTH PAVILION Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2013

**Transaction ID : SA11AI.5956**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<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 72 OF 95
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. JOHN W. SCHMITT**  
Full Name (Last, First, Middle Initial)

Mailing Address 2609 TEMPLEWOOD DRIVE

City DURHAM	State NC	Zip Code 27705
----------------	-------------	-------------------

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

Name of Employer DUKE UNIVERSITY	Occupation PHYSICIAN
-------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2013

**Transaction ID : SA11AI.5596**

Amount of Each Receipt this Period  
1000.00

**B. D. PAUL SEAGO**  
Full Name (Last, First, Middle Initial)

Mailing Address 971 LAKELAND DRIVE

City JACKSON	State MS	Zip Code 39216
-----------------	-------------	-------------------

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

Name of Employer ST. DOMINIC MEDICAL	Occupation PHYSICIAN
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2013

**Transaction ID : SA11AI.5455**

Amount of Each Receipt this Period  
250.00

**C. MARK SEIGEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 8406 LYNBROOK DRIVE

City BETHESDA	State MD	Zip Code 20814
------------------	-------------	-------------------

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

Name of Employer GEORGE WASHINGTON UNIVERSITY	Occupation PHYSICIAN
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2013

**Transaction ID : SA11AI.6176**

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1550.00
<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 73 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HOWARD A. SHAW**  
Full Name (Last, First, Middle Initial)

Mailing Address 65 OLANDER LANE

City MIDDLETOWN State CT Zip Code 06457

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

Name of Employer YALE NEW HAVEN HOSPITAL Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2013

**Transaction ID : SA11AI.5397**

Amount of Each Receipt this Period  
 600.00

**B. SANTINA L. SIENA**  
Full Name (Last, First, Middle Initial)

Mailing Address 450 VETERANS MEMORIAL PARKWAY

City EAST PROVIDENCE State RI Zip Code 02914

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

Name of Employer UNIVERSITY OB/GYN Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2013

**Transaction ID : SA11AI.5776**

Amount of Each Receipt this Period  
 300.00

**C. CHARLA E. SIMON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1254 WEST WELLINGTON AVENUE

City CHICAGO State IL Zip Code 60657

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

Name of Employer NORTH SHORE UNIVERSITY Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2013

**Transaction ID : SA11AI.5778**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. FRANCINE SINOFSKY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 64 CEDAR AVENUE  
 City HIGHLAND PARK State NJ Zip Code 08904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OB/GYN GROUP OF EAST BRUSNWK Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2013  
**Transaction ID : SA11AI.5710**  
 Amount of Each Receipt this Period  
 300.00

**B. DOMINIQUE J. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3340 HUNTERS PACE DRIVE  
 City LITHONIA State GA Zip Code 30038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PREMIER WOMEN'S HEALTHCARE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2013  
**Transaction ID : SA11AI.6119**  
 Amount of Each Receipt this Period  
 300.00

**C. STEPHEN J. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 504  
 City GWYNEDD VALLEY State PA Zip Code 19437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ABINGTON PERINATAL ASSOCIATES Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2013  
**Transaction ID : SA11AI.5924**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<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 75 OF 95
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. HESTER M. SONDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4700 CITY AVENUE  
 City PHILADELPHIA State PA Zip Code 19131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2013  
**Transaction ID : SA11AI.5959**  
 Amount of Each Receipt this Period  
 250.00

**B. DANA G. STONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1730 HUNTINGTON AVENUE  
 City OKLAHOMA CITY State OK Zip Code 73116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2013  
**Transaction ID : SA11AI.5284**  
 Amount of Each Receipt this Period  
 130.00

**C. ALBERT L. STRUNK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 698 CONSTELLATION COURT  
 City DAVIDSONVILLE State MD Zip Code 21035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMERICAN CONGRESS OF OB/GYNS Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2013  
**Transaction ID : SA11AI.5232**  
 Amount of Each Receipt this Period  
 1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1880.00
<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 76 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. RAMON A. SUAREZ</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 03 / 2013 <b>Transaction ID : SA11AI.5712</b>
Mailing Address 275 COLLIER ROAD		Amount of Each Receipt this Period 2500.00
City ATLANTA	State GA	Zip Code 30309
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. AARON M. SUDBURY</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2013 <b>Transaction ID : SA11AI.5782</b>
Mailing Address 312 BLACKBIRD COURT		Amount of Each Receipt this Period 500.00
City BRADENTON	State FL	Zip Code 34212
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer PREMIER OB/GYN	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. KATHLEEN T. SULLIVAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 03 / 2013 <b>Transaction ID : SA11AI.5714</b>
Mailing Address 4315 HOUMA BOULEVARD		Amount of Each Receipt this Period 300.00
City METAIRIE	State LA	Zip Code 70006
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer LAKESIDE WOMEN'S CARE	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3300.00
<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 77 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. LAURIE S. SWAIM</b>		Date of Receipt
Mailing Address 4903 PALMETTO		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
BELLAIRE	TX	77401
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
BAYLOR COLLEGE OF MEDICINE	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	
		Transaction ID : SA11AI.5716
		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>

Full Name (Last, First, Middle Initial) <b>B. MARA S. THUR</b>		Date of Receipt
Mailing Address 49 PENARTH ROAD		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
BALA CYNWYD	PA	19004
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
ABINGTON MEMORIAL HOSPITAL	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Transaction ID : SA11AI.5926
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) <b>C. JANICE TILDON-BURTON</b>		Date of Receipt
Mailing Address 1700 TALLEY ROAD		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City	State	Zip Code
WILMINGTON	DE	19803
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="249.99"/>	
		Transaction ID : SA11AI.5463
		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="633.33"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. PAUL G. TOMICH**  
Full Name (Last, First, Middle Initial)

Mailing Address 3637 QUINCE STREET

City Downers Grove State IL Zip Code 60515

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

Name of Employer UNIVERSITY OF NEBRASKA Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2013  
**Transaction ID : SA11AI.5236**

Amount of Each Receipt this Period  
 1000.00

**B. TINA R. TOMSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3260 PROVIDENCE DRIVE

City Anchorage State AK Zip Code 99508

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

Name of Employer ANCHORAGE WOMEN'S CLINIC Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2013  
**Transaction ID : SA11AI.5928**

Amount of Each Receipt this Period  
 1000.00

**C. ALYSIA TOWNSEND**  
Full Name (Last, First, Middle Initial)

Mailing Address 1207 2ND STREET NORTH

City Monroe State WI Zip Code 53566

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

Name of Employer MONROE CLINIC Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2013  
**Transaction ID : SA11AI.5718**

Amount of Each Receipt this Period  
 600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2600.00
<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 79 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. ERIN E. TRACY**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 HIGH STREET

City State Zip Code  
STONEHAM MA 02180

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

Name of Employer Occupation  
MASS GENERAL PHYSICIANS PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
209.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2013  
**Transaction ID : SA11AI.5407**

Amount of Each Receipt this Period  
209.00

**B. J. MARTIN TUCKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 291 EAST LAYFAIR DRIVE

City State Zip Code  
FLOWOOD MS 39232

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

Name of Employer Occupation  
JACKSON HEALTHCARE FOR WOMEN PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2013  
**Transaction ID : SA11AI.5600**

Amount of Each Receipt this Period  
1000.00

**C. J. MARTIN TUCKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 291 EAST LAYFAIR DRIVE

City State Zip Code  
FLOWOOD MS 39232

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

Name of Employer Occupation  
JACKSON HEALTHCARE FOR WOMEN PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2013  
**Transaction ID : SA11AI.5787**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1709.00
<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 80 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SAMUEL A. TYULMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 6910 NORTHWOOD ROAD

City DALLAS State TX Zip Code 75225

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 21 / 2013  
**Transaction ID : SA11AI.6020**

Amount of Each Receipt this Period 500.00

**B. YU-YEA M. TZENG**  
Full Name (Last, First, Middle Initial)

Mailing Address 3402 OAK SHORES DRIVE

City STOCKTON State CA Zip Code 95209

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

Name of Employer KAISER PERMANENTE Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 18 / 2013  
**Transaction ID : SA11AI.5961**

Amount of Each Receipt this Period 250.00

**C. BARBARA E. VAN EECKHOUT**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 6099

City SANTA FE State NM Zip Code 87502

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

Name of Employer OB/GYN OF NEW MEXICO Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 25 / 2013  
**Transaction ID : SA11AI.6125**

Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<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 81 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. JOHN S. WACHTEL</b>		Date of Receipt
Mailing Address 811 LA MESA DRIVE		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
PORTOLA VALLEY	CA	94028
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5721</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MENLO MEDICAL CLINIC	PHYSICIAN	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="550.00"/>	

Full Name (Last, First, Middle Initial) <b>B. DESPINA Z. WALSWORTH</b>		Date of Receipt
Mailing Address 26680 ROSE HILL		<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
FARMINGTON HILLS	MI	48334
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5963</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
ADVANCED OB/GYN OF MICHIGAN	PHYSICIAN	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. ERIC WARSHAW</b>		Date of Receipt
Mailing Address 806 ALBEMARLE TERRACE		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
PORTLAND	OR	97210
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5722</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NORTHWEST PERMANENTE	PHYSICIAN	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="850.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. TONY S. WEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 301 UNIVERSITY BOULEVARD

City GALVESTON State TX Zip Code 77555

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

Name of Employer UT MEDICAL BRANCH Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2013  
**Transaction ID : SA11AI.6127**

Amount of Each Receipt this Period  
 500.00

**B. CLAUDIA WERNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 10816 ROYAL PARK

City DALLAS State TX Zip Code 75230

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

Name of Employer UT MEDICAL CENTER Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2013  
**Transaction ID : SA11AI.5724**

Amount of Each Receipt this Period  
 300.00

**C. CONNIE G. WHITE**  
Full Name (Last, First, Middle Initial)

Mailing Address 203 WILKINSON STREET

City FRANKFORT State KY Zip Code 40601

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

Name of Employer COMMONWEALTH OF KENTUCKY Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2013  
**Transaction ID : SA11AI.5412**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<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 83 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. WILLIAM F. WHITE</b>		Date of Receipt
Mailing Address 13 PEMBROKE LANE		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
LAGUNA NIGUEL	CA	92677
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.6180</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MONARCH HEALTH CARE	PHYSICIAN	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. CATHY H. WHITTLESEY</b>		Date of Receipt
Mailing Address 5356 PROMONTORY CIRCLE		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
WINDSOR	CO	80528
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.6071</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
LARIMER COUNTY MEDICAL SOCIETY	PHYSICIAN	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. CHRISTOPHER D. WIGGS</b>		Date of Receipt
Mailing Address 291 EAST LAYFAIR DRIVE		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
FLOWOOD	MS	39232
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5930</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
JACKSON HEALTHCARE FOR WOMEN	PHYSICIAN	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. KATHRYN J. WOOD</b>			Date of Receipt
Mailing Address P.O. BOX 1048			<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.6182</b>
FRISCO	TX	75034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
SELF-EMPLOYED	PHYSICIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MICHAEL P. WOODS</b>			Date of Receipt
Mailing Address 11507 SOUTH 42ND STREET			<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.5726</b>
BELLEVUE	NE	68123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
BELLEVUE OB/GYN	PHYSICIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. JEFFREY WRIGHTSON</b>			Date of Receipt
Mailing Address 1950 PINTO LANE			<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.5604</b>
LAS VEGAS	NV	89106	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="300.00"/>
Name of Employer	Occupation		
SELF-EMPLOYED	PHYSICIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1550.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 866 HATCHEE VISTA DRIVE

City FORT MYERS State FL Zip Code 33919

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

Name of Employer PHYSICIANS PRIMARY CARE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2013

**Transaction ID : SA11AI.5248**

Amount of Each Receipt this Period  
 500.00

**B. MELISSA M. YATES**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 UPLAND ROAD

City BALTIMORE State MD Zip Code 21210

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

Name of Employer JOHNS HOPKINS UNIVERSITY Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2013

**Transaction ID : SA11AI.5250**

Amount of Each Receipt this Period  
 300.00

**C. RANAE L. YOCKEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 BIESTERFIELD ROAD

City ELK GROVE State IL Zip Code 60007

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

Name of Employer ADVANCED WOMEN'S CARE CENTER Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2013

**Transaction ID : SA11AI.6024**

Amount of Each Receipt this Period  
 1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	136513.66

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

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

FOR LINE NUMBER: PAGE 86 OF 95  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A. CAMPBELL CAMPAIGNS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5416 COUNTRY CLUB DRIVE  
 City LA GRANGE State IL Zip Code 60525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 47.03

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2013  
**Transaction ID : SA15.5853**  
 Amount of Each Receipt this Period  
 47.03  
 REFUND - GILL 09/21/2012 INDEPENDENT EXPENDITURE

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	47.03
<b>TOTAL</b> This Period (last page this line number only).....▶	47.03

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement  
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2013

**Transaction ID : SB21B.5468**

Amount of Each Disbursement this Period

522.48

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement  
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 28 / 2013

**Transaction ID : SB21B.6185**

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

**C. FIRST NATIONAL MERCHANT SOLUTIONS**

Mailing Address 1620 DODGE STREET

City OMAHA State NE Zip Code 68197

Purpose of Disbursement  
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2013

**Transaction ID : SB21B.5467**

Amount of Each Disbursement this Period

1193.58

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

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

1724.01

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SQUARE, INC.**

Mailing Address 901 MISSION STREET

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : SB21B.5517**

Amount of Each Disbursement this Period

1327.86
---------

Full Name (Last, First, Middle Initial)

**B. SQUARE, INC.**

Mailing Address 901 MISSION STREET

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2013

**Transaction ID : SB21B.5518**

Amount of Each Disbursement this Period

261.27
--------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

1589.13
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**TOTAL** This Period (last page this line number only)..... ▶

3313.14
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. ALLYSON SCHWARTZ FOR CONGRESS**

Mailing Address P.O. BOX 2232

City State Zip Code  
JENKINTOWN PA 19046

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**ALLYSON Y. SCHWARTZ**

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

Date of Disbursement

/  /   
03 / 20 / 2013

**Transaction ID : SB23.5488**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. BENISHEK FOR CONGRESS**

Mailing Address P.O. BOX 108

City State Zip Code  
GLADSTONE MI 49837

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**DANIEL J. BENISHEK**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MI District: 01

Date of Disbursement

/  /   
03 / 25 / 2013

**Transaction ID : SB23.5794**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. BILL CASSIDY FOR CONGRESS**

Mailing Address P.O. BOX 80505

City State Zip Code  
BATON ROUGE LA 70898

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**WILLIAM CASSIDY**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: LA District: 06

Date of Disbursement

/  /   
03 / 20 / 2013

**Transaction ID : SB23.5473**

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. BUCSHON FOR CONGRESS**

Mailing Address P.O. BOX 250

City NEWBURGH State IN Zip Code 47629

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**LARRY D. BUCSHON**

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		20		2013

Transaction ID : **SB23.5469**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE**

Mailing Address 6380 WILSHIRE BOULEVARD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**HENRY A. WAXMAN**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CA District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		20		2013

Transaction ID : **SB23.5496**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE**

Mailing Address 120 MARYLAND AVENUE, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		20		2013

Transaction ID : **SB23.5498**

Amount of Each Disbursement this Period

15000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

21000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. DUCKWORTH FOR CONGRESS**

Mailing Address P.O. BOX 8867

City State Zip Code  
ROLLING MEADOWS IL 60008

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**L. TAMMY DUCKWORTH**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 20 / 2013

Transaction ID : **SB23.5477**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. ENGEL FOR CONGRESS**

Mailing Address 462 CALIFORNIA ROAD

City State Zip Code  
BRONXVILLE NY 10708

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**ELIOT L. ENGEL**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 17

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 26 / 2013

Transaction ID : **SB23.5968**

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JEANNE SHAHEEN**

Mailing Address 105 NORTH STATE STREET

City State Zip Code  
CONCORD NH 03301

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JEANNE SHAHEEN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NH District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 20 / 2013

Transaction ID : **SB23.5490**

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JIM CLYBURN**

Mailing Address P.O. BOX 12567

City COLUMBIA State SC Zip Code 29211

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**JAMES E. CLYBURN**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 20 / 2013

Transaction ID : **SB23.5474**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JOE PITTS**

Mailing Address P.O. BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**JOSEPH R. PITTS**

Office Sought:  House  
 Senate  
 President  
State: PA District: 16

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 20 / 2013

Transaction ID : **SB23.5486**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. GINGREY FOR CONGRESS**

Mailing Address P.O. BOX U

City MARIETTA State GA Zip Code 30060

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**J. PHILLIP GINGREY**

Office Sought:  House  
 Senate  
 President  
State: GA District: 11

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 20 / 2013

Transaction ID : **SB23.5480**

Amount of Each Disbursement this Period

5000.00

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

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

7500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. HEALTHCARE FREEDOM FUND**

Mailing Address P.O. BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : **SB23.5502**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. LONE STAR LEADERSHIP PAC**

Mailing Address P.O. BOX 30844

City BETHESDA State MD Zip Code 20824

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : **SB23.5504**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. MATHESON FOR CONGRESS**

Mailing Address P.O. BOX 521048

City SALT LAKE CITY State UT Zip Code 84152

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JAMES D. MATHESON**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: UT District: 04

Date of Disbursement

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

Transaction ID : **SB23.5482**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	1	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	1	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. NATIONAL REPUBLICAN SENATORIAL COMMITTEE**

Mailing Address 425 SECOND STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 26 / 2013

Transaction ID : SB23.5966

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. PALLONE FOR CONGRESS**

Mailing Address P.O. BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**FRANK PALLONE JR.**

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

Disbursement For: 2014  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 20 / 2013

Transaction ID : SB23.5484

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. STIVERS FOR CONGRESS**

Mailing Address 4679 WINTERSET DRIVE

City COLUMBUS State OH Zip Code 43220

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**STEVE STIVERS**

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

Disbursement For: 2014  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 20 / 2013

Transaction ID : SB23.5492

Amount of Each Disbursement this Period

5000.00

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

12500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. UPTON FOR ALL OF US**

Mailing Address P.O. BOX 490

City State Zip Code  
ST. JOSEPH MI 49085

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**FREDERICK S. UPTON**

Office Sought:  House  Senate  President  
 Disbursement For: 2014  Primary  General  Other (specify) ▼  
 State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2013

Transaction ID : **SB23.5494**

Amount of Each Disbursement this Period

2500.00
---------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

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

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2500.00
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67000.00
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