

# 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 ▼** C00364158 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT  **NEW (N)** OR  **AMENDED (A)**

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

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

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

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

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

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

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2013 through M M M / D D D / Y Y Y Y Y Y 07 / 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 M M M / D D D / Y Y Y Y Y Y 08 / 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.

|                 |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|

**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<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2013"/>  | <input type="text" value="95382.62"/>  | <input type="text" value="95382.62"/>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="245545.03"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="28328.33"/>  | <input type="text" value="400638.99"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="273873.36"/> | <input type="text" value="496021.61"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="21325.56"/>  | <input type="text" value="243473.81"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="252547.80"/> | <input type="text" value="252547.80"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 18223.33                      | 298945.64                         |
| (ii) Unitemized .....   | 10105.00                      | 93646.32                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 28328.33                      | 392591.96                         |
| (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) .....  | 28328.33                      | 392591.96                         |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 47.03                             |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 8000.00                           |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶                        | 28328.33                      | 400638.99                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 28328.33                      | 400638.99                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 825.56                        | 9973.81                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 825.56                        | 9973.81                           |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 20500.00                      | 231500.00                         |
| 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                          | 2000.00                           |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 21325.56                      | 243473.81                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 21325.56                      | 243473.81                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 28328.33                      | 392591.96                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 28328.33                      | 392591.96                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 825.56                        | 9973.81                           |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 47.03                             |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 825.56                        | 9926.78                           |

**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 43  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

**A. JEAN M. ATWOOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1375 CHERRY WAY DRIVE  
 City State Zip Code  
 GAHANNA OH 43230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 WOMEN'S CARE CENTER 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  
 07 / 01 / 2013  
**Transaction ID : SA11AI.7437**  
 Amount of Each Receipt this Period  
 1000.00

**B. AMY M. AUTRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 ELSIE STREET  
 City State Zip Code  
 SAN FRANCISCO CA 94110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UC SAN FRANCISCO 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  
 07 / 29 / 2013  
**Transaction ID : SA11AI.7682**  
 Amount of Each Receipt this Period  
 250.00

**C. THOMAS V. AYOUB**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 186 MIDDLE RIDGE ROAD  
 City State Zip Code  
 NEW CANAAN CT 06840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 WOMEN'S HEALTHCARE 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  
 07 / 22 / 2013  
**Transaction ID : SA11AI.7456**  
 Amount of Each Receipt this Period  
 250.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <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 7 OF 43                 |
|   | <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)<br><b>A. DARRELL BALLINGER</b>                    |                                     | Date of Receipt   |
| Mailing Address 3 FAIRWAY DRIVE   |                                     | <input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2013"/> |
| City  | State                               | Zip Code  |
| EDWARDSVILLE  | IL                                  | 62025   |
| FEC ID number of contributing federal political committee.                                |                                     | Transaction ID : <b>SA11AI.7687</b>   |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="50.00"/>  |
| Name of Employer  | Occupation                          |   |
| SOUTHERN ILLINOIS HEALTHCARE  | 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)<br><b>B. PETER J. BELLER</b>                      |                                     | Date of Receipt   |
| Mailing Address 490 MAIN STREET   |                                     | <input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2013"/> |
| City  | State                               | Zip Code  |
| WETHERSFIELD  | CT                                  | 06106   |
| FEC ID number of contributing federal political committee.                                |                                     | Transaction ID : <b>SA11AI.7595</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                          |   |
| HARTFORD HOSPITAL   | PHYSICIAN                           |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General                         | <input type="text" value="450.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼  |                                     |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. RANDOLPH BOURNE</b>                      |                                     | Date of Receipt   |
| Mailing Address 128 NORTHWEST 49TH STREET   |                                     | <input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2013"/> |
| City  | State                               | Zip Code  |
| SEATTLE   | WA                                  | 98107   |
| FEC ID number of contributing federal political committee.                                |                                     | Transaction ID : <b>SA11AI.7458</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                          |   |
| SOUND WOMEN'S CARE  | 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="800.00"/> |
| <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 8 OF 43                 |
|   | <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. JAMES L. BREEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 NORTH CALIBOGUE CAY ROAD

|                            |             |                   |
|----------------------------|-------------|-------------------|
| City<br>HILTON HEAD ISLAND | State<br>SC | Zip Code<br>29928 |
|----------------------------|-------------|-------------------|

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

|                             |                         |
|-----------------------------|-------------------------|
| Name of Employer<br>RETIRED | Occupation<br>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 |
| 07    | / | 29    | / | 2013        |

**Transaction ID : SA11AI.7692**

Amount of Each Receipt this Period  

|        |
|--------|
| 100.00 |
|--------|

**B. KEITH R. BRILL**  
Full Name (Last, First, Middle Initial)

Mailing Address 5502 SOUTH FORT APACHE ROAD

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>LAS VEGAS | State<br>NV | Zip Code<br>89148 |
|-------------------|-------------|-------------------|

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

|  |                         |
|--|-------------------------|
| Name of Employer<br>WOMEN'S SPECIALTY CARE | Occupation<br>PHYSICIAN |
|--|-------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **455.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    | / | 16    | / | 2013        |

**Transaction ID : SA11AI.7546**

Amount of Each Receipt this Period  

|       |
|-------|
| 65.00 |
|-------|

**C. DONALD K. BRYAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4361 SAWMILL ROAD

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>COLUMBUS | State<br>OH | Zip Code<br>43220 |
|------------------|-------------|-------------------|

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

|   |                         |
|---|-------------------------|
| Name of Employer<br>KINGSDALE GYNECOLOGICAL | Occupation<br>PHYSICIAN |
|---|-------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    | / | 09    | / | 2013        |

**Transaction ID : SA11AI.7574**

Amount of Each Receipt this Period  

|       |
|-------|
| 50.00 |
|-------|

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>215.00</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: PAGE 9 OF 43  
(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. JUDITH T. BURGIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 MEDICAL PARK ROAD  
 City COLUMBIA State SC Zip Code 29203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF SOUTH CAROLINA Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2013  
**Transaction ID : SA11AI.7631**  
 Amount of Each Receipt this Period  
 1000.00

**B. RONALD T. BURKMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 289 ARDSLEY ROAD  
 City LONGMEADOW State MA Zip Code 01106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BAYSTATE HEALTH 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 Y  
 07 / 11 / 2013  
**Transaction ID : SA11AI.7499**  
 Amount of Each Receipt this Period  
 125.00

**C. RONALD T. BURKMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 289 ARDSLEY ROAD  
 City LONGMEADOW State MA Zip Code 01106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BAYSTATE HEALTH 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  
 07 / 22 / 2013  
**Transaction ID : SA11AI.7752**  
 Amount of Each Receipt this Period  
 150.00

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 10 OF 43   |
| <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. ANTHONY P. CAGGIANO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 MOUNTAIN VIEW DRIVE  
 City WOODLAND PARK State NJ Zip Code 07424  
 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 **07 / 11 / 2013**  
**Transaction ID : SA11AI.7577**  
 Amount of Each Receipt this Period **250.00**

**B. CYNTHIA S. CANNON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 455 EAST SOUTH TEMPLE  
 City SALT LAKE CITY State UT Zip Code 84111  
 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 **07 / 15 / 2013**  
**Transaction ID : SA11AI.7513**  
 Amount of Each Receipt this Period **1000.00**

**C. JAMES P. CHANEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1730 HIGHWAY 25 NORTH  
 City AMORY State MS Zip Code 38821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 22 / 2013**  
**Transaction ID : SA11AI.7629**  
 Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1300.00**  
**TOTAL** This Period (last page this line number only).....

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

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

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

**A. SCOTT T. CHATHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 405 5TH STREET PLACE

City CONOVER State NC Zip Code 28618

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

Name of Employer CATAWBA WOMEN'S CENTER 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  
 07 / 22 / 2013

**Transaction ID : SA11AI.7460**

Amount of Each Receipt this Period  
 500.00

**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 ▼ 2099.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2013

**Transaction ID : SA11AI.7547**

Amount of Each Receipt this Period  
 83.33

**C. BETTY S. CHU**  
Full Name (Last, First, Middle Initial)

Mailing Address 233 WARRINGTON ROAD

City BLOOMFIELD State MI Zip Code 48304

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 M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2013

**Transaction ID : SA11AI.7516**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 683.33

**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 12 OF 43                |
|   | <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. CHRISTINE A. CHUPPA**  
Full Name (Last, First, Middle Initial)

Mailing Address 1105 MENOMONEE COURT

City FORT ATKINSON State WI Zip Code 53538

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

Name of Employer FORT HEALTH CARE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2013

**Transaction ID : SA11AI.7696**

Amount of Each Receipt this Period  
 250.00

**B. MARGUERITE P. COHEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 620 SOUTHEAST 55TH AVENUE

City PORTLAND State OR Zip Code 97215

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

Name of Employer WOMEN'S HEALTHCARE ASSOCIATES Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 12 / 2013

**Transaction ID : SA11AI.7582**

Amount of Each Receipt this Period  
 150.00

**C. JEANNE A. CONRY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1600 EUREKA ROAD

City ROSEVILLE State CA Zip Code 95661

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

Name of Employer KAISER PERMANENTE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2910.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2013

**Transaction ID : SA11AI.7430**

Amount of Each Receipt this Period  
 250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 650.00 |
| <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 43                |
|   | <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. CYNTHIA S. COOPER**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 OLD ROLLINSFORD ROAD

City DOVER State NH Zip Code 03820

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

Name of Employer GYNECOLOGY & INFERTILITY Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 23 / 2013  
**Transaction ID : SA11AI.7632**

Amount of Each Receipt this Period 250.00

**B. GEORGE T. DANAKAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 44 SOUTH WOODSIDE LANE

City WILLIAMSVILLE State NY Zip Code 14221

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

Name of Employer AURORA CARE Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 29 / 2013  
**Transaction ID : SA11AI.7698**

Amount of Each Receipt this Period 100.00

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

Mailing Address 6906 SOUTHWEST WINDEMERE LOOP

City PORTLAND State OR Zip Code 97225

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

Name of Employer NORTHWEST KAISER PERMANENTE Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt 07 / 29 / 2013  
**Transaction ID : SA11AI.7761**

Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00

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

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

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

FOR LINE NUMBER: PAGE 14 OF 43  
(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. THOMAS S. DARDARIAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 CETON COURT  
 City BROOMAIL State PA Zip Code 19008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MAIN LINE WOMEN'S HEALTH CARE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 07 / 15 / 2013  
**Transaction ID : SA11AI.7517**  
 Amount of Each Receipt this Period 125.00

**B. LAURA A. DEAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 HIGHWAY 96 EAST  
 City DELLWOOD State MN Zip Code 55110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STILLWATER MEDICAL GROUP Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1325.00

Date of Receipt 07 / 14 / 2013  
**Transaction ID : SA11AI.7583**  
 Amount of Each Receipt this Period 150.00

**C. 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 ▼ 700.00

Date of Receipt 07 / 10 / 2013  
**Transaction ID : SA11AI.7415**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00  
**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 15 OF 43  
(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. 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 ▼ 1925.00

Date of Receipt 07 / 03 / 2013  
**Transaction ID : SA11AI.7431**  
 Amount of Each Receipt this Period 200.00

**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 ▼ 2025.00

Date of Receipt 07 / 15 / 2013  
**Transaction ID : SA11AI.7588**  
 Amount of Each Receipt this Period 100.00

**C. NATHANIEL DENICOLA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2121 PINE STREET  
 City PHILADELPHIA State PA Zip Code 19103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF PENNSYLVANIA Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1295.00

Date of Receipt 07 / 23 / 2013  
**Transaction ID : SA11AI.7633**  
 Amount of Each Receipt this Period 209.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 509.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 16 OF 43                |
|   | <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)<br><b>A. TERESA A. ECKHART</b>  |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 22 / 2013<br><b>Transaction ID : SA11AI.7465</b> |
| Mailing Address 160 SOUTH GRANDVIEW   |                                    | Amount of Each Receipt this Period<br>250.00   |
| City<br>DUBUQUE   | State<br>IA                        | Zip Code<br>52003  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |
| Name of Employer<br>DUBUQUE OBSTETRICS & GYNECOLOG  | Occupation<br>PHYSICIAN            |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>450.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. DIANNE M. EDGAR</b>  |                                     | Date of Receipt<br>MM / DD / YYYY<br>07 / 31 / 2013<br><b>Transaction ID : SA11AI.7734</b> |
| Mailing Address 1340 HIGHLAND AVENUE  |                                     | Amount of Each Receipt this Period<br>1000.00  |
| City<br>ROCHESTER   | State<br>NY                         | Zip Code<br>14620  |
| FEC ID number of contributing federal political committee.<br>C   |                                     |  |
| Name of Employer<br>PARK WEST WOMEN'S HEALTH  | Occupation<br>PHYSICIAN             |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. JONATHAN S. ELIAS</b>  |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 15 / 2013<br><b>Transaction ID : SA11AI.7520</b> |
| Mailing Address 9000 MISTWOOD DRIVE   |                                    | Amount of Each Receipt this Period<br>250.00   |
| City<br>POTOMAC   | State<br>MD                        | Zip Code<br>20854  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |
| Name of Employer<br>CAPITAL WOMEN'S CARE  | Occupation<br>PHYSICIAN            |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 OF 43                |
|   | <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)<br><b>A. EVE L. ESPEY</b>   |                                     | Date of Receipt<br>MM / DD / YYYY<br>07 / 25 / 2013<br><b>Transaction ID : SA11AI.7756</b> |
| Mailing Address 712 SUNDOWN PLACE   |                                     | Amount of Each Receipt this Period<br>150.00   |
| City<br>ALBUQUERQUE   | State<br>NM                         | Zip Code<br>87108  |
| FEC ID number of contributing federal political committee.<br>C   |                                     |  |
| Name of Employer<br>UNIVERSITY OF NEW MEXICO  | Occupation<br>PHYSICIAN             |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2325.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. DOUGLAS K. FENTON</b>  |                                     | Date of Receipt<br>MM / DD / YYYY<br>07 / 12 / 2013<br><b>Transaction ID : SA11AI.7504</b> |
| Mailing Address 2921 MANAGUA PLACE  |                                     | Amount of Each Receipt this Period<br>209.00   |
| City<br>CARLSBAD  | State<br>CA                         | Zip Code<br>92009  |
| FEC ID number of contributing federal political committee.<br>C   |                                     |  |
| Name of Employer<br>SCRIPPS COASTAL MEDICAL GROUP   | Occupation<br>PHYSICIAN             |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1045.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. KENNETH FINKELSTEIN</b>  |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 02 / 2013<br><b>Transaction ID : SA11AI.7433</b> |
| Mailing Address 9730A WESTERN AVENUE  |                                    | Amount of Each Receipt this Period<br>250.00   |
| City<br>EVERGREEN PARK  | State<br>IL                        | Zip Code<br>60805  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |
| Name of Employer<br>SELF-EMPLOYED   | Occupation<br>PHYSICIAN            |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 609.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 OF 43                |
|   | <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. FREDERICK FRIEDMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 LAKE ROAD SOUTH

City GREAT NECK State NY Zip Code 11020

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

Name of Employer MT. SINAI HOSPITAL Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2013  
**Transaction ID : SA11AI.7600**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 2750 LOWREY AVENUE

City HONOLULU State HI Zip Code 96822

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

Name of Employer KAPIOLANI MEDICAL CENTER Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2013  
**Transaction ID : SA11AI.7642**

Amount of Each Receipt this Period  
**250.00**

**C. PAMELA GALLUP GAUDRY**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 2805

City TYBEE ISLAND State GA Zip Code 31328

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

Name of Employer MEMORIAL HEALTH MEDICAL CENTER Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2013  
**Transaction ID : SA11AI.7743**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **600.00**

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 19 OF 43                |
|   | <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. PAMELA GALLUP GAUDRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 2805  
 City TYBEE ISLAND State GA Zip Code 31328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MEMORIAL HEALTH MEDICAL CENTER Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 26 / 2013**  
**Transaction ID : SA11AI.7757**  
 Amount of Each Receipt this Period **250.00**

**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 **700.00**

Date of Receipt **07 / 09 / 2013**  
**Transaction ID : SA11AI.7418**  
 Amount of Each Receipt this Period **100.00**

**C. LEE ANN HAMMOND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3610 MOONRISE POINT  
 City COLORADO SPRINGS State CO Zip Code 80904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer COLORADO OBSTETRICS Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 22 / 2013**  
**Transaction ID : SA11AI.7468**  
 Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **450.00**  
**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 43                |
|   | <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. JAMES E. HARRELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1885 NORTHWEST EAGLE POINT

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>STUART | State<br>FL | Zip Code<br>34994 |
|----------------|-------------|-------------------|

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

|                             |                         |
|-----------------------------|-------------------------|
| Name of Employer<br>RETIRED | Occupation<br>PHYSICIAN |
|-----------------------------|-------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 18    |   | 2013        |

**Transaction ID : SA11AI.7602**

Amount of Each Receipt this Period  

|        |
|--------|
| 250.00 |
|--------|

**B. RUTH E. HASKINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3444 SMOKEY MOUNT CIRCLE

|                        |             |                   |
|------------------------|-------------|-------------------|
| City<br>ELDORADO HILLS | State<br>CA | Zip Code<br>95762 |
|------------------------|-------------|-------------------|

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

|                                   |                         |
|-----------------------------------|-------------------------|
| Name of Employer<br>SELF-EMPLOYED | Occupation<br>PHYSICIAN |
|-----------------------------------|-------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 15    |   | 2013        |

**Transaction ID : SA11AI.7590**

Amount of Each Receipt this Period  

|        |
|--------|
| 150.00 |
|--------|

**C. AMY S. HAYES**  
Full Name (Last, First, Middle Initial)

Mailing Address 1200 NORTH MOUNTAIN STREET

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>CARSON CITY | State<br>NV | Zip Code<br>89703 |
|---------------------|-------------|-------------------|

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

|  |                         |
|--|-------------------------|
| Name of Employer<br>CARSON MEDICAL GROUP | Occupation<br>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 |
| 07    |   | 25    |   | 2013        |

**Transaction ID : SA11AI.7748**

Amount of Each Receipt this Period  

|        |
|--------|
| 100.00 |
|--------|

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>500.00</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 21 OF 43                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

Mailing Address 1709 CLEAVER LANE

City WILMINGTON State DE Zip Code 19803

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

Name of Employer ST. FRANCIS HOSPITAL Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2013

**Transaction ID : SA11Al.7765**

Amount of Each Receipt this Period  
 250.00

**B. THOMAS W. HEPFER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2810 LILLINGTON DRIVE

City SUMTER State SC Zip Code 29150

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

Name of Employer SUMTER OB/GYN Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

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

**Transaction ID : SA11Al.7454**

Amount of Each Receipt this Period  
 150.00

**C. THOMAS W. HEPFER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2810 LILLINGTON DRIVE

City SUMTER State SC Zip Code 29150

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

Name of Employer SUMTER OB/GYN Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2013

**Transaction ID : SA11Al.7641**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 22 OF 43                |
|   | <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. 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 **825.00**

Date of Receipt **07 / 10 / 2013**  
**Transaction ID : SA11AI.7416**  
 Amount of Each Receipt this Period **50.00**

**B. CLAIRE E. HOVERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 813 THIRD AVENUE  
 City SALT LAKE CITY State UT Zip Code 84013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INTERMOUNTAIN MEDICAL GROUP Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 29 / 2013**  
**Transaction ID : SA11AI.7660**  
 Amount of Each Receipt this Period **250.00**

**C. ANNIE I. IRIYE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2103 CRAIG ROAD SOUTHEAST  
 City OLYMPIA State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GROUP HEALTH PERMANENTE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 22 / 2013**  
**Transaction ID : SA11AI.7469**  
 Amount of Each Receipt this Period **500.00**

**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 23 OF 43                |
|   | <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)<br><b>A. LYDIA M. JEFFRIES</b>  |  | Date of Receipt<br>MM / DD / YYYY<br>07 / 24 / 2013 |
| Mailing Address 21 WILSON LANE  |  | <b>Transaction ID : SA11Al.7754</b>                 |
| City<br>FAIRVIEW  | State<br>NC                                  | Zip Code<br>28730                                   |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>150.00 |   |
| Name of Employer<br>ASHEVILLE WOMEN'S MEDICAL   | Occupation<br>PHYSICIAN                      |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>3200.00          |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. JOHN C. JENNINGS</b>   |  | Date of Receipt<br>MM / DD / YYYY<br>07 / 22 / 2013 |
| Mailing Address 2405 SPOONBILL DRIVE  |  | <b>Transaction ID : SA11Al.7753</b>                 |
| City<br>LEAGUE CITY   | State<br>TX                                  | Zip Code<br>77573                                   |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>150.00 |   |
| Name of Employer<br>TEXAS TECH UNIVERSITY   | Occupation<br>PHYSICIAN                      |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>3150.00          |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. HARRY S. JONAS</b>   |  | Date of Receipt<br>MM / DD / YYYY<br>07 / 22 / 2013 |
| Mailing Address 207 NORTHWEST SPRUCE STREET   |  | <b>Transaction ID : SA11Al.7470</b>                 |
| City<br>LEES SUMMIT   | State<br>MO                                  | Zip Code<br>64064                                   |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>100.00 |   |
| Name of Employer<br>RETIRED   | Occupation<br>PHYSICIAN                      |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00           |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 400.00 |
| <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 43                |
|   | <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. MELISSA E. LARSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2509 NANTES WAY

City BAKERSFIELD State CA Zip Code 93311

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

Name of Employer KERN MEDICAL CENTER Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 05 / 2013

**Transaction ID : SA11AI.7425**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 3226 WELLINGTON COURT

City WEST BLOOMFIELD State MI Zip Code 48324

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

Name of Employer WILLIAM BEAUMONT HOSPITAL Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2013

**Transaction ID : SA11AI.7732**

Amount of Each Receipt this Period  
 -250.00

06/26/2013 DEPOSIT CORRECTION

**C. DENNIS J. LUTZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 433 7TH STREET, NW

City MINOT State ND Zip Code 58703

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

Name of Employer UNIVERSITY OF NORTH DAKOTA 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  
 07 / 29 / 2013

**Transaction ID : SA11AI.7668**

Amount of Each Receipt this Period  
 100.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | -50.00 |
| <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 25 OF 43  
(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. SARA D. MARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1231 SUNSET LOOP  
 City LAFAYETTE State CA Zip Code 94549  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2013  
**Transaction ID : SA11AI.7441**  
 Amount of Each Receipt this Period  
 250.00

**B. ROBIN D. MATTHEWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 39 FLAT ROCK ROAD  
 City WAYNESVILLE State NC Zip Code 28786  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HAYWOOD WOMEN'S MEDICAL CENTER Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2013  
**Transaction ID : SA11AI.7420**  
 Amount of Each Receipt this Period  
 20.00

**C. KELLY SKILLING MCCUE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1330 NORTH DAVIS FARM ROAD  
 City DAVIS State CA Zip Code 95616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PERMANENTE MEDICAL GROUP Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2013  
**Transaction ID : SA11AI.7423**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 295.00  
**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 43                |
|   | <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. ALLAN G. MCLEOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3251 MORRIS LANE  
 City MIAMI State FL Zip Code 33133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2013  
**Transaction ID : SA11AI.7670**  
 Amount of Each Receipt this Period  
 100.00

**B. KAREN E. MCSHANE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 383 PINK STREET  
 City COOPERSTOWN State NY Zip Code 13326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BASSETT 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  
 07 / 22 / 2013  
**Transaction ID : SA11AI.7478**  
 Amount of Each Receipt this Period  
 250.00

**C. KENNETH W. MERKITCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W5732 HEATHERWOOD PLACE  
 City LA CROSSE State WI Zip Code 54601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GUNDERSEN HEALTH SYSTEM 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  
 07 / 18 / 2013  
**Transaction ID : SA11AI.7608**  
 Amount of Each Receipt this Period  
 250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 600.00 |
| <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 43                |
|   | <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. 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 ▼ 1375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2013

**Transaction ID : SA11Al.7762**

Amount of Each Receipt this Period  
 150.00

**B. LAURA L. 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 PERMANENTE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2013

**Transaction ID : SA11Al.7671**

Amount of Each Receipt this Period  
 100.00

**C. OWEN MONTGOMERY**  
Full Name (Last, First, Middle Initial)

Mailing Address 450 CHAPEL

City SEWELL State NJ Zip Code 08080

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

Name of Employer DREXEL UNIVERSITY Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1086.00

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

**Transaction ID : SA11Al.7424**

Amount of Each Receipt this Period  
 209.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 459.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 28 OF 43                |
|   | <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)<br><b>A. LUKE A. NEWTON</b> |                                     | Date of Receipt   |
| Mailing Address 314 TRAFALGAR                                       |                                     | <input type="text" value="07"/> / <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.          |                                     | Transaction ID : <b>SA11AI.7749</b>   |
| <input type="text" value="C"/>                                      |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="25.00"/>  |
| Name of Employer  | Occupation                          |   |
| UT HEALTH SCIENCE CENTER  | PHYSICIAN                           |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General   | <input type="text" value="775.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                          |                                     |   |

|  |                                     |   |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. JOHN J. ORRIS</b> |                                     | Date of Receipt   |
| Mailing Address 1705 CHANTILLY LANE                                |                                     | <input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2013"/> |
| City   | State                               | Zip Code  |
| CHESTER SPRINGS  | PA                                  | 19425   |
| FEC ID number of contributing federal political committee.         |                                     | Transaction ID : <b>SA11AI.7484</b>   |
| <input type="text" value="C"/>                                     |                                     | Amount of Each Receipt this Period  |
|  |                                     | <input type="text" value="100.00"/>   |
| Name of Employer   | Occupation                          |   |
| MAIN LINE HEALTH   | 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)<br><b>C. GORDON J. OSTRUM</b> |                                     | Date of Receipt   |
| Mailing Address 4745 OGLETOWN STANTON ROAD                            |                                     | <input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2013"/> |
| City  | State                               | Zip Code  |
| NEWARK  | DE                                  | 19713   |
| FEC ID number of contributing federal political committee.            |                                     | Transaction ID : <b>SA11AI.7455</b>   |
| <input type="text" value="C"/>  |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="150.00"/>   |
| Name of Employer  | Occupation                          |   |
| WOMEN FIRST   | PHYSICIAN                           |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General     | <input type="text" value="450.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                            |                                     |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="275.00"/> |
| <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 29 OF 43                |
|   | <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 M. PECK**  
Full Name (Last, First, Middle Initial)

Mailing Address 20375 WEST 151ST STREET

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>OLATHE | State<br>KS | Zip Code<br>66061 |
|----------------|-------------|-------------------|

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

|                                    |                         |
|------------------------------------|-------------------------|
| Name of Employer<br>WOMEN'S CLINIC | Occupation<br>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 |
| 07    | / | 16    | / | 2013        |

**Transaction ID : SA11AI.7555**

Amount of Each Receipt this Period  
250.00

**B. JOHN J. PEET**  
Full Name (Last, First, Middle Initial)

Mailing Address 17350 ST. LUKES WAY

|                       |             |                   |
|-----------------------|-------------|-------------------|
| City<br>THE WOODLANDS | State<br>TX | Zip Code<br>77384 |
|-----------------------|-------------|-------------------|

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

|                                   |                         |
|-----------------------------------|-------------------------|
| Name of Employer<br>SELF-EMPLOYED | Occupation<br>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 |
| 07    | / | 16    | / | 2013        |

**Transaction ID : SA11AI.7557**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 1400 FLORIDA AVENUE

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>MODESTO | State<br>CA | Zip Code<br>95350 |
|-----------------|-------------|-------------------|

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

|  |                         |
|--|-------------------------|
| Name of Employer<br>MODESTO ARTS MEDICAL GROUP | Occupation<br>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 |
| 07    | / | 16    | / | 2013        |

**Transaction ID : SA11AI.7560**

Amount of Each Receipt this Period  
100.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 30 OF 43                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. JENNIFER D. POMPLIANO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 BAYONNE AVENUE  
 City MONMOUTH BEACH State NJ Zip Code 07750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WEST LONG BRANCH OB/GYN Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2013  
**Transaction ID : SA11AI.7445**  
 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 ▼ 1225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2013  
**Transaction ID : SA11AI.7636**  
 Amount of Each Receipt this Period  
 250.00

**C. SARAH W. PRAGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7531 30TH AVENUE NORTHEAST  
 City SEATTLE State WA Zip Code 98115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF WASHINGTON Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2013  
**Transaction ID : SA11AI.7589**  
 Amount of Each Receipt this Period  
 150.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 650.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 31 OF 43                |
|   | <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 ▼ 2450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2013

**Transaction ID : SA11AI.7421**

Amount of Each Receipt this Period  
 100.00

**B. BEN D. RAMALEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 56 BURWOOD AVENUE

City STAMFORD State CT Zip Code 06902

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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2013

**Transaction ID : SA11AI.7676**

Amount of Each Receipt this Period  
 100.00

**C. SUSAN M. RICHMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 29 LEIGHTON TRAIL

City GUILFORD State CT Zip Code 06437

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  
 07 / 22 / 2013

**Transaction ID : SA11AI.7487**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 32 OF 43                |
|   | <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)<br><b>A. DERIN S. ROMINGER</b>  |                                     | Date of Receipt   |
| Mailing Address 1405 EAST ASHLAND AVENUE  |                                     | <input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2013"/> |
| City  | State                               | Zip Code  |
| MT. ZION  | IL                                  | 62549   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : SA11Al.7704</b>   |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| WOMEN'S HEALTH CARE   | PHYSICIAN                           | <input type="text" value="100.00"/>   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="400.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. HEATHER Z. SANKEY</b>  |                                     | Date of Receipt   |
| Mailing Address 34 LONGFELLOW DRIVE   |                                     | <input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2013"/> |
| City  | State                               | Zip Code  |
| WEST SPRINGFIELD  | MA                                  | 01089   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : SA11Al.7502</b>   |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| BAYSTATE MEDICAL PRACTICES  | PHYSICIAN                           | <input type="text" value="10.00"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="420.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. HOWARD A. SHAW</b>   |                                     | Date of Receipt   |
| Mailing Address 65 OLANDER LANE   |                                     | <input type="text" value="07"/> / <input type="text" value="20"/> / <input type="text" value="2013"/> |
| City  | State                               | Zip Code  |
| MIDDLETOWN  | CT                                  | 06457   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : SA11Al.7622</b>   |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| YALE NEW HAVEN HOSPITAL   | PHYSICIAN                           | <input type="text" value="50.00"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="750.00"/> |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="160.00"/> |
| <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 33 OF 43   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. KIRSTEN M. SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 405 WOODSTOCK LANE

City WILMINGTON State DE Zip Code 19808

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

Name of Employer CHRISTIANA CARE 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  
 07 / 22 / 2013

**Transaction ID : SA11AI.7491**

Amount of Each Receipt this Period  
 500.00

**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 ▼ 1226.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2013

**Transaction ID : SA11AI.7422**

Amount of Each Receipt this Period  
 209.00

**C. AARON M. SUDBURY**  
Full Name (Last, First, Middle Initial)

Mailing Address 9407 25TH STREET EAST

City PARRISH State FL Zip Code 34219

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

Name of Employer PREMIER OB/GYN 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  
 07 / 23 / 2013

**Transaction ID : SA11AI.7638**

Amount of Each Receipt this Period  
 100.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 809.00 |
| <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 43                |
|   | <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. ROSS E. TANOUE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2917 LANILILI PLACE

City HONOLULU State HI Zip Code 96816

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 M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2013

**Transaction ID : SA11AI.7712**

Amount of Each Receipt this Period  
 100.00

**B. KIM L. THORNTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 73 WASHBURN AVENUE

City WELLESLEY State MA Zip Code 02481

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

Name of Employer BOSTON IVF 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  
 07 / 14 / 2013

**Transaction ID : SA11AI.7510**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 1700 TALLEY ROAD

City WILMINGTON State DE Zip Code 19803

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 ▼ 949.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2013

**Transaction ID : SA11AI.7436**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 35 OF 43                |
|   | <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 STONEHAM State MA Zip Code 02180

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

Name of Employer MASS GENERAL PHYSICIANS Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1045.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 12 / 2013

**Transaction ID : SA11AI.7506**

Amount of Each Receipt this Period  
 209.00

**B. GERSON WEISS**  
Full Name (Last, First, Middle Initial)

Mailing Address 185 SOUTH ORANGE AVENUE

City NEWARK State NJ Zip Code 07103

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

Name of Employer NEW JERSEY MEDICAL SCHOOL Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2013

**Transaction ID : SA11AI.7766**

Amount of Each Receipt this Period  
 150.00

**C. DARIN L. WEYHRICH**  
Full Name (Last, First, Middle Initial)

Mailing Address 124 WEST CURLING DRIVE

City BOISE State ID Zip Code 83702

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  
 07 / 21 / 2013

**Transaction ID : SA11AI.7645**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 609.00

**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 36 OF 43  
(check only one)

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

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

**A. ROBERT O. WILSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 243 WEST HUBERT COURT  
City FRESNO State CA Zip Code 93711  
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 **07 / 29 / 2013**  
**Transaction ID : SA11AI.7723**  
Amount of Each Receipt this Period **100.00**

**B. ROBERT YELVERTON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2526 JETTON AVENUE  
City TAMPA State FL Zip Code 33629  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **400.00**

Date of Receipt **07 / 15 / 2013**  
**Transaction ID : SA11AI.7544**  
Amount of Each Receipt this Period **50.00**

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

Date of Receipt  
Amount of Each Receipt this Period

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>150.00</b>   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <b>18223.33</b> |

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 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  
07 / 05 / 2013

Transaction ID : SB21B.7393

Amount of Each Disbursement this Period

264.14

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  
07 / 29 / 2013

Transaction ID : SB21B.7742

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  
07 / 02 / 2013

Transaction ID : SB21B.7394

Amount of Each Disbursement this Period

467.00

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

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

739.09

739.09

**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. BERA FOR CONGRESS**

Mailing Address P.O. BOX 582496

City State Zip Code  
ELK GROVE CA 95758

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**AMERISH BERA**

Office Sought:  House  
 Senate  
 President  
State: CA District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    | / | 30    | / | 2013      |

Transaction ID : **SB23.7648**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. DONNA CHRISTENSEN CAMPAIGN**

Mailing Address P.O. BOX 5197

City State Zip Code  
ST. CROIX VI 00823

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**DONNA M. CHRISTENSEN**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    | / | 22    | / | 2013      |

Transaction ID : **SB23.7567**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. DR. RAUL RUIZ FOR CONGRESS**

Mailing Address P.O. BOX 6116

City State Zip Code  
LA QUINTA CA 92248

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**RAUL RUIZ**

Office Sought:  House  
 Senate  
 President  
State: CA District: 36

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    | / | 30    | / | 2013      |

Transaction ID : **SB23.7653**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

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

|         |
|---------|
| 3000.00 |
|---------|

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

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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. FRIENDS OF DAN MAFFEI**

Mailing Address P.O. BOX 230

City SYRACUSE State NY Zip Code 13201

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**DANIEL B. MAFFEI**

Office Sought:  House  
 Senate  
 President  
State: NY District: 24

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 01    |   | 2013      |

Transaction ID : **SB23.7399**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF NAN HAYWORTH**

Mailing Address P.O. BOX 394

City FISHKILL State NY Zip Code 12524

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**NAN HAYWORTH**

Office Sought:  House  
 Senate  
 President  
State: NY District: 18

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 01    |   | 2013      |

Transaction ID : **SB23.7396**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. LINCOLN PAC**

Mailing Address P.O. BOX A3968

City CHICAGO State IL Zip Code 60690

Purpose of Disbursement  
VOID 05/30/2013 CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 02    |   | 2013      |

Transaction ID : **SB23.7406**

Amount of Each Disbursement this Period

|          |
|----------|
| -2500.00 |
|----------|

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

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

|         |
|---------|
| -500.00 |
|---------|

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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. LINCOLN PAC**

Mailing Address P.O. BOX A3968

City State Zip Code  
CHICAGO IL 60690

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  
07 / 02 / 2013

Transaction ID : **SB23.7407**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. MARSHA BLACKBURN FOR CONGRESS, INC.**

Mailing Address P.O. BOX 3750

City State Zip Code  
BRENTWOOD TN 37024

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**MARSHA BLACKBURN**

Office Sought:  House  
 Senate  
 President  
State: TN District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 30 / 2013

Transaction ID : **SB23.7649**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MATSUI FOR CONGRESS**

Mailing Address P.O. BOX 1738

City State Zip Code  
SACRAMENTO CA 95812

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**DORIS MATSUI**

Office Sought:  House  
 Senate  
 President  
State: CA 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  
07 / 16 / 2013

Transaction ID : **SB23.7408**

Amount of Each Disbursement this Period

1000.00

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

4500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 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. PROGRESSIVE CHOICES PAC**

Mailing Address P.O. BOX 58

City EVANSTON State IL Zip Code 60204

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  
07 / 16 / 2013

Transaction ID : SB23.7411

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. RENEE ELLMERS FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 99567

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**RENEE JACISIN ELLMERS**

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

Disbursement For: 2014  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2013

Transaction ID : SB23.7570

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. RICHARD HANNA FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 118

City UTICA State NY Zip Code 13503

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**RICHARD HANNA**

Office Sought:  House  Senate  President  
State: NY District: 22

Disbursement For: 2014  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2013

Transaction ID : SB23.7650

Amount of Each Disbursement this Period

1000.00

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

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

7000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. SCHAKOWSKY FOR CONGRESS**

Mailing Address P.O. BOX 5130

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**JANICE D. SCHAKOWSKY**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: IL District: 09

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 31 / 2013

**Transaction ID : SB23.7760**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. SCOTT RIGELL FOR CONGRESS**

Mailing Address 915 FIRST COLONIAL ROAD

City VIRGINIA BEACH State VA Zip Code 23454

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**EDWARD SCOTT RIGELL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: VA District: 02

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 01 / 2013

**Transaction ID : SB23.7400**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC**

Mailing Address 228 SOUTH WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

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  
07 / 16 / 2013

**Transaction ID : SB23.7413**

Amount of Each Disbursement this Period

2500.00

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

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

4500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. TIM MURPHY FOR CONGRESS

Mailing Address P.O. BOX 24551

City State Zip Code  
PITTSBURGH PA 15234

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**TIMOTHY MURPHY**

Office Sought:  House  
 Senate  
 President  
State: PA District: 18

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    | / | 02    | / | 2013        |

Transaction ID : **SB23.7403**

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

### B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M 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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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)..... ▶

|         |
|---------|
| 2000.00 |
|---------|

|          |
|----------|
| 20500.00 |
|----------|