

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 09 / 01 / 2018 through 09 / 30 / 2018

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

Signature of Treasurer Schilling, Mary, , , [Electronically Filed] Date 10 / 20 / 2018

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Congress of Obstetricians & Gynecologists PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="520897.89"/>	<input type="text" value="520897.89"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="660286.49"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="43900.30"/>	<input type="text" value="439767.96"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="704186.79"/>	<input type="text" value="960665.85"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="59357.08"/>	<input type="text" value="315836.14"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="644829.71"/>	<input type="text" value="644829.71"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Congress of Obstetricians & Gynecologists PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	34298.80	326025.04
(ii) Unitemized	9601.50	108726.42
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	43900.30	434751.46
(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)	43900.30	434751.46
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	16.50
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	43900.30	439767.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	43900.30	439767.96

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	857.08	12624.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	857.08	12624.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	57000.00	290000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	2711.43
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	2711.43
29. Other Disbursements (Including Non-Federal Donations).....	1500.00	10500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	59357.08	315836.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	59357.08	315836.14

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	43900.30	434751.46
34. Total Contribution Refunds (from Line 28(d))	0.00	2711.43
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43900.30	432040.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	857.08	12624.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	16.50
38. Net Operating Expenditures (subtract Line 37 from Line 36)	857.08	12608.21

**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 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Drucker, Abigail, Casey, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1322 Country Club Dr

City Spencer	State IA	Zip Code 51301-2757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Creighton Women's Health Center	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2018

Transaction ID : VPF9SQJ9C00

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 101 Brady St

City Savannah	State GA	Zip Code 31401-8028
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Memorial Hospital	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2018

Transaction ID : VPF9SQYKW20

Amount of Each Receipt this Period
80.00

Memo Item

C. Packard, Lisa, Kay, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 903 Camille Ln

City Mountain View	State CA	Zip Code 94040-2668
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Palo Alto Medical Foundation	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2018

Transaction ID : VPF9SQJ8030

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Schellhammer, Shannon, Lynn, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 126 Hampden Pl
 City Winter Park State FL Zip Code 32789-5738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orlando Health Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 26 / 2018
Transaction ID : VPF9SQR0Q70
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Flora, Robert, Francis, , MD MBA MPH
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22668 Beckenham Ct
 City Novi State MI Zip Code 48374-3526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 12 / 2018
Transaction ID : VPF9SQJ0S80
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Yelverton, Robert, Ware, , Jr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2821 W Fountain Blvd
 City Tampa State FL Zip Code 33609-4011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 09 / 16 / 2018
Transaction ID : VPF9SQJ9EB0
 Amount of Each Receipt this Period 70.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	370.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Myer, Eilean, L., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Crestview Dr
 City Florence State MA Zip Code 01062-2614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baystate Medical Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 13 / 2018
Transaction ID : VPF9SQJ86E0
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Prabhakaran, Sujatha, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 736 Central Ave
 City Sarasota State FL Zip Code 34236-4042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Planned Parenthood of SW & Central FL Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 16 / 2018
Transaction ID : VPF9SQNHJF0
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Cuff, Ryan, D., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2077 Chilhowee Dr
 City Johns Island State SC Zip Code 29455-8198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical University of South Carolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 05 / 2018
Transaction ID : VPF9SQTJG0
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Goldberg, Aaron, E., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1612 Monument Ave
 City Richmond State VA Zip Code 23220-2907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MCV Physicians Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 09 / 12 / 2018
Transaction ID : VPF9SQH2MJ0
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Bailey, Shannon, Lee, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17806 NE 95th Ct
 City Redmond State WA Zip Code 98052-8687
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OBHG Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 09 / 10 / 2018
Transaction ID : VPF9SQTSWP0
 Amount of Each Receipt this Period 45.00
 Memo Item

C. Stone, Dana, Gail, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1730 Huntington Ave
 City Nichols Hills State OK Zip Code 73116-5511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2145.00

Date of Receipt 09 / 09 / 2018
Transaction ID : VPF9SQFRKP0
 Amount of Each Receipt this Period 210.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	405.00
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 10 OF 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jones, Johnny, Wayne, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2801 Richmond Rd # 9

City Texarkana State TX Zip Code 75503-2123

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

Name of Employer (for Individual) Christus St. Michael Health System Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2018

Transaction ID : VPF9SQYKVX0

Amount of Each Receipt this Period 250.00

Memo Item

B. Evans, Megan, L., , MD, MPH
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 190 Dudley St

City Brookline State MA Zip Code 02445-5908

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1325.00

Date of Receipt 09 / 28 / 2018

Transaction ID : VPF9SQYKW61

Amount of Each Receipt this Period 300.00

Memo Item

C. Anderson, Thaddeus, L., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2350 Simpson St

City Dubuque State IA Zip Code 52003-7719

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

Name of Employer (for Individual) Dubuque OB/GYN Occupation (for Individual) Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2090.00

Date of Receipt 09 / 10 / 2018

Transaction ID : VPF9SQFWW81

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Hampton, R., Moss, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3930 Edgebrook Ct

City Midland	State TX	Zip Code 79707-1434
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) TTUHSC	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1740.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

Transaction ID : VPF9SQSKM91

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 2707 Wooldrige Dr

City Austin	State TX	Zip Code 78703-1953
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The University of Texas at Austin	Occupation (for Individual) 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
09		28		2018

Transaction ID : VPF9SQYKWB1

Amount of Each Receipt this Period
250.00

Memo Item

c. Nightingale, Lydia, D., , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9501 Prosper Dr

City Oklahoma City	State OK	Zip Code 73151-9177
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Variety Care	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
885.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2018

Transaction ID : VPF9SQP2CF1

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Sciscione, Anthony, C., , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1021 Centurian Dr
 City Newark State DE Zip Code 19713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DO Occupation (for Individual) Christiana
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 18 / 2018
Transaction ID : VPF9SQJADJ1
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Leveridge, Shannon, Lee Schauer, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3120 Grand Ave
 City Davenport State IA Zip Code 52803-1322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edgerton Women's Health Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt 09 / 29 / 2018
Transaction ID : VPF9SQYKVK1
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Brabson, Gail, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 517 Cherokee Blvd
 City Knoxville State TN Zip Code 37919-6696
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenova-CHS Occupation (for Individual) Registered Nurse
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 21 / 2018
Transaction ID : VPF9SQTTRN1
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Cummings, Holly, Wong, , MD, MPH
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 144 Upland Rd

City Havertown	State PA	Zip Code 19083-3510
-------------------	-------------	------------------------

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

Name of Employer (for Individual) UPHS	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2018

Transaction ID : VPF9SQKE3R1

Amount of Each Receipt this Period
30.00

Memo Item

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

Mailing Address 60 E Manning St

City Providence	State RI	Zip Code 02906-4048
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2018

Transaction ID : VPF9SQTTJS1

Amount of Each Receipt this Period
50.00

Memo Item

c. Hampton, R., Moss, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3930 Edgebrook Ct

City Midland	State TX	Zip Code 79707-1434
-----------------	-------------	------------------------

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

Name of Employer (for Individual) TTUHSC	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1740.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2018

Transaction ID : VPF9SQYKWS1

Amount of Each Receipt this Period
300.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Perry, Tashera, E., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1110 E Cobblefield Ct
 City Bloomington State IN Zip Code 47401-6305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana Univ. Health Southern Indiana Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 20 / 2018
Transaction ID : VPF9SQKJNX1
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Nicholson, Wanda, Kay, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 Sagerview Way
 City Durham State NC Zip Code 27713-6172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of North Carolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 09 / 29 / 2018
Transaction ID : VPF9SQYKWY1
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Lyerly, Kristin, M., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16005 58th PI N
 City Minneapolis State MN Zip Code 55446-4604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Park Nicollet Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 09 / 28 / 2018
Transaction ID : VPF9SQYKW12
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	425.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lopez-Cepero, Ronald, J., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 76 Urb Lakeview Est
4000 Avneue S-76

City Caguas State PR Zip Code 00725-3320

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

Name of Employer (for Individual) Avenue 360 Health and Wellness Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 296.25

Date of Receipt 09 / 10 / 2018
Transaction ID : VPF9SQT SX82

Amount of Each Receipt this Period 296.25

Memo Item

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

Mailing Address 120 Hillcrest Medical Blvd
Ste 201-2

City Waco State TX Zip Code 76712-8948

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1840.00

Date of Receipt 09 / 29 / 2018
Transaction ID : VPF9SQYKV92

Amount of Each Receipt this Period 600.00

Memo Item

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

Mailing Address 3643 Canfield Hill Ct

City Charlotte State NC Zip Code 28270-1111

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 20 / 2018
Transaction ID : VPF9SQKE4A2

Amount of Each Receipt this Period 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	946.25
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 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Keller, Bridget, Beth, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4525 France Ave S
 Apt 310
 City Minneapolis State MN Zip Code 55410-1474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Park Nicollet Clinic Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1145.00

Date of Receipt 09 / 28 / 2018
Transaction ID : VPF9SQYKWF2
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Burkett, Amy, Marie, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3966 Orange Wood Way
 City Uniontown State OH Zip Code 44685-9567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 27 / 2018
Transaction ID : VPF9SQP3TJ2
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Morgan, Alethia, Ellen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3075 S Birch St
 City Denver State CO Zip Code 80222-6712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COPIC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3700.00

Date of Receipt 09 / 16 / 2018
Transaction ID : VPF9SQJ9DQ2
 Amount of Each Receipt this Period 1200.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Hepfer, Thomas, Willard, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2810 Lillington Dr
 City Sumter State SC Zip Code 29150-2213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Palmetto Health Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 28 / 2018
Transaction ID : VPF9SQYKW2
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Casey, Rachel, Kastl, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6611 Locust St
 City Falls Church State VA Zip Code 22046-2303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pediatric Specialists of Virginia Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 09 / 30 / 2018
Transaction ID : VPF9SQRM553
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Jeffries, Lydia, M., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 163 Cherokee Rd
 City Asheville State NC Zip Code 28804-3801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Asheville Women's Medical Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3775.00

Date of Receipt 09 / 28 / 2018
Transaction ID : VPF9SQYKW53
 Amount of Each Receipt this Period 450.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	825.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kelley, Margaret, Ann, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 230 Dwyer Ave
 Unit 902
 City San Antonio State TX Zip Code 78204-1033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Ob-Gyn Associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2018
Transaction ID : VPF9SQSKM83
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. Koutrouvelis, Gayle, Olson, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11924 Sportsman Rd
 City Galveston State TX Zip Code 77554-9365
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Texas Medical Branch Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2018
Transaction ID : VPF9SQYKWA3
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Asaad, Radwan, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37261 Fox Gln
 City Farmington Hills State MI Zip Code 48331-1809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hutzel Women's Specialists Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2018
Transaction ID : VPF9SQNE4H3
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	533.33
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 19 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Herde, Christine, Marie, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 139 Jeffrey Ln
 City Hurley State NY Zip Code 12443-5408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CareMount Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2476.00

Date of Receipt 09 / 10 / 2018
Transaction ID : VPF9SQH2KN3
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Cronin, Beth, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 415 Wayland Ave
 City Providence State RI Zip Code 02906-4661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Providence Community Health Centers Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 05 / 2018
Transaction ID : VPF9SQTTJR3
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Blanchard, May, Hsieh, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1316 Belt St
 City Baltimore State MD Zip Code 21230-4760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Maryland SOM Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 01 / 2018
Transaction ID : VPF9SQKJNW3
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
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 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Sirott, Laura, L., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 249 S Berkeley Ave
 City Pasadena State CA Zip Code 91107-4734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2370.00

Date of Receipt 09 / 16 / 2018
Transaction ID : VPF9SQJ9FY3
 Amount of Each Receipt this Period 625.00
 Memo Item

B. Herde, Christine, Marie, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 139 Jeffrey Ln
 City Hurley State NY Zip Code 12443-5408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CareMount Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2476.00

Date of Receipt 09 / 04 / 2018
Transaction ID : VPF9SQCMH04
 Amount of Each Receipt this Period 175.00
 Memo Item

C. Sirott, Laura, L., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 249 S Berkeley Ave
 City Pasadena State CA Zip Code 91107-4734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2370.00

Date of Receipt 09 / 24 / 2018
Transaction ID : VPF9SQNH434
 Amount of Each Receipt this Period 300.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Powell, Hartaj, K., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4103 Edgevale Ct
 City Chevy Chase State MD Zip Code 20815-5909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Women's Care Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 395.00

Date of Receipt 09 / 28 / 2018
Transaction ID : VPF9SQYKX64
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Little, Lauren, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Brady St
 City Savannah State GA Zip Code 31401-8028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memorial Hospital Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 29 / 2018
Transaction ID : VPF9SQYKXB4
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Buskevicius, Amanda, Jo, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 S 208th St
 City Elkhorn State NE Zip Code 68022-2722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Methodist Physicians Clinic Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 29 / 2018
Transaction ID : VPF9SQYKVD4
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dardarian, Thomas, S., , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1030 E Lancaster Ave
 City Bryn Mawr State PA Zip Code 19010-1451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Main Line Women's Health Care Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3825.00

Date of Receipt 09 / 03 / 2018
Transaction ID : VPF9SQCM2H4
 Amount of Each Receipt this Period 425.00
 Memo Item

B. Allbert, John, R., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2619 Sherwood Ave
 City Charlotte State NC Zip Code 28207-2548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Novant Health Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 990.00

Date of Receipt 09 / 19 / 2018
Transaction ID : VPF9SQJDVJ4
 Amount of Each Receipt this Period 120.00
 Memo Item

C. Smith, Patricia, Amanda, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 738 Fontaine St
 City Alexandria State VA Zip Code 22302-3607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GWU Medical Faculty Association Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3455.00

Date of Receipt 09 / 29 / 2018
Transaction ID : VPF9SQYKWR4
 Amount of Each Receipt this Period 670.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1215.00
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 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Anderson, Ted, L., , MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 516 Leanne Way
 City Franklin State TN Zip Code 37069-8719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt Medical Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 28 / 2018
Transaction ID : VPF9SQYKVV4
 Amount of Each Receipt this Period 1110.00
 Memo Item

B. White, Paula, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7257 Commonwealth Ave
 City Burr Ridge State IL Zip Code 60527-4964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Loyola University Medical Center Occupation (for Individual) Associate Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 03 / 2018
Transaction ID : VPF9SQCCEW4
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Fenton, Douglas, K., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2921 Managua PI
 City Carlsbad State CA Zip Code 92009-7106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4381.00

Date of Receipt 09 / 07 / 2018
Transaction ID : VPF9SQEXZ25
 Amount of Each Receipt this Period 209.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1569.00
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 24 OF 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Brown, Haywood, L., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10113 Barnhart Way
 City Raleigh State NC Zip Code 27617-8220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of South Florida Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5250.00

Date of Receipt 09 / 20 / 2018
Transaction ID : VPF9SQJDZ35
 Amount of Each Receipt this Period 250.00
 Memo Item
 Refunded in the next period.

B. Chisholm, Christian, Andrew, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1840 River Inn Ln
 City Charlottesville State VA Zip Code 22901-6217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Virginia Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1510.00

Date of Receipt 09 / 26 / 2018
Transaction ID : VPF9SQNKS35
 Amount of Each Receipt this Period 350.00
 Memo Item

C. Dunn, Carl, Anthony, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 Hillcrest Medical Blvd Ste 201-2
 City Waco State TX Zip Code 76712-8948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scott and White Clinic Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1840.00

Date of Receipt 09 / 12 / 2018
Transaction ID : VPF9SQSKM75
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Auguste, Tamika, C., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1150 K St NW
 Apt 402
 City Washington State DC Zip Code 20005-6803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MedStar Health Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 18 / 2018
Transaction ID : VPF9SQJCS75
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Flowers, Coy, A., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1787
 City Lewisburg State WV Zip Code 24901-4787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greenbrier Physicians Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 29 / 2018
Transaction ID : VPF9SQYKW95
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Ring, Brandi, Nicole, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 425 S Cherry St
 City Denver State CO Zip Code 80246-1226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1366.00

Date of Receipt 09 / 28 / 2018
Transaction ID : VPF9SQYKWE5
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Watabe, Minako, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 448 Court Ave
 City Ventura State CA Zip Code 93003-1717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Venture County Medical Center Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt
 09 / 03 / 2018
Transaction ID : VPF9SQT SXG5
 Amount of Each Receipt this Period
 45.00
 Memo Item

B. Koutrouvelis, Gayle, Olson, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11924 Sportsman Rd
 City Galveston State TX Zip Code 77554-9365
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 University of Texas Medical Branch Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 09 / 16 / 2018
Transaction ID : VPF9SQJ9DH5
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Layne, Mia, E., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8140 S Spaulding Ave
 City Chicago State IL Zip Code 60652-2613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 LCMH Affiliated Services, Inc. Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt
 09 / 29 / 2018
Transaction ID : VPF9SQYKVH5
 Amount of Each Receipt this Period
 300.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Anderson, Ted, L., , MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 516 Leanne Way
 City Franklin State TN Zip Code 37069-8719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt Medical Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 27 / 2018
Transaction ID : VPF9SQP2CJ5
 Amount of Each Receipt this Period 2000.00
 Memo Item

B. White, Connie, Gayle, , MD, MS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 Wilkinson St
 City Frankfort State KY Zip Code 40601-1825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kentucky Department for Public Health Occupation (for Individual) Deputy Commissioner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 09 / 22 / 2018
Transaction ID : VPF9SQTTRK5
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Sullivan, Scott, Allan, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3423 Colonel Vanderhorst Cir
 MUSC-Department of Ob-Gyn
 City Mount Pleasant State SC Zip Code 29466-8031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical University of South Carolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt 09 / 25 / 2018
Transaction ID : VPF9SQNK5N5
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2400.00
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 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 8140 S Spaulding Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2018

Transaction ID : VPF9SQYKVP5

Amount of Each Receipt this Period
550.00

Memo Item

B. Smith, Heather, Ann, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13 Fillmore St

City Newport	State RI	Zip Code 02840-3243
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2018

Transaction ID : VPF9SQTTJQ5

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 8 Yale Dr

City Manhasset	State NY	Zip Code 11030-4045
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2018

Transaction ID : VPF9SQNE5V5

Amount of Each Receipt this Period
200.00

Memo Item

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 29 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Svendsen, Thor, Owen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3723 Country Ridge Rd
 City Charlotte State NC Zip Code 28226-6332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Novant Health Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 29 / 2018
Transaction ID : VPF9SQYKWW5
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Puritz, Holly, Suzanne, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7940 N Shore Rd
 City Norfolk State VA Zip Code 23505-1737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Group for Women Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2181.00

Date of Receipt 09 / 07 / 2018
Transaction ID : VPF9SQE3YZ5
 Amount of Each Receipt this Period 209.00
 Memo Item

C. Flowers, Coy, A., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1787
 City Lewisburg State WV Zip Code 24901-4787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greenbrier Physicians Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 19 / 2018
Transaction ID : VPF9SQJDX06
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	759.00
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 30 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Alderson, Thomas, L., , DO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3664 Edinborough Dr

City Rochester Hills	State MI	Zip Code 48306-3632
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) McLaren Women's Health	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

Transaction ID : VPF9SQNJ816

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 425 S Cherry St

City Denver	State CO	Zip Code 80246-1226
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1366.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2018

Transaction ID : VPF9SQJD336

Amount of Each Receipt this Period
45.00

Memo Item

C. Jeffries, Lydia, M., , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 163 Cherokee Rd

City Asheville	State NC	Zip Code 28804-3801
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Asheville Women's Medical Center	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3775.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : VPF9SQYKW46

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	185.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Burgis, Judith, T., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5695 Ravenwood Rd
 City Columbia State SC Zip Code 29206-1557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Palmetto Health / USC Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 18 / 2018
Transaction ID : VPF9SQJAH66
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Pakmehr, Sahar, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2033 S Gessner Rd
 City Houston State TX Zip Code 77063-1156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 29 / 2018
Transaction ID : VPF9SQYKXA6
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Hawkins, Michael, Murphy, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4008 Sunflower Ln
 City Temple State TX Zip Code 76502-4822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scott & White Health Occupation (for Individual) Interim Chief Medical Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 09 / 12 / 2018
Transaction ID : VPF9SQSKMB6
 Amount of Each Receipt this Period 300.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 425 S Cherry St

City Denver	State CO	Zip Code 80246-1226
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1366.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2018

Transaction ID : VPF9SQH3DC6

Amount of Each Receipt this Period
84.00

Memo Item

B. Anderson, Ted, L., , MD, PhD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 516 Leanne Way

City Franklin	State TN	Zip Code 37069-8719
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2018

Transaction ID : VPF9SQJDGF6

Amount of Each Receipt this Period
1500.00

Memo Item

C. Elson, Marygrace, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4944 Rapid Creek Rd NE

City Iowa City	State IA	Zip Code 52240-7713
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Iowa Health Care	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2870.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2018

Transaction ID : VPF9SQJD2G6

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1834.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 19 Maple Valley Rd

City Bolton	State CT	Zip Code 06043-7659
----------------	-------------	------------------------

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

Name of Employer (for Individual) Ob-Gyn Group of Eastern Connecticut	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

Transaction ID : VPF9SQTJJ6

Amount of Each Receipt this Period
50.00

Memo Item

B. Burgis, Judith, T., , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5695 Ravenwood Rd

City Columbia	State SC	Zip Code 29206-1557
------------------	-------------	------------------------

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

Name of Employer (for Individual) Palmetto Health / USC Medical Group	Occupation (for Individual) 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
09		28		2018

Transaction ID : VPF9SQYKWJ6

Amount of Each Receipt this Period
100.00

Memo Item

C. Temming, Lorene, Atkins, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3242 Eastburn Rd

City Charlotte	State NC	Zip Code 28210-4702
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2018

Transaction ID : VPF9SQJHHV6

Amount of Each Receipt this Period
50.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Skilling, Kelly, A., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1330 N Davis Farms Rd
 City Davis State CA Zip Code 95616-5730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Permanente Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1795.00

Date of Receipt 09 / 19 / 2018
Transaction ID : VPF9SQJDT67
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Cheek, Ben, H., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 231 Cascade Rd
 City Columbus State GA Zip Code 31904-2873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Francis Hospital Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1986.66

Date of Receipt 09 / 28 / 2018
Transaction ID : VPF9SQYKWD7
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Smith, Patricia, Amanda, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 738 Fontaine St
 City Alexandria State VA Zip Code 22302-3607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GWU Medical Faculty Association Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3455.00

Date of Receipt 09 / 12 / 2018
Transaction ID : VPF9SQJ0SE7
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Smith, Patricia, Amanda, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 738 Fontaine St
 City Alexandria State VA Zip Code 22302-3607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GWU Medical Faculty Association Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3455.00

Date of Receipt 09 / 16 / 2018
Transaction ID : VPF9SQJ9DG7
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Blanchard, May, Hsieh, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1316 Belt St
 City Baltimore State MD Zip Code 21230-4760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Maryland SOM Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 26 / 2018
Transaction ID : VPF9SQNK6T7
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Brousseau, Erin, Christine, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Strathmore Rd
 City Cranston State RI Zip Code 02905-3722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Women & Infants Hospital Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 820.00

Date of Receipt 09 / 05 / 2018
Transaction ID : VPF9SQTJ7V7
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Phelan, Sharon, Theresa, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13429 Desert Hills PI NE
 City Albuquerque State NM Zip Code 87111-3032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of New Mexico Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1135.00

Date of Receipt 09 / 23 / 2018
Transaction ID : VPF9SQM5XX7
 Amount of Each Receipt this Period 450.00
 Memo Item

B. Cheek, Ben, H., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 231 Cascade Rd
 City Columbus State GA Zip Code 31904-2873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Francis Hospital Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1986.66

Date of Receipt 09 / 09 / 2018
Transaction ID : VPF9SQFYCX7
 Amount of Each Receipt this Period 180.00
 Memo Item

C. Hollier, Lisa, Marie, , MD, MPH
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6612 Mercer St
 City Houston State TX Zip Code 77005-3738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baylor College of Medicine Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 28 / 2018
Transaction ID : VPF9SQYKW38
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5630.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ward, Kristy, Kay, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27623 Guthrie Ridge Ln
 City Katy State TX Zip Code 77494-3329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Oncology Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 09 / 29 / 2018
Transaction ID : VPF9SQYKX48
 Amount of Each Receipt this Period 550.00
 Memo Item

B. White, Emily, Maureen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 E Manning St
 City Providence State RI Zip Code 02906-4048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Providence Community Health Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 09 / 06 / 2018
Transaction ID : VPF9SQE2K68
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Matthews, Robin, D., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 417 Grimball Dr
 City Waynesville State NC Zip Code 28786-2146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Life Point Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 09 / 22 / 2018
Transaction ID : VPF9SQM0P78
 Amount of Each Receipt this Period 150.00
 Memo Item

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 38 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 939 E Emerald Ave
Ste 806A

City Knoxville State TN Zip Code 37917-4577

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4375.00

Date of Receipt 09 / 12 / 2018
Transaction ID : VPF9SQJ0S98

Amount of Each Receipt this Period 625.00

Memo Item

B. Wolfe, Cheryl, D., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5000 S East End Ave
17C

City Chicago State IL Zip Code 60615-3176

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

Name of Employer (for Individual) Rush University Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 02 / 2018
Transaction ID : VPF9SQCCHA8

Amount of Each Receipt this Period 100.00

Memo Item

C. Hofland, Erica, Corrine, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1143 8th St E

City Dickinson State ND Zip Code 58601-6354

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

Name of Employer (for Individual) Sanford Health Occupation (for Individual) Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 16 / 2018
Transaction ID : VPF9SQJ92A8

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	975.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 2633 N Decatur Rd

City Decatur	State GA	Zip Code 30033-6103
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2018

Transaction ID : VPF9SQJDXD8

Amount of Each Receipt this Period
250.00

Memo Item

B. Lyerly, Kristin, M., , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16005 58th PI N

City Minneapolis	State MN	Zip Code 55446-4604
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Park Nicollet	Occupation (for Individual) 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
09		29		2018

Transaction ID : VPF9SQRJVD8

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address 2800 NW 29th St

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2018

Transaction ID : VPF9SQNHJG8

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	390.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Cron, Julia, Anne, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Grove Hill Rd
 City Guilford State CT Zip Code 06437-3126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Yale School of Medicine Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 05 / 2018
Transaction ID : VPF9SQTJH8
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Brown, Charles, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1313 Red River St Ste A1
 City Austin State TX Zip Code 78701-1907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 28 / 2018
Transaction ID : VPF9SQYKWH8
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Mccoy, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 918 N 3rd St
 City Burlington State IA Zip Code 52601-4901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 GRHS Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 29 / 2018
Transaction ID : VPF9SQYKWP8
 Amount of Each Receipt this Period 250.00
 Memo Item

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 41 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. DeFrancesco, Mark, S., , MD, MBA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Terrell Farm Pl

City Cheshire	State CT	Zip Code 06410-2910
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Women's Health Connecticut	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3958.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2018

Transaction ID : VPF9SQE3ZT8

Amount of Each Receipt this Period
347.22

Memo Item

B. Ivey, Richard, Todd, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4023 Betsy Ln

City Houston	State TX	Zip Code 77027-5105
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Baylor College of Medicine	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1010.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2018

Transaction ID : VPF9SQKH7V8

Amount of Each Receipt this Period
250.00

Memo Item

C. Allbert, John, R., , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2619 Sherwood Ave

City Charlotte	State NC	Zip Code 28207-2548
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Novant Health Medical Group	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
990.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2018

Transaction ID : VPF9SQJ92X8

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	747.22
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Paine, Malcolm, A., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 Union St
 Apt 2
 City Bennington State VT Zip Code 05201-2471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dartmouth Hitchcock Clinic Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 16 / 2018
Transaction ID : VPF9SQJ9G49
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Wong, Melissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 415 S Mesa Hills Dr
 Apt 1080
 City El Paso State TX Zip Code 79912-5476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Tech Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 28 / 2018
Transaction ID : VPF9SQYKW79
 Amount of Each Receipt this Period 50.00
 Memo Item

c. Ring, Brandi, Nicole, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 425 S Cherry St
 City Denver State CO Zip Code 80246-1226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1366.00

Date of Receipt 09 / 12 / 2018
Transaction ID : VPF9SQSKMA9
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Sampson, Kimberley, Marie, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 116 Harrison Ave

City Bennington	State VT	Zip Code 05201-2201
--------------------	-------------	------------------------

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

Name of Employer (for Individual) DHMC	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2018

Transaction ID : VPF9SQRM5C9

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 22 Eastridge Dr

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1710.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : VPF9SQYKWC9

Amount of Each Receipt this Period
250.00

Memo Item

C. Jeffries, Lydia, M., , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 163 Cherokee Rd

City Asheville	State NC	Zip Code 28804-3801
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Asheville Women's Medical Center	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3775.00

Date of Receipt

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

Transaction ID : VPF9SQF5FE9

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Sappenfield, Elisabeth, Christine, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11402 E Queensway Dr
 City Temple Terrace State FL Zip Code 33617-2422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of South Florida Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt 09 / 23 / 2018
Transaction ID : VPF9SQNE5S9
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Cuff, Ryan, D., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2077 Chillhowee Dr
 City Johns Island State SC Zip Code 29455-8198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical University of South Carolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 28 / 2018
Transaction ID : VPF9SQYKVS9
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Chisholm, Christian, Andrew, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1840 River Inn Ln
 City Charlottesville State VA Zip Code 22901-6217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Virginia Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1510.00

Date of Receipt 09 / 28 / 2018
Transaction ID : VPF9SQYKWZ9
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1060.00
TOTAL This Period (last page this line number only).....	34298.80

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name (Last, First, Middle Initial)

A. Square, Inc.

Mailing Address 901 Mission St

City
San Francisco

State
CA

Zip Code
94103-3052

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	8		

FEC Identification Number

C [Redacted]

Transaction ID : VPEAHA84Z1

Amount of Each Disbursement this Period

[Redacted] 4.13

Memo Item

Full Name (Last, First, Middle Initial)

B. First Data

Mailing Address 5565 Glenridge Connector NE
Ste 2000

City
Atlanta

State
GA

Zip Code
30342-1651

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	1	8		

FEC Identification Number

C [Redacted]

Transaction ID : VPEAHA86Q1

Amount of Each Disbursement this Period

[Redacted] 4.95

Memo Item

Full Name (Last, First, Middle Initial)

C. Square, Inc.

Mailing Address 901 Mission St

City
San Francisco

State
CA

Zip Code
94103-3052

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	8		

FEC Identification Number

C [Redacted]

Transaction ID : VPEAHA86Y1

Amount of Each Disbursement this Period

[Redacted] 161.53

Memo Item

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

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

[Redacted] 170.61

[Redacted]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name (Last, First, Middle Initial)

A. Square, Inc.

Mailing Address 901 Mission St

City
San Francisco

State
CA

Zip Code
94103-3052

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	8

FEC Identification Number

C []
Transaction ID : VPEAHA84Z
Amount of Each Disbursement this Period
[] 3.85

Memo Item

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 1825 K St NW

City
Washington

State
DC

Zip Code
20006-1202

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	8

FEC Identification Number

C []
Transaction ID : VPEAHA86Q
Amount of Each Disbursement this Period
[] 56.33

Memo Item

Full Name (Last, First, Middle Initial)

C. First Data

Mailing Address 5565 Glenridge Connector NE
Ste 2000

City
Atlanta

State
GA

Zip Code
30342-1651

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C []
Transaction ID : VPEAHA86Q
Amount of Each Disbursement this Period
[] 266.34

Memo Item

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

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

3	2	6	6	3	4
---	---	---	---	---	---

3	2	6	6	3	4
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name (Last, First, Middle Initial)

A. Square, Inc.

Mailing Address 901 Mission St

City
San Francisco

State
CA

Zip Code
94103-3052

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VPEAHA86Y7
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Square, Inc.

Mailing Address 901 Mission St

City
San Francisco

State
CA

Zip Code
94103-3052

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VPEAHA86Y6
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. First Data

Mailing Address 5565 Glenridge Connector NE
Ste 2000

City
Atlanta

State
GA

Zip Code
30342-1651

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VPEAHA86Q
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name (Last, First, Middle Initial)

A. Tom Reed For Congress

Mailing Address PO Box 10847

City
Rochester

State
NY

Zip Code
14610-0847

Purpose of Disbursement
Federal Contribution

Candidate Name

REED, THOMAS W II, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	8

FEC Identification Number

C C00464032

Transaction ID : VPEAHA822I

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Pallone For Congress

Mailing Address PO Box 3176

City
Long Branch

State
NJ

Zip Code
07740-3176

Purpose of Disbursement
Federal Contribution

Candidate Name

PALLONE, FRANK JR, , , Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NJ District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	1	8

FEC Identification Number

C C00226928

Transaction ID : VPEAHA822I

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Carlos Curbelo Congress

Mailing Address 8724 SW 72nd St
355

City
Miami

State
FL

Zip Code
33173-3512

Purpose of Disbursement
Federal Contribution

Candidate Name

CURBELO, CARLOS MR., , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	8

FEC Identification Number

C C00546846

Transaction ID : VPEAHA822I

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name (Last, First, Middle Initial)

A. Support To Ensure Victory Everywhere PAC-STEVE PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	17	/	2018

Mailing Address 228 S Washington St
Ste 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement
Federal Contribution

FEC Identification Number

C C00501478

Transaction ID : VPEAHA822C

Amount of Each Disbursement this Period

5000.00

Memo Item

Candidate Name

Support To Ensure Victory Everywhere PAC-STEVE PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Lisa Brown for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	25	/	2018

Mailing Address PO Box 154

City Spokane State WA Zip Code 99210-0154

Purpose of Disbursement
Federal Contribution

FEC Identification Number

C C00654400

Transaction ID : VPEAHA86QI

Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

BROWN, LISA, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WA District: 05

Full Name (Last, First, Middle Initial)

C. The Committee to Elect Ayanna Pressley

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	05	/	2018

Mailing Address PO Box 240912
554 Washington Street

City Dorchester Center State MA Zip Code 02124-0015

Purpose of Disbursement
Federal Contribution

FEC Identification Number

C C00667741

Transaction ID : VPEAHA822;

Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

PRESSLEY, AYANNA, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MA District: 07

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name (Last, First, Middle Initial)

A. Ami Bera for Congress

Mailing Address PO Box 582496

City
Elk Grove

State
CA

Zip Code
95758-0042

Purpose of Disbursement
Federal Contribution

Candidate Name

BERA, AMERISH, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2018

FEC Identification Number

C C00461061

Transaction ID : VPEAHA822E

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. McCready for Congress

Mailing Address PO Box 78855

City
Charlotte

State
NC

Zip Code
28271-7043

Purpose of Disbursement
Federal Contribution

Candidate Name

MCCREADY, DANIEL, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NC District: 09

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2018

FEC Identification Number

C C00641381

Transaction ID : VPEAHA86QF

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kyle Horton for Congress

Mailing Address PO Box 637

City
Carolina Beach

State
NC

Zip Code
28428-0637

Purpose of Disbursement
Federal Contribution

Candidate Name

HORTON, LAUREN, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NC District: 07

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2018

FEC Identification Number

C C00639773

Transaction ID : VPEAHA86Q

Amount of Each Disbursement this Period

2500.00

Memo Item

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

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name (Last, First, Middle Initial)

A. Elaine for Congress

Mailing Address PO Box 66191

City
Virginia Beach

State
VA

Zip Code
23466-6191

Purpose of Disbursement
Federal Contribution

Candidate Name

LURIA, ELAINE, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: VA District: 02

Date of Disbursement

MM / DD / YYYY
09 / 07 / 2018

FEC Identification Number

C C00664375

Transaction ID : VPEAHA8221

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Jaime for Congress

Mailing Address PO Box 1614

City
Ridgefield

State
WA

Zip Code
98642-0020

Purpose of Disbursement
Federal Contribution

Candidate Name

HERRERA BEUTLER, JAIME, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: WA District: 03

Date of Disbursement

MM / DD / YYYY
09 / 07 / 2018

FEC Identification Number

C C00472704

Transaction ID : VPEAHA8226

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Jahana Hayes

Mailing Address PO Box 1487

City
Waterbury

State
CT

Zip Code
06721-1487

Purpose of Disbursement
Federal Contribution

Candidate Name

HAYES, JAHANA, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CT District: 05

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2018

FEC Identification Number

C C00677898

Transaction ID : VPEAHA8111

Amount of Each Disbursement this Period

5000.00

Memo Item

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name (Last, First, Middle Initial)

A. Lisa Murkowski for US Senate

Mailing Address PO Box 100847

City Anchorage

State AK

Zip Code 99510-0847

Purpose of Disbursement
Federal Contribution

Candidate Name

MURKOWSKI, LISA, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: AK District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	8

FEC Identification Number

C C00384529

Transaction ID : VPEAHA822!

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Lauren Underwood for Congress

Mailing Address 2758 US Highway 34
Ste B

City Oswego

State IL

Zip Code 60543-8301

Purpose of Disbursement
Federal Contribution

Candidate Name

UNDERWOOD, LAUREN A, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: IL District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	8

FEC Identification Number

C C00652719

Transaction ID : VPEAHA86Q.

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Capito for West Virginia

Mailing Address PO Box 11519

City Charleston

State WV

Zip Code 25339-1519

Purpose of Disbursement
Federal Contribution

Candidate Name

CAPITO, SHELLEY MOORE MS, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: WV District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	1	8

FEC Identification Number

C C00539825

Transaction ID : VPEAHA822!

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

13000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Bob Casey for Senate, Inc.		Date of Disbursement MM / DD / YYYY 09 / 17 / 2018
Mailing Address PO Box 58746		FEC Identification Number C C00431056 Transaction ID : VPEAHA822E
City Philadelphia	State PA	Zip Code 19102-8746
Purpose of Disbursement Federal Contribution		Amount of Each Disbursement this Period 3500.00
Candidate Name CASEY, ROBERT P JR, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 00	

Full Name (Last, First, Middle Initial) B. Katko for Congress		Date of Disbursement MM / DD / YYYY 09 / 17 / 2018
Mailing Address 228 S Washington St Ste 115		FEC Identification Number C C00556365 Transaction ID : VPEAHA822E
City Alexandria	State VA	Zip Code 22314-5404
Purpose of Disbursement Federal Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name KATKO, JOHN M, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 24	

Full Name (Last, First, Middle Initial) C. Hoyer For Congress		Date of Disbursement MM / DD / YYYY 09 / 25 / 2018
Mailing Address 700 13th St NW Ste 600		FEC Identification Number C C00140715 Transaction ID : VPEAHA86Q
City Washington	State DC	Zip Code 20005-5998
Purpose of Disbursement Federal Contribution		Amount of Each Disbursement this Period 1500.00
Candidate Name HOYER, STENY HAMILTON, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MD	District: 05	

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Jaime for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642-0020

Purpose of Disbursement
Federal Contribution

Candidate Name
HERRERA BEUTLER, JAIME, , ,

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

State: WA District: 03

Date of Disbursement
MM / DD / YYYY
09 / 25 / 2018

FEC Identification Number
C C00472704
Transaction ID : VPEAHA86QI
Amount of Each Disbursement this Period
2500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	57000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Lindsey Williams for PA		Date of Disbursement MM / DD / YYYY 09 / 25 / 2018	
Mailing Address PO Box 97024		FEC Identification Number C [] Transaction ID : VPEAHA86QI Amount of Each Disbursement this Period [] 500.00	
City Pittsburgh	State PA	Zip Code 15229-0024	Category/ Type []
Purpose of Disbursement Non-Federal Contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Friends of Frank Dermody		Date of Disbursement MM / DD / YYYY 09 / 25 / 2018	
Mailing Address PO Box 274		FEC Identification Number C [] Transaction ID : VPEAHA86QI Amount of Each Disbursement this Period [] 1000.00	
City Tarentum	State PA	Zip Code 15084-0274	Category/ Type []
Purpose of Disbursement Non-Federal Contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

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

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1500.00
TOTAL This Period (last page this line number only).....▶	[] 1500.00