

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00364158 3. IS THIS REPORT NEW (N) OR AMENDED (A) 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 11 / 06 / 2018 in the State of DC
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 10 / 01 / 2018 through 10 / 17 / 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 12 / 06 / 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)

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=""/>	<input type="text" value="520897.89"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="644829.71"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="56238.73"/>	<input type="text" value="496006.69"/>
(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="701068.44"/>	<input type="text" value="1016904.58"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="274957.27"/>	<input type="text" value="590793.41"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="426111.17"/>	<input type="text" value="426111.17"/>
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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Congress of Obstetricians & Gynecologists PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y
10 / 17 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	25367.72	351392.76
(ii) Unitemized	30871.01	139597.43
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	56238.73	490990.19
(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)	56238.73	490990.19
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)).....▶	56238.73	496006.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	56238.73	496006.69

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	48271.27	60895.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	48271.27	60895.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	290000.00
24. Independent Expenditures (use Schedule E)	226686.00	226686.00
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).....	0.00	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)) ..	274957.27	590793.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	274957.27	590793.41

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	56238.73	490990.19
34. Total Contribution Refunds (from Line 28(d))	0.00	2711.43
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56238.73	488278.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	48271.27	60895.98
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	16.50
38. Net Operating Expenditures (subtract Line 37 from Line 36)	48271.27	60879.48

**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 44
<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. 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 ▼ 2751.00

Date of Receipt 10 / 04 / 2018
Transaction ID : VPF9SQV3F20
 Amount of Each Receipt this Period 175.00
 Memo Item

B. Lynch, Bernard, A., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 608 Pressler St
 City Austin State TX Zip Code 78703-5126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Austin Regional Clinic Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1410.04

Date of Receipt 10 / 08 / 2018
Transaction ID : VPF9SRB59B0
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Aeby, Tod, C., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44-138 Kahinani Way
 City Kaneohe State HI Zip Code 96744-2570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univeristy of Hawaii Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 08 / 2018
Transaction ID : VPF9SRB4TK0
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	320.00
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 44
<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. Jennings, John, Christopher, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2405 Spoonbill Dr

City League City	State TX	Zip Code 77573-3076
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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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2018

Transaction ID : VPF9SQTT0T0

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 709 S G St

City McAllen	State TX	Zip Code 78501-8806
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UT	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
10		03		2018

Transaction ID : VPF9SQTTJY0

Amount of Each Receipt this Period
600.00

Memo Item

C. Berg, Cecelia, N., , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11710 Clay Station Rd

City Herald	State CA	Zip Code 95638-9772
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

Transaction ID : VPF9SR12JZ0

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1400.00
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 44
	<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. Bhalala, Mibhali, Maheta, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 806 Cape Cod Dr
 City Redwood City State CA Zip Code 94065-1766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Permanente Medical Group Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 545.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2018
Transaction ID : VPF9SR12J21
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Lotke, Pamela, S., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2109 E 5th St
 City Tucson State AZ Zip Code 85719-5206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Banner University Medical Center Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2018
Transaction ID : VPF9SRB59F1
 Amount of Each Receipt this Period
 45.00
 Memo Item

C. 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) Occupation (for Individual)
 University of North Carolina Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2018
Transaction ID : VPF9SRB5J02
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	595.00
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 44
	<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. Brincat, Cynthia, Ann, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 308 N Kenilworth Ave
 City Oak Park State IL Zip Code 60302-2004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Loyola University Medical Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2170.00

Date of Receipt 10 / 15 / 2018
Transaction ID : VPF9SQYT272
 Amount of Each Receipt this Period 375.00
 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 ▼ 670.00

Date of Receipt 10 / 03 / 2018
Transaction ID : VPF9SQTV492
 Amount of Each Receipt this Period 300.00
 Memo Item

c. Vineyard, David, D., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 324 Burrows St
 City Nacogdoches State TX Zip Code 75965-1973
 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 ▼ 250.00

Date of Receipt 10 / 08 / 2018
Transaction ID : VPF9SQXMZC2
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 44
	<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. Yen Yen, Tin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2591 99 St
 North Battleford SK S9A 3W1 Ca
 City nada State ZZ Zip Code 00000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tin-Wing Yen Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2018
Transaction ID : VPF9SRB5DJ2
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Billings, David, Allen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 23rd Ave SE
 City Minot State ND Zip Code 58701-6080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Trinity Health Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2018
Transaction ID : VPF9SQSK2K2
 Amount of Each Receipt this Period
 500.00
 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 ▼ 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2018
Transaction ID : VPF9SQT2XN2
 Amount of Each Receipt this Period
 25.00
 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 11 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Hicks, Verda, Josephine, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14110 Pembroke St
 City Overland Park State KS Zip Code 66224-4552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HCA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1920.00

Date of Receipt 10 / 02 / 2018
Transaction ID : VPF9SQSCWR2
 Amount of Each Receipt this Period 180.00
 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
 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 ▼ 1290.00

Date of Receipt 10 / 12 / 2018
Transaction ID : VPF9SR12HR2
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Tovar, Winfred, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 275 Park Ave Apt 45
 City Brooklyn State NY Zip Code 11205-2555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mimsi International Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 10 / 2018
Transaction ID : VPF9SQXMCT2
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	470.00
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 44
<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. Jarvis Lavin, Megan, Z., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 320 Lennon Ln
Lassen Bldg

City Walnut Creek State CA Zip Code 94598-2419

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2018
Transaction ID : VPF9SR12HX2

Amount of Each Receipt this Period 300.00

Memo Item

B. 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 ▼ 415.00

Date of Receipt 10 / 12 / 2018
Transaction ID : VPF9SR12JY2

Amount of Each Receipt this Period 40.00

Memo Item

C. Friall, Andrea, King, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1304 Live Oak Plantation Rd

City Tallahassee State FL Zip Code 32312-2512

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 695.00

Date of Receipt 10 / 16 / 2018
Transaction ID : VPF9SRB4Y33

Amount of Each Receipt this Period 45.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	385.00
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 44
	<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. Cohen, Marguerite, Patricia, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 620 SE 55th Ave

City Portland	State OR	Zip Code 97215-1818
------------------	-------------	------------------------

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 ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2018

Transaction ID : VPF9SR12K73

Amount of Each Receipt this Period
1200.00

Memo Item

B. Taylor, Maida, Beth, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 785 Foerster St

City San Francisco	State CA	Zip Code 94127-2305
-----------------------	-------------	------------------------

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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2018

Transaction ID : VPF9SRB5BB3

Amount of Each Receipt this Period
45.00

Memo Item

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

Mailing Address 1030 E Lancaster Ave

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2018

Transaction ID : VPF9SQV31B3

Amount of Each Receipt this Period
425.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1670.00
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 44
	<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. 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 ▼ 4800.00

Date of Receipt 10 / 16 / 2018
Transaction ID : VPF9SQZGMB3
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Phelan, Sharon, Theresa, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13429 Desert Hills PI NE
 City Albuquerque State NM Zip Code 87111-3032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of New Mexico Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 04 / 2018
Transaction ID : VPF9SR12HF3
 Amount of Each Receipt this Period 1365.00
 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 ▼ 1600.00

Date of Receipt 10 / 04 / 2018
Transaction ID : VPF9SR12HK3
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1615.00
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 44
	<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. Bost, Brent, W., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4630 Collier St
 Apt 725
 City Beaumont State TX Zip Code 77706-7074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Texas Ob-Gyn Associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 12 / 2018
Transaction ID : VPF9SRB4SP3
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Wachtel, John, Steven, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 La Mesa Dr
 City Portola Valley State CA Zip Code 94028-7420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stanford University Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 826.00

Date of Receipt 10 / 15 / 2018
Transaction ID : VPF9SRB5PP3
 Amount of Each Receipt this Period 1.00
 Memo Item

C. Tracy, Erin, Elizabeth, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 High St
 City Stoneham State MA Zip Code 02180-1120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Massachusetts Concord Physicians Org Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 10 / 12 / 2018
Transaction ID : VPF9SR12JS3
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	551.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 44
	<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. Mason, Christopher, N., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2015 Mulberry Ave
Ste 250

City Mount Pleasant State TX Zip Code 75455-2927

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

Name of Employer (for Individual) Northeast Texas Women's Health Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 05 / 2018
Transaction ID : VPF9SRB58V3

Amount of Each Receipt this Period 45.00

Memo Item

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

Mailing Address 35 Terrell Farm Pl

City Cheshire State CT Zip Code 06410-2910

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4305.54

Date of Receipt 10 / 07 / 2018
Transaction ID : VPF9SQWAAW3

Amount of Each Receipt this Period 347.22

Memo Item

C. Cheek, Ben, H., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 231 Cascade Rd

City Columbus State GA Zip Code 31904-2873

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

Name of Employer (for Individual) St. Francis Hospital Occupation (for Individual) Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2166.66

Date of Receipt 10 / 09 / 2018
Transaction ID : VPF9SQXA9W3

Amount of Each Receipt this Period 180.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 572.22

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 17 OF 44
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Maeder, Margaret, Pareso, , MD

Mailing Address 2686 Dahlia St

City Denver	State CO	Zip Code 80207-3048
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2018

Transaction ID : VPF9SQZGM14

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 645 Cornelia Ave

City Mukilteo	State WA	Zip Code 98275-1740
------------------	-------------	------------------------

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

Name of Employer (for Individual) Everett Clinic	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
10	/	05	/	2018

Transaction ID : VPF9SR12K24

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 5000 S East End Ave
17C

City Chicago	State IL	Zip Code 60615-3176
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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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2018

Transaction ID : VPF9SQTV834

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

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

A. Morgan, Alethia, Ellen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3075 S Birch St
 City Denver State CO Zip Code 80222-6712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COPIC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3800.00

Date of Receipt 10 / 11 / 2018
Transaction ID : VPF9SQXN144
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Thoppil, John, Joseph, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3704 Rip Ford Dr
 City Austin State TX Zip Code 78732-2221
 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 ▼ 250.00

Date of Receipt 10 / 03 / 2018
Transaction ID : VPF9SQTRF4
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Yen Yen, Tin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2591 99 St North Battleford SK S9A 3W1 Ca
 City nada State ZZ Zip Code 00000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tin-Wing Yen Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 10 / 09 / 2018
Transaction ID : VPF9SRB5DH4
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 44
<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. Flicker, Amanda, B., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4907 Harvest Ln
 City Zionsville State PA Zip Code 18092-2070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lehigh Valley Health Network Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 10 / 07 / 2018
Transaction ID : VPF9SRB4XM4
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Kimelman, Judy, Mara, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9242 SE 46th St
 City Mercer Island State WA Zip Code 98040-4408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Seattle Ob/Gyn Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 12 / 2018
Transaction ID : VPF9SQY8QT4
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Dantas, Stella, Marie, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6906 SW Windemere Loop
 City Portland State OR Zip Code 97225-6163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwest Permanente Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2595.00

Date of Receipt 10 / 15 / 2018
Transaction ID : VPF9SRB54V4
 Amount of Each Receipt this Period 45.00
 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 20 OF 44
	<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. Gilbert, William, M., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5546 Clarendon Way
 City Carmichael State CA Zip Code 95608-5507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEDNAX Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 05 / 2018
Transaction ID : VPF9SR12HW4
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Preus, Eve, M., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 688 N 29th St
 City Boise State ID Zip Code 83702-3809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Utah Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 05 / 2018
Transaction ID : VPF9SR12J05
 Amount of Each Receipt this Period 100.00
 Memo Item

C. 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 ▼ 400.00

Date of Receipt 10 / 16 / 2018
Transaction ID : VPF9SQZG665
 Amount of Each Receipt this Period 50.00
 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 21 OF 44
	<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. Bacon, Janice, L., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3401 Heatherwood Rd
 City Columbia State SC Zip Code 29205-1952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lexington Medical Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt 10 / 08 / 2018
Transaction ID : VPF9SQXN075
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Zaritsky, Eve, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3059 25th St
 City San Francisco State CA Zip Code 94110-4140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 10 / 04 / 2018
Transaction ID : VPF9SRB5Q85
 Amount of Each Receipt this Period 45.00
 Memo Item

C. Reed, Sandra, B., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1711 E Clifton Rd NE
 City Atlanta State GA Zip Code 30307-1247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emory University Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 02 / 2018
Transaction ID : VPF9SQSCXA5
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	495.00
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 44
	<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. Prager, Sarah, Ward, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7531 30th Ave NE
 City Seattle State WA Zip Code 98115-4719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Washington Occupation (for Individual) Ob-Gyn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 11 / 2018
Transaction ID : VPF9SQXN1D5
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Honebrink, Ann, L., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 Valley Rd
 City Ardmore State PA Zip Code 19003-1511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Pittsburgh Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5045.00

Date of Receipt 10 / 16 / 2018
Transaction ID : VPF9SRB4VD5
 Amount of Each Receipt this Period 45.00
 Memo Item

C. Peterson, Katherine, Lynn, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3656 Lakeview Rd
 City Carson City State NV Zip Code 89703-9402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carson Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 15 / 2018
Transaction ID : VPF9SRB5KJ5
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	340.00
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 23 OF 44
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Lorenz, Robert, P., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3226 Wellington Ct
 City West Bloomfield State MI Zip Code 48324-2162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Beaumont Health Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1195.00

Date of Receipt 10 / 02 / 2018
Transaction ID : VPF9SQTTRR5
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Marshall, Nicole, Elise, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8332 N Fox St
 City Portland State OR Zip Code 97203-2221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oregon Health & Science University Occupation (for Individual) Maternal Fetal Medicine
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 04 / 2018
Transaction ID : VPF9SR12JR5
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Packard, Lisa, Kay, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 903 Camille Ln
 City Mountain View State CA Zip Code 94040-2668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Palo Alto Medical Foundation Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 12 / 2018
Transaction ID : VPF9SQYM8T5
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 44
	<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. Ostrum, Gordon, J, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1284 Kings Hwy
 City Pilesgrove State NJ Zip Code 08098-2713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Women First LLC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 10 / 11 / 2018
Transaction ID : VPF9SRB5JV5
 Amount of Each Receipt this Period 45.00
 Memo Item

B. Cron, Julia, Anne, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Grove Hill Rd
 City Guilford State CT Zip Code 06437-3126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yale School of Medicine Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 10 / 15 / 2018
Transaction ID : VPF9SQYT536
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Cohen, Marguerite, Patricia, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 620 SE 55th Ave
 City Portland State OR Zip Code 97215-1818
 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 ▼ 3600.00

Date of Receipt 10 / 12 / 2018
Transaction ID : VPF9SR12K66
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	745.00
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 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Stone, Dana, Gail, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1730 Huntington Ave
 City Nichols Hills State OK Zip Code 73116-5511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2355.00

Date of Receipt 10 / 09 / 2018
Transaction ID : VPF9SQX0086
 Amount of Each Receipt this Period 210.00
 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 1375.00

Date of Receipt 10 / 13 / 2018
Transaction ID : VPF9SR12J96
 Amount of Each Receipt this Period 50.00
 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 1090.00

Date of Receipt 10 / 16 / 2018
Transaction ID : VPF9SQZG5E6
 Amount of Each Receipt this Period 70.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	330.00
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 44
	<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. Preus, Eve, M., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 688 N 29th St
 City Boise State ID Zip Code 83702-3809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Utah Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 07 / 2018
Transaction ID : VPF9SQWP5K6
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Dimer, Jane, Ann, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4631 90th Ave SE
 City Mercer Island State WA Zip Code 98040-4431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEDNAX Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 11 / 2018
Transaction ID : VPF9SQXMZX6
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Fenton, Douglas, K., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2921 Managua Pl
 City Carlsbad State CA Zip Code 92009-7106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4635.00

Date of Receipt 10 / 03 / 2018
Transaction ID : VPF9SRB5607
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	207.50
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 44
	<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. Fewell, Victoria, Robin, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4881 E Grant Rd
 City Tucson State AZ Zip Code 85712-2704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Genesis OB/GYN, P.C. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 815.00

Date of Receipt 10 / 10 / 2018
Transaction ID : VPF9SRB4Z77
 Amount of Each Receipt this Period 45.00
 Memo Item

B. 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) Lifepoint Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 870.00

Date of Receipt 10 / 02 / 2018
Transaction ID : VPF9SQSCYE7
 Amount of Each Receipt this Period 150.00
 Memo Item

c. McHugh, John, Paul, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 157
 City Corona Del Mar State CA Zip Code 92625-0157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OB Hospitalist Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1450.00

Date of Receipt 10 / 04 / 2018
Transaction ID : VPF9SR12HH7
 Amount of Each Receipt this Period 250.00
 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 28 OF 44
<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, Stephen, J., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1235 Old York Rd
Ste 119

City Abington	State PA	Zip Code 19001-3811
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Abington Perinatal Associates	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2018

Transaction ID : VPF9SQVH1K7

Amount of Each Receipt this Period
100.00

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 ▼
1260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2018

Transaction ID : VPF9SQXMZK7

Amount of Each Receipt this Period
250.00

Memo Item

C. 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
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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 ▼
295.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2018

Transaction ID : VPF9SRB5CM7

Amount of Each Receipt this Period
45.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	395.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 44
	<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. Burwinkel, Tom, Henry, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11124 Marlette Dr

City Cincinnati	State OH	Zip Code 45249-2253
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kettering Reproductive Medicine	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1160.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2018

Transaction ID : VPF9SQSCWP7

Amount of Each Receipt this Period
1160.00

Memo Item

B. Fujimoto, Chrystie, Kimie, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2750 Lowrey Ave

City Honolulu	State HI	Zip Code 96822-1679
------------------	-------------	------------------------

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 ▼
412.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2018

Transaction ID : VPF9SR12JQ7

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 401 Loring Ave

City Los Angeles	State CA	Zip Code 90024-2642
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Linda Cohen, MD	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2018

Transaction ID : VPF9SQXN0S7

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1910.00
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 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Koutrouvelis, Gayle, Olson, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11924 Sportsman Rd
 City Galveston State TX Zip Code 77554-9365
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Texas Medical Branch Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 10 / 16 / 2018
Transaction ID : VPF9SQZ6BS7
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Pschirrer, E., Rebecca, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Medical Center Dr
 Dartmouth Hitchcock Medical
 City Lebanon State NH Zip Code 03756-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dartmouth-Hitchcock Medical Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 10 / 12 / 2018
Transaction ID : VPF9SR12JW7
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Huntsberger, Amelia, Welsh Jones, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 420 N 2nd Ave
 Ste 200
 City Sandpoint State ID Zip Code 83864-1552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandpoint Womens Health Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt 10 / 05 / 2018
Transaction ID : VPF9SR12HZ7
 Amount of Each Receipt this Period 300.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 44
	<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. 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) Mid-Atlantic Women's Care Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2390.00

Date of Receipt 10 / 07 / 2018
Transaction ID : VPF9SQVXZZ7
 Amount of Each Receipt this Period 209.00
 Memo Item

B. McCracken, Clayton, H, , III MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2914 Glenwood Ln
 City Billings State MT Zip Code 59102-0913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Billings Clinic Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 05 / 2018
Transaction ID : VPF9SR12K08
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Cohen, Marguerite, Patricia, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 620 SE 55th Ave
 City Portland State OR Zip Code 97215-1818
 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 ▼ 3600.00

Date of Receipt 10 / 12 / 2018
Transaction ID : VPF9SR12K58
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3209.00
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 44
<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. Wrightson, Jeffrey, A., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1109 Pine Island Ct
 City Las Vegas State NV Zip Code 89134-6330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Davita Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 11 / 2018
Transaction ID : VPF9SQXMDA8
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Wang, James, K. C., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 77 Tannery Rd
 City Southwick State MA Zip Code 01077-9752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baystate Health Systems Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt 10 / 12 / 2018
Transaction ID : VPF9SR12JD8
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Fenton, Douglas, K., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2921 Managua Pl
 City Carlsbad State CA Zip Code 92009-7106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4635.00

Date of Receipt 10 / 07 / 2018
Transaction ID : VPF9SQWP5J8
 Amount of Each Receipt this Period 209.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	809.00
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 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Congress of Obstetricians & Gynecologists PAC

A. McCue, Brigid, Kathleen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 Shoe Cottage Ln

City Hanover	State MA	Zip Code 02339-1360
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) South Shore Hanover Ob-Gyn	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2018

Transaction ID : VPF9SRB58M8

Amount of Each Receipt this Period
45.00

Memo Item

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

Mailing Address 5454 Winta St

City Denver	State CO	Zip Code 80238
----------------	-------------	-------------------

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

Name of Employer (for Individual) CU Rocky Mountain ObGyn	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
 10 / 11 / 2018

Transaction ID : VPF9SQXN1N8

Amount of Each Receipt this Period
150.00

Memo Item

C. 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
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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 ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2018

Transaction ID : VPF9SR12HN8

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	245.00
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 44
	<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. Joyce, Ellen, M., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 363
 City Meriden State NH Zip Code 03770-0363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dartmouth-Hitchcock Medical Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1015.00

Date of Receipt 10 / 13 / 2018
Transaction ID : VPF9SR12HT8
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Smith, Stephen, J., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1235 Old York Rd Ste 119
 City Abington State PA Zip Code 19001-3811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Abington Perinatal Associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 14 / 2018
Transaction ID : VPF9SRB5F89
 Amount of Each Receipt this Period 100.00
 Memo Item

C. 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 ▼ 500.00

Date of Receipt 10 / 16 / 2018
Transaction ID : VPF9SQZGM89
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	190.00
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 44
<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 ▼ 2751.00

Date of Receipt 10 / 10 / 2018
Transaction ID : VPF9SQXM4A9
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Cruz, Wendy, Sue, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17200 Golden View Dr
 City Anchorage State AK Zip Code 99516-5701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Women's Care of AK Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 11 / 2018
Transaction ID : VPF9SQXN1B9
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Hogenson, Eiluned, Anne, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2056 Sun Valley Dr
 City Fairbanks State AK Zip Code 99709-7400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chana Health Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 11 / 2018
Transaction ID : VPF9SQXN1G9
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
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 1600.00

Date of Receipt 10 / 11 / 2018
Transaction ID : VPF9SQXMDK9
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Corwin, Jeanne, Marie, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6331 Grand Vista Ave
 City Cincinnati State OH Zip Code 45213-1115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) For Women Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 695.00

Date of Receipt 10 / 14 / 2018
Transaction ID : VPF9SRB51P9
 Amount of Each Receipt this Period 45.00
 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 3505.00

Date of Receipt 10 / 16 / 2018
Transaction ID : VPF9SQZ6BR9
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	179.00
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 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Allswede, Matthew, T., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 640 Oakwood Dr
 City East Lansing State MI Zip Code 48823-3031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spanow Health System Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 645.00

Date of Receipt 10 / 10 / 2018
Transaction ID : VPF9SRB4TX9
 Amount of Each Receipt this Period 45.00
 Memo Item

B. Dantas, Stella, Marie, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6906 SW Windemere Loop
 City Portland State OR Zip Code 97225-6163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwest Permanente Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2595.00

Date of Receipt 10 / 11 / 2018
Transaction ID : VPF9SQXN0X9
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Schipper, Erica, L., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2400 Carriage Ct
 City Sioux Falls State SD Zip Code 57108-5203
 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 ▼ 250.00

Date of Receipt 10 / 03 / 2018
Transaction ID : VPF9SQTJWY9
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	345.00
TOTAL This Period (last page this line number only).....	25367.72

**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) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VPEAHA86Y
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Prevail Strategies

Mailing Address 7304 Aemilian Way

City Austin State TX Zip Code 78730-4214

Purpose of Disbursement
Direct Mail Shipping

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VPEAHA8889
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) ▼

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 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

MM / DD / YYYY
10 / 15 / 2018

FEC Identification Number

C []

Transaction ID : VPEAHA8888

Amount of Each Disbursement this Period

[] 32.47

Memo Item

Full Name (Last, First, Middle Initial)

B. Square, Inc.

Mailing Address 901 Mission St

City San Francisco State CA Zip Code 94103-3052

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2018

FEC Identification Number

C []

Transaction ID : VPEAHA8887

Amount of Each Disbursement this Period

[] 9.51

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
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2018

FEC Identification Number

C []

Transaction ID : VPEAHA86Q

Amount of Each Disbursement this Period

[] 19.95

Memo Item

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

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

[] 61.93

[]

**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	/	D	D	/	Y	Y	Y	Y
10			09			2018			

FEC Identification Number

C []

Transaction ID : VPEAHA86YI

Amount of Each Disbursement this Period

[] 71.94

Memo Item

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 1825 K St NW

City
Washington

State
DC

Zip Code
20006-1202

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2018			

FEC Identification Number

C []

Transaction ID : VPEAHA8886

Amount of Each Disbursement this Period

[] 58.32

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	/	D	D	/	Y	Y	Y	Y
10			09			2018			

FEC Identification Number

C []

Transaction ID : VPEAHA86Y.

Amount of Each Disbursement this Period

[] 160.22

Memo Item

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

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

[] 290.48

[]

**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. Prevail Strategies

Mailing Address 7304 Aemilian Way

City Austin State TX Zip Code 78730-4214

Purpose of Disbursement
Direct Mail Production

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2018

FEC Identification Number

C
Transaction ID : VPEAHA89F
Amount of Each Disbursement this Period
5998.97

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
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2018

FEC Identification Number

C
Transaction ID : VPEAHA86Q1
Amount of Each Disbursement this Period
4.95

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

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

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

6003.92
48271.27

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Congress of Obstetricians & Gynecologists PAC
FEC IDENTIFICATION NUMBER C C00364158

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee American College of Obstetricians and Gynecologists
Mailing Address 409 12th St SW
City Washington State DC Zip Code 20024-2125
Purpose of Expenditure Digital Ad Production
Name of Federal Candidate: SINEMA, KYRSTEN, , , Support
Office Sought: Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 100835.00
Disbursement For: General 2018

Full Name of Payee Targeted Platform Media LLC
Mailing Address 1291 Hollywood Ave
City Annapolis State MD Zip Code 21403-4909
Purpose of Expenditure Digital Ad Buy
Name of Federal Candidate: ROSEN, JACKY, , , Support
Office Sought: Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 100835.00
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 100835.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schilling, Mary, , ,

[Electronically Filed]

Date 12 / 06 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Congress of Obstetricians & Gynecologists PAC
FEC IDENTIFICATION NUMBER C C00364158

Check if 24-hour report 48-hour report New report Amends report filed on 10/17/2018

Full Name of Payee Targeted Platform Media LLC
Mailing Address 1291 Hollywood Ave
City Annapolis State MD Zip Code 21403-4909
Purpose of Expenditure Digital Ad Buy
Name of Federal Candidate: SINEMA, KYRSTEN, , , Support
Office Sought: Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 100835.00
Disbursement For: General 2018

Full Name of Payee Prevail Strategies
Mailing Address 7304 Aemilian Way
City Austin State TX Zip Code 78730-4214
Purpose of Expenditure Direct Mail Production and Shipping
Name of Federal Candidate: LANCE, LEONARD, , , Support
Office Sought: House State: NJ
Calendar Year-To-Date Per Election for Office Sought 25016.00
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 125016.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schilling, Mary, , , [Electronically Filed] Date 12/06/2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Congress of Obstetricians & Gynecologists PAC
FEC IDENTIFICATION NUMBER C C00364158

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee American College of Obstetricians and Gynecologists
Mailing Address 409 12th St SW
City Washington State DC Zip Code 20024-2125
Purpose of Expenditure Digital Ad Production
Name of Federal Candidate: ROSEN, JACKY, , , Support
Date of Public Distribution/Dissemination 10 / 17 / 2018
Amount 835.00
Transaction ID : VPEAHA88QM9
Date of Disbursement or Obligation 10 / 17 / 2018
Calendar Year-To-Date Per Election for Office Sought 100835.00
Disbursement For: Primary General 2018

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure
Name of Federal Candidate: Support Oppose
Office Sought: House Senate District State
Disbursement For: Primary General Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 835.00; (b) SUBTOTAL of Unitemized Independent Expenditures; (c) TOTAL Independent Expenditures 226686.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schilling, Mary, , ,

[Electronically Filed]

Date

12 / 06 / 2018

Signature