



THE AMERICAN COLLEGE OF  
OBSTETRICIANS AND GYNECOLOGISTS  
POLITICAL ACTION COMMITTEE

# Contribution Request Form

To request a federal candidate contribution from  
Ob-GynPAC, please return this completed form to  
Ob-GynPAC by fax to 202.488.3985 or email [mschilling@acog.org](mailto:mschilling@acog.org).

DATE: \_\_\_\_\_ SUBMITTED BY: \_\_\_\_\_

CANDIDATE: \_\_\_\_\_ PARTY: \_\_\_\_\_

STATE: \_\_\_\_\_  HOUSE \_\_\_\_\_  SENATE

INCUMBENT \_\_\_\_\_ (# of Terms)  CHALLENGER  OPEN SEAT

AMOUNT REQUESTED: \$ \_\_\_\_\_ (Federal limit is \$5000 per election, primary and general elections  
count as separate elections.)

CANDIDATE BACKGROUND: \_\_\_\_\_

\_\_\_\_\_

RECORD/POSITION ON PHYSICIAN ISSUES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OPPONENT(s): \_\_\_\_\_

\_\_\_\_\_

REASON FOR REQUEST/RELATIONSHIP WITH CANDIDATE: \_\_\_\_\_

\_\_\_\_\_

Please return this form to:

**Ob-GynPAC**  
**PO BOX 23498**  
**WASHINGTON, DC 20026-3498**  
**FAX: 202.488.3985**  
**MSCHILLING@ACOG.ORG**