



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 sgarrity@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
SGARRITY@ACOG.ORG