



THE AMERICAN COLLEGE OF
OBSTETRICIANS AND GYNECOLOGISTS
POLITICAL ACTION COMMITTEE

State Contribution Request Form

To request Ob-GynPAC support for a candidate for State legislature,
please return this completed form via email to mschilling@acog.org.

DATE: _____ SUBMITTED BY: _____

CANDIDATE: _____ PARTY: _____

STATE: _____ HOUSE/ASSEMBLY SENATE LEGISLATIVE DISTRICT: _____

INCUMBENT _____ (# of Terms) CHALLENGER OPEN SEAT

IS OB-GYNPAC ELIGIBLE TO CONTRIBUTE TO STATE-LEVEL CANDIDATES IN YOUR STATE?

YES NO UNSURE

CANDIDATE BACKGROUND (Education, Career, Experience): _____

OPPONENT(S) AND THEIR PARTIES: _____

IS THIS A HOTLY CONTESTED RACE? _____

REASON FOR REQUEST/RELATIONSHIP WITH CANDIDATE: _____

MAJOR STRENGTHS OF CANDIDATE: _____

BIGGEST CHALLENGE FACED BY CANDIDATE IN THIS ELECTION: _____

WHERE IS THE STATE MEDICAL SOCIETY POSITIONED ON THIS CANDIDATE/RACE? _____

HAVE YOU COMMUNICATED WITH YOUR ACOG SECTION OR DISTRICT LEADERS ABOUT THIS REQUEST? _____

ADDITIONAL INFORMATION: _____

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PLEASE DESIGNATE THE FOLLOWING ISSUES ACCORDING TO RELEVANCE (1=HIGH, 2=MODERATE, 3=LOW)

WITHIN YOUR STATE AND NOTE YOUR CANDIDATE’S RECORD OR POSITION:

____ CONTRACEPTIVE EQUITY/LARC/FAMILY PLANNING ACCESS

____ LEGISLATIVE INTERFERENCE IN THE PATIENT-PHYSICIAN RELATIONSHIP AND PRACTICE OF MEDICINE

____ LIABILITY REFORM: TRADITIONAL (CAPS ON DAMAGES) & NON-TRADITIONAL (SAFE HARBOR, PRESUIT NOTIFICATION/APOLOGY, BIRTH INJURY FUNDS, COMMUNICATION-AND-RESOLUTION PROGRAMS)

____ MATERNAL MORTALITY REVIEW COMMITTEES AND MATERNITY QUALITY CARE COLLABORATIVES

____ MATERNAL OPIOID DEPENDENCE AND NEONATAL ABSTINENCE SYNDROME

MEDICAID REIMBURSEMENT PARITY AND EXPANDED ACCESS

____ MIDWIFE LICENSURE AND SCOPE OF PRACTICE

____ OTHER _____

For more information on ACOG’s position on these issues, go to the [Stateleg website](#).

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