

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

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

FOR LINE NUMBER: PAGE 20 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

**A. TONYA H. SHEPPARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 312 GRAMMONT STREET  
 City MONROE State LA Zip Code 71201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THE WOMEN'S CLINIC Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 11 / 2015  
**Transaction ID : SA11AI.21289**  
 Amount of Each Receipt this Period  
 300.00

**B. DONNA C. SINCLAIR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 530 PIEDMONT AVENUE NORTHEAST  
 City ATLANTA State GA Zip Code 30308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SOUTHSIDE MEDICAL CENTER Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2015  
**Transaction ID : SA11AI.21320**  
 Amount of Each Receipt this Period  
 250.00

**C. ROBERT N. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address BOX 2018  
 City GLEN ELLEN State CA Zip Code 95442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 11 / 2015  
**Transaction ID : SA11AI.21290**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**TOTAL** This Period (last page this line number only)..... ▶