

**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 55
	<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)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

**A. STACY HULLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1627 OCEAN FRONT STREET

City SAN DIEGO State CA Zip Code 92107

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

Name of Employer KAISER PERMANENTE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **370.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2014  
**Transaction ID : SA11AI.18339**

Amount of Each Receipt this Period  
**50.00**

**B. RICHARD T. IVEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 4023 BETSY LANE

City HOUSTON State TX Zip Code 77027

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

Name of Employer BAYLOR COLLEGE OF MEDICINE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1140.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2014  
**Transaction ID : SA11AI.18150**

Amount of Each Receipt this Period  
**500.00**

**C. LYDIA M. JEFFRIES**  
Full Name (Last, First, Middle Initial)

Mailing Address 21 WILSON LANE

City FAIRVIEW State NC Zip Code 28730

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

Name of Employer ASHEVILLE WOMEN'S MEDICAL Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3850.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2014  
**Transaction ID : SA11AI.18360**

Amount of Each Receipt this Period  
**425.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **975.00**

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