

**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 39 OF 85
	<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. 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 ▼ 1200.00

Date of Receipt
03 / 09 / 2015
Transaction ID : SA11AI.22279

Amount of Each Receipt this Period
1200.00

B. JUDITH A. JACOBSEN
Full Name (Last, First, Middle Initial)

Mailing Address 10010 37TH COURT

City KIRKLAND State WA Zip Code 98033

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 20 / 2015
Transaction ID : SA11AI.22146

Amount of Each Receipt this Period
300.00

C. JOHN C. JENNINGS
Full Name (Last, First, Middle Initial)

Mailing Address 2405 SPOONBILL DRIVE

City LEAGUE CITY State TX Zip Code 77573

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

Name of Employer TEXAS TECH UNIVERSITY Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
03 / 08 / 2015
Transaction ID : SA11AI.22423

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6500.00

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