

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McCracken, Clayton, H., , III MD**

Mailing Address 2914 Glenwood Ln

City  
Billings

State  
MT

Zip Code  
59102-0913

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Billings Clinic

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 18 / 2019

**Transaction ID : VPF9SRWZNQ0**

Amount of Each Receipt this Period

625.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. White, Emily, Maureen, , MD**

Mailing Address 60 E Manning St

City  
Providence

State  
RI

Zip Code  
02906-4048

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Community Health Center

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 11 / 2019

**Transaction ID : VPF9SRXSCS0**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cuff, Ryan, D., , MD**

Mailing Address 2077 Chilhowee Dr

City  
Johns Island

State  
SC

Zip Code  
29455-8198

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medical University of South Carolina

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 11 / 2019

**Transaction ID : VPF9SRXSGS0**

Amount of Each Receipt this Period

325.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

990.00