

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

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

FOR LINE NUMBER: PAGE 177 OF 275

(check only one)

☒ 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. Ring, Brandi, Nicole, , MD

Mailing Address 425 S Cherry St

City
DenverState
COZip Code
80246-1226FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 10 / 2019

Transaction ID : VPF9SRXSJW7

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Tracy, Erin, Elizabeth, , MD

Mailing Address 5 High St

City
StonehamState
MAZip Code
02180-1120FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MA General PhysiciansOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2019

Transaction ID : VPF9SS38QW7

Amount of Each Receipt this Period

235.00

☐ Memo Item

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

c. Joseph, Gerald, Feitel, , Jr.

Mailing Address 1600 S Eads St
Apt 822NCity
ArlingtonState
VAZip Code
22202-2920FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ACOGOccupation (for Individual)
Vice President of Practice Activities

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2019

Transaction ID : VPF9SS38WW7

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1735.00

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