

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 64 OF 91

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of OB-GYNs PAC (OB-GYN PAC)

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

A. Hackney, David, N., , MD

Mailing Address 2918 Huntington Rd

City
Cleveland

State
OH

Zip Code
44120-2406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cleveland Medical Center

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 08 / 2020

Transaction ID : VPF9SSM2MG7

Amount of Each Receipt this Period

325.00

☐ Memo Item

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

B. Zeal, Carley, J., , MD

Mailing Address 4704 Allis Ave

City
Madison

State
WI

Zip Code
53716-2206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Wisconsin

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 08 / 2020

Transaction ID : VPF9SSM2NH7

Amount of Each Receipt this Period

325.00

☐ Memo Item

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

c. 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 ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2020

Transaction ID : VPF9SSKWTJ7

Amount of Each Receipt this Period

625.00

☐ Memo Item

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

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

1275.00