

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

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

FOR LINE NUMBER: PAGE 12 OF 131

(check only one)

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

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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. McCracken, Clayton, H., , III MD

Mailing Address 2914 Glenwood Ln

City
BillingsState
MTZip Code
59102-0913FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Billings ClinicOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2875.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2019

Transaction ID : VPF9SSJ7MC0

Amount of Each Receipt this Period

625.00

☐ Memo Item

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

B. Palmer, Robert, H., , Jr.

Mailing Address 2331 Fairview Ave E

City
SeattleState
WAZip Code
98102-3303FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Obstetrix Medical GroupOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3010.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2019

Transaction ID : VPF9SSHDED0

Amount of Each Receipt this Period

275.00

☐ Memo Item

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

C. Cronin, Beth, , , MD

Mailing Address 415 Wayland Ave

City
ProvidenceState
RIZip Code
02906-4661FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Providence Community Health CentersOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2019

Transaction ID : VPF9SSH5MD0

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

1050.00