

# **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 78 OF 131

☒ 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. Edgar, Dianne, M., , MD**

Mailing Address 1340 Highland Ave

City  
Rochester

State  
NY

Zip Code  
14620-1874

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Parkwest Women's Health

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2019

**Transaction ID : VPF9SSH15V6**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Franklund, Rebecca, Rae, , MD**

Mailing Address 182 Soldier Creek Rd

City  
Sheridan

State  
WY

Zip Code  
82801-9467

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sheridan Memorial Hospital

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

**Transaction ID : VPF9SSH3NV6**

Amount of Each Receipt this Period

275.00

☐ Memo Item

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

**C. Puritz, Holly, Suzanne, , MD**

Mailing Address 7940 N Shore Rd

City  
Norfolk

State  
VA

Zip Code  
23505-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mid-Atlantic Women's Care

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2508.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2019

**Transaction ID : VPF9SSHC2V6**

Amount of Each Receipt this Period

209.00

☐ Memo Item

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

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

584.00