

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

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

FOR LINE NUMBER: PAGE 110 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. Pearl, Sarah, , ,

Mailing Address 6840 Cotswald Dr

City
Grand Ledge

State
MI

Zip Code
48837-8732

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sparrow Hospital

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2019

Transaction ID : VPF9SSJA9V9

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. 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 ▼

2875.00

Date of Receipt

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

Transaction ID : VPF9SSH5MW9

Amount of Each Receipt this Period

375.00

☐ Memo Item

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

C. Green, Beena, J. S., , MD

Mailing Address 10625 Limestone Ln

City
Rolla

State
MO

Zip Code
65401-8314

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Phelps County Regional Medical Center

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
11 / 18 / 2019

Transaction ID : VPF9SSHM9Y9

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

515.00

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

68409.78