SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)

FOR LINE NUMBER:						PAGE	2	28	OF		44
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16			17

for each category of the Detailed Summary Page 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 Congress of Obstetricians & Gynecologists PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Smith, Stephen, J., , MD Date of Receipt Mailing Address 1235 Old York Rd Ste 119 2018 City Zip Code State Transaction ID: VPF9SQVH1K7 PA Abington 19001-3811 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Abington Perinatal Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ivey, Richard, Todd, , MD Date of Receipt Mailing Address 4023 Betsy Ln 10 80 2018 City State Zip Code Transaction ID: VPF9SQXMZK7 TX Houston 77027-5105 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Baylor College of Medicine Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. White, Paula, , , MD Date of Receipt Mailing Address 7257 Commonwealth Ave 06 2018 City State Zip Code Transaction ID: VPF9SRB5CM7 IL Burr Ridge 60527-4964 Amount of Each Receipt this Period FEC ID number of contributing 45.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Loyola University Medical Center Associate Professor Receipt For: Aggregate Year-to-Date ▼ Primary General 295.00 Other (specify) 395.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....