

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

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

FOR LINE NUMBER: PAGE 37 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
SARAL L. IMERSHEIN

Mailing Address 3912 HARRISON STREET, NW

City WASHINGTON State DC Zip Code 20015

FEC ID number of contributing federal political committee. **C**

Name of Employer IMERSHEIN & BIRNKRANT Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 04 / 2011  
Transaction ID: SA11AI.21508  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
JUDITH A. JACOBSON

Mailing Address 10010 NORTHEAST 37TH COURT

City KIRKLAND State WA Zip Code 98033

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 17 / 2011  
Transaction ID: SA11AI.21625  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
LYDIA M. JEFFRIES

Mailing Address 21 WILSON LANE

City FAIRVIEW State NC Zip Code 28730

FEC ID number of contributing federal political committee. **C**

Name of Employer ASHEVILLE WOMEN'S CENTER Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 09 / 2011  
Transaction ID: SA11AI.21746  
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1550.00

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