

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 36
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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)
MAHMOUD A. ISMAIL

Mailing Address 5841 SOUTH MARYLAND AVENUE

City State Zip Code
CHICAGO IL 60637

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

Name of Employer UNIVERSITY OF CHICAGO Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
05 / 18 / 2010

Transaction ID: SA11AI.18987

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
JASON S. JAMES

Mailing Address 6721 SOUTHWEST 140TH STREET

City State Zip Code
MIAMI FL 33158

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

Name of Employer FEMCARE OB/GYN Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: MM / DD / YYYY
05 / 17 / 2010

Transaction ID: SA11AI.18994

Amount of Each Receipt this Period: 350.00

C. Full Name (Last, First, Middle Initial)
LISA L. JONES

Mailing Address 1140 CARTHAGE STREET

City State Zip Code
SANFORD NC 27330

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

Name of Employer CAROLINA WOMEN'S HEALTH CENTER Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
05 / 21 / 2010

Transaction ID: SA11AI.19035

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1850.00

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