

**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 35 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. RITA HSU**  
Full Name (Last, First, Middle Initial)

Mailing Address 1404 SOUTH HILLS DRIVE

City WENATCHEE State WA Zip Code 98801

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

Name of Employer CONFLUENCE HEALTH Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2016

**Transaction ID : SA11AI.31556**

Amount of Each Receipt this Period  
 300.00

Memo Item

**B. KARLA G. IACAMPO**  
Full Name (Last, First, Middle Initial)

Mailing Address 2021 SANTA MONICA BOULEVARD

City SANTA MONICA State CA Zip Code 90404

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 ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2016

**Transaction ID : SA11AI.31557**

Amount of Each Receipt this Period  
 200.00

Memo Item

**C. ANNIE I. IRIYE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2103 CRAIG ROAD SOUTHEAST

City OLYMPIA State WA Zip Code 98501

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

Name of Employer GROUP HEALTH Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2016

**Transaction ID : SA11AI.31558**

Amount of Each Receipt this Period  
 300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	