

**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 36 OF 51
	<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	

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)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

**A. RODOLFO QUINTERO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1500 EAST CHEVY CHASE DRIVE  
 City GLENDALE State CA Zip Code 91206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARE FERTILITY CLINIC Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2013  
**Transaction ID : SA11AI.6993**  
 Amount of Each Receipt this Period  
 350.00

**B. GEORGE RECTOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 608 FORDSMERE ROAD  
 City CHESAPEAKE State VA Zip Code 23322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MID-ATLANTIC WOMEN'S CARE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2013  
**Transaction ID : SA11AI.7030**  
 Amount of Each Receipt this Period  
 250.00

**C. STEVEN W. REMMENGA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16995 PRINCETON ROAD  
 City ADAMS State NE Zip Code 68301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF NEBRASKA Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2013  
**Transaction ID : SA11AI.7315**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	