

**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 26 / 50
	<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)  
OB-GYNS FOR WOMEN'S HEALTH PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) JAMES J. IZANEC		Date of Receipt
	Mailing Address 28299 FAIRMOUNT BOULEVARD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 5 / 2 0 0 8
	City	State	Zip Code
	CLEVELAND	OH	44124
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.13757
Name of Employer RETIRED		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) A. RAY JACOBSON		Date of Receipt
	Mailing Address 1423 OAKWOOD LOOP		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 5 / 2 0 0 8
	City	State	Zip Code
	SAN MARCOS	TX	78666
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.13758
Name of Employer CARING CENTER FOR WOMEN		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

<b>C.</b>	Full Name (Last, First, Middle Initial) KRISHNA K. KAKANI		Date of Receipt
	Mailing Address 910 ADAMS STREET		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 0 / 2 0 0 8
	City	State	Zip Code
	HUNTSVILLE	AL	35801
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.13834
Name of Employer TENNESSEE VALLEY OB/GYN		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2550.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>