

**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 42 OF 95
	<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. DIANE J. HORVATH-COSPER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3238 HILL RIDGE DRIVE
 City EAGAN State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HEALTH PARTNERS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 03 / 27 / 2013
Transaction ID : SA11AI.6066
 Amount of Each Receipt this Period 175.00

B. JEFFREY S. ILLECK
 Full Name (Last, First, Middle Initial)
 Mailing Address 17742 BEACH BOULEVARD
 City HUNTINGTON BEACH State CA Zip Code 92647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BEACH OB/GYN MEDICAL GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 15 / 2013
Transaction ID : SA11AI.5883
 Amount of Each Receipt this Period 250.00

C. ANNIE I. IRIYE
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 LILLY ROAD
 City OLYMPIA State WA Zip Code 98506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GROUP HEALTH PERMANENTE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 12 / 2013
Transaction ID : SA11AI.5357
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 925.00
TOTAL This Period (last page this line number only)..... ▶