

**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 22 OF 43
	<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	<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 ▼ 825.00

Date of Receipt 07 / 10 / 2013
Transaction ID : SA11AI.7416
 Amount of Each Receipt this Period 50.00

B. CLAIRE E. HOVERMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 813 THIRD AVENUE
 City SALT LAKE CITY State UT Zip Code 84013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INTERMOUNTAIN MEDICAL GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 29 / 2013
Transaction ID : SA11AI.7660
 Amount of Each Receipt this Period 250.00

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 PERMANENTE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 22 / 2013
Transaction ID : SA11AI.7469
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00
TOTAL This Period (last page this line number only)..... ▶