

**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 19 OF 41
	<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)**

Full Name (Last, First, Middle Initial) <b>A. JANET M. HORENSTEIN</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2012 <b>Transaction ID : SA11AI.24988</b>
Mailing Address 27 PALERMO WALK		Amount of Each Receipt this Period 500.00
City LONG BEACH	State CA	Zip Code 90803
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. SARA L. IMERSHEIN</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2012 <b>Transaction ID : SA11AI.24989</b>
Mailing Address 3912 HARRISON STREET, NW		Amount of Each Receipt this Period 1000.00
City WASHINGTON	State DC	Zip Code 20015
FEC ID number of contributing federal political committee. C		
Name of Employer IMERSHEIN & BIRNKRANT	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. CHRISTIE A. IVERSON</b>		Date of Receipt MM / DD / YYYY 02 / 14 / 2012 <b>Transaction ID : SA11AI.24972</b>
Mailing Address 5956 LARIAT LOOP		Amount of Each Receipt this Period 500.00
City BISMARCK	State ND	Zip Code 58503
FEC ID number of contributing federal political committee. C		
Name of Employer MED CENTER ONE	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	