

**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 28 OF 56
	<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. GEORGE P. HUBBELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 279 OAKMONT COURT  
 City LAKE OZARK State MO Zip Code 65049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WOMEN'S HEALTH CONSULTANTS Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1050.00**

Date of Receipt **10 / 05 / 2011**  
**Transaction ID : SA11AI.23304**  
 Amount of Each Receipt this Period **50.00**

**B. TERESA A. HUBKA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1432 WEST WOLFRAM STREET  
 City CHICAGO State IL Zip Code 60657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 18 / 2011**  
**Transaction ID : SA11AI.23489**  
 Amount of Each Receipt this Period **250.00**

**C. RICHARD T. IVEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3004 MIDLANE STREET  
 City HOUSTON State TX Zip Code 77027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BAYLOR COLLEGE OF MEDICINE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 20 / 2011**  
**Transaction ID : SA11AI.23682**  
 Amount of Each Receipt this Period **300.00**

**SUBTOTAL** of Receipts This Page (optional)..... **600.00**  
**TOTAL** This Period (last page this line number only).....