

**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 7 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American College of Physician Services Inc PAC; aka ACP Services PAC**

**A. Gordon L Fung MD FACP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1837 10th Ave  
 City San Francisco State CA Zip Code 94122-4601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UCSF Medical Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1750.00**

Date of Receipt **09 / 25 / 2014**  
**Transaction ID : C2832280**  
 Amount of Each Receipt this Period **250.00**

**B. Daniel Gottovi MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 249  
 City Ahoskie State NC Zip Code 27910-0249  
 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 **500.00**

Date of Receipt **09 / 01 / 2014**  
**Transaction ID : C2816995**  
 Amount of Each Receipt this Period **250.00**

**C. James Foster Graumlich MD FACP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11218 N Oak Trail Dr  
 City Peoria State IL Zip Code 61615-1080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Illinois College of Medi Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 03 / 2014**  
**Transaction ID : C2817697**  
 Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	