

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Shamoan Airways Ahmad MD FACP
 Mailing Address PO Box 60327
 City State Zip Code
 Las Vegas NV 89160-0327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2011
Transaction ID : C1421997
 Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Erin B Brender MD
 Mailing Address 22 Glen Oak Ct
 City State Zip Code
 Medford OR 97504-7618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SOHPC physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2011
Transaction ID : C1434154
 Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Roger W Bush MD FACP
 Mailing Address 3841 Cascadia Ave S
 City State Zip Code
 Seattle WA 98118-1128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 rogerwbush@gmail.com Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2011
Transaction ID : C1425466
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
TOTAL This Period (last page this line number only)..... ▶