

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

A.

Full Name (Last, First, Middle Initial)

Mansour Saberi, MD FACP

Mailing Address 353 Savannah Road

City State Zip Code
Lewes DE 19958

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-employed Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: C743745

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Robert Geoffrey Strickland, MD MACP

Mailing Address 911 Avenida Manana NE

City State Zip Code
Albuquerque NM 87110-6166

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
University of New Mexico Emeritus Professor
Health Scienc

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: C741855

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

John T Wallace, II, MD FAC

Mailing Address 510 Cypress St

City State Zip Code
Fort Bragg CA 95437-5411

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mendocino Coast Clinics Physician
Inc

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: C741856

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

2250.00