

**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 25
	<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

Full Name (Last, First, Middle Initial) A. Felicia L Austin Jordan MD FACP			Date of Receipt
Mailing Address 10923 Tulip Garden Ct			M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2014
City	State	Zip Code	Transaction ID : C2719540
Houston	TX	77065-3230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation		
Kelsey Seybold	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	500.00		

Full Name (Last, First, Middle Initial) B. James H Baker MD FACP			Date of Receipt
Mailing Address 3503 River Oaks Dr			M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2014
City	State	Zip Code	Transaction ID : C2719466
Muskogee	OK	74403-2310	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation		
Care ATC	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	500.00		

Full Name (Last, First, Middle Initial) C. Alphonse J Baluta MD FACP			Date of Receipt
Mailing Address 1 Bretton Rd			M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2014
City	State	Zip Code	Transaction ID : C2719464
Londonderry	NH	03053-3650	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer	Occupation		
Parkland Physician Serv	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	250.00		

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	