

**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 16 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**American College of Physician Services Inc PAC; aka ACP Services PAC**

**A. Wayne J Riley MD MBA MAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 336 White Swans Xing  
 City Brentwood State TN Zip Code 37027-4037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Meharry Medical College Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 18 / 2014  
**Transaction ID : C2719556**  
 Amount of Each Receipt this Period  
 1000.00

**B. Patricia E Sadler MD FACP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 203 E Walnut St  
 City Clinton State SC Zip Code 29325-2848  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hospice of Laurens County Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2014  
**Transaction ID : C2720317**  
 Amount of Each Receipt this Period  
 200.00

**C. Donna P Seminara MD FACP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 640 Ocean Ter  
 City Staten Island State NY Zip Code 10301-4538  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2014  
**Transaction ID : C2720048**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	