

**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 8 / 22
	<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) Robert B Doherty, SVP	Date of Receipt MM / DD / YYYY 02 / 25 / 2011
	Mailing Address 3212 Morrison St NW	Transaction ID: C1239189
	City State Zip Code Washington DC 20015-1637	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer American College of Physicians	Occupation Governmental Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Andrew S Dunn, MD FACP	Date of Receipt MM / DD / YYYY 02 / 23 / 2011
	Mailing Address 619 Russet Rd	Transaction ID: C1191491
	City State Zip Code Valley Cottage NY 10989-1625	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Mount Sinai School of Medicine	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Yul D Ejnes, MD FACP	Date of Receipt MM / DD / YYYY 02 / 15 / 2011
	Mailing Address 46 Jeffrey Dr	Transaction ID: C1188602
	City State Zip Code North Scituate RI 02857-2940	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Coastal Medical, Inc.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	