

**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 6 OF 30                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <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. Eileen D Barrett MD MPH FAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 E Green Ave  
 City Gallup State NM Zip Code 87301-6048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IHS/HHS 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  
**02 / 24 / 2013**  
**Transaction ID : C1976151**  
 Amount of Each Receipt this Period  
**250.00**

**B. Judy Ann Benson MD FACP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4603 S Madelia St  
 City Spokane State WA Zip Code 99223-6433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Providence Medical Group 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  
**02 / 06 / 2013**  
**Transaction ID : C1921042**  
 Amount of Each Receipt this Period  
**250.00**

**C. Jesse D Bolton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45 Ogden St Apt 301  
 City Denver State CO Zip Code 80218-3879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Critical Care Pulmonary and Sleep Asso Occupation 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  
**02 / 01 / 2013**  
**Transaction ID : C1920521**  
 Amount of Each Receipt this Period  
**500.00**

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>1000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |                |