

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 10 OF 17
	<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

Full Name (Last, First, Middle Initial) A. Neil M Sullivan MD FACP		Date of Receipt
Mailing Address 850 Kempsville Rd Ste 102		<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City Norfolk	State VA	Zip Code 23502-3920
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C1663490
Name of Employer Sentara		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. N H Tucker MD FACP		Date of Receipt
Mailing Address 4061 McGirts Blvd		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City Jacksonville	State FL	Zip Code 32210-4340
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C1649162
Name of Employer N H TUCKER		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. Mark Allen Wallingford MD FACP		Date of Receipt
Mailing Address 2009 Old Main St		<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City Maysville	State KY	Zip Code 41056-8928
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C1656746
Name of Employer Maysville Internal Medicine		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>