

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 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bulger, John, B, ,

Mailing Address 74 Abbey Rd

City
Danville

State
PA

Zip Code
17821-6512

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Geisinger Health System

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 19 / 2019

Transaction ID : C3978351

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Candler, Sarah, G, ,

Mailing Address 604 Hyde Park Blvd

City
Houston

State
TX

Zip Code
77006-2910

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Iora Primary Care

Occupation (for Individual)
Practice Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

11 / 16 / 2019

Transaction ID : C3977121

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Covey, David, C, , MD FACP

Mailing Address 2941 E. Pebblestone Dr.

City
Fayetteville

State
AR

Zip Code
72701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Unity Health

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 15 / 2019

Transaction ID : C3977096

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3250.00