

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 12

(check only one)

☒ 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. Newman, Georgia, Lynne, , MD

Mailing Address 220 Shipherd Cir

City  
OberlinState  
OHZip Code  
44074-1329FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NOMS HealthcareOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2019

Transaction ID : C3978744

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. O'Glasser, Avital, , ,

Mailing Address 7427 SW 34th Ave

City  
PortlandState  
ORZip Code  
97219-1719FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OHSUOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2019

Transaction ID : C3970990

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

c. Smith, Peter, Charles, , MD FACP

Mailing Address 2899 Heron Lakes Pkwy

City  
BerthoudState  
COZip Code  
80513-7099FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UC HealthOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2019

Transaction ID : C3973619

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

525.00

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