

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 11

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

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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. Baron, Richard, J., MD MACP

Mailing Address 7425 Ardleigh St

City
Philadelphia

State
PA

Zip Code
19119-1012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Board of Internal Medicine

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2020

Transaction ID : C4046894

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Bledsoe, Thomas, A., MD

Mailing Address 50 Lincoln

City
Barrington

State
RI

Zip Code
02806-2135

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brown Physicians, Inc.

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2020

Transaction ID : C4054460

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Dick, Mark, Lee, MD FACP

Mailing Address 137 Mill Rd

City
North Hampton

State
NH

Zip Code
03862-2218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wentworth Health Partners Internal Med

Occupation (for Individual)
Internist

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
04 / 25 / 2020

Transaction ID : C4055096

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)..... ►

2250.00