

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)

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☒ 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. Kramer, Sophie, Marianne, ,

Mailing Address 462 S Owen Dr

City
Madison

State
WI

Zip Code
53711-1550

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SSM Deam Medical Group

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2020

Transaction ID : C4043848

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Olive, Kenneth, E, , MD FACP

Mailing Address 20 Foxxborough Ln

City
Johnson City

State
TN

Zip Code
37604-7660

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
East Tennessee State University

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : C4046895

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

c. Opole, Isaac, O, ,

Mailing Address 4446 W 150th Ter

City
Overland Park

State
KS

Zip Code
66224-9536

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Kansas

Occupation (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
04 / 08 / 2020

Transaction ID : C4046896

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)..... ►

1250.00