

**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 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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

A. Patrick C Alguire MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 189 Ash Way
 City Doylestown State PA Zip Code 18901-2203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACP Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : C2275809
 Amount of Each Receipt this Period
250.00

B. Thomas C Auer MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 6757 Franklin Woods Dr
 City Traverse City State MI Zip Code 49686-1906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Thirlby Clinic Occupation General Internist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2013
Transaction ID : C2293733
 Amount of Each Receipt this Period
250.00

C. Julie A Blehm MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1962 E Rose Creek Pkwy S
 City Fargo State ND Zip Code 58104-6837
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sanford Health Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : C2275804
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	