

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

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

FOR LINE NUMBER: PAGE 16 OF 25
(check only one)
 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

A. Maureen C Nash MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2645 NE 42nd Ave
 City State Zip Code
 Portland OR 97213-1203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tuality Helathcare 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 / 16 / 2013
Transaction ID : C2288976
 Amount of Each Receipt this Period
 250.00

B. Kenneth E Olive MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Foxxborough Ln
 City State Zip Code
 Johnson City TN 37604-7660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 East Tenn State Univ Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2013
Transaction ID : C2281093
 Amount of Each Receipt this Period
 300.00

C. Mohammad A Razzaque MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 3228 W 95th St
 City State Zip Code
 Evergreen Park IL 60805-2314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-employed 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 / 12 / 2013
Transaction ID : C2287607
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00
TOTAL This Period (last page this line number only)..... ▶