

**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 13 / 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kenneth E Olive, MD FACP		Date of Receipt MM / DD / YYYY 01 / 17 / 2011		
	Mailing Address 20 Foxxborough Ln		Transaction ID: C1174211		
	City Johnson City	State TN	Zip Code 37604-7660	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer East Tennessee State University		Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mansour Saberi, MD FACP		Date of Receipt MM / DD / YYYY 01 / 14 / 2011		
	Mailing Address 353 Savannah Rd		Transaction ID: C1173804		
	City Lewes	State DE	Zip Code 19958-1438	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-employed		Occupation MD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Colette Simon-Hodges, MD FACP		Date of Receipt MM / DD / YYYY 01 / 15 / 2011		
	Mailing Address PO Box 5426		Transaction ID: C1174069		
	City Corpus Christi	State TX	Zip Code 78465-5426	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lone Star Infectious Disease Consultan		Occupation Medical Doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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