

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American College of Physician Services Inc PAC; aka ACP Services PAC

ADDRESS (number and street) 25 Massachusetts Ave
Suite 700
 Check if different than previously reported. (ACC)
Washington DC 20001-7401

2. **FEC IDENTIFICATION NUMBER** C00403881
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2010 through 07 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr Richard L Trachtman, Esq

Signature of Treasurer Electronically Filed by Mr Richard L Trachtman, Esq Date 08 16 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

A. Form/Schedule : **F3XN**
Transaction ID :

All 2004-2010 potentially prohibited contributions from medical students refunded as soon as the issue became known. The contributions were inadvertently accepted.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American College of Physician Services Inc PAC; aka ACP Services PAC

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2010"/>		21979.67
(b) Cash on Hand at Beginning of Reporting Period	34733.00	
(c) Total Receipts (from Line 19)	6095.00	94179.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	40828.00	116158.67
7. Total Disbursements (from Line 31)	26246.77	101577.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14581.23	14581.23
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American College of Physician Services Inc PAC; aka ACP Services PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2580.00	57085.00
(ii) Unitemized	3515.00	37094.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6095.00	94179.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	6095.00	94179.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6095.00	94179.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6095.00	94179.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	186.77	2540.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	186.77	2540.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25825.00	98302.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	235.00	735.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	235.00	735.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	26246.77	101577.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26246.77	101577.44

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 20

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	6095.00	94179.00
34. Total Contribution Refunds (from Line 28(d))	235.00	735.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5860.00	93444.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	186.77	2540.44
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	186.77	2540.44

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

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

FOR LINE NUMBER: PAGE 7 / 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

A. Full Name (Last, First, Middle Initial)
Anamaria Apoltan, MD FACP

Mailing Address 680 S Main St
Ste LL1

City Cheshire State CT Zip Code 06410-3181

FEC ID number of contributing federal political committee. **C**

Name of Employer Dr Anamaria Apoltan, MD, PC Occupation Physician and Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 22 / 2010
Transaction ID: C955105
Amount of Each Receipt this Period 80.00

B. Full Name (Last, First, Middle Initial)
Ramon A Garcia, Jr, MD FAC

Mailing Address PO Box 249

City Winnetka State IL Zip Code 60093-0249

FEC ID number of contributing federal political committee. **C**

Name of Employer Garcia Medical Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 24 / 2010
Transaction ID: C958020
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mindi Suzanne Garner, DO FACP

Mailing Address 127 W 5th St

City Pittsburg State KS Zip Code 66762-3801

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 10 / 2010
Transaction ID: C948209
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 580.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 20
(check only one)

<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

A.

Full Name (Last, First, Middle Initial)
Kenneth A Hahn, MD FACP

Mailing Address 1462 S Colorado St
Apt 2F

City Greenville State MS Zip Code 38703-7263

FEC ID number of contributing federal political committee. **C**

Name of Employer Delta Regional Medical Ctr Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: C956238

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
George M Lange, MD FACP

Mailing Address 1200 W Green Tree Rd

City River Hills State WI Zip Code 53217-3721

FEC ID number of contributing federal political committee. **C**

Name of Employer Columbia-St. Marys CP Occupation Internist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2010

Transaction ID: C956240

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Angeline A Lazarus, MD FACP

Mailing Address 13207 Valley Dr

City Rockville State MD Zip Code 20850-3626

FEC ID number of contributing federal political committee. **C**

Name of Employer National Naval Medical center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2010

Transaction ID: C951082

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) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 20
(check only one)

<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

A.

Full Name (Last, First, Middle Initial)
Larry M Lehmer, MD FACP

Mailing Address 9709 Camden Hills Ave

City State Zip Code
Las Vegas NV 89145-8610

FEC ID number of contributing federal political committee. **C**

Name of Employer: Kidney Specialists of Southern Nevada
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 07 / 14 / 2010
Transaction ID: C950905
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Steven M Lewis, MD FACP

Mailing Address 554 Windsor Ln

City State Zip Code
Batavia IL 60510-1244

FEC ID number of contributing federal political committee. **C**

Name of Employer: Self-employed
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 07 / 09 / 2010
Transaction ID: C948039
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Laura Jean Olson, MD

Mailing Address 37 Lincoln Rd

City State Zip Code
Lincoln MA 01773-2010

FEC ID number of contributing federal political committee. **C**

Name of Employer: MassachusettsGenHosp
Occupation: Primary Care MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 07 / 23 / 2010
Transaction ID: C956247
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 20	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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

A.	Full Name (Last, First, Middle Initial) James Watson Sawyer, MD FACP		Date of Receipt	
	Mailing Address 2 Tallwood Ln		M M / D D / Y Y Y Y 07 / 11 / 2010	
	City	State	Zip Code	Transaction ID: C948217
	Longview	TX	75605-8810	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		250.00	
Name of Employer Diagnostic Clinic of Longview		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	2580.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Merchant service fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D96893 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 25.62
B. Full Name (Last, First, Middle Initial) Bank of America Merchant Services Mailing Address PO Box 2485 WA2-505-01-40 City Spokane State WA Zip Code 99210-2485 Purpose of Disbursement Merchant service fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D96675 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 161.15

SUBTOTAL of Disbursements This Page (optional) ►

186.77

TOTAL This Period (last page this line number only) ►

186.77

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) American College of Physicians	Transaction ID: D96476 Date of Disbursement 07 / 29 / 2010
	Mailing Address 25 Massachusetts Ave NW Ste 700	Amount of Each Disbursement this Period 150.00
	City Washington State DC Zip Code 20001-7401	
	Purpose of Disbursement Room rental Candidate Name Manan Trivedi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* In-Kind

B.	Full Name (Last, First, Middle Initial) Anna Eshoo for Congress	Transaction ID: D96472 Date of Disbursement 07 / 27 / 2010
	Mailing Address 555 Capitol Mall, Suite 1425	Amount of Each Disbursement this Period 1500.00
	City Sacramento State CA Zip Code 95814	
	Purpose of Disbursement Contribution to federal candidates Candidate Name Rep. Anna Eshoo Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Barnett for Congress	Transaction ID: D95524 Date of Disbursement 07 / 01 / 2010
	Mailing Address PO Box 1937	Amount of Each Disbursement this Period 2500.00
	City Emporia State KS Zip Code 66801-1937	
	Purpose of Disbursement Contribution to federal candidates Candidate Name James Barnett Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	4150.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) Boucher for Congress Committee Mailing Address PO Box 2000 City Abingdon State VA Zip Code 24212-2000 Purpose of Disbursement Contribution to federal candidates Candidate Name Rep. Rick Boucher Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 09 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D96407 Date of Disbursement 07 / 23 / 2010
	Amount of Each Disbursement this Period 1000.00 Category/Type

B. Full Name (Last, First, Middle Initial) Charm City Concierge Mailing Address 25 Massachusetts Ave NW City Washington State DC Zip Code 20001-1430 Purpose of Disbursement Inkind caterng Candidate Name Manan Trivedi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D96523 Date of Disbursement 07 / 29 / 2010
	Amount of Each Disbursement this Period 175.00 Category/Type 011 * In-Kind

C. Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee Mailing Address 6380 Wilshire Blvd. #1612 City Los Angeles State CA Zip Code 90048 Purpose of Disbursement Contribution to federal candidates Candidate Name Rep. Henry A. Waxman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D95528 Date of Disbursement 07 / 02 / 2010
	Amount of Each Disbursement this Period 5000.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	6175.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Engel for Congress	Transaction ID: D96475 Date of Disbursement 07 / 27 / 2010
	Mailing Address 462 California Rd	Amount of Each Disbursement this Period 1500.00
	City Bronxville State NY Zip Code 10708	
	Purpose of Disbursement Contribution to federal candidates	Category/ Type
	Candidate Name Rep. Eliot Engel	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln	Transaction ID: D95636 Date of Disbursement 07 / 03 / 2010
	Mailing Address PO Box 3197	Amount of Each Disbursement this Period 2000.00
	City Little Rock State AR Zip Code 72203	
	Purpose of Disbursement Contribution to federal candidates	Category/ Type
	Candidate Name Sen Blanche L Lincoln	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Jim Clyburn	Transaction ID: D96404 Date of Disbursement 07 / 23 / 2010
	Mailing Address PO Box 12567	Amount of Each Disbursement this Period 2000.00
	City Columbia State SC Zip Code 29211	
	Purpose of Disbursement Contribution to federal candidates	Category/ Type
	Candidate Name Rep James Clyburn	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Grassley Committee Inc	Transaction ID: D96405 Date of Disbursement 07 / 23 / 2010
	Mailing Address PO Box 1000	
	City Des Moines State IA Zip Code 50304-1000	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution to federal candidates	Category/ Type
	Candidate Name Sen. Charles E. Grassley	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Hoyer for Congress	Transaction ID: D96473 Date of Disbursement 07 / 27 / 2010
	Mailing Address 4201 Northview Dr, Ste 307	
	City Bowie State MD Zip Code 20716	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contribution to federal candidates	Category/ Type
	Candidate Name Rep. Steny H. Hoyer	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Hoyer for Congress	Transaction ID: D96474 Date of Disbursement 07 / 27 / 2010
	Mailing Address 4201 Northview Dr, Ste 307	
	City Bowie State MD Zip Code 20716	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution to federal candidates	Category/ Type
	Candidate Name Rep. Steny H. Hoyer	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Mary Bono Mack Committee</p> <p>Mailing Address PO Box 3370</p> <p>City Palm Springs State CA Zip Code 92263-3370</p> <p>Purpose of Disbursement Contribution to federal candidates</p> <p>Candidate Name Rep. Mary Bono Mack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D95527 Date of Disbursement 07 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Mike Ross for Congress Committee</p> <p>Mailing Address PO Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Contribution to federal candidates</p> <p>Candidate Name Rep Mike Ross</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D96403 Date of Disbursement 07 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Mike Thompson for Congress</p> <p>Mailing Address 5429 Madison Ave</p> <p>City Sacramento State CA Zip Code 95841-3111</p> <p>Purpose of Disbursement Contribution to federal candidates</p> <p>Candidate Name Rep. Mike Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D95525 Date of Disbursement 07 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) People for Patty Murray US Senate Campaign</p> <p>Mailing Address PO Box 3662</p> <p>City Seattle State WA Zip Code 98124-3662</p> <p>Purpose of Disbursement Contribution to federal candidates</p> <p>Candidate Name Sen. Patty Murray</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D96151 Date of Disbursement 07 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Sue Myrick for Congress</p> <p>Mailing Address PO Box 37091</p> <p>City Charlotte State NC Zip Code 28237-7091</p> <p>Purpose of Disbursement Contribution to federal candidates</p> <p>Candidate Name Rep. Sue Myrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D96406 Date of Disbursement 07 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Trivedi for Congress</p> <p>Mailing Address 83 W Main St Ste 2</p> <p>City Elverson State PA Zip Code 19520-9417</p> <p>Purpose of Disbursement Contribution to federal candidates</p> <p>Candidate Name Manan Trivedi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D96524 Date of Disbursement 07 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	25825.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Anamaria Apoltan, MD FACP	Transaction ID: D96884 Date of Disbursement 07 / 22 / 2010
	Mailing Address 680 S Main St Ste LL1	Amount of Each Disbursement this Period 80.00
	City Cheshire State CT Zip Code 06410-3181	
	Purpose of Disbursement Refund requested	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cedar Fowler	Transaction ID: D96890 Date of Disbursement 07 / 08 / 2010
	Mailing Address 9505 Old Georgetown Rd	Amount of Each Disbursement this Period 25.00
	City Bethesda State MD Zip Code 20814-1723	
	Purpose of Disbursement Potentially prohibited contribution refunded. Inadvertently accepted.	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Daniel E Henderson	Transaction ID: D96888 Date of Disbursement 07 / 08 / 2010
	Mailing Address 12 Talcott Forest Rd Apt G	Amount of Each Disbursement this Period 25.00
	City Farmington State CT Zip Code 06032-3575	
	Purpose of Disbursement Potentially prohibited contribution refunded. Inadvertently accepted.	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	130.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Christopher Mulla, MD	Transaction ID: D96889 Date of Disbursement 07 / 08 / 2010
	Mailing Address 705 Redgate Ave Apt 16	Amount of Each Disbursement this Period 25.00
	City Norfolk State VA Zip Code 23507-1633	
	Purpose of Disbursement Potentially prohibited contribution refunded. Inadvertently accepted.	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Shilpan M Patel	Transaction ID: D96892 Date of Disbursement 07 / 14 / 2010
	Mailing Address 635 Maxwellton Ct Unit 4	Amount of Each Disbursement this Period 10.00
	City Lexington State KY Zip Code 40508-4012	
	Purpose of Disbursement Potentially prohibited contribution refunded. Inadvertently accepted.	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Viral D Patel, MD	Transaction ID: D96891 Date of Disbursement 07 / 08 / 2010
	Mailing Address 668 Euclid Ave Unit 421	Amount of Each Disbursement this Period 10.00
	City Cleveland State OH Zip Code 44114-3017	
	Purpose of Disbursement Potentially prohibited contribution refunded. Inadvertently accepted.	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)

Erika E Reid

Mailing Address 600 N McClurg Ct
Apt 704A

City Chicago State IL Zip Code 60611-3469

Purpose of Disbursement
Potentially prohibited contribution refunded. Inadvertently accepted.

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D96887

Date of Disbursement

07 / 08 / 2010

Amount of Each Disbursement this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Matthew P Rudy, MD

Mailing Address 2807 Brickrun Way

City Augusta State GA Zip Code 30909-2348

Purpose of Disbursement
Potentially prohibited contribution refunded. Inadvertently accepted.

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D96885

Date of Disbursement

07 / 08 / 2010

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

60.00

TOTAL This Period (last page this line number only)

235.00