

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) 2011 Pennsylvania Avenue NW Suite 800 Washington DC 20006 Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 09 12 2006 in the State of MD

5. Covering Period 07 01 2006 through 08 23 2006

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 Leslie J. Kerman Signature of Treasurer Electronically Filed by Leslie J. Kerman Date 08 31 2006

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

Table with 10 columns and 1 row, labeled 'Office Use Only' in the first column.

**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:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	8

D	D
2	3

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		20428.59
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	52438.37									
(c) Total Receipts (from Line 19)	12294.00	84663.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	64732.37	105091.59								
7. Total Disbursements (from Line 31)	11942.89	52302.11								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	52789.48	52789.48								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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	0	6

 To:

M	M
0	8

D	D
2	3

Y	Y	Y	Y
2	0	0	6

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	5450.00	44050.00
(i) Itemized (use Schedule A)	6844.00	40613.00
(ii) Unitemized	12294.00	84663.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(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)	12294.00	84663.00
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))	12294.00	84663.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12294.00	84663.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	442.89	3021.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	442.89	3021.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11500.00	49280.89
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	0.00	0.00
(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))	0.00	0.00
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))..	11942.89	52302.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	11942.89	52302.11

DETAILED SUMMARY PAGE
of Disbursements

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)	12294.00	84663.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12294.00	84663.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	442.89	3021.22
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	442.89	3021.22

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<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. Full Name (Last, First, Middle Initial)
Scott Braithwaite

Mailing Address 45 Bishop Street

City State Zip Code
New Haven CT 06511

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

Name of Employer Occupation
Yale University Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 12 / 2006

Transaction ID: SA11A1.5848

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Chester Choi

Mailing Address 17 Sunriver

City State Zip Code
Irvine CA 82614

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

Name of Employer Occupation
St. Mary Medical Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2006

Transaction ID: SA11A1.5849

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Susan Escudier

Mailing Address 5751 Braesheather Drive

City State Zip Code
Houston TX 77096

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

Name of Employer Occupation
Texas Oncology Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2006

Transaction ID: SA11A1.5850

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<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

Full Name (Last, First, Middle Initial) A. Charles Herndon		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 10421 Lone Tree Drive		Transaction ID: SA11A1.5867	
City State Zip Code Anchorage AK 99507		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Providence Health Systems AK Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Kareem Hinedi		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address 9205 SW Barnes Road		Transaction ID: SA11A1.5851	
City State Zip Code Portland OR 97225		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Providence Health System Occupation Hospitalist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Steve Hohf		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006	
Mailing Address 2033 SW Madison Street		Transaction ID: SA11A1.5866	
City State Zip Code Portland OR 97205-1529		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Westside Internal Medicine PC Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1350.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<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

Full Name (Last, First, Middle Initial) A. Michael Jacobs		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2006	
Mailing Address 401 Burgess Drive		Transaction ID: SA11A1.5852	
City State Zip Code Menlo Park CA 94025	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Physician	Occupation Self-Employed		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Walter Kerschl		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 179 Pretty Dogwood Lane		Transaction ID: SA11A1.5853	
City State Zip Code Lexington VA 24450	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Patient Choice, Inc.	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. David Kinsman		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2006	
Mailing Address 2910 S. Fifth Street		Transaction ID: SA11A1.5854	
City State Zip Code Arlington VA 22204	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American College of Physicians	Occupation Association Executive		
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) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<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. Full Name (Last, First, Middle Initial) Raymond Kordonowy Mailing Address 6311 South Pointe Blvd City State Zip Code Fort Meyers FL 33919 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006 Transaction ID: SA11A1.5855 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		

B. Full Name (Last, First, Middle Initial) Joel S. Levine Mailing Address 3896 S Magnolia Way City State Zip Code Denver CO 80237 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006 Transaction ID: SA11A1.5858 Amount of Each Receipt this Period 250.00
Name of Employer Univ. of CO School of Medicine Occupation Professor of Medicine Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Gerald Lewis Mailing Address 960 Rand Road Suite 205 City State Zip Code Des Plaines IL 60016 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006 Transaction ID: SA11A1.5859 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed 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)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<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

Full Name (Last, First, Middle Initial) A. Tanveer Mir		Date of Receipt MM / DD / YYYY 08 / 11 / 2006
Mailing Address 99 Sunnyside Boulevard		Transaction ID: SA11A1.5860
City State Zip Code Woodbury NY 11797	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Hospice Care Network	Occupation Senior Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Balu Natarajan		Date of Receipt MM / DD / YYYY 07 / 11 / 2006
Mailing Address P.O. Box 81047		Transaction ID: SA11A1.5861
City State Zip Code Chicago IL 60681	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Balu Natarajan, MDSC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Michael Schlabach		Date of Receipt MM / DD / YYYY 07 / 11 / 2006
Mailing Address 117 Crestline Drive		Transaction ID: SA11A1.5862
City State Zip Code Kerrville TX 78028	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Michael R. Schlabach, MD, PA	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)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<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. Full Name (Last, First, Middle Initial)
Stephen Scranton

Mailing Address 3253 McMullen Booth Road
Suite 200

City State Zip Code
Clearwater FL 33761

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
M M / D D / Y Y Y Y Y
07 / 27 / 2006

Transaction ID: SA11A1.5863

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Thomas Simmons

Mailing Address 1908 Arno Road

City State Zip Code
Mission Hills KS 66208

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

Name of Employer Midwest Hospital Special-ists
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2006

Transaction ID: SA11A1.5868

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Sankey Williams

Mailing Address 307 Brentford Road

City State Zip Code
Haverford PA 19041

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

Name of Employer University of Pennsylvania
Occupation 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
07 / 11 / 2006

Transaction ID: SA11A1.5864

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	5450.00

**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 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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Bank Of America

Mailing Address 1369 Chain Bridge Road

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.5834

Date of Disbursement

07 / 03 / 2006

Amount of Each Disbursement this Period

45.49

Full Name (Last, First, Middle Initial)

B. Bank Of America

Mailing Address 1369 Chain Bridge Road

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.5835

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

397.40

SUBTOTAL of Disbursements This Page (optional)

442.89

TOTAL This Period (last page this line number only)

442.89

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 13 / 16

<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

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NAME OF COMMITTEE (In Full)

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

A. APPLEBAUM FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 10081

City BALTIMORE State MD Zip Code 21285

Purpose of Disbursement Contribution

Candidate Name GARY E APPLEBAUM

Office Sought: House Senate President
State: MD District: 03

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5807

Date of Disbursement

07 / 14 / 2006

Amount of Each Disbursement this Period

1000.00

B. COMMITTEE TO RE-ELECT BOBBY JINDAL

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 8628

City METAIRIE State LA Zip Code 70011

Purpose of Disbursement Contribution

Candidate Name BOBBY JINDAL

Office Sought: House Senate President
State: LA District: 01

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5816

Date of Disbursement

07 / 26 / 2006

Amount of Each Disbursement this Period

2000.00

C. COMMITTEE TO RE-ELECT ED TOWNS

Full Name (Last, First, Middle Initial)
Mailing Address 438 Lewis Avenue

City Brooklyn State NY Zip Code 11233

Purpose of Disbursement Contribution

Candidate Name EDOLPHUS TOWNS

Office Sought: House Senate President
State: NY District: 10

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5822

Date of Disbursement

08 / 22 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. CONGRESSMAN BART GORDON COMMITTEE

Mailing Address P.O. Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement Contribution

Candidate Name BARTON JENNINGS GORDON

Category/Type

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: TN District: 06

Transaction ID: SB23.5828

Date of Disbursement

08 / 22 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR. HUNTER FOR CONGRESS

Mailing Address PO BOX 2119

City OKLAHOMA CITY State OK Zip Code 73101

Purpose of Disbursement Contribution

Candidate Name PAUL DAVID HUNTER

Category/Type

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: OK District: 05

Transaction ID: SB23.5825

Date of Disbursement

08 / 22 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF HILLARY

Mailing Address 1717 K STREET NW SUITE 309A

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement Contribution

Candidate Name HILLARY RODHAM CLINTON

Category/Type

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: NY District: 00

Transaction ID: SB23.5817

Date of Disbursement

08 / 22 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

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

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NAME OF COMMITTEE (In Full)
American College of Physician Services Inc PAC; AKA ACP Services PAC

Full Name (Last, First, Middle Initial) A. GINGREY FOR CONGRESS		Transaction ID: SB23.5805 Date of Disbursement 07 / 06 / 2006	
Mailing Address PO Box U		Amount of Each Disbursement this Period 1000.00	
City Marietta	State GA	Zip Code 30060	Category/ Type
Purpose of Disbursement Contribution		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name PHILLIP J GINGREY			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: GA District: 11		

Full Name (Last, First, Middle Initial) B. HULSHOF FOR CONGRESS - DISTRICT 09 MISSOURI		Transaction ID: SB23.5806 Date of Disbursement 07 / 06 / 2006	
Mailing Address PO Box 1621		Amount of Each Disbursement this Period 500.00	
City Columbia	State MO	Zip Code 65205	Category/ Type
Purpose of Disbursement Contribution		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name KENNY CHARLES HULSHOF			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 09		

Full Name (Last, First, Middle Initial) C. PEOPLE FOR ENGLISH		Transaction ID: SB23.5831 Date of Disbursement 08 / 22 / 2006	
Mailing Address PO BOX 1940		Amount of Each Disbursement this Period 1000.00	
City ERIE	State PA	Zip Code 16507	Category/ Type
Purpose of Disbursement Contribution		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name PHILIP S ENGLISH			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 03		

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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 16 / 16

<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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. PETE STARK RE-ELECTION COMMITTEE

Mailing Address P.O. Box 8331

City State Zip Code
Fremont CA 94537

Purpose of Disbursement
Contribution

Candidate Name
PETE STARK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CA District: 13

Transaction ID: SB23.5810

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. VOINOVICH FOR SENATE COMMITTEE

Mailing Address 865 MACON ALLEY

City State Zip Code
COLUMBUS OH 43206

Purpose of Disbursement
Contribution

Candidate Name
GEORGE V VOINOVICH

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District: 00

Transaction ID: SB23.5813

Date of Disbursement

MM / DD / YYYY
07 / 26 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

11500.00