

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 (12G)
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 03 01 2010 through 03 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 04 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									
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FEC FORM 3X
(Rev. 12/2004)

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	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		21979.67
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	48007.56									
(c) Total Receipts (from Line 19)	28370.00	57705.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	76377.56	79684.67								
7. Total Disbursements (from Line 31)	15202.64	18509.75								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	61174.92	61174.92								
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	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

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)	17000.00	36950.00
(ii) Unitemized	11370.00	20755.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	28370.00	57705.00
(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)	28370.00	57705.00
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))	28370.00	57705.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28370.00	57705.00

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.....	452.64	1259.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	452.64	1259.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	17000.00
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	250.00	250.00
(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))	250.00	250.00
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))..	15202.64	18509.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15202.64	18509.75

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 23

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)	28370.00	57705.00
34. Total Contribution Refunds (from Line 28(d))	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28120.00	57455.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	452.64	1259.75
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	452.64	1259.75

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 23
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
Richard J Baron, MD FACP

Mailing Address 345 E Mount Airy Ave

City Philadelphia State PA Zip Code 19119-1114

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

Name of Employer Greenhouse Internists Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 09 / 2010
Transaction ID: C887630
 Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
A Sidney Barritt, III, MD FA

Mailing Address 2406 Jefferson St SE

City Roanoke State VA Zip Code 24014-3312

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: 03 / 04 / 2010
Transaction ID: C886104
 Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Mohammad Arshad Bhatti, MD

Mailing Address 216 Thornwood PI

City Philadelphia State PA Zip Code 19154-1675

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: 03 / 26 / 2010
Transaction ID: C896708
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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 7 / 23
(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			

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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)
David M Borne, MD FACP

Mailing Address 2 Jay St

City State Zip Code
New Orleans LA 70124-4511

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

Name of Employer Occupation
LSU Health Sciences Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2010

Transaction ID: C890910

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Terence M Brady, MD FACP

Mailing Address 29 Commonwealth Blvd

City State Zip Code
Bellerose Village NY 11001-4145

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

Name of Employer Occupation
NY Hosp Queens Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2010

Transaction ID: C881256

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Marie T Brown, MD FACP

Mailing Address 251 Longcommon Rd

City State Zip Code
Riverside IL 60546-2033

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
MM / DD / YYYY
03 / 22 / 2010

Transaction ID: C892766

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 8 / 23
(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

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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)
Jeffrey B Cole, MC USN FAC

Mailing Address 703 Timmons Ct

City State Zip Code
Chesapeake VA 23322-3853

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

Name of Employer Occupation
US Navy Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2010

Transaction ID: C896707

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Yul D Ejnes, MD FACP

Mailing Address 46 Jeffrey Dr

City State Zip Code
North Scituate RI 02857-2940

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

Name of Employer Occupation
Coastal Medical, Inc Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2010

Transaction ID: C879396

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Michael J Fedak, MD FACP

Mailing Address 639 Stablestone Dr

City State Zip Code
Chesterfield MO 63017-2729

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

Name of Employer Occupation
Esse Health Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2010

Transaction ID: C890942

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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 / 23
(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

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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)
Jacqueline Winfield Fincher, MD FACP

Mailing Address PO Box 1898

City Thomson State GA Zip Code 30824-5898

FEC ID number of contributing federal political committee. C

Name of Employer McDuffie Medical Associates Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
03 / 04 / 2010

Transaction ID: C886108

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Jason Michael Goldman, MD FACP

Mailing Address 12914 Hyland Cir

City Boca Raton State FL Zip Code 33428-4857

FEC ID number of contributing federal political committee. C

Name of Employer Jason M. Goldman, MD, PA Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
03 / 16 / 2010

Transaction ID: C890912

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Daniel Gottovi, MD

Mailing Address 4731 Shannonhouse Dr Apt 102

City Raleigh State NC Zip Code 27612-3418

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 MM / DD / YYYY
03 / 02 / 2010

Transaction ID: C879397

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 2250.00

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 / 23
(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. Full Name (Last, First, Middle Initial)
David S Grauman, MD FACP

Mailing Address 1919 Lathrop St
Ste 203

City State Zip Code
Fairbanks AK 99701-5943

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

Name of Employer Occupation
dgrauman@avtox.com Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2010

Transaction ID: C878071

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Jeffrey P Harris, MD MACP

Mailing Address PO Box 24
154 Clay Hill Rd

City State Zip Code
Millwood VA 22646-0024

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

Name of Employer Occupation
Self-employed Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2010

Transaction ID: C899764

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Stuart I Henochowicz, MD FACP

Mailing Address 6035 Burke Centre Pkwy
Ste 120

City State Zip Code
Burke VA 22015-3750

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

Name of Employer Occupation
Self Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 26 / 2010

Transaction ID: C895552

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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 11 / 23
(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			

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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)
John D Hodgson, MD FACP

Mailing Address 209 Summit Dr

City State Zip Code
Whiteville NC 28472-2736

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: MM / DD / YYYY
03 / 16 / 2010

Transaction ID: C890919

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Robert E Jackson, MD FACP

Mailing Address 6550 Fannin St Ste 2323

City State Zip Code
Houston TX 77030-2747

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: MM / DD / YYYY
03 / 16 / 2010

Transaction ID: C890895

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Thomas E Jarrett, MD

Mailing Address 507 N Lindsay St

City State Zip Code
High Point NC 27262-4303

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

Name of Employer Bethany Medical Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
03 / 26 / 2010

Transaction ID: C896709

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: (check only one)	PAGE 12 / 23		
	<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

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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) Michael H Kaufman, MD FACP		Date of Receipt MM / DD / YYYY 03 / 04 / 2010		
	Mailing Address Box 5775 NDCBV		Transaction ID: C886096		
	City Taos	State NM	Zip Code 87571	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer Self-employed		Occupation Physician		

B.	Full Name (Last, First, Middle Initial) Andrea M Kielich, MD FACP		Date of Receipt MM / DD / YYYY 03 / 30 / 2010		
	Mailing Address 1818 NW Miller Rd		Transaction ID: C899765		
	City Portland	State OR	Zip Code 97229-7505	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer Providence Seaside Hospital		Occupation Hospitalist		

C.	Full Name (Last, First, Middle Initial) Ralph Eddy Koldinger, MD		Date of Receipt MM / DD / YYYY 03 / 22 / 2010		
	Mailing Address 1339 44th St		Transaction ID: C892748		
	City Sacramento	State CA	Zip Code 95819-4146	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer Sutter Independent Physicians		Occupation President/CEO		

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 13 / 23
(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

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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)
Richard Foard LeBlond, MD MACP

Mailing Address 2023 Laurence Ct NE

City State Zip Code
Iowa City IA 52240-9150

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

Name of Employer Occupation
University of Iowa Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2010

Transaction ID: C890953

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Joyce E Leon, MD

Mailing Address 853 Iroquois St

City State Zip Code
Detroit MI 48214-2711

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

Name of Employer Occupation
Integrated Health Associates Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2010

Transaction ID: C879382

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Joel Seth Levine, MD MACP

Mailing Address 3896 S Magnolia Way

City State Zip Code
Denver CO 80237-1222

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

Name of Employer Occupation
University of Colorado School of Medicine Professor of Medicine

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: C888095

Amount of Each Receipt this Period
500.00

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 14 / 23
(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

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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)
Robert D McCartney, MD FACP

Mailing Address 860 Monroe St

City State Zip Code
Denver CO 80206-4013

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

Name of Employer Senior Care of Colorado Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2010

Transaction ID: C896711

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
William Stafford Nevin, MD FACP

Mailing Address 4001 E Coronado Dr

City State Zip Code
Tucson AZ 85718-1513

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

Name of Employer Pulmonary Associates of Southern Arizo Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: C888049

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
David E Peach, MD FACP

Mailing Address 12741 Birch Rd

City State Zip Code
Anchorage AK 99516-3041

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

Name of Employer Internal Medicine Associa-tes Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2010

Transaction ID: C886091

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 15 / 23

(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

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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 J Peterson, MD FACP

Mailing Address New York Med College
Dept of Medicine

City State Zip Code
Valhalla NY 10595

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

Name of Employer Occupation
New York Medical College Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 1 0

Transaction ID: C890944

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Jarrod Bret Post, MD

Mailing Address 25 Aspen Dr

City State Zip Code
South Glastonbury CT 06073-2937

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

Name of Employer Occupation
Connecticut Multispecialty Group Internist/Nephrologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 1 0

Transaction ID: C891610

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Stephen A Sherwin, MD FACP

Mailing Address 3508 Clay St

City State Zip Code
San Francisco CA 94118-1839

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 / D D / Y Y Y Y
0 3 / 2 2 / 2 0 1 0

Transaction ID: C892824

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 16 / 23
(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. Full Name (Last, First, Middle Initial)
Jenny R Silberger, MD
Mailing Address 10172 SW Washington St
City Portland State OR Zip Code 97225-6950
FEC ID number of contributing federal political committee. **C**
Name of Employer Kaiser Permanente NW Occupation Doctor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 10 / 2010
Transaction ID: C888097
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Bruce C Smith, MD FACP
Mailing Address 5320 231st Ave SE
City Issaquah State WA Zip Code 98029-9227
FEC ID number of contributing federal political committee. **C**
Name of Employer Group Health Permanente Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 01 / 2010
Transaction ID: C879822
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Donna E Sweet, MD MACP
Mailing Address 6 Crestview Lakes Est
City Wichita State KS Zip Code 67220-2914
FEC ID number of contributing federal political committee. **C**
Name of Employer U of KS Medical School Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 04 / 2010
Transaction ID: C885887
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 17 / 23
(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. Full Name (Last, First, Middle Initial)
Barbara J Turner, MD MEd FA

Mailing Address 100 Blackthorn Rd

City Wallingford State PA Zip Code 19086-6047

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: 03 / 04 / 2010
Transaction ID: C886115
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Robert A Vegors, MD FACP

Mailing Address 215 Saddlebrook Dr

City Jackson State TN Zip Code 38305-6607

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

Name of Employer The Jackson Clinic Occupation Geriatrician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 05 / 2010
Transaction ID: C885993
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Norman James Wilder, MD MACP

Mailing Address 10201 Sidorof Ln

City Anchorage State AK Zip Code 99507-6420

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

Name of Employer Alaska Regional Hospital Occupation Physician/Chief Medical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 01 / 2010
Transaction ID: C878740
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 18 / 23
(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. Full Name (Last, First, Middle Initial)
Todd S Wilkinson, MD
 Mailing Address 708 Parkman Dr
 City Bloomfield Hills State MI Zip Code 48304-2448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wm Beaumont Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 03 / 16 / 2010
Transaction ID: C890956
 Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
F David Winter, Jr, MD FAC
 Mailing Address 3434 Swiss Ave Ste 105
 City Dallas State TX Zip Code 75204-6233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baylor Health Care System Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 03 / 30 / 2010
Transaction ID: C896705
 Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Scott W Yates, MD MBA FAC
 Mailing Address 6020 W Parker Rd Ste 420
 City Plano State TX Zip Code 75093-8174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Center for Executive Medicine Occupation Personal Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 03 / 02 / 2010
Transaction ID: C877916
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00
TOTAL This Period (last page this line number only) ► 17000.00

**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 19 / 23

<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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D93870 Date of Disbursement 03 / 31 / 2010
	Mailing Address PO Box 53852	
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 165.48
	Purpose of Disbursement Merchant service fees Candidate Name	Category/Type
	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) Bank of America Merchant Services	Transaction ID: D93773 Date of Disbursement 03 / 01 / 2010
	Mailing Address PO Box 2485 WA2-505-01-40	
	City Spokane State WA Zip Code 99210-2485	Amount of Each Disbursement this Period 262.16
	Purpose of Disbursement Merchant service fees Candidate Name	Category/Type
	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) Citi Merchant Services	Transaction ID: D93774 Date of Disbursement 03 / 04 / 2010
	Mailing Address PO Box 407066	
	City Ft Lauderdale State FL Zip Code 33340-7066	Amount of Each Disbursement this Period 25.00
	Purpose of Disbursement Merchant service fees Candidate Name	Category/Type
	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)	452.64
TOTAL This Period (last page this line number only)	452.64

**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

A.	Full Name (Last, First, Middle Initial) Allyson Schwartz for Congress	Transaction ID: D93368 Date of Disbursement 03 / 23 / 2010
	Mailing Address PO Box 2232	
	City Jenkintown State PA Zip Code 19046	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution to federal candidates	Category/ Type
	Candidate Name Rep Allyson Y Schwartz	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AmeriPAC: The Fund for a Greater America	Transaction ID: D93301 Date of Disbursement 03 / 22 / 2010
	Mailing Address #414 499 S Capitol St, SW	
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name AmeriPAC: The Fund for a Greater America	
	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) Berkley for Congress	Transaction ID: D93365 Date of Disbursement 03 / 23 / 2010
	Mailing Address 3069 Conquista Court	
	City Las Vegas State NV Zip Code 89121	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contribution to federal candidates	Category/ Type
	Candidate Name Rep Shelley Berkley	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV 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)	6000.00
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

<p>A. Full Name (Last, First, Middle Initial) Blumenauer for Congress</p> <p>Mailing Address 830 NE Holladay St Ste 105</p> <p>City Portland State OR Zip Code 97232-5105</p> <p>Purpose of Disbursement Contribution to federal candidates</p> <p>Candidate Name Rep. Earl Blumenauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OR District: 03</p>	<p>Transaction ID: D93363</p> <p>Date of Disbursement 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Dave Camp for Congress</p> <p>Mailing Address 5915 Eastman Ave Ste 100</p> <p>City Midland State MI Zip Code 48640-6824</p> <p>Purpose of Disbursement Contribution to federal candidates</p> <p>Candidate Name Rep. Dave Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 04</p>	<p>Transaction ID: D93367</p> <p>Date of Disbursement 03 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Diana DeGette for Congress Inc</p> <p>Mailing Address PO Box 61337</p> <p>City Denver State CO Zip Code 80206</p> <p>Purpose of Disbursement Contribution to federal candidates</p> <p>Candidate Name Rep. Diana L. DeGette</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District: 01</p>	<p>Transaction ID: D93303</p> <p>Date of Disbursement 03 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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 22 / 23

<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. Full Name (Last, First, Middle Initial) Pallone for Congress Mailing Address PO Box 3176 City Long Branch State NJ Zip Code 07740 Purpose of Disbursement Contribution to federal candidates Candidate Name Rep. Frank Pallone, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D93302 Date of Disbursement 03 / 22 / 2010
	Amount of Each Disbursement this Period 2500.00
B. Full Name (Last, First, Middle Initial) Tim Murphy for Congress Mailing Address PO Box 24551 City Pttsburgh State PA Zip Code 15234 Purpose of Disbursement Contribution to federal candidates Candidate Name Rep Timothy F Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D93366 Date of Disbursement 03 / 23 / 2010
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

14500.00

**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 23 / 23

<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

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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)

Ralph Eddy Koldinger, MD

Mailing Address 1339 44th St

City
Sacramento

State
CA

Zip Code
95819-4146

Purpose of Disbursement
Contribution amount made in error

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: D93869

Date of Disbursement

^M 0	^M 3	/	^D 2	^D 6	/	^Y 2	^Y 0	^Y 1	^Y 0
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Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

250.00