



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2014"/>	<input type="text" value="37020.24"/>	<input type="text" value="37020.24"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="101917.69"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="29536.00"/>	<input type="text" value="124103.11"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="131453.69"/>	<input type="text" value="161123.35"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="16982.80"/>	<input type="text" value="46652.46"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="114470.89"/>	<input type="text" value="114470.89"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

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:  /  /  To:  /  /

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).....	21665.00	96814.00
(ii) Unitemized .....	5371.00	24789.11
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	27036.00	121603.11
(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) .....	27036.00	121603.11
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.....	2500.00	2500.00
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 Transfers (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))..... ▶	29536.00	124103.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	29536.00	124103.11

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	1082.80	3002.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1082.80	3002.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	38250.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	5400.00	5400.00
(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)).....	5400.00	5400.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	16982.80	46652.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16982.80	46652.46

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	27036.00	121603.11
34. Total Contribution Refunds (from Line 28(d)) .....	5400.00	5400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21636.00	116203.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1082.80	3002.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1082.80	3002.46

**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 6 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. James W Adamson MD FACP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7137 Browns Way Shortcut Rd  
 City Conway State SC Zip Code 29527-6407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Conway Medical Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 10 / 2014**  
**Transaction ID : C2719463**  
 Amount of Each Receipt this Period **250.00**

**B. Sanjay Agarwal MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 406 N Crestview Dr  
 City Moses Lake State WA Zip Code 98837-1413  
 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 **04 / 27 / 2014**  
**Transaction ID : C2722006**  
 Amount of Each Receipt this Period **250.00**

**C. Laura Lee Allendorf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9009 Avis Ct  
 City Vienna State VA Zip Code 22182-2162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-employed Occupation PAC Consultant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt **04 / 10 / 2014**  
**Transaction ID : C2719543**  
 Amount of Each Receipt this Period **10.00**

**SUBTOTAL** of Receipts This Page (optional)..... **510.00**  
**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 7 OF 25
	<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) <b>A. Felicia L Austin Jordan MD FACP</b>			Date of Receipt
Mailing Address 10923 Tulip Garden Ct			<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : C2719540</b>
Houston	TX	77065-3230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
Kelsey Seybold	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. James H Baker MD FACP</b>			Date of Receipt
Mailing Address 3503 River Oaks Dr			<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : C2719466</b>
Muskogee	OK	74403-2310	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
Care ATC	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Alphonse J Baluta MD FACP</b>			Date of Receipt
Mailing Address 1 Bretton Rd			<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : C2719464</b>
Londonderry	NH	03053-3650	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Parkland Physician Serv	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1250.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 8 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Eileen D Barrett MD MPH FAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 E Green Ave  
 City Gallup State NM Zip Code 87301-6048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Indian Health Services Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 11 / 2014**  
**Transaction ID : C2719975**  
 Amount of Each Receipt this Period **150.00**

**B. Eileen D Barrett MD MPH FAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 E Green Ave  
 City Gallup State NM Zip Code 87301-6048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Indian Health Services Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 11 / 2014**  
**Transaction ID : C2720037**  
 Amount of Each Receipt this Period **100.00**

**C. Lynn Bentson MD FACP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1735 NW Woodland Dr  
 City Corvallis State OR Zip Code 97330-1743  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SamaritanHealth Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 01 / 2014**  
**Transaction ID : C2671534**  
 Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>500.00</b>
<b>TOTAL</b> 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 9 OF 25
	<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)  
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Full Name (Last, First, Middle Initial) <b>A. David M Borne MD FACP</b>		Date of Receipt MM / DD / YYYY 04 / 22 / 2014
Mailing Address 2 Jay St		<b>Transaction ID : C2720283</b>
City New Orleans	State LA	Zip Code 70124-4511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer LSUHSC	Occupation MD	
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>B. Sarah T Corley MD FACP</b>		Date of Receipt MM / DD / YYYY 04 / 04 / 2014
Mailing Address 6204 Vernon Palmer Ct		<b>Transaction ID : C2672170</b>
City McLean	State VA	Zip Code 22101-2349
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer NextGen Healthcare	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) <b>C. Noel N Deep MD FACP</b>		Date of Receipt MM / DD / YYYY 04 / 02 / 2014
Mailing Address 810 Violet Way		<b>Transaction ID : C2671268</b>
City Antigo	State WI	Zip Code 54409-9500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Aspirus Clinics Inc	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1380.00
<b>TOTAL</b> 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 OF 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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) <b>A. Lisa L Ellis MD FACP</b>		Date of Receipt MM / DD / YYYY 04 / 11 / 2014
Mailing Address 725 Woodson Pl		<b>Transaction ID : C2720053</b>
City Manakin Sabot	State VA	Zip Code 23103-3162
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Medical College of Virginia Physicians	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. Kathleen Susan Franco Bronson MD MS FACP</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2014
Mailing Address 70 Old Plank Ln		<b>Transaction ID : C2719462</b>
City Chagrin Falls	State OH	Zip Code 44022-2402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Cleveland Clinic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Gordon L Fung MD FACP</b>		Date of Receipt MM / DD / YYYY 04 / 02 / 2014
Mailing Address 1837 10th Ave		<b>Transaction ID : C2671354</b>
City San Francisco	State CA	Zip Code 94122-4601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer UCSF Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> 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 11 OF 25
	<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) <b>A. Amit Ghose MD</b>		Date of Receipt
Mailing Address 1991 Birch Bluff Dr		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City State Zip Code Okemos MI 48864-5915		<b>Transaction ID : C2719968</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="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 ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Byron Jay Hoffman Jr, MD FAC</b>		Date of Receipt
Mailing Address 24201 Cherry		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City State Zip Code Chapel Hill NC 27517-8554		<b>Transaction ID : C2719970</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer UNC Physician Network	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Steven M Hofh MD</b>		Date of Receipt
Mailing Address 9155 SW Barnes Rd Ste 238		<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City State Zip Code Portland OR 97225-6629		<b>Transaction ID : C2671009</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer Westside Internal Medicine	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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) <b>A. Roger S Khetan MD FACP</b>		Date of Receipt MM / DD / YYYY 04 / 11 / 2014
Mailing Address 2817 Dyer St		<b>Transaction ID : C2719979</b>
City Dallas	State TX	Zip Code 75205-1905
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Health Texas Provider Network	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. Scott Allen Kirchner</b>		Date of Receipt MM / DD / YYYY 04 / 27 / 2014
Mailing Address 6555 Chippewa St Ste 201		<b>Transaction ID : C2722032</b>
City Saint Louis	State MO	Zip Code 63109-4110
FEC ID number of contributing federal political committee. C		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	

Full Name (Last, First, Middle Initial) <b>C. Kesavan Kutty MD MACP</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2014
Mailing Address W140N7866 Lilly Rd		<b>Transaction ID : C2719267</b>
City Menomonee Falls	State WI	Zip Code 53051-4418
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Medical College of Wisconsin	Occupation Professor of Medicine	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 13 OF 25
	<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. Jay Louis Larson MD FACP**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 Timber Ln

City Clancy State MT Zip Code 59634-9787

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

Name of Employer Self-employed Occupation Internist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 15 / 2014  
**Transaction ID : C2714854**

Amount of Each Receipt this Period 5000.00

**B. Rosanne M Leipzig MD PhD FAC**  
Full Name (Last, First, Middle Initial)

Mailing Address 2621 Palisade Ave Apt 10A

City Bronx State NY Zip Code 10463-6110

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

Name of Employer Mount Sinai Occupation MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 26 / 2014  
**Transaction ID : C2721770**

Amount of Each Receipt this Period 250.00

**C. Joyce E Leon MD FACP**  
Full Name (Last, First, Middle Initial)

Mailing Address 853 Iroquois St

City Detroit State MI Zip Code 48214-2711

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

Name of Employer Henry Ford Hospital Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 11 / 2014  
**Transaction ID : C2720017**

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5550.00

**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 15 OF 25
	<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) <b>A. Louis J Morledge MD FACP</b>		Date of Receipt
Mailing Address 150 E 58th St		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City State Zip Code New York NY 10155-0002		<b>Transaction ID : C2719542</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Morledge Medicine PLLC Physician		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Dipti S Pancholy MD</b>		Date of Receipt
Mailing Address 584 Epirus HI		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City State Zip Code South Abington Township PA 18411-8893		<b>Transaction ID : C2724476</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Samir B Pancholy LLC Internist		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Syed R Quadri MBBS FACP</b>		Date of Receipt
Mailing Address 425 E Eagle Pass Rd		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City State Zip Code Elizabethtown KY 42701-8576		<b>Transaction ID : C2719549</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Self-employed Physician		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Wayne J Riley MD MBA MAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 336 White Swans Xing  
 City Brentwood State TN Zip Code 37027-4037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Meharry Medical College Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 18 / 2014  
**Transaction ID : C2719556**  
 Amount of Each Receipt this Period 1000.00

**B. Patricia E Sadler MD FACP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 203 E Walnut St  
 City Clinton State SC Zip Code 29325-2848  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hospice of Laurens County Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 23 / 2014  
**Transaction ID : C2720317**  
 Amount of Each Receipt this Period 200.00

**C. Donna P Seminara MD FACP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 640 Ocean Ter  
 City Staten Island State NY Zip Code 10301-4538  
 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 04 / 11 / 2014  
**Transaction ID : C2720048**  
 Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1450.00
<b>TOTAL</b> 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 OF 25  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. 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 Y  
 04 / 26 / 2014

**Transaction ID : C2721573**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Jason F Shiffermiller MD FACP**

Mailing Address 983331 Nebraska Medical Ctr

City State Zip Code  
 Omaha NE 68198-3331

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

Name of Employer Occupation  
 UNMC Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 03 / 2014

**Transaction ID : C2672148**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Peter Charles Smith MD FACP**

Mailing Address 4420 Crane Ct

City State Zip Code  
 Loveland CO 80537-8901

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

Name of Employer Occupation  
 Banner Health 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  
 04 / 11 / 2014

**Transaction ID : C2719983**

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 18 OF 25
	<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) <b>A. Paul F Speckart MD MACP</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 11 / 2014
Mailing Address 3260 3rd Ave		<b>Transaction ID : C2720051</b>
City San Diego	State CA	Zip Code 92103-5616
FEC ID number of contributing federal political committee.	C	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	

Full Name (Last, First, Middle Initial) <b>B. W James Stackhouse MD MACP</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 10 / 2014
Mailing Address 710 Park Ave		<b>Transaction ID : C2719552</b>
City Goldsboro	State NC	Zip Code 27530-3835
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Goldsboro Medical Specialists	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>C. Daniel M Sullivan MD FACP</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 11 / 2014
Mailing Address 16800 Van Aken Blvd Apt 302		<b>Transaction ID : C2719981</b>
City Shaker Heights	State OH	Zip Code 44120-3650
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00
Name of Employer Cleveland Clinic	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> 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 19 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Frederick E Turton MD MBA MAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 640 Greystone Park NE  
 City Atlanta State GA Zip Code 30324-5285  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emory University Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 10 / 2014**  
**Transaction ID : C2719269**  
 Amount of Each Receipt this Period **250.00**

**B. Gregory Alan Underwood MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5231 Lila Wood Cir  
 City Charlotte State NC Zip Code 28209-5537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carolina Healthcare System Occupation MD  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **275.00**

Date of Receipt **04 / 18 / 2014**  
**Transaction ID : C2719553**  
 Amount of Each Receipt this Period **275.00**

**C. Sara L Wallach MD FACP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 365 Fair Haven Rd  
 City Fair Haven State NJ Zip Code 07704-3428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Francis Medical Center Occupation Physidcian  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 11 / 2014**  
**Transaction ID : C2719967**  
 Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>775.00</b>
<b>TOTAL</b> 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 20 OF 25  
(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)  
**Michael A Zimmer MD FACP**

Mailing Address 777 Cattail Ct NE

City Saint Petersburg State FL Zip Code 33703-3170

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

Name of Employer Michael A Zimmer MD PLC Occupation Medical Doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 01 / 2014**

**Transaction ID : C2671535**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>21665.00</b>

**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 21 OF 25
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<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. Dave Camp for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 5915 Eastman Ave  
Ste 100

City Midland State MI Zip Code 48640-6824

FEC ID number of contributing federal political committee. **C** C00347476

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 18 / 2014

**Transaction ID : C2719554**

Amount of Each Receipt this Period  
2500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2500.00

**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. 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:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2014

**Transaction ID : D158409**

Amount of Each Disbursement this Period

272.24

Full Name (Last, First, Middle Initial)

**B. 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:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2014

**Transaction ID : D158408**

Amount of Each Disbursement this Period

810.56

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1082.80

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

1082.80

**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. Alexander for Senate 2014**

Mailing Address 228 S Washington St  
Ste 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name

**Sen. Lamar Alexander**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		22		2014

**Transaction ID : D157189**

Amount of Each Disbursement this Period

2,000.00
----------

Full Name (Last, First, Middle Initial)

**B. Hope for Congress**

Mailing Address PO Box 3060

City Arlington State VA Zip Code 22203-8060

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name

**Patrick Alan Hope**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

**Transaction ID : D158181**

Amount of Each Disbursement this Period

5,000.00
----------

Full Name (Last, First, Middle Initial)

**C. Hope for Congress**

Mailing Address PO Box 3060

City Arlington State VA Zip Code 22203-8060

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name

**Patrick Alan Hope**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

**Transaction ID : D158182**

Amount of Each Disbursement this Period

2,500.00
----------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9,500.00
----------

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

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**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

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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. Jay Louis Larson MD FACP**

Mailing Address 4 Timber Ln

City State Zip Code  
Clancy MT 59634-9787

Purpose of Disbursement  
On 4/15 intended to contribute \$500 not \$5,000

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2014

Transaction ID : D157649

Amount of Each Disbursement this Period

4500.00
---------

Full Name (Last, First, Middle Initial)

**B. Doug B McManus MD FACP**

Mailing Address 400 N Wisconsin St

City State Zip Code  
Port Washington WI 53074-1615

Purpose of Disbursement  
On 3/31 intended to contribute \$100 not \$1,000. Refund received 4/1

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2014

Transaction ID : D157648

Amount of Each Disbursement this Period

900.00
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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5400.00
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5400.00
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