

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 02 01 2011 through 02 28 2011

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 03 18 2011

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

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

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	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

	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>1</td></tr></table>	Y	Y	Y	Y	2	0	1	1		16627.96
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	37590.77									
(c) Total Receipts (from Line 19)	21061.00	42291.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	58651.77	58918.96								
7. Total Disbursements (from Line 31)	6576.39	6843.58								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	52075.38	52075.38								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: 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)	12201.00	29401.00
(ii) Unitemized	7860.00	11890.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	20061.00	41291.00
(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)	20061.00	41291.00
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	1000.00	1000.00
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))	21061.00	42291.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21061.00	42291.00

DETAILED SUMMARY PAGE

of Disbursements

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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.....	576.39	843.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	576.39	843.58
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	5500.00
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	500.00	500.00
(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))	500.00	500.00
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))..	6576.39	6843.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6576.39	6843.58

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	20061.00	41291.00
34. Total Contribution Refunds (from Line 28(d))	500.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19561.00	40791.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	576.39	843.58
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	576.39	843.58

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

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

FOR LINE NUMBER: PAGE 6 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
John Volney Allcott, III, MD
 Mailing Address 2650 Cresta De Ruta St
 City Eugene State OR Zip Code 97403-1849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Applegate East Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 02 / 25 / 2011
Transaction ID: C1239190
 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 Bellerose Village State NY Zip Code 11001-4145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NY Hosp Queens Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt 02 / 23 / 2011
Transaction ID: C1191494
 Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
John R Burton, MD MACP
 Mailing Address 3 Saint Johns Rd
 City Baltimore State MD Zip Code 21210-2121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Johns Hopkins University Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 02 / 23 / 2011
Transaction ID: C1191496
 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 7 / 22
(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

<p>A. Full Name (Last, First, Middle Initial) Thomas Andrew Cook, MD FACP</p> <p>Mailing Address 2051B Hamill Rd Ste 204</p> <p>City State Zip Code Hixson TN 37343-4093</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Galen Medical Group Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 02 / 25 / 2011</p> <p>Transaction ID: C1239214</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Molly Cooke, MD FACP</p> <p>Mailing Address 112 Upper Ter</p> <p>City State Zip Code San Francisco CA 94117-4514</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation UCSF Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 02 / 02 / 2011</p> <p>Transaction ID: C1180468</p> <p>Amount of Each Receipt this Period 1000.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Noel N Deep, MD FACP</p> <p>Mailing Address 810 Violet Way</p> <p>City State Zip Code Antigo WI 54409-9500</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Aspirus Clinics, Inc Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 02 / 01 / 2011</p> <p>Transaction ID: C1180681</p> <p>Amount of Each Receipt this Period 250.00</p>
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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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 22
(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)
Robert B Doherty, SVP

Mailing Address 3212 Morrison St NW

City Washington State DC Zip Code 20015-1637

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

Name of Employer American College of Physicians Occupation Governmental Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 25 / 2011

Transaction ID: C1239189

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Andrew S Dunn, MD FACP

Mailing Address 619 Russet Rd

City Valley Cottage State NY Zip Code 10989-1625

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

Name of Employer Mount Sinai School of Medicine Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 23 / 2011

Transaction ID: C1191491

Amount of Each Receipt this Period 250.00

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

Mailing Address 46 Jeffrey Dr

City North Scituate State RI Zip Code 02857-2940

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

Name of Employer Coastal Medical, Inc. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 15 / 2011

Transaction ID: C1188602

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 22
(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 Avery Fleming, MD
 Mailing Address 9500 W Terrapin Ridge Rd
 City Columbia State MO Zip Code 65203-9661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Missouri Occupation Professor and Chairman, Department of
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt 02 / 16 / 2011
Transaction ID: C1188762
 Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
David Avery Fleming, MD
 Mailing Address 9500 W Terrapin Ridge Rd
 City Columbia State MO Zip Code 65203-9661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Missouri Occupation Professor and Chairman, Department of
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt 02 / 16 / 2011
Transaction ID: C1188763
 Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Robert M Greenfield, MD FACP
 Mailing Address 106 River Dr
 City Annapolis State MD Zip Code 21403-4425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenfield-Caputo, MD,PA Occupation Internist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 02 / 02 / 2011
Transaction ID: C1180470
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00
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 / 22

(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) Kenneth A Hahn, MD FACP		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 1462 S Colorado St Apt 2F		Transaction ID: C1239343		
	City Greenville	State MS	Zip Code 38703-7263	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 Delta Regional Medical Ctr		Occupation Physician		

B.	Full Name (Last, First, Middle Initial) Sarah Carol Heiner, MD		Date of Receipt MM / DD / YYYY 02 / 25 / 2011		
	Mailing Address 804 San Gabriel Ave		Transaction ID: C1239226		
	City Henderson	State NV	Zip Code 89002-9010	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
	Name of Employer Self-employed		Occupation General Internist		

C.	Full Name (Last, First, Middle Initial) David G Heisig, MD FACP		Date of Receipt MM / DD / YYYY 02 / 15 / 2011		
	Mailing Address 105 Cross Rd		Transaction ID: C1188516		
	City Syracuse	State NY	Zip Code 13224-2126	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 400.00		
	Name of Employer Self-employed		Occupation Physician		

SUBTOTAL of Receipts This Page (optional)

1150.00

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 / 22
(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 Paul Hill, MD

Mailing Address PO Box 188

City State Zip Code
Troy TN 38260-0188

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

Name of Employer Occupation
C H Hill Clinic MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: C1239345

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Cory Scott Krueger, MD FACP

Mailing Address 758 E Cottontail Run

City State Zip Code
Cottonwood AZ 86326-7072

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

Name of Employer Occupation
Self-employed Internist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2011

Transaction ID: C1191173

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Kesavan Kutty, MD MACP

Mailing Address W140N7866 Lilly Rd

City State Zip Code
Menomonee Falls WI 53051-4418

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

Name of Employer Occupation
The Medical College of Wisconsin Professor of Medicine

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: C1186433

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 12 / 22
(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)
Larry M Lehmer, MD FACP

Mailing Address 9709 Camden Hills Ave

City State Zip Code
Las Vegas NV 89145-8610

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 02 / 19 / 2011
Transaction ID: C1191171
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Owen Linder, MD FACP

Mailing Address 960 Main St

City State Zip Code
Safety Harbor FL 34695-3454

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 ▼
1000.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: C1239373
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Mark K Matthews, MD FACP

Mailing Address 126 Willowleaf Dr

City State Zip Code
Littleton CO 80127-4347

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

Name of Employer: may20th@comcast.net
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt: 02 / 25 / 2011
Transaction ID: C1239205
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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 / 22
(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)
Mark E Mayer, MD FACP

Mailing Address 4102 Meadowbrook Blvd

City State Zip Code
University Heights OH 44118-3839

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

Name of Employer Occupation
Cleveland Clinic Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: C1188183

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Robert M McLean, MD FACP

Mailing Address 46 Prince St

City State Zip Code
New Haven CT 06519-1600

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

Name of Employer Occupation
Connecticut Medical Group, LLC Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2011

Transaction ID: C1180443

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
George Wibur Meyer, MD FACP

Mailing Address 9040 Windcove Ct

City State Zip Code
Fair Oaks CA 95628-8163

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

Name of Employer Occupation
Kaiser MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: C1188670

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 14 / 22
(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)
Carmen Perez, MD
Mailing Address 227 Halcyon Pl
City San Antonio State TX Zip Code 78209-3824
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Texas Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 03 / 2011
Transaction ID: C1180533
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Francis J Samperisi, MD MBA MPH
Mailing Address 132 Horse Pond Rd
City Madison State CT Zip Code 06443-2561
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Physician consultant
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 28 / 2011
Transaction ID: C1239374
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Richard J Seitz, MD FACP
Mailing Address 1705 Laguna Dr
City Fremont State NE Zip Code 68025-9783
FEC ID number of contributing federal political committee. **C**
Name of Employer Fremont Medical Associates Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 28 / 2011
Transaction ID: C1239334
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 / 22

(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)
Viral S Shah, MBBS FACP

Mailing Address 1911 SW Campus Dr
Apt 861

City State Zip Code
Federal Way WA 98023-6473

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

Name of Employer Occupation
Multicare Health Systems 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
0 2 / 2 2 / 2 0 1 1

Transaction ID: C1191418

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Donald D Smith, MD

Mailing Address 1902 Garden Creek Rd

City State Zip Code
Casper WY 82601-6638

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

Name of Employer Occupation
Wyoming Medical Center Physician

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

Date of Receipt

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

Transaction ID: C1239279

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Paul Fredrick Speckart, MD MACP

Mailing Address 3260 3rd Ave

City State Zip Code
San Diego CA 92103-5616

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
0 2 / 2 5 / 2 0 1 1

Transaction ID: C1239174

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 16 / 22
(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)
Edward A Stehlik, MD FACP

Mailing Address 78 Devonshire Rd

City State Zip Code
Buffalo NY 14223-1915

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

Name of Employer: Northtowns Medical group Occupation: Internal Medicine Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 19 / 2011
Transaction ID: C1191168
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 616 W Forest Ave
The Jackson Clinic

City State Zip Code
Jackson TN 38301-3902

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

Name of Employer: Self-employed Occupation: Geriatrician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1001.00

Date of Receipt: 02 / 15 / 2011
Transaction ID: C1188761
 Amount of Each Receipt this Period: 1001.00

C. Full Name (Last, First, Middle Initial)
Joseph J Weiss, MD FACP

Mailing Address 18829 Farmington Rd

City State Zip Code
Livonia MI 48152-3262

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: 02 / 25 / 2011
Transaction ID: C1239210
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **1501.00**

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 / 22	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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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) Barooyr F Zorthian, MD		Date of Receipt		
	Mailing Address 101 Upper Alcatraz Pl		M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 1		
	City	State	Zip Code	Transaction ID: C1239264	
	Mill Valley	CA	94941-1829	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		C	250.00	
	Name of Employer OakCare Medical Group		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	250.00		

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	12201.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 22
(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)
Friends of Kent Conrad

Mailing Address PO Box 812

City State Zip Code
Bismarck ND 58502-0812

FEC ID number of contributing federal political committee. **C** C00202754

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 1 1

Transaction ID: C1181223

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

A. Form/Schedule : **SA16**

Refund of May 2009 check given that was reported in June 20 2009 report

Transaction ID : **C1181223**

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 22

<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 Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Merchant service fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D115704 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1	Amount of Each Disbursement this Period 62.96
B.	Full Name (Last, First, Middle Initial) Bank of America Merchant Services Mailing Address PO Box 2485 WA2-505-01-40 City Spokane State WA Zip Code 99210-2485 Purpose of Disbursement Merchant service fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D115388 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 1 1	Amount of Each Disbursement this Period 507.43
C.	Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address PO Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement Deposit correction fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D115656 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1	Amount of Each Disbursement this Period 6.00

SUBTOTAL of Disbursements This Page (optional)	576.39
TOTAL This Period (last page this line number only)	576.39

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) Cantor for Congress Mailing Address PO Box 17813 City Richmond State VA Zip Code 23226-7813 Purpose of Disbursement Contribution to federal candidates Candidate Name Rep. Eric Cantor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D111277 Date of Disbursement 02 / 18 / 2011
	Amount of Each Disbursement this Period 1000.00

B. Full Name (Last, First, Middle Initial) Michael Burgess for Congress Mailing Address PO Box 2334 City Denton State TX Zip Code 76202-2334 Purpose of Disbursement Contribution to federal candidates Candidate Name Rep. Michael C. Burgess Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D111278 Date of Disbursement 02 / 17 / 2011
	Amount of Each Disbursement this Period 2000.00

C. Full Name (Last, First, Middle Initial) We the People PAC Mailing Address PO Box 2232 City Jenkintown State PA Zip Code 19046-0832 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D111279 Date of Disbursement 02 / 16 / 2011
	Amount of Each Disbursement this Period 2500.00

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

**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 22 / 22

<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)

David Avery Fleming, MD

Transaction ID: D115706

Date of Disbursement

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

Mailing Address 9500 W Terrapin Ridge Rd

City Columbia State MO Zip Code 65203-9661

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Refund of extra contribution inadvertently made

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00