

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American College of Physician Services Inc PAC; aka ACP Services PAC

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 02 / 01 / 2013 through 02 / 28 / 2013

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 Mr Richard L Trachtman Esq [Electronically Filed] Date 03 / 20 / 2013

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

**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="2013"/>		28577.26
(b) Cash on Hand at Beginning of Reporting Period.....	51779.08	
(c) Total Receipts (from Line 19)	37821.00	62271.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	89600.08	90848.26
7. Total Disbursements (from Line 31).....	28922.90	30171.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	60677.18	60677.18
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).....	31326.00	51676.00
(ii) Unitemized	6495.00	10595.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	37821.00	62271.00
(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)	37821.00	62271.00
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 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))..... ▶	37821.00	62271.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	37821.00	62271.00

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	968.40	1216.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	968.40	1216.58
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27500.00	28500.00
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	454.50	454.50
(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)).....	454.50	454.50
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)) ..	28922.90	30171.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28922.90	30171.08

DETAILED SUMMARY PAGE
of Disbursements

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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)	37821.00	62271.00
34. Total Contribution Refunds (from Line 28(d))	454.50	454.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37366.50	61816.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	968.40	1216.58
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	968.40	1216.58

**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 30
	<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	

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. 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 IHS/HHS Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 24 / 2013**
Transaction ID : C1976151
 Amount of Each Receipt this Period **250.00**

B. Judy Ann Benson MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 4603 S Madelia St
 City Spokane State WA Zip Code 99223-6433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence Medical Group Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 06 / 2013**
Transaction ID : C1921042
 Amount of Each Receipt this Period **250.00**

C. Jesse D Bolton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 Ogden St Apt 301
 City Denver State CO Zip Code 80218-3879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Critical Care Pulmonary and Sleep Asso Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 01 / 2013**
Transaction ID : C1920521
 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: (check only one)	PAGE 7 OF 30
	<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	<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. David M Borne MD,FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Jay St
 City New Orleans State LA Zip Code 70124-4511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer dborne@lsuhsc.edu Occupation General Internist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2013
Transaction ID : C1924525
 Amount of Each Receipt this Period
 250.00

B. Marie T Brown MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 251 Longcommon Rd
 City Riverside State IL Zip Code 60546-2033
 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
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2013
Transaction ID : C1974985
 Amount of Each Receipt this Period
 1000.00

C. Robert Maccabee Centor MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 4975 Spring Rock Rd
 City Mountain Brk State AL Zip Code 35223-1642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UAB Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : C1924451
 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: (check only one)	PAGE 8 OF 30
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Chester Choi MD MACP		Date of Receipt
Mailing Address 17 Sunriver		<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City Irvine	State CA	Zip Code 92614-5402
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C1918455
Name of Employer St. Mary Medical Center		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="1000.00"/>
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"/>		

Full Name (Last, First, Middle Initial) B. Molly Cooke MD FACP		Date of Receipt
Mailing Address 112 Upper Ter		<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City San Francisco	State CA	Zip Code 94117-4514
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C1977917
Name of Employer UCSF		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="1250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1250.00"/>		

Full Name (Last, First, Middle Initial) C. Nitin S Damle MD FACP		Date of Receipt
Mailing Address 481 Kingstown Rd		<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City Wakefield	State RI	Zip Code 02879-3626
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C1977066
Name of Employer South County Internal Medicine		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="1000.00"/>
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"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3250.00"/>
TOTAL 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: (check only one)	PAGE 9 OF 30
	<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. Richard A Dart MD FACP
Full Name (Last, First, Middle Initial)

Mailing Address 9050 Ader Rd

City Marshfield State WI Zip Code 54449-9652

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

Name of Employer Marshfield Clinic Research Foundation Occupation Emeritus Research Clinician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 45.50

Date of Receipt 02 / 01 / 2013
Transaction ID : C1919923

Amount of Each Receipt this Period 500.00

B. Emmett J Doerr Jr, MD FAC
Full Name (Last, First, Middle Initial)

Mailing Address 1020 Farm Brook Ln NE

City Atlanta State GA Zip Code 30319-4562

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

Name of Employer Retired Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 19 / 2013
Transaction ID : C1925259

Amount of Each Receipt this Period 1000.00

C. David J Dunbar MD FACP
Full Name (Last, First, Middle Initial)

Mailing Address 1531 Kensington Ln

City Lancaster State OH Zip Code 43130-8901

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

Name of Employer Physician staffing Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 04 / 2013
Transaction ID : C1913589

Amount of Each Receipt this Period 250.00

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: (check only one)	PAGE 10 OF 30
	<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. Yul D Ejnes MD MACP
 Full Name (Last, First, Middle Initial)
 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 **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2013
Transaction ID : C1920593
 Amount of Each Receipt this Period
1000.00

B. Lisa L Ellis MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 725 Woodson Pl
 City Manakin Sabot State VA Zip Code 23103-3162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Commonwealth Univ Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2013
Transaction ID : C1976134
 Amount of Each Receipt this Period
1500.00

C. Bruno S Fang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Clive St
 City Edison State NJ Zip Code 08820-3669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer brunofang@yahoo.com Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2013
Transaction ID : C1924505
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	3500.00
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 11 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Heather Edwina Gantzer MD FACP		Date of Receipt
Mailing Address 905 W 48th St		<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
Minneapolis	MN	55419-5342
FEC ID number of contributing federal political committee.		Transaction ID : C1976074
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	Occupation	
Park Nicollet Clinic	Internal Medicine MD	
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) ▼		

Full Name (Last, First, Middle Initial) B. Martin Thomas Gessner MD		Date of Receipt
Mailing Address 102 Parkland St		<input type="text" value="02"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Morganton	NC	28655-9033
FEC ID number of contributing federal political committee.		Transaction ID : C1975353
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
Burke Primary Care	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. William E Golden MD MACP		Date of Receipt
Mailing Address 57 River Ridge Rd		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Little Rock	AR	72227-1525
FEC ID number of contributing federal political committee.		Transaction ID : C1976117
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	Occupation	
UAMS	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) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="800.00"/>
TOTAL 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 12 OF 30
	<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. Clifton R Gruver MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 6251 Old Dominion Dr
 Apt 106
 City McLean State VA Zip Code 22101-4804
 Name of Employer Retired Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 19 / 2013
Transaction ID : C1975354
 Amount of Each Receipt this Period 300.00

B. Kenneth Aaron Hahn MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1462 S Colorado St
 City Greenville State MS Zip Code 38703-7232
 Name of Employer Delta Regional Medical Center Occupation Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 10 / 2013
Transaction ID : C1922327
 Amount of Each Receipt this Period 250.00

C. Susan T Hingle MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1512 Old Ivy Dr
 City Springfield State IL Zip Code 62711-8157
 Name of Employer SIU School of Medicine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 15 / 2013
Transaction ID : C1924469
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00
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 OF 30
	(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. Steve M Hohf MD
Full Name (Last, First, Middle Initial)

Mailing Address 9155 SW Barnes Rd., Ste. 238

City Portland	State OR	Zip Code 97225
------------------	-------------	-------------------

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

Name of Employer Westside Internal Medicine	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		07		2013

Transaction ID : C1921734

Amount of Each Receipt this Period
1000.00

B. Richard P Holm MD FACP
Full Name (Last, First, Middle Initial)

Mailing Address 724 5th St

City Brookings	State SD	Zip Code 57006-2101
-------------------	-------------	------------------------

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

Name of Employer AVERA	Occupation MD, outpt/hosp Internist
---------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		15		2013

Transaction ID : C1924467

Amount of Each Receipt this Period
250.00

C. Carrie A Horwitch MD FACP
Full Name (Last, First, Middle Initial)

Mailing Address 2304 Hughes Ave SW

City Seattle	State WA	Zip Code 98116-1836
-----------------	-------------	------------------------

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

Name of Employer VMC	Occupation Physician
-------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		26		2013

Transaction ID : C1977920

Amount of Each Receipt this Period
1000.00

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: (check only one)	PAGE 14 OF 30
	<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. Richard Allen Hranac MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 3219 Central Avenue
 PO Box 550
 City Kearney State NE Zip Code 68848-0550
 Name of Employer Platte Valley Medical Group PC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 02 / 2013
Transaction ID : C1920552
 Amount of Each Receipt this Period 1000.00

B. Leon Hyman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 3420
 City Kailua Kona State HI Zip Code 96745-3420
 Name of Employer West Hawaii Medical Group Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 07 / 2013
Transaction ID : C1921038
 Amount of Each Receipt this Period 400.00

C. Michael H Kaufman MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 329
 City Arroyo Hondo State NM Zip Code 87513-0329
 Name of Employer Taos Medical Group Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 08 / 2013
Transaction ID : C1922272
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1650.00
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 30
	<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. Roger S Khetan MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 2817 Dyer St
 City Dallas State TX Zip Code 75205-1905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthTexas Provider Network Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : C1924459
 Amount of Each Receipt this Period
 250.00

B. Daniel B Kimball Jr, MD FAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Gaelsong Ln
 City Wyomissing State PA Zip Code 19610-3120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : C1918456
 Amount of Each Receipt this Period
 1000.00

C. Walter K Kraft MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 8th Ave
 City Haddon Heights State NJ Zip Code 08035-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THomas Jefferson University Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2013
Transaction ID : C1976095
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 16 OF 30
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: (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. Mack Alan Land MD MACP
Full Name (Last, First, Middle Initial)
Mailing Address 5905 Lynn brier Avenue
City Memphis State TN Zip Code 38120-2303
FEC ID number of contributing federal political committee. C
Name of Employer University Of Tennessee Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 250.00

Date of Receipt
02 / 15 / 2013
Transaction ID : C1924453
Amount of Each Receipt this Period
250.00

B. Richard Ford LeBlond MD MACP
Full Name (Last, First, Middle Initial)
Mailing Address 2023 Laurence Ct NE
City Iowa City State IA Zip Code 52240-9150
FEC ID number of contributing federal political committee. C
Name of Employer University of Iowa Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 250.00

Date of Receipt
02 / 04 / 2013
Transaction ID : C1913602
Amount of Each Receipt this Period
250.00

C. Robert H Lohr MD FACP
Full Name (Last, First, Middle Initial)
Mailing Address 2148 Baihly Hills Dr SW
City Rochester State MN Zip Code 55902-1300
FEC ID number of contributing federal political committee. C
Name of Employer Mayo Clinic Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 250.00

Date of Receipt
02 / 15 / 2013
Transaction ID : C1924452
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 17 OF 30
	<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. John R Maese MD MACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 243 90th St
 City State Zip Code
 Brooklyn NY 11209-5713
 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 ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : C1918458
 Amount of Each Receipt this Period
 1200.00

B. W Hugh Maloney MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 2041 Rockbridge Rd
 City State Zip Code
 Mc Gregor TX 76657-3451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Providence Healthcare Network Physician Executive
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : C1918863
 Amount of Each Receipt this Period
 1000.00

C. Robert M McLean MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 181 Rimmon Rd
 City State Zip Code
 Woodbridge CT 06525-1918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Connecticut Medical Group Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : C1918450
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2700.00
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 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. David Joseph Miner MD FACP		Date of Receipt
Mailing Address 85 Church St		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Middletown	CT	06457-3647
FEC ID number of contributing federal political committee.		Transaction ID : C1919578
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	Occupation	
Self-employed	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) ▼		

Full Name (Last, First, Middle Initial) B. Darilyn V Moyer MD FACP		Date of Receipt
Mailing Address 2307 Cranberry Ct		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lafayette Hill	PA	19444-2318
FEC ID number of contributing federal political committee.		Transaction ID : C1924475
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Temple University	Faculty- Medical School	
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) C. Michael E Norins MD MPH FAC		Date of Receipt
Mailing Address LeBauer Healthcare 520 N Elam Ave		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Greensboro	NC	27403-1127
FEC ID number of contributing federal political committee.		Transaction ID : C1923190
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	Occupation	
LeBauer Health Care	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1750.00"/>
TOTAL 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 19 OF 30 (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

Full Name (Last, First, Middle Initial) A. Stephen J Peterson MD FACP			Date of Receipt M M / D D / Y Y Y Y Y 02 / 28 / 2013 Transaction ID : C2275690		
Mailing Address 1142 Underhill Ave			Amount of Each Receipt this Period 500.00		
City Yorktown Heights	State NY	Zip Code 10598-5715			
FEC ID number of contributing federal political committee. C					
Name of Employer New York Medical College		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) B. Mark J Richman MD FACP			Date of Receipt M M / D D / Y Y Y Y Y 02 / 04 / 2013 Transaction ID : C1917751		
Mailing Address 1281 E Orange Grove Blvd			Amount of Each Receipt this Period 1026.00		
City Pasadena	State CA	Zip Code 91104-3002			
FEC ID number of contributing federal political committee. C					
Name of Employer Los Angeles County Dept. of Health Ser		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1026.00			

Full Name (Last, First, Middle Initial) C. Theresa Marie Rohr-Kirchgraber MD FACP			Date of Receipt M M / D D / Y Y Y Y Y 02 / 16 / 2013 Transaction ID : C1924473		
Mailing Address 6325 Lawrence Dr			Amount of Each Receipt this Period 300.00		
City Indianapolis	State IN	Zip Code 46226-1032			
FEC ID number of contributing federal political committee. C					
Name of Employer IUSM		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional)..... ▶	1826.00
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 20 OF 30
	<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. Richard J Seitz MD FACP
 Full Name (Last, First, Middle Initial)
 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 **500.00**

Date of Receipt **02 / 19 / 2013**
Transaction ID : C1925235
 Amount of Each Receipt this Period **500.00**

B. Ranita Sharma MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 Thornton Rd
 City Englewood State NJ Zip Code 07631-1901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UMDNJ-RWJMS Occupation Internist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 28 / 2013**
Transaction ID : C2275682
 Amount of Each Receipt this Period **250.00**

C. Heather P Shelton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6450 Sumac Rd
 City Fort Worth State TX Zip Code 76116-8131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Green Island Health Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 16 / 2013**
Transaction ID : C1924498
 Amount of Each Receipt this Period **500.00**

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: (check only one)	PAGE 21 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Stephen Alan Sherwin MD FACP		Date of Receipt
Mailing Address 3508 Clay St		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Francisco	CA	94118-1839
FEC ID number of contributing federal political committee.		Transaction ID : C1924479
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	Occupation	
Self-employed	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) ▼		

Full Name (Last, First, Middle Initial) B. Bruce C Smith MD FACP		Date of Receipt
Mailing Address 5320 231st Ave SE		<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Issaquah	WA	98029-9227
FEC ID number of contributing federal political committee.		Transaction ID : C1924807
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	Occupation	
Group Health Physicians	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) ▼		

Full Name (Last, First, Middle Initial) C. David T SmucklerR MD		Date of Receipt
Mailing Address 741 Virginia Dr		<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
Winter Park	FL	32789-5854
FEC ID number of contributing federal political committee.		Transaction ID : C1976084
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	Occupation	
Orlando Health	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) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL 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 22 OF 30
	<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. A Roland Spedale Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 Montezuma Ave
 City Dothan State AL Zip Code 36303-3914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer rospedale@yahoo.com Occupation MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : C1917747
 Amount of Each Receipt this Period
 250.00

B. Donna E Sweet MD MACP
 Full Name (Last, First, Middle Initial)
 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 The University of Kansas School of Med Occupation General Internist/HIV Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2013
Transaction ID : C1921039
 Amount of Each Receipt this Period
 1000.00

c. Oanh Thuy Tran MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 328
 City West Hempstead State NY Zip Code 11552-0328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Woodhull Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2013
Transaction ID : C1924507
 Amount of Each Receipt this Period
 250.00

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: (check only one)	PAGE 23 OF 30
<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. Michael Thomas Vest MC USA FAC
Full Name (Last, First, Middle Initial)

Mailing Address 13 Wineberry Dr

City Hockessin State DE Zip Code 19707-2124

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

Name of Employer Christian Care Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
02 / 26 / 2013
Transaction ID : C1977924

Amount of Each Receipt this Period
250.00

B. Steven J Walerstein MD FACP
Full Name (Last, First, Middle Initial)

Mailing Address 8 Yardley Dr

City Dix Hills State NY Zip Code 11746-6043

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

Name of Employer Nuhealth Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
02 / 16 / 2013
Transaction ID : C1924494

Amount of Each Receipt this Period
250.00

C. Sara E Walker MD MACP
Full Name (Last, First, Middle Initial)

Mailing Address 2120 Southern Star Loop

City Las Cruces State NM Zip Code 88011-4083

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

Name of Employer Retired Occupation Internal medicine-Rheumatology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
02 / 26 / 2013
Transaction ID : C1977915

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

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 24 OF 30
	<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. Sankey V Williams MD MACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 307 Brentford Rd
 City Haverford State PA Zip Code 19041-1718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 12 / 2013
Transaction ID : C1923040
 Amount of Each Receipt this Period 1000.00

B. Thomas R Yackel MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 15880 Oswego Shore Ct
 City Lake Oswego State OR Zip Code 97034-3604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oregon Health & Science Univ Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 24 / 2013
Transaction ID : C1976135
 Amount of Each Receipt this Period 250.00

c. Judy L Yates MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9561 Spring Rd
 City Argyle State TX Zip Code 76226-5051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THPG Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 16 / 2013
Transaction ID : C1924477
 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).....▶	31326.00

**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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : D144668

Amount of Each Disbursement this Period

257.10

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2013

Transaction ID : D144669

Amount of Each Disbursement this Period

711.30

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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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)..... ▶

968.40

968.40

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

Use separate schedule(s)
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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. Bera for Congress

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758-0042

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Ami Bera

Office Sought: House
 Senate
 President

State: CA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		22		2013

Transaction ID : D143365

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. Bera for Congress

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758-0042

Purpose of Disbursement
Contribution to debt retirement

Candidate Name

Rep. Ami Bera

Office Sought: House
 Senate
 President

State: CA District: 07

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		22		2013

Transaction ID : D143366

Amount of Each Disbursement this Period

2,500.00

Full Name (Last, First, Middle Initial)

C. Brady for Congress

Mailing Address PO Box 8277

City The Woodlands State TX Zip Code 77387-8277

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Kevin Brady

Office Sought: House
 Senate
 President

State: TX District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		22		2013

Transaction ID : D143372

Amount of Each Disbursement this Period

2,500.00

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

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

10000.00

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

Use separate schedule(s)
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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. 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: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		22		2013

Transaction ID : D143373

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Castor for Congress

Mailing Address 301 W Platt St
385

City Tampa State FL Zip Code 33606-2292

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Kathy Castor

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2013

Transaction ID : D140571

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Friends of Jim Clyburn

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211-2567

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. James E. Clyburn

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		22		2013

Transaction ID : D143370

Amount of Each Disbursement this Period

1000.00

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

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

5500.00

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

Use separate schedule(s)
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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. Friends of Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136-0114

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Joe Heck

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

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

Transaction ID : D143371

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Friends of Max Baucus

Mailing Address PO Box 586

City Helena State MT Zip Code 59624-0586

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Sen. Max Baucus

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MT District: 00

Date of Disbursement

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

Transaction ID : D143367

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Friends of Max Baucus

Mailing Address PO Box 586

City Helena State MT Zip Code 59624-0586

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Sen. Max Baucus

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MT District: 00

Date of Disbursement

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

Transaction ID : D143368

Amount of Each Disbursement this Period

3	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

1	0	0	0	0	0	0	0	0	0
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1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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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. Michael Burgess for Congress

Mailing Address PO Box 2334

City State Zip Code
Denton TX 76202-2334

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Michael C. Burgess

Office Sought: House
 Senate
 President
State: TX District: 26

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 22 / 2013

Transaction ID : D143369

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Udall for Us All

Mailing Address PO Box 25766

City State Zip Code
Albuquerque NM 87125-0766

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Sen. Tom Udall

Office Sought: House
 Senate
 President
State: NM District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 22 / 2013

Transaction ID : D143364

Amount of Each Disbursement this Period

1000.00

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)..... ▶

2000.00

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

27500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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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. Richard A Dart MD FACP

Mailing Address 9050 Ader Rd

City Marshfield State WI Zip Code 54449-9652

Purpose of Disbursement
Intended to make recurring contribution. 11-months of contribution refunded

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

02 / 04 / 2013

Transaction ID : D144670

Amount of Each Disbursement this Period

454.50

B.

Full Name (Last, First, Middle Initial)

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

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

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

/ /

Amount of Each Disbursement this Period

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

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

454.50

454.50