

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
 Check if different than previously reported. (ACC) Washington DC 20001-7401

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)

(b) Monthly Report Due On:

<input checked="" type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 01 / 01 / 2013 through M M M / D D D / Y Y Y Y Y Y 01 / 31 / 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 M M M / D D D / Y Y Y Y Y Y 02 / 19 / 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"/>		<input type="text" value="28577.26"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="28577.26"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="24450.00"/>	<input type="text" value="24450.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="53027.26"/>	<input type="text" value="53027.26"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1248.18"/>	<input type="text" value="1248.18"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="51779.08"/>	<input type="text" value="51779.08"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	20350.00	20350.00
(ii) Unitemized	4100.00	4100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	24450.00	24450.00
(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)	24450.00	24450.00
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))..... ▶	24450.00	24450.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	24450.00	24450.00

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	248.18	248.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	248.18	248.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
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	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) 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)) ..	1248.18	1248.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1248.18	1248.18

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	24450.00	24450.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24450.00	24450.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	248.18	248.18
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	248.18	248.18

**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 18
	<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

Full Name (Last, First, Middle Initial) A. Laura Lee Allendorf		Date of Receipt
Mailing Address 9009 Avis Ct		<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City Vienna State VA Zip Code 22182-2162		Transaction ID : C1913457
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Self-employed Occupation PAC Consultant		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) B. M Chadi Alraies MD FACP		Date of Receipt
Mailing Address 3420 Wooster Rd Apt 618		<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City Rocky River State OH Zip Code 44116-4153		Transaction ID : C1913470
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Cleveland Clinic Occupation Physician		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) C. Ronald Bruce Barg MD FACP		Date of Receipt
Mailing Address 122 Broome Ln		<input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City Merion Station State PA Zip Code 19066-1702		Transaction ID : C1913567
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Clinical Care Associates Occupation Physician		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="250.00"/>

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 7 OF 18
	<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 Baron MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 7425 Ardleigh St
 City Philadelphia State PA Zip Code 19119-1012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US Federal Govt, DHHS, CMS, CMMI Occupation Physician administrator
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 27 / 2013
Transaction ID : C1913572
 Amount of Each Receipt this Period 1000.00

B. David L Bronson MD MACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 70 Old Plank Ln
 City Moreland Hills State OH Zip Code 44022-2402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 25 / 2013
Transaction ID : C1913476
 Amount of Each Receipt this Period 1000.00

c. James Butler Bushyhead MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 629 37th Ave
 City Seattle State WA Zip Code 98122-6421
 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 250.00

Date of Receipt 01 / 25 / 2013
Transaction ID : C1913467
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 18
<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. Ellen Mary Cosgrove MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 4729 38th Ave NE
 City Seattle State WA Zip Code 98105-3018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Washington Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 16 / 2013
Transaction ID : C1900383
 Amount of Each Receipt this Period 1000.00

B. Charles Cutler MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 512 Hamilton Rd
 City Merion Station State PA Zip Code 19066-1105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fornance Physicians Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 07 / 2013
Transaction ID : C1897338
 Amount of Each Receipt this Period 1000.00

C. John Moncure Daniel III, MD FA
 Full Name (Last, First, Middle Initial)
 Mailing Address 6900 Forest Ave Ste 300
 City Richmond State VA Zip Code 23230-1730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Physicians Inc Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 07 / 2013
Transaction ID : C1897340
 Amount of Each Receipt this Period 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Andrew Kemper Diehl MD MACP		Date of Receipt
Mailing Address 422 Adams St		<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City State Zip Code San Antonio TX 78210-1266		Transaction ID : C1899617
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 None/Retired	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. Tracey E Doering MD FACP		Date of Receipt
Mailing Address 614 Estes Rd		<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City State Zip Code Nashville TN 37215-1005		Transaction ID : C1913477
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 Univ of TN	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. Charles R Felton MD FACP		Date of Receipt
Mailing Address 2 Orchard Hill Rd		<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City State Zip Code Greenland NH 03840-2138		Transaction ID : C1913527
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 HCA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
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 10 OF 18
	<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. Jacqueline Winfield Fincher MD MACP
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1898
 City Thomson State GA Zip Code 30824-5898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McDuffie Medical Associates Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 25 / 2013**
Transaction ID : C1913464
 Amount of Each Receipt this Period **1000.00**

B. David A Fleming MD MA FACP
 Full Name (Last, First, Middle Initial)
 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 Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 25 / 2013**
Transaction ID : C1913480
 Amount of Each Receipt this Period **1000.00**

C. kathleen Susan Franco Bronson MD MS FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 70 Old Plank Ln
 City Chagrin Falls State OH Zip Code 44022-2402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 25 / 2013**
Transaction ID : C1913478
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Alice L Fuisz MD FACP

Mailing Address 3201 Cathedral Ave NW

City Washington State DC Zip Code 20008-3410

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

Name of Employer: Self-employed Occupation: General Internist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 26 / 2013
Transaction ID : C1913528

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Mindi Suzanne Garner DO FACP

Mailing Address 127 W 5th St

City Pittsburg State KS Zip Code 66762-3801

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 ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 29 / 2013
Transaction ID : C1917644

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
C. Robert A Gluckman MD FACP

Mailing Address 4502 Lamont Way

City Lake Oswego State OR Zip Code 97035-5422

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

Name of Employer: Providence Health Plans 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
01 / 28 / 2013
Transaction ID : C1913585

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 18
	<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. Phyllis A Guze MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 679 Thayer Ave
 City Los Angeles State CA Zip Code 90024-3307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UC Riverside Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 25 / 2013**
Transaction ID : C1913465
 Amount of Each Receipt this Period **500.00**

B. Pamela Jean Hiebert MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 412 S Willson Ave
 City Bozeman State MT Zip Code 59715-5235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bozeman Deaconess Hospital Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 26 / 2013**
Transaction ID : C1913490
 Amount of Each Receipt this Period **250.00**

C. Stuart B Himmelstein MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 N Palmway
 City Lake Worth State FL Zip Code 33460-2315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Quality Medical Association of West De Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 07 / 2013**
Transaction ID : C1897322
 Amount of Each Receipt this Period **1000.00**

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 13 OF 18
	<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

Full Name (Last, First, Middle Initial) A. Gregory A Hood MD FACP		Date of Receipt MM / DD / YYYY 01 / 07 / 2013 Transaction ID : C1897347
Mailing Address 2101 Nicholasville Rd Ste 106		Amount of Each Receipt this Period 1000.00
City Lexington	State KY	Zip Code 40503-2517
FEC ID number of contributing federal political committee. C		
Name of Employer Drs Borders and Associates	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Rodney Hornbake III, MD FA		Date of Receipt MM / DD / YYYY 01 / 26 / 2013 Transaction ID : C1913492
Mailing Address 10 Wildwood Medical Ctr		Amount of Each Receipt this Period 1000.00
City Essex	State CT	Zip Code 06426-1154
FEC ID number of contributing federal political committee. C		
Name of Employer ProHealth Physicians	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Isabel Vreeland Hoverman MD MACP		Date of Receipt MM / DD / YYYY 01 / 26 / 2013 Transaction ID : C1913525
Mailing Address 1614 Forest Trl		Amount of Each Receipt this Period 500.00
City Austin	State TX	Zip Code 78703-3232
FEC ID number of contributing federal political committee. C		
Name of Employer Self-employed	Occupation MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 18
	<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. Gregory C Kane MD FACP		Date of Receipt
Mailing Address 467 School House Ln		<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Devon	PA	19333-1222
FEC ID number of contributing federal political committee.		Transaction ID : C1913521
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
TJUH	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) ▼		

Full Name (Last, First, Middle Initial) B. Jay Louis Larson MD FACP		Date of Receipt
Mailing Address 4 Timber Ln		<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Clancy	MT	59634-9787
FEC ID number of contributing federal political committee.		Transaction ID : C1913510
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Self-employed	Internist	
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. Jeffrey Yee Lee MD		Date of Receipt
Mailing Address 1140 Business Center Dr Ste 570		<input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Houston	TX	77043-2742
FEC ID number of contributing federal political committee.		Transaction ID : C1913561
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Self-employed	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) ▼		

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 15 OF 18
	(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. Richard V Paul MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1899 Tate Blvd SE
 City State Zip Code
 Hickory NC 28602-4200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Piedmont Nephrology Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : C1918985
 Amount of Each Receipt this Period
 300.00

B. James Watson Sawyer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Tallwood Ln
 City State Zip Code
 Longview TX 75605-8810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diagnostic Clinic of Longview 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
 01 / 26 / 2013
Transaction ID : C1913505
 Amount of Each Receipt this Period
 250.00

c. Jason F Shiffermiller MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 983331 Nebraska Medical Ctr
 City State Zip Code
 Omaha NE 68198-3331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Nebraska Medical Center 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
 01 / 25 / 2013
Transaction ID : C1913482
 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: (check only one)	PAGE 16 OF 18
	<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. Edward A Stehlik MD MACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 78 Devonshire Rd
 City Buffalo State NY Zip Code 14223-1915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northtowns Medical Group Occupation Internist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 26 / 2013
Transaction ID : C1913518
 Amount of Each Receipt this Period 250.00

B. Thomas G Tape MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 8023 Woolworth Ave
 City Omaha State NE Zip Code 68124-1454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Nebraska Occupation Academic Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 26 / 2013
Transaction ID : C1913517
 Amount of Each Receipt this Period 1000.00

C. Lisa L Zacher MC USA FAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 14902 Medusa
 City Selma State TX Zip Code 78154-3407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Army Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 500.00

Date of Receipt 01 / 27 / 2013
Transaction ID : C1913544
 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).....	20350.00

**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
01	/	31	/	2013

Transaction ID : D140595

Amount of Each Disbursement this Period

199.22

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
01	/	03	/	2013

Transaction ID : D140596

Amount of Each Disbursement this Period

48.96

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
-------	---	-------	---	-------------

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)..... ▶

248.18

248.18

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends of Lois Capps

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121-3940

Purpose of Disbursement
Contribution to federal candidates

Candidate Name
Rep. Lois Capps

Office Sought: House
 Senate
 President
State: CA District: 23

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 11 / 2013

Transaction ID : D139990

Amount of Each Disbursement this Period

1000.00

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) ▼

Date of Disbursement

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

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) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00

1000.00