

**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="2016"/>		<input type="text" value="80671.58"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="125239.40"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="21200.00"/>	<input type="text" value="100570.00"/>
(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="146439.40"/>	<input type="text" value="181241.58"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="16940.12"/>	<input type="text" value="51742.30"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="129499.28"/>	<input type="text" value="129499.28"/>
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

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	15650.00	79000.00
(ii) Unitemized	5550.00	21570.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	21200.00	100570.00
(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)	21200.00	100570.00
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))..... ▶	21200.00	100570.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	21200.00	100570.00

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	440.12	2242.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	440.12	2242.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16500.00	49500.00
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)) ..	16940.12	51742.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16940.12	51742.30

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)	21200.00	100570.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21200.00	100570.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	440.12	2242.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	440.12	2242.30

**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 20
	<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. Felicia L Austin Jordan MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 10923 Tulip Garden Ct
 City Houston State TX Zip Code 77065-3230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kelsey Seybold Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 03 / 2016**
Transaction ID : C3306330
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Sue Scher Bornstein MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 3111 Beverly Dr
 City Dallas State TX Zip Code 75205-2922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Medical Home Initiative Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **05 / 09 / 2016**
Transaction ID : C3309404
 Amount of Each Receipt this Period **1500.00**
 Memo Item

C. 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 Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 05 / 2016**
Transaction ID : C3309125
 Amount of Each Receipt this Period **500.00**
 Memo Item

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 7 OF 20
	<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. Renee Y Carter MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 3470 Kilburn Circle #1021
 City henrico State VA Zip Code 23233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia League of PP Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 07 / 2016
Transaction ID : C3309148
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Robert M Centor MD MACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 4975 Spring Rock Rd
 City Mountain Brook 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 ▼ 1000.00

Date of Receipt 05 / 03 / 2016
Transaction ID : C3306356
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Chester Choi MD MACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 Sunriver
 City Irvine State CA Zip Code 92614-5402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Mary Medical Center Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 03 / 2016
Transaction ID : C3306362
 Amount of Each Receipt this Period 1000.00
 Memo Item

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 8 OF 20
	<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. 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/Marshfield Clinic Re Occupation Emeritus Research Clinician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 05 / 03 / 2016
Transaction ID : C3306343
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Daniel Forde Dilling MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 3524 N Bell Ave
 City Chicago State IL Zip Code 60618-6020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Loyola University Medical Center Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 05 / 03 / 2016
Transaction ID : C3306357
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Tracey E Doering MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 614 Estes Rd
 City Nashville State TN Zip Code 37215-1005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of TN Occupation physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 05 / 05 / 2016
Transaction ID : C3309130
 Amount of Each Receipt this Period 500.00
 Memo Item

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 9 OF 20
	<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. Emmett J J Doerr Jr MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1020 Farm Brook Ln NE
 City Brookhaven 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 **05 / 22 / 2016**
Transaction ID : C3320689
 Amount of Each Receipt this Period **1000.00**
 Memo Item

B. 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 Community Hospitalist Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **05 / 03 / 2016**
Transaction ID : C3306341
 Amount of Each Receipt this Period **200.00**
 Memo Item

C. Lawrence L Faltz MD MACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 Maplewood St
 City Larchmont State NY Zip Code 10538-1632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phelps Memorial Hospital Center Occupation Chief Medical Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 05 / 2016**
Transaction ID : C3309122
 Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1450.00
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 20
	<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

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. Robert E. Jackson MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 10118 Willowgrove Dr
 City Houston State TX Zip Code 77035-3420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **05 / 03 / 2016**
Transaction ID : C3306325
 Amount of Each Receipt this Period **1500.00**
 Memo Item

B. Rainer A Khetan
 Full Name (Last, First, Middle Initial)
 Mailing Address 2825 Dyer Street
 City Dallas State TX Zip Code 75205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baylor University Medical Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 03 / 2016**
Transaction ID : C3306327
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. 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 Health texas provider network Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt **05 / 03 / 2016**
Transaction ID : C3306326
 Amount of Each Receipt this Period **500.00**
 Memo Item

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 12 OF 20
	<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. Kesavan Kutty MD MACP
 Full Name (Last, First, Middle Initial)
 Mailing Address W140N7866 Lilly Rd
 City Menomonee Falls State WI Zip Code 53051-4418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Medical College of Wisconsin Occupation Professor of Medicine
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 05 / 03 / 2016
Transaction ID : C3306345
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Joseph Li
 Full Name (Last, First, Middle Initial)
 Mailing Address 153 Tower Ave
 City Needham State MA Zip Code 02494-1945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HMFP Occupation physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 05 / 22 / 2016
Transaction ID : C3320688
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Peter R Lichstein MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address Wake Forest Univ Baptist Med Ct
 City Winston Salem State NC Zip Code 27157-1052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wake Forest University Occupation Physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 05 / 04 / 2016
Transaction ID : C3306324
 Amount of Each Receipt this Period 250.00
 Memo Item

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 13 OF 20
	<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. Mark K Lindley FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 3875 Waldenwood Dr
 City Ann Arbor State MI Zip Code 48105-3006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer IHA Occupation Physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 05 / 01 / 2016
Transaction ID : C3305039
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Alejandro Moreno
 Full Name (Last, First, Middle Initial)
 Mailing Address 3602 Crowncrest Dr
 City Austin State TX Zip Code 78759-8710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UT Southwestern Medical Center Occupation Physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 500.00

Date of Receipt 05 / 03 / 2016
Transaction ID : C3306335
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Thomas R Poskitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 1710 Beverly Blvd
 City Ashland State KY Zip Code 41101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Slim and Trim Inc. Occupation Bariatrician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 05 / 06 / 2016
Transaction ID : C3309136
 Amount of Each Receipt this Period 250.00
 Memo Item

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 14 OF 20
	<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. M Boyd Shook MD MACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 8117 Bridgeport Lane
 City Bethany State OK Zip Code 73008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VHA Occupation Physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 1000.00

Date of Receipt 05 / 05 / 2016
Transaction ID : C3309120
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Walker Sloan MD JD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5146 Paynes Mill Rd
 City Lexington State KY Zip Code 40510-9613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baptist Health Lexington Occupation Hospitalist
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 300.00

Date of Receipt 05 / 06 / 2016
Transaction ID : C3309133
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Hugo M Toro-Botero
 Full Name (Last, First, Middle Initial)
 Mailing Address 7903 Salta Verde Point
 City Katy State TX Zip Code 77494
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Hermann Katy Hospital Occupation Physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 05 / 19 / 2016
Transaction ID : C3318153
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1450.00
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 20
	<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. Richard L Trachtman Esq
 Full Name (Last, First, Middle Initial)
 Mailing Address 8122 Inverness Ridge Rd
 City Potomac State MD Zip Code 20854-4013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American College of Physicians Service Occupation Attorney
 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
 05 / 09 / 2016
Transaction ID : C3309402
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Jon J Van Der Veer DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 5431 Forest Dr
 City Johnston State IA Zip Code 50131-1282
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Unity Point Climinc 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
 05 / 03 / 2016
Transaction ID : C3306351
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Lana Telman Vardanian MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 7505 210th St 2H
 City Oakland Gardens State NY Zip Code 11364-3249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYC HHC 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
 05 / 05 / 2016
Transaction ID : C3309128
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 16 OF 20
(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

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

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

A. Full Name (Last, First, Middle Initial)
Sara L Wallach MD FACP

Mailing Address 365 Fair Haven Rd

City Fair Haven State NJ Zip Code 07704-3428

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

Name of Employer St Francis Medical Center Occupation 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
 05 / 03 / 2016

Transaction ID : C3306346

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	15650.00

**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

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. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Merchant Service Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2016

Transaction ID : D174318

Amount of Each Disbursement this Period

182.69

Memo Item

Full Name (Last, First, Middle Initial)

B. Bank of America Merchant Services

Mailing Address PO Box 2485
WA2-505-01-40

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Merchant Service Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2016

Transaction ID : D174317

Amount of Each Disbursement this Period

257.43

Memo Item

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

Memo Item

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

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

440.12

440.12

**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

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. Jackie Speier for Congress

Mailing Address PO Box 112

City Burlingame State CA Zip Code 94011-0112

Purpose of Disbursement
Contribution to federal candidates

Candidate Name
Rep. Jackie Speier

Office Sought: House Senate President
State: CA District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2016

Transaction ID : D173473

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Matsui for Congress

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812-1738

Purpose of Disbursement
Contribution to federal candidates

Candidate Name
Rep. Doris Matsui

Office Sought: House Senate President
State: CA District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2016

Transaction ID : D173667

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Burgess for Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202-2334

Purpose of Disbursement
Contribution to federal candidates

Candidate Name
Rep. Michael C. Burgess

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2016

Transaction ID : D173522

Amount of Each Disbursement this Period

3000.00

Memo Item

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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

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. Nancy Pelosi for Congress

Mailing Address 607 14th St NW

City Washington State DC Zip Code 20005-2000

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Nancy Pelosi

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 08

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2016

Transaction ID : D173694

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Nancy Pelosi for Congress

Mailing Address 607 14th St NW

City Washington State DC Zip Code 20005-2000

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Nancy Pelosi

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 08

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2016

Transaction ID : D173695

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MULLIN FOR CONGRESS

Mailing Address PO BOX 3681

City MUSKOGEE State OK Zip Code 74402

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Markwayne Mullin

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OK District: 02

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2016

Transaction ID : D173523

Amount of Each Disbursement this Period

2000.00

Memo Item

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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. FRIENDS OF PATRICK MURPHY

Mailing Address 4521 PGA BLVD #412

City PALM BEACH GARDENS State FL Zip Code 33418

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Patrick Murphy

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	6

Transaction ID : D173634

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. RICHARD BURR COMMITTEE; THE

Mailing Address POST OFFICE BOX 5928

City WINSTON-SALEM State NC Zip Code 27113

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Sen. Richard M. Burr

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	6

Transaction ID : D173668

Amount of Each Disbursement this Period

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

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ROY BLUNT

Mailing Address P.O. BOX 50100

City SPRINGFIELD State MO Zip Code 65805

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Sen. Roy Blunt

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	6

Transaction ID : D173693

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

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

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

5	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

1	6	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---