

**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="2012"/>		53937.27
(b) Cash on Hand at Beginning of Reporting Period.....	119497.61	
(c) Total Receipts (from Line 19)	20826.00	109383.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	140323.61	163320.27
7. Total Disbursements (from Line 31).....	4758.73	27755.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	135564.88	135564.88
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13350.00	81166.00
(ii) Unitemized	7476.00	28217.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	20826.00	109383.00
(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)	20826.00	109383.00
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))..... ▶	20826.00	109383.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20826.00	109383.00

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	758.73	2802.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	758.73	2802.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	24953.08
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)) ..	4758.73	27755.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4758.73	27755.39

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)	20826.00	109383.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20826.00	109383.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	758.73	2802.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	758.73	2802.31

**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 21
	<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. Alphonse J Baluta MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Bretton Rd
 City Londonderry State NH Zip Code 03053-3650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Parkland Occupation MD
 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
 04 / 20 / 2012
Transaction ID : C1645890
 Amount of Each Receipt this Period
 250.00

B. Mohammad Arshad Bhatti MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 216 Thornwood PI
 City Philadelphia State PA Zip Code 19154-1675
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2012
Transaction ID : C1625226
 Amount of Each Receipt this Period
 500.00

c. Arturo Cedeno-Llorens MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 3898
 City Aguadilla State PR Zip Code 00605-3898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2012
Transaction ID : C1645817
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<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. Chester Choi MD MACP		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 12 / 2012 Transaction ID : C1634468
Mailing Address 17 Sunriver		Amount of Each Receipt this Period 1000.00
City Irvine	State CA	Zip Code 92614-5402
FEC ID number of contributing federal political committee. C		
Name of Employer St. Mary Medical Center Long Beach, CA	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. Robert A. Clark MD MACP		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 16 / 2012 Transaction ID : C1638934
Mailing Address 12722 Cranes MI		Amount of Each Receipt this Period 250.00
City San Antonio	State TX	Zip Code 78230-1956
FEC ID number of contributing federal political committee. C		
Name of Employer University of Texas	Occupation Physician scientist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Jeffrey B Cole MC USN FAC		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 05 / 2012 Transaction ID : C1625351
Mailing Address 703 Timmons Ct		Amount of Each Receipt this Period 500.00
City Chesapeake	State VA	Zip Code 23322-3853
FEC ID number of contributing federal political committee. C		
Name of Employer US Navy	Occupation Physician	
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).....▶	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 9 OF 21
<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. David J Dunbar MD FACP		Date of Receipt
Mailing Address 1531 Kensington Ln		<input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City Lancaster	State OH	Zip Code 43130-8901
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C1625235
Name of Employer Community Hospitalist		Amount of Each Receipt this Period
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) B. Lisa L Ellis MD FACP		Date of Receipt
Mailing Address 725 Woodson Pl		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City Manakin Sabot	State VA	Zip Code 23103-3162
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C1644530
Name of Employer VCU		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) C. Lawrence L Faltz MD MACP		Date of Receipt
Mailing Address 29 Maplewood St		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City Larchmont	State NY	Zip Code 10538-1632
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C1646035
Name of Employer Phelps Memorial Hospital Center		Amount of Each Receipt this Period
Occupation Chief Medical Officer		<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="500.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
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 21
	<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. Kathleen Susan Franco Bronso MD FACP

Mailing Address 70 Old Plank Ln

City State Zip Code
Moreland Hills OH 44022-2402

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

Name of Employer Occupation
Cleveland Clinic Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2012

Transaction ID : C1645799

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Gordon L Fung MD FACP

Mailing Address 1837 10th Ave

City State Zip Code
San Francisco CA 94122-4601

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

Name of Employer Occupation
UCSF 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
04 / 28 / 2012

Transaction ID : C1648136

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. William E Golden MD MACP

Mailing Address 57 River Ridge Rd

City State Zip Code
Little Rock AR 72227-1525

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

Name of Employer Occupation
UAMS 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
04 / 13 / 2012

Transaction ID : C1637788

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 11 OF 21
	<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. Jeffrey P Harris MD MACP		Date of Receipt
Mailing Address PO Box 24		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City	State	Zip Code
Millwood	VA	22646-0024
FEC ID number of contributing federal political committee.		Transaction ID : C1622854
<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. Kareem A Hinedi MD FACP		Date of Receipt
Mailing Address 2836 Kelly Sq		<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
Vienna	VA	22181-6153
FEC ID number of contributing federal political committee.		Transaction ID : C1646001
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Aramco	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Andrea M Kielich MD FACP		Date of Receipt
Mailing Address 1818 NW Miller Rd		<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
Portland	OR	97229-7505
FEC ID number of contributing federal political committee.		Transaction ID : C1646012
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Providence Seaside Hospital	Hospitalist	
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="1000.00"/>
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 12 OF 21
	<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. Gena Kay Kluwe MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 55
 City Paris State TN Zip Code 38242-0055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Thomas Health Services Occupation Hospitalist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 13 / 2012**
Transaction ID : C1637853
 Amount of Each Receipt this Period **250.00**

B. 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)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 19 / 2012**
Transaction ID : C1646040
 Amount of Each Receipt this Period **250.00**

c. Lyn S Lindpaintner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 39 Via Tranquilla St
 City Concord State NH Zip Code 03301-3251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Concord Hospital Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 20 / 2012**
Transaction ID : C1644880
 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:	PAGE 13 OF 21
	(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"/> 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. Robert M Lubitz MD MPH FAC		Date of Receipt
Mailing Address 1019 Rosemont		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City Carmel State IN Zip Code 46032-7709		Transaction ID : C1646033
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer St Vincent Health Occupation Physician-Executive		<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. Edward Macomb Millermaier MD FACP		Date of Receipt
Mailing Address 6415 Sturgeon Bay Rd		<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City Luxemburg State WI Zip Code 54217-9126		Transaction ID : C1645818
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Borgess Health Occupation CMO		<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. Garold O Minns MD FACP		Date of Receipt
Mailing Address 4825 N Hillcrest St		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City Bel Aire State KS Zip Code 67220-1611		Transaction ID : C1646039
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer State of Kansas Occupation Professor		<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"/>

**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 21
	<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. Michael E Norins MD MPH FAC
 Full Name (Last, First, Middle Initial)
 Mailing Address LeBauer Healthcare
 520 N Elam Ave
 City Greensboro State NC Zip Code 27403-1127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LeBauer Health Care Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 20 / 2012**
Transaction ID : C1644894
 Amount of Each Receipt this Period **1000.00**

B. Peter H Parken MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 W Hill Ter
 City Painted Post State NY Zip Code 14870-1002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Guthrie Clinic Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 21 / 2012**
Transaction ID : C1646013
 Amount of Each Receipt this Period **250.00**

C. Mark Eliot Pasanen MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1234 Spear St
 City South Burlington State VT Zip Code 05403-7021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fletcher Allen Health Care Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 16 / 2012**
Transaction ID : C1638932
 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: PAGE 15 OF 21
(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. Syed R Quadri MBBS FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 425 E Eagle Pass Rd
 City Elizabethtown State KY Zip Code 42701-8576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2012
Transaction ID : C1646023
 Amount of Each Receipt this Period
 250.00

B. Harrison L Robinson MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 947 Wild Iris Ct
 City San Marcos State CA Zip Code 92078-2814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Escondido Internal Medicine 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
 04 / 21 / 2012
Transaction ID : C1646009
 Amount of Each Receipt this Period
 250.00

C. Rafael A Rodriguez MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 3228 Interstate 30 Ste 200
 City Mesquite State TX Zip Code 75150-2633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rafael A Rodriguez, MD, PA 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
 04 / 10 / 2012
Transaction ID : C1633139
 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 16 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <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. Michelle Lynn Rossi MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 5543 SW 37th Ln
 City Gainesville State FL Zip Code 32608-5136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Florida/VA Medical Cent Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 13 / 2012**
Transaction ID : C1634854
 Amount of Each Receipt this Period **250.00**

B. Marguerite A Saith MBBS FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 7434 Oakland Dr
 City Portage State MI Zip Code 49024-4156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Health Center Occupation MD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 19 / 2012**
Transaction ID : C1646036
 Amount of Each Receipt this Period **250.00**

C. Anita D Scott MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3712 Ringgold Rd # 363
 City Chattanooga State TN Zip Code 37412-1638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VA Occupation MD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 20 / 2012**
Transaction ID : C1645802
 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 21
	<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. Paul F Speckart MD MACP		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 04 / 2012 Transaction ID : C1625229
Mailing Address 3260 3rd Ave		Amount of Each Receipt this Period 250.00
City San Diego	State CA	Zip Code 92103-5616
FEC ID number of contributing federal political committee. C		
Name of Employer Self-employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Joseph Wytch Stubbs MD MACP		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 02 / 2012 Transaction ID : C1622507
Mailing Address 2202 Beattie Rd		Amount of Each Receipt this Period 500.00
City Albany	State GA	Zip Code 31721-2104
FEC ID number of contributing federal political committee. C		
Name of Employer Albany Internal Medicine	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) C. Puneet Sud MD		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 20 / 2012 Transaction ID : C1645835
Mailing Address 1635 Mineral Spring Ave Ste 200		Amount of Each Receipt this Period 250.00
City North Providence	State RI	Zip Code 02904-4025
FEC ID number of contributing federal political committee. C		
Name of Employer Self-employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 18 OF 21
	<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. Robert S Urban MD FACP		Date of Receipt
Mailing Address 6307 Calumet Rd		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City State Zip Code Amarillo TX 79106-2804		Transaction ID : C1637785
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Texas Tech U HSC Physician		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. Norman James Wilder MD MACP		Date of Receipt
Mailing Address 10201 Sidorof Ln		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City State Zip Code Anchorage AK 99507-6420		Transaction ID : C1644671
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation N/A Retired		<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. Laurence Wynn MD		Date of Receipt
Mailing Address 82 Wedgewood Dr		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City State Zip Code Montville NJ 07045-9044		Transaction ID : C1622852
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation CFG health system 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="13350.00"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Merchant service fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : D128728

Amount of Each Disbursement this Period

205.29

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

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2012

Transaction ID : D128729

Amount of Each Disbursement this Period

553.44

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

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)..... ▶

758.73

758.73

**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. Berkley for Congress

Mailing Address 3069 Conquista Ct

City Las Vegas State NV Zip Code 89121-3866

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Shelley Berkley

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NV District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	2

Transaction ID : D127745

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Doyle for Congress Committee

Mailing Address 205 Hawthorne Ct

City Pittsburgh State PA Zip Code 15221-4400

Purpose of Disbursement
Contributor to federal candidates

Candidate Name

Rep. Mike Doyle

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	2

Transaction ID : D127007

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. ROSKAM FOR CONGRESS COMMITTEE

Mailing Address P. O. BOX 713

City WHEATON State IL Zip Code 60187

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Peter Roskam

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	2

Transaction ID : D127744

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3	0	0	0	0	0	0	0	0	0
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1	0	0	0	0	0	0	0	0	0
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
Contribution to federal candidates

Candidate Name
Sen. Debbie Stabenow

Office Sought: House Senate President
 Disbursement For: 2012 Primary General Other (specify) ▼
 State: MI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

Transaction ID : D127746

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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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)..... ▶

1000.00

4000.00
