

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER 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, July 15, October 15, January 31, July 31, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 05 01 2012 through 05 31 2012

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 06 19 2012

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

Office Use Only table with 10 columns and 1 row, and FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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.....	135564.88	
(c) Total Receipts (from Line 19)	12955.00	122338.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	148519.88	176275.27
7. Total Disbursements (from Line 31).....	16565.08	44320.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	131954.80	131954.80
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6075.00	87241.00
(ii) Unitemized	5680.00	33897.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11755.00	121138.00
(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)	11755.00	121138.00
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.....	1200.00	1200.00
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))..... ▶	12955.00	122338.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12955.00	122338.00

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	368.16	3170.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	368.16	3170.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16196.92	41150.00
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)) ..	16565.08	44320.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16565.08	44320.47

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11755.00	121138.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11755.00	121138.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	368.16	3170.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	368.16	3170.47

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 17	
<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

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. Luis M Alvarado MD FACP			Date of Receipt MM / DD / YYYY 05 / 15 / 2012
Mailing Address 21012 Highway 16			Transaction ID : C1663694
City Franklinton	State LA	Zip Code 70438-3668	Amount of Each Receipt this Period 250.00
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. Eugene Charles Corbett Jr, MD FAC			Date of Receipt MM / DD / YYYY 05 / 08 / 2012
Mailing Address 15983 James Madison Hwy			Transaction ID : C1655583
City Palmyra	State VA	Zip Code 22963-4129	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer UVA	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) C. Laura C Demoya MD			Date of Receipt MM / DD / YYYY 05 / 24 / 2012
Mailing Address 6629 Sondra Dr			Transaction ID : C1668883
City Dallas	State TX	Zip Code 75214-3404	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Baylor Univ Medical Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 17
	(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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American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial) A. Thomas D Denberg MD PhD FAC		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2012 Transaction ID : C1656949
Mailing Address 90 Browne St # 3		Amount of Each Receipt this Period 250.00
City Brookline	State MA	
Zip Code 02446-7008		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Atrius Health	Occupation Physician/Healthcare administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Richard M Dupee MD FACP		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 28 / 2012 Transaction ID : C1669573
Mailing Address 65 Nixon Rd		Amount of Each Receipt this Period 250.00
City Framingham	State MA	
Zip Code 01701-3016		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Wellesley Medical Associates	Occupation MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. John Douglas Goldman MD FACP		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2012 Transaction ID : C1665987
Mailing Address 30 Hawthorne Dr		Amount of Each Receipt this Period 125.00
City Hershey	State PA	
Zip Code 17033-2678		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Pinnacle Health	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	625.00
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 8 OF 17
	(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. Richard Foard LeBlond MD MACP			Date of Receipt
Mailing Address 2023 Laurence Ct NE			<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C1654591
Iowa City	IA	52240-9150	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="500.00"/>
Name of Employer	Occupation		
University of Iowa	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) B. Mary E Money-Waldman MD FACP			Date of Receipt
Mailing Address 13121 Clopper Rd			<input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C1669392
Hagerstown	MD	21742-4814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="250.00"/>
Name of Employer	Occupation		
Drs. Waldman & Money, PA	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Khurram Naqvi MD FACP			Date of Receipt
Mailing Address 123 Sandpiper Ct			<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C1654557
Florence	OR	97439-9043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="250.00"/>
Name of Employer	Occupation		
PeaceHealth	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="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 9 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Marc A Nolan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 E 79th St
 Apt 12J
 City New York State NY Zip Code 10075-0938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Progressive Medical Associates, P.C. 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
05 / 22 / 2012
Transaction ID : C1667387
 Amount of Each Receipt this Period
500.00

B. Glenn Patrick O'Donnell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15510 Olive Blvd
 City Chesterfield State MO Zip Code 63017-0710
 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
05 / 18 / 2012
Transaction ID : C1664429
 Amount of Each Receipt this Period
250.00

c. Sharon S Sadeghinia MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1665 Torrey Pines Rd
 City La Jolla State CA Zip Code 92037-3735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation Cardiologist
 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
05 / 28 / 2012
Transaction ID : C1669574
 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 10 OF 17
	<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. Neil M Sullivan MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 850 Kempsville Rd
 Ste 102
 City Norfolk State VA Zip Code 23502-3920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sentara 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 / 14 / 2012
Transaction ID : C1663490
 Amount of Each Receipt this Period
250.00

B. N H Tucker MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 4061 McGirts Blvd
 City Jacksonville State FL Zip Code 32210-4340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N H TUCKER 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
05 / 01 / 2012
Transaction ID : C1649162
 Amount of Each Receipt this Period
500.00

C. Mark Allen Wallingford MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 2009 Old Main St
 City Maysville State KY Zip Code 41056-8928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Maysville Internal Medicine 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 / 08 / 2012
Transaction ID : C1656746
 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 11 OF 17
	<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. Michael Andrew Zimmer MD FACP		Date of Receipt MM / DD / YYYY 05 / 06 / 2012 Transaction ID : C1654597
Mailing Address 509 Jackson St N		Amount of Each Receipt this Period 100.00
City Saint Petersburg	State FL	
Zip Code 33705-1477		Aggregate Year-to-Date ▼ 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer Michael A Zimmer MD PLC	Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michael Andrew Zimmer MD FACP		Date of Receipt MM / DD / YYYY 05 / 24 / 2012 Transaction ID : C1669374
Mailing Address 509 Jackson St N		Amount of Each Receipt this Period 200.00
City Saint Petersburg	State FL	
Zip Code 33705-1477		Aggregate Year-to-Date ▼ 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer Michael A Zimmer MD PLC	Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		Aggregate Year-to-Date ▼
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	6075.00

**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 17
<input 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 checked="" 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. Snowe for Senate		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 15 / 2012 Transaction ID : C1663642
Mailing Address PO Box 212		Amount of Each Receipt this Period 1200.00
City Portland	State ME	Zip Code 04104
FEC ID number of contributing federal political committee. C C00291955	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	1200.00

**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

MM / DD / YYYY
05 / 31 / 2012

Transaction ID : D133875

Amount of Each Disbursement this Period

91.23

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 / 02 / 2012

Transaction ID : D133876

Amount of Each Disbursement this Period

276.93

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

368.16

368.16

**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. Bera for Congress

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758-0042

Purpose of Disbursement
Contribution to federal candidates

Candidate Name
Amerish Bera

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: CA District: 07

Date of Disbursement

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

Transaction ID : D128038

Amount of Each Disbursement this Period

4	1	9	6	.	9	2
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Bill Nelson for US Senate

Mailing Address 972 W Whitmire Dr

City Melbourne State FL Zip Code 32935-6972

Purpose of Disbursement
Contribution to federal candidates

Candidate Name
Sen. Bill Nelson

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

Date of Disbursement

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

Transaction ID : D128039

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Brian Bilbray for Congress

Mailing Address 970 Seacoast Dr

City Imperial Beach State CA Zip Code 91932-2402

Purpose of Disbursement
Contribution to federal candidates

Candidate Name
Rep. Brian P. Bilbray

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: CA District: 50

Date of Disbursement

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

Transaction ID : D128623

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

4	1	9	6	.	9	2
---	---	---	---	---	---	---

4	1	9	6	.	9	2
---	---	---	---	---	---	---

**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. Courtney for Congress

Mailing Address 38 Risley Rd

City State Zip Code
Vernon CT 06066-5923

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Joe Courtney

Office Sought: House
 Senate
 President
State: CT District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2012

Transaction ID : D128037

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dave Camp for Congress

Mailing Address 5915 Eastman Ave
Ste 100

City State Zip Code
Midland MI 48640-6824

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Dave Camp

Office Sought: House
 Senate
 President
State: MI District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 11 / 2012

Transaction ID : D128624

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Carolyn McCarthy

Mailing Address 151 Linden Rd

City State Zip Code
Mineola NY 11501-1519

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Carolyn McCarthy

Office Sought: House
 Senate
 President
State: NY District: 04

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2012

Transaction ID : D128939

Amount of Each Disbursement this Period

1000.00

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

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2012

Transaction ID : D128945

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Rosa DeLauro

Mailing Address 12 Trumbull St

City New Haven State CT Zip Code 06511-6311

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Rosa DeLauro

Office Sought: House
 Senate
 President

State: CT District: 03

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2012

Transaction ID : D128942

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. John D Dingell for Congress

Mailing Address 607 14th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. John D. Dingell

Office Sought: House
 Senate
 President

State: MI District: 15

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2012

Transaction ID : D128943

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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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. Kenny Marchant for Congress

Mailing Address PO Box 110187

City State Zip Code
Carrollton TX 75011-0187

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Kenny Marchant

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 24

Date of Disbursement

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

Transaction ID : D128621

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Ryan for Congress

Mailing Address PO Box 1919

City State Zip Code
Janesville WI 53547-1919

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Paul D. Ryan

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

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

Transaction ID : D128620

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Scott Brown for US Senate Committee Inc

Mailing Address 337 Summer St

City State Zip Code
Boston MA 02210-1707

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Sen. Scott P. Brown

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MA District: 00

Date of Disbursement

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

Transaction ID : D128944

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

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

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

5	0	0	0	0	0	0	0	0	0

1	6	1	9	6	9	2	0	0	0