

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

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** C00403881

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

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

Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

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

General (30G)  Runoff (30R)  Special (30S)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2010 through 04 30 2010

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 Electronically Filed by Mr Richard L Trachtman, Esq Date 05 20 2010

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							
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American College of Physician Services Inc PAC; aka ACP Services PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		21979.67
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	61174.92									
(c) Total Receipts (from Line 19) .....	10935.00	68890.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	72109.92	90869.67								
7. Total Disbursements (from Line 31) .....	447.36	19207.11								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	71662.56	71662.56								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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) .....	8400.00	45350.00
(ii) Unitemized .....	2535.00	23540.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	10935.00	68890.00
(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) .....	10935.00	68890.00
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 Transfer (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)) .....	10935.00	68890.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	10935.00	68890.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	447.36	1707.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	447.36	1707.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	17000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	500.00
(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	500.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	447.36	19207.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	447.36	19207.11

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	10935.00	68890.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10935.00	68390.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	447.36	1707.11
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	447.36	1707.11

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 14  
(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)  
Felicia L Austin-Tolliver, MD FACP

Mailing Address 13111 Newberry St

City State Zip Code  
Sugar Land TX 77478-1843

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

Name of Employer Occupation  
Diabetes America Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2010

**Transaction ID:** C905881

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
David L Bronson, 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  
MM / DD / YYYY  
04 / 28 / 2010

**Transaction ID:** C912048

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Chester Choi, MD FACP

Mailing Address 1050 Linden Ave

City State Zip Code  
Long Beach CA 90813-3321

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

Name of Employer Occupation  
cchoi@chw.edu Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 11 / 2010

**Transaction ID:** C904467

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 7 / 14  
(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.** Full Name (Last, First, Middle Initial)  
S A Dean Drooby, MD FACP

Mailing Address 4140 W Memorial Rd  
Ste 602

City State Zip Code  
Oklahoma City OK 73120-8300

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: 04 / 20 / 2010  
Transaction ID: C912050  
Amount of Each Receipt this Period: 500.00

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

Mailing Address 3419 SW Corbett Ave

City State Zip Code  
Portland OR 97239-4621

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

Name of Employer Providence Medical Group Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 02 / 2010  
Transaction ID: C903293  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Stuart B Himmelstein, MD FACP

Mailing Address 1111 N Palmway

City State Zip Code  
Lake Worth FL 33460-2315

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 ▼ 1000.00

Date of Receipt: 04 / 02 / 2010  
Transaction ID: C903287  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

**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 / 14  
(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.** Full Name (Last, First, Middle Initial)  
Carrie A Horwitch, MD FACP

Mailing Address 2304 Hughes Ave SW

City State Zip Code  
Seattle WA 98116-1836

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

Name of Employer VMMC 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
0	4	/	2	9	/	2	0	1	0

**Transaction ID:** C913169

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
D Downs Little, MD FACP

Mailing Address PO Box 379

City State Zip Code  
Lottsburg VA 22511-0379

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	/	D	D	/	Y	Y	Y	Y
0	4	/	0	9	/	2	0	1	0

**Transaction ID:** C904458

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Niva M Lubin-Johnson, MD FACP

Mailing Address 8541 S State St

City State Zip Code  
Chicago IL 60619-5665

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	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	0

**Transaction ID:** C913167

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: PAGE 9 / 14  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mark E Mayer, MD FACP</p> <p>Mailing Address 4102 Meadowbrook Blvd</p> <p>City State Zip Code University Heights OH 44118-3839</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Cleveland Clinic Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 04 / 06 / 2010</p> <p><b>Transaction ID:</b> C898434</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mary M Newman, MD FACP</p> <p>Mailing Address 319 Tunbridge Rd</p> <p>City State Zip Code Baltimore MD 21212-3802</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Park Medical Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 04 / 29 / 2010</p> <p><b>Transaction ID:</b> C913168</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">300.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Richard V Paul, MD FACP</p> <p>Mailing Address 1899 Tate Blvd SE Ste 2101</p> <p>City State Zip Code Hickory NC 28602-4200</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Piedmont Nephrology Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 04 / 01 / 2010</p> <p><b>Transaction ID:</b> C903250</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">800.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 14  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Roger Alexander Renfrew, MD FACP		Date of Receipt MM / DD / YYYY 04 / 26 / 2010		
	Mailing Address PO Box 546		<b>Transaction ID:</b> C912036		
	City Skowhegan	State ME	Zip Code 04976-0546	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 350.00		
Name of Employer Redington Medical Primary Care		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Roger Alexander Renfrew, MD FACP		Date of Receipt MM / DD / YYYY 04 / 28 / 2010		
	Mailing Address PO Box 546		<b>Transaction ID:</b> C912228		
	City Skowhegan	State ME	Zip Code 04976-0546	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 350.00		
Name of Employer Redington Medical Primary Care		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Francis J Samperisi, MD MBA MPH		Date of Receipt MM / DD / YYYY 04 / 06 / 2010		
	Mailing Address 132 Horse Pond Rd		<b>Transaction ID:</b> C903769		
	City Madison	State CT	Zip Code 06443-2561	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 250.00		
Name of Employer Self-employed		Occupation Physician consultant			
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) ..... ▶

600.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 14  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Richard J Seitz, MD FACP

Mailing Address 1705 Laguna Dr

City State Zip Code  
Fremont NE 68025-9783

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

Name of Employer Occupation  
Fremont Medical Associates Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2010

**Transaction ID:** C918043

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Viral S Shah, MBBS FACP

Mailing Address 30900 36th Ave SW

City State Zip Code  
Federal Way WA 98023-2187

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

Name of Employer Occupation  
Multicare Hospitalist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2010

**Transaction ID:** C904461

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
A Roland Spedale, Jr, MD

Mailing Address 408 Montezuma Ave

City State Zip Code  
Dothan AL 36303-3914

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

Name of Employer Occupation  
Internal Med Assoc of Dothan MD/Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2010

**Transaction ID:** C905979

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: PAGE 12 / 14  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Edward A Stehlik, MD FACP

Mailing Address 78 Devonshire Rd

City State Zip Code  
Buffalo NY 14223-1915

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

Name of Employer: Northtowns Medical Group  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 05 / 2010

**Transaction ID:** C903247

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Joseph W Stubbs, MD FACP

Mailing Address 2402 Osler Ct

City State Zip Code  
Albany GA 31707-0205

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

Name of Employer: Albany Internal Medicine  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2010

**Transaction ID:** C906458

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Donna E Sweet, MD MACP

Mailing Address 6 Crestview Lakes Est

City State Zip Code  
Wichita KS 67220-2914

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

Name of Employer: U of KS Medical School  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2010

**Transaction ID:** C904456

Amount of Each Receipt this Period  
750.00

**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 13 / 14	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Frederick E Turton, MD MBA FAC	
Mailing Address 4587 Camino Real	
City Sarasota	State Zip Code FL 34231-2323
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer fturton@gate.net	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2010
Transaction ID: C896714
Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	8400.00

**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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D94756 Date of Disbursement 04 / 30 / 2010
	Mailing Address PO Box 53852	
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 108.44
	Purpose of Disbursement Merchant service fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bank of America Merchant Services	Transaction ID: D94187 Date of Disbursement 04 / 02 / 2010
	Mailing Address PO Box 2485 WA2-505-01-40	
	City Spokane State WA Zip Code 99210-2485	Amount of Each Disbursement this Period 313.92
	Purpose of Disbursement Merchant service fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Citi Merchant Services	Transaction ID: D94188 Date of Disbursement 04 / 06 / 2010
	Mailing Address PO Box 407066	
	City Ft Lauderdale State FL Zip Code 33340-7066	Amount of Each Disbursement this Period 25.00
	Purpose of Disbursement Merchant service fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>447.36</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>447.36</b>