

**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.....	103997.39	
(c) Total Receipts (from Line 19)	30071.00	88557.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	134068.39	142494.27
7. Total Disbursements (from Line 31).....	14570.78	22996.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	119497.61	119497.61
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).....	24166.00	67816.00
(ii) Unitemized	5905.00	20741.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	30071.00	88557.00
(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)	30071.00	88557.00
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))..... ▶	30071.00	88557.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	30071.00	88557.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	920.78	2043.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	920.78	2043.58
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13650.00	20953.08
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)) ..	14570.78	22996.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14570.78	22996.66

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)	30071.00	88557.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30071.00	88557.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	920.78	2043.58
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	920.78	2043.58

**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 27
	<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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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. Julie A Blehm MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1962 E Rose Creek Pkwy S
 City Fargo State ND Zip Code 58104-6837
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sanford Health Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 08 / 2012**
Transaction ID : C1611875
 Amount of Each Receipt this Period **250.00**

B. David M Borne MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Jay St
 City New Orleans State LA Zip Code 70124-4511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LSUHSC Occupation Professor of Clinical Medicine
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 18 / 2012**
Transaction ID : C1617096
 Amount of Each Receipt this Period **250.00**

C. Erin B Brender MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Glen Oak Ct
 City Medford State OR Zip Code 97504-7618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Oregon Hospitalists PC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 01 / 2012**
Transaction ID : C1606536
 Amount of Each Receipt this Period **500.00**

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 7 OF 27
	<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

Full Name (Last, First, Middle Initial) A. Marie T Brown MD FACP			Date of Receipt
Mailing Address 251 Longcommon Rd			M M M / D D D / Y Y Y Y Y Y 03 / 18 / 2012
City	State	Zip Code	Transaction ID : C1617097
Riverside	IL	60546-2033	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer	Occupation		Aggregate Year-to-Date ▼
Self-employed	Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1000.00		

Full Name (Last, First, Middle Initial) B. Robert M Centor MD FACP			Date of Receipt
Mailing Address 4975 Spring Rock Rd			M M M / D D D / Y Y Y Y Y Y 03 / 02 / 2012
City	State	Zip Code	Transaction ID : C1605973
Mountain Brk	AL	35223-1642	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation		Aggregate Year-to-Date ▼
UAB	Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00		

Full Name (Last, First, Middle Initial) c. Hernan R Chang MD FACP			Date of Receipt
Mailing Address PO Box 17577			M M M / D D D / Y Y Y Y Y Y 03 / 01 / 2012
City	State	Zip Code	Transaction ID : C1606331
Jacksonville	FL	32245-7577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1250.00
Name of Employer	Occupation		Aggregate Year-to-Date ▼
Self-employed	Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1250.00		

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
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 27
	<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. John Elliott Christie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2661 Riva Rd
 Ste 610
 City Annapolis State MD Zip Code 21401-7343
 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
 03 / 28 / 2012
Transaction ID : C1622498
 Amount of Each Receipt this Period
 250.00

B. Dennis Wesley Cope MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Mollison Dr
 City Simi Valley State CA Zip Code 93065-5382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UCLA and LA DHS 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
 03 / 07 / 2012
Transaction ID : C1612054
 Amount of Each Receipt this Period
 500.00

C. Michele G Cyr MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 385 Washington Rd
 City Barrington State RI Zip Code 02806-2821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brown University 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
 03 / 02 / 2012
Transaction ID : C1606176
 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 9 OF 27
	<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. Nitin S Damle MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 481 Kingstown Rd
 City Wakefield State RI Zip Code 02879-3626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South County Internal Medicine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2012
Transaction ID : C1606172
 Amount of Each Receipt this Period
 250.00

B. Richard A Dart MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 9050 Ader Rd
 City Marshfield State WI Zip Code 54449-9652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Marshfield Clinic/Marshfield Clinic Re Occupation Emeritus Researcher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2012
Transaction ID : C1607961
 Amount of Each Receipt this Period
 500.00

C. Seshadri Das MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 Little Clove Rd
 City Staten Island State NY Zip Code 10301-4306
 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 Y Y
 03 / 18 / 2012
Transaction ID : C1617081
 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 10 OF 27
	<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. Noel N Deep MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 Violet Way
 City Antigo State WI Zip Code 54409-9500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aspirus General Clinic Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 14 / 2012
Transaction ID : C1616362
 Amount of Each Receipt this Period 1000.00

B. Abraham Delgado MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1121 Elder Cir
 City Austin State TX Zip Code 78733-3424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TMF Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 28 / 2012
Transaction ID : C1622483
 Amount of Each Receipt this Period 250.00

C. Robert B Doherty SVP
 Full Name (Last, First, Middle Initial)
 Mailing Address 3212 Morrison St NW
 City Washington State DC Zip Code 20015-1637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American College of Physicians Occupation SVP, Governmental Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 09 / 2012
Transaction ID : C1613014
 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 27
	<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. David Bernard Duggan MD MACP		Date of Receipt
Mailing Address 10 W Lake St		<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City	State	Zip Code
Skaneateles	NY	13152-1404
FEC ID number of contributing federal political committee.		Transaction ID : C1606329
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
SUNY	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Alan Duane Forker MD MACP		Date of Receipt
Mailing Address 4320 Wornall Rd Saint Lukes, MPI, Ste 128		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
Kansas City	MO	64111-5941
FEC ID number of contributing federal political committee.		Transaction ID : C1622489
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Saint Lukes Hospital	Director, Outpatient Lipid Diabetes Re	
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. Alice L Fuisz MD FACP		Date of Receipt
Mailing Address 1140 19th St NW		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code
Washington	DC	20036-6601
FEC ID number of contributing federal political committee.		Transaction ID : C1616314
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Self	Internist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 27
	<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. Martin Thomas Gessner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 Medical Heights Dr
 City Morganton State NC Zip Code 28655-5197
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Burke Primary Care Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 21 / 2012**
Transaction ID : C1619375
 Amount of Each Receipt this Period **250.00**

B. Raminder S Gill MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Ardea Pl
 City Sacramento State CA Zip Code 95835-2009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univeristy of California Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 13 / 2012**
Transaction ID : C1614515
 Amount of Each Receipt this Period **250.00**

C. Robert A Gluckman MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 4502 Lamont Way
 City Lake Oswego State OR Zip Code 97035-5422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence Health Plans Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 02 / 2012**
Transaction ID : C1606171
 Amount of Each Receipt this Period **1000.00**

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 13 OF 27
	<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. Jason Michael Goldman MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 3001 Coral Hills Dr
 Ste 340
 City Coral Springs State FL Zip Code 33065-4172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jason M Goldman MD PA Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2012
Transaction ID : C1613044
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date
 1000.00

B. David G Heisig MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 Cross Rd
 City Syracuse State NY Zip Code 13224-2126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2012
Transaction ID : C1612053
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date
 250.00

C. Stuart I Henochowicz MD MBA FAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 6035 Burke Centre Pkwy
 Ste 120
 City Burke State VA Zip Code 22015-3750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Internal Medicine and Allergy Associat Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : C1617101
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 27
	<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. Carrie A Horwitch MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 2304 Hughes Ave SW
 City Seattle State WA Zip Code 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 **750.00**

Date of Receipt **03 / 07 / 2012**
Transaction ID : C1612048
 Amount of Each Receipt this Period **750.00**

B. Isabel V Hoverman MD MACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1614 Forest Trl
 City Austin State TX Zip Code 78703-3232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation MD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 01 / 2012**
Transaction ID : C1606534
 Amount of Each Receipt this Period **500.00**

C. Robert E Jackson MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 6550 Fannin St Ste 2323
 City Houston State TX Zip Code 77030-2747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Robert E Jackson MD PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 18 / 2012**
Transaction ID : C1617094
 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 15 OF 27
	<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 E Jackson MD FACP		Date of Receipt
Mailing Address 6550 Fannin St Ste 2323		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code
Houston	TX	77030-2747
FEC ID number of contributing federal political committee.		Transaction ID : C1617280
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Robert E Jackson MD PA	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. Kesavan Kutty MD MACP		Date of Receipt
Mailing Address W140N7866 Lilly Rd		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Menomonee Falls	WI	53051-4418
FEC ID number of contributing federal political committee.		Transaction ID : C1611872
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
The Medical College of Wisconsin	Professor of Medicine	
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. Jeffrey Yee Lee MD		Date of Receipt
Mailing Address 11718 Longleaf Ln		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
Houston	TX	77024-6415
FEC ID number of contributing federal political committee.		Transaction ID : C1622491
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Jeffrey Y Lee, MD, 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) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 27
	<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. Yolanda Marcos MD		Date of Receipt
Mailing Address 510 Med Ct Ste 210		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City San Antonio	State TX	Zip Code 78258-3484
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C1606458
Name of Employer Yolanda Marcos MD PA		Amount of Each Receipt this Period
Occupation Doctor		<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. Robert M McLean MD FACP		Date of Receipt
Mailing Address 181 Rimmon Rd		<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City Woodbridge	State CT	Zip Code 06525-1918
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C1607512
Name of Employer Connecticut Medical Group, LLC		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) c. Darilyn V Moyer MD, FACP		Date of Receipt
Mailing Address 2307 Cranberry Ct		<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City Lafayette Hill	State PA	Zip Code 19444-2318
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C1607697
Name of Employer Temple University		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"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 27
	<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. Mary M Newman MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 319 Tunbridge Rd
 City Baltimore State MD Zip Code 21212-3802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Park Medical Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 28 / 2012**
Transaction ID : C1621738
 Amount of Each Receipt this Period **300.00**

B. George M Rapier III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8637 Fredericksburg Rd Ste 360
 City San Antonio State TX Zip Code 78240-1285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellMed Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 07 / 2012**
Transaction ID : C1612061
 Amount of Each Receipt this Period **1000.00**

C. Mark Jason Richman MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1281 E Orange Grove Blvd
 City Pasadena State CA Zip Code 91104-3002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Los Angeles County Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1116.00**

Date of Receipt **03 / 13 / 2012**
Transaction ID : C1616068
 Amount of Each Receipt this Period **1116.00**

SUBTOTAL of Receipts This Page (optional).....	2416.00
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 19 OF 27
	<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. Mansour Saberi MD FACP		Date of Receipt MM / DD / YYYY 03 / 14 / 2012 Transaction ID : C1616074
Mailing Address 353 Savannah Rd		Amount of Each Receipt this Period 250.00
City Lewes	State DE	Zip Code 19958-1438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. David J Schifeling MD FACP		Date of Receipt MM / DD / YYYY 03 / 08 / 2012 Transaction ID : C1611874
Mailing Address 900 W Clairemont Ave		Amount of Each Receipt this Period 500.00
City Eau Claire	State WI	Zip Code 54701-6122
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Marshfield Clinic	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. Mark D Schroeder MD FACP		Date of Receipt MM / DD / YYYY 03 / 26 / 2012 Transaction ID : C1621509
Mailing Address 215 W Cork St		Amount of Each Receipt this Period 250.00
City Winchester	State VA	Zip Code 22601-4135
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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 20 OF 27
	<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. Michael C Sha MD FACP		Date of Receipt MM / DD / YYYY 03 / 02 / 2012 Transaction ID : C1605120
Mailing Address 4410 E 116th St		Amount of Each Receipt this Period 250.00
City Carmel	State IN	Zip Code 46033-3356
FEC ID number of contributing federal political committee. C	Name of Employer Indiana University	
Occupation Physician		Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Saba S Sheikh MD FACP		Date of Receipt MM / DD / YYYY 03 / 12 / 2012 Transaction ID : C1613365
Mailing Address 3704 Red Oak Ln		Amount of Each Receipt this Period 250.00
City Ellicott City	State MD	Zip Code 21042-1327
FEC ID number of contributing federal political committee. C	Name of Employer Columbia medical Practice	
Occupation Physician		Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. Stephen A Sherwin MD FACP		Date of Receipt MM / DD / YYYY 03 / 16 / 2012 Transaction ID : C1617055
Mailing Address 3508 Clay St		Amount of Each Receipt this Period 250.00
City San Francisco	State CA	Zip Code 94118-1839
FEC ID number of contributing federal political committee. C	Name of Employer Self-employed	
Occupation Physician		Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 21 OF 27
	<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. Valerie E Stone MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 298 Adams St
 City Quincy State MA Zip Code 02169-1755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Massachusetts General Hospital Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 02 / 2012**
Transaction ID : C1606033
 Amount of Each Receipt this Period **500.00**

B. Robert G Strickland MD MACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 911 Avenida Manana NE
 City Albuquerque State NM Zip Code 87110-6166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of New Mexico health Science Occupation gastroenterologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 14 / 2012**
Transaction ID : C1616200
 Amount of Each Receipt this Period **250.00**

c. Oanh Thuy Tran MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 328
 City West Hempstead State NY Zip Code 11552-0328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYU Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 19 / 2012**
Transaction ID : C1617288
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1250.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 27
	<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. Sara E Walker MD MACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 2120 Southern Star Loop
 City Las Cruces State NM Zip Code 88011-4083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Internal medicine-Rheumatology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 07 / 2012
Transaction ID : C1612052
 Amount of Each Receipt this Period 250.00

B. Cecil B Wilson MD MACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1341 Orange Ave
 City Winter Park State FL Zip Code 32789-4909
 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 03 / 28 / 2012
Transaction ID : C1622482
 Amount of Each Receipt this Period 250.00

C. Sscott W Yates MD MBA FAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 6020 W Parker Rd Ste 420
 City Plano State TX Zip Code 75093-8174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Center for Executive Medicine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 06 / 2012
Transaction ID : C1608257
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	24166.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Merchant service fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2012

Transaction ID : D127134

Amount of Each Disbursement this Period

208.67

Full Name (Last, First, Middle Initial)

B. Bank of America Merchant Services

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Merchant service fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2012

Transaction ID : D127122

Amount of Each Disbursement this Period

712.11

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

920.78

920.78

**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. Bill Cassidy for Congress

Mailing Address 8550 United Plaza Blvd
Ste 1

City State Zip Code
Baton Rouge LA 70809-2256

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Bill Cassidy

Office Sought: House
 Senate
 President
State: LA District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2012

Transaction ID : D127055

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Castor for Congress

Mailing Address 301 W Platt St
385

City State Zip Code
Tampa FL 33606-2292

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Kathy Castor

Office Sought: House
 Senate
 President
State: FL District: 11

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2012

Transaction ID : D126872

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kind for Congress Committee

Mailing Address 205 5th Ave S

City State Zip Code
La Crosse WI 54601-9202

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Ron Kind

Office Sought: House
 Senate
 President
State: WI District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2012

Transaction ID : D126432

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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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. Kinzinger for Congress

Mailing Address PO Box 487

City New Lenox State IL Zip Code 60451-0487

Purpose of Disbursement
Contribution to federal candidates

Candidate Name
Rep. Adam Kinzinger

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: IL District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	2

Transaction ID : D126434

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn for Congress

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024-3750

Purpose of Disbursement
Contributor to federal candidates

Candidate Name
Rep. Marsha Blackburn

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	1	2

Transaction ID : D127008

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. McGoff for Congress

Mailing Address PO Box 44188

City Indianapolis State IN Zip Code 46244-0188

Purpose of Disbursement
Contribution to federal candidates

Candidate Name
Dr John McGoff

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: IN District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	2

Transaction ID : D125441

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

1	0	0	0	0	0	0	0	0	0

**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. Pascrell for Congress

Mailing Address PO Box 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Bill Pascrell Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 08

Date of Disbursement

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

Transaction ID : D125400

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Simpson for Congress

Mailing Address 1487 Parkway Dr

City Blackfoot State ID Zip Code 83221-1667

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Mike Simpson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: ID District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	2

Transaction ID : D126436

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Trivedi for Congress

Mailing Address 83 W Main St
Ste 2

City Elverson State PA Zip Code 19520-9417

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Manan Trivedi

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

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

Transaction ID : D127079

Amount of Each Disbursement this Period

2	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)..... ▶

4	0	0	0	0	0	0	0	0	0
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1	3	6	5	0	0	0	0	0	0
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