

**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="2013"/>		<input type="text" value="28577.26"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="60677.18"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="22455.45"/>	<input type="text" value="84726.45"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="83132.63"/>	<input type="text" value="113303.71"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23345.95"/>	<input type="text" value="53517.03"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="59786.68"/>	<input type="text" value="59786.68"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	14370.45	66046.45
(ii) Unitemized	8085.00	18680.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	22455.45	84726.45
(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)	22455.45	84726.45
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))..... ▶	22455.45	84726.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	22455.45	84726.45

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	845.95	2062.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	845.95	2062.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22500.00	51000.00
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	454.50
(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	454.50
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)) ..	23345.95	53517.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23345.95	53517.03

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)	22455.45	84726.45
34. Total Contribution Refunds (from Line 28(d))	0.00	454.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22455.45	84271.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	845.95	2062.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	845.95	2062.53

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

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

FOR LINE NUMBER: PAGE 6 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Patrick C Alguire MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 189 Ash Way
 City Doylestown State PA Zip Code 18901-2203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACP 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 / 04 / 2013
Transaction ID : C2275809
 Amount of Each Receipt this Period
 250.00

B. Thomas C Auer MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 6757 Franklin Woods Dr
 City Traverse City State MI Zip Code 49686-1906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Thirlby Clinic Occupation General Internist
 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 / 21 / 2013
Transaction ID : C2293733
 Amount of Each Receipt this Period
 250.00

C. 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
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : C2275804
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Sue Scher Bornstein MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 3111 Beverly Dr
 City Dallas State TX Zip Code 75205-2922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Medical Home Initiative Occupation Executive Director
 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 / 12 / 2013
Transaction ID : C2287616
 Amount of Each Receipt this Period
500.00

B. Terence M Brady MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 Commonwealth Blvd
 City Bellerose Village State NY Zip Code 11001-4145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coney Island Hospital Occupation Physician
 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 / 23 / 2013
Transaction ID : C2293995
 Amount of Each Receipt this Period
500.00

C. Robert W Bundtzen MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 9420 Southwind Cir
 City Anchorage State AK Zip Code 99507-1268
 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 / 04 / 2013
Transaction ID : C2279180
 Amount of Each Receipt this Period
250.00

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: PAGE 8 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. John R Burton MD MACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Saint Johns Rd
 City Baltimore State MD Zip Code 21210-2121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Johns Hopkins University Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 12 / 2013
Transaction ID : C2287614
 Amount of Each Receipt this Period 250.00

B. David Earl Bybee MD MACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 Indian Hills Trl
 City Louisville State KY Zip Code 40207-1509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Endocrine & Diabetes Assoc Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 12 / 2013
Transaction ID : C2287612
 Amount of Each Receipt this Period 250.00

C. Louis J Capponi MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 E 15th St 3K
 City New York State NY Zip Code 10003-3922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYCHHC Occupation MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 16 / 2013
Transaction ID : C2288986
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Liviu A Chindris MD		Date of Receipt MM / DD / YYYY 03 / 16 / 2013 Transaction ID : C2288981
Mailing Address 902 Flintridge Ave		Amount of Each Receipt this Period 1000.00
City La Canada	State CA	Zip Code 91011-3905
FEC ID number of contributing federal political committee. C		
Name of Employer Mission Hospice	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Thomas Andrew Cook MD FACP		Date of Receipt MM / DD / YYYY 03 / 05 / 2013 Transaction ID : C1978152
Mailing Address 2051B Hamill Rd Ste 204		Amount of Each Receipt this Period 250.00
City Hixson	State TN	Zip Code 37343-4093
FEC ID number of contributing federal political committee. C		
Name of Employer Galen Medical Group	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. Dennis W Cope MD FACP		Date of Receipt MM / DD / YYYY 03 / 19 / 2013 Transaction ID : C2293804
Mailing Address 21 Mollison Dr		Amount of Each Receipt this Period 500.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Sarah Taylor Corley MD FACP
Full Name (Last, First, Middle Initial)

Mailing Address 6204 Vernon Palmer Ct

City McLean State VA Zip Code 22101-2349

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

Name of Employer NextGen Healthcare 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
 03 / 15 / 2013
Transaction ID : C2288628

Amount of Each Receipt this Period
 125.00

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 Research Foundation Occupation Emeritus Research Clinician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 90.95

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : C2277862

Amount of Each Receipt this Period
 45.45

c. 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 Dept of Veterans Affairs 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
 03 / 12 / 2013
Transaction ID : C2287613

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....	▶	420.45
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 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Douglas M DeLong MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 Beaver St
 City State Zip Code
 Cherry Valley NY 13320-3113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bassett Healthcare 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 / 27 / 2013
Transaction ID : C2295685
 Amount of Each Receipt this Period
 500.00

B. Maureen D Francis MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 4875 Vinton Rd
 City State Zip Code
 Anthony NM 88021-8532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Texas Tech El Paso 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 / 12 / 2013
Transaction ID : C2287615
 Amount of Each Receipt this Period
 250.00

C. Gordon L. Fung MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1837 10th Ave
 City State Zip Code
 San Francisco CA 94122-4601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UCSF Medical Center Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2013
Transaction ID : C2288599
 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 13 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. 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 **250.00**

Date of Receipt **03 / 19 / 2013**
Transaction ID : C2293811
 Amount of Each Receipt this Period **250.00**

B. Douglas G Kelling Jr, MD FAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 512 Winfield Blvd SE
 City Concord State NC Zip Code 28025-3710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Concord Internal Medicine Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 04 / 2013**
Transaction ID : C2275805
 Amount of Each Receipt this Period **1000.00**

c. Ralph Eddy Koldinger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1339 44th St
 City Sacramento State CA Zip Code 95819-4146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sutter Independent Physicians Occupation President/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 07 / 2013**
Transaction ID : C2285514
 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 14 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Cory Scott Krueger MD FACP		Date of Receipt
Mailing Address 758 E Cottontail Run		M M M / D D D / Y Y Y Y Y Y 03 / 21 / 2013
City	State	Zip Code
Cottonwood	AZ	86326-7072
FEC ID number of contributing federal political committee.		Transaction ID : C2293692
C		Amount of Each Receipt this Period
		250.00
Name of Employer	Occupation	
Self-employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		250.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Joyce E Leon MD FACP		Date of Receipt
Mailing Address 853 Iroquois St		M M M / D D D / Y Y Y Y Y Y 03 / 02 / 2013
City	State	Zip Code
Detroit	MI	48214-2711
FEC ID number of contributing federal political committee.		Transaction ID : C2276976
C		Amount of Each Receipt this Period
		300.00
Name of Employer	Occupation	
Integrated Health Assoc	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		300.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Joel S Levine MD MACP		Date of Receipt
Mailing Address 3896 S Magnolia Way		M M M / D D D / Y Y Y Y Y Y 03 / 19 / 2013
City	State	Zip Code
Denver	CO	80237-1222
FEC ID number of contributing federal political committee.		Transaction ID : C2293819
C		Amount of Each Receipt this Period
		500.00
Name of Employer	Occupation	
Denver Health	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		500.00
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. J Leonard Lichtenfeld MD MACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 Hiding Pl
 City State Zip Code
 Thomasville GA 31792-8829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Cancer Society Physician Executive
 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 / 07 / 2013
Transaction ID : C2287198
 Amount of Each Receipt this Period
 250.00

B. Ronald V Loge MD MACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Highway 91 S
 City State Zip Code
 Dillon MT 59725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Barrett Hospital & Healthcare 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 / 04 / 2013
Transaction ID : C2279179
 Amount of Each Receipt this Period
 250.00

C. George Wibur Meyer MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 9040 Windcove Ct
 City State Zip Code
 Fair Oaks CA 95628-8163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kaiser MD
 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 / 05 / 2013
Transaction ID : C2281085
 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: PAGE 16 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Maureen C Nash MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2645 NE 42nd Ave
 City Portland State OR Zip Code 97213-1203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tuality Helathcare Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 16 / 2013
Transaction ID : C2288976
 Amount of Each Receipt this Period 250.00

B. Kenneth E Olive MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Foxxborough Ln
 City Johnson City State TN Zip Code 37604-7660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer East Tenn State Univ Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 05 / 2013
Transaction ID : C2281093
 Amount of Each Receipt this Period 300.00

c. Mohammad A Razzaque MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 3228 W 95th St
 City Evergreen Park State IL Zip Code 60805-2314
 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 / 12 / 2013
Transaction ID : C2287607
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 17 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Jenny R Silberger MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 10172 SW Washington St
 City Portland State OR Zip Code 97225-6950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NW Permanente Occupation Hospitalist
 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 / 04 / 2013
Transaction ID : C2275801
 Amount of Each Receipt this Period
 250.00

B. Paul F Speckart MD MACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 3260 3rd Ave
 City San Diego State CA Zip Code 92103-5616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : C2293865
 Amount of Each Receipt this Period
 250.00

C. Alwin F Steinmann MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 6253 McIntyre Ct
 City Golden State CO Zip Code 80403-2147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Exempla Saint Joseph Hospital 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 / 25 / 2013
Transaction ID : C2293861
 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 18 OF 25
	(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

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. 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 / 16 / 2013**
Transaction ID : C2288979
 Amount of Each Receipt this Period **500.00**

B. Neil M Sullivan MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 4511 Ocean Front Ave
 City Virginia Beach State VA Zip Code 23451-2518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sentara Health System Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 04 / 2013**
Transaction ID : C2279064
 Amount of Each Receipt this Period **250.00**

c. Gregory Alan Underwood MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5231 Lila Wood Cir
 City Charlotte State NC Zip Code 28209-5537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Healthcare System Occupation MD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 19 / 2013**
Transaction ID : C2293815
 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 19 OF 25
	<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
-----------------------------	-----------------------------	-----------------------------

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

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

A. Robert A Vegors MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 616 W Forest Ave
 The Jackson Clinic
 City Jackson State TN Zip Code 38301-3902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Jackson Clinic Occupation Geriatrician
 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 / 2013
Transaction ID : C2281092
 Amount of Each Receipt this Period
 500.00

B. Michael Andrew Zimmer MD FACP
 Full Name (Last, First, Middle Initial)
 Mailing Address 777 Cattail Ct NE
 City Saint Petersburg State FL Zip Code 33703-3170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michael A Zimmer MD PLC Occupation Medical Doctor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2013
Transaction ID : C2275820
 Amount of Each Receipt this Period
 100.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	14370.45

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Merchant service fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : D144939

Amount of Each Disbursement this Period

124.70

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

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2013

Transaction ID : D144936

Amount of Each Disbursement this Period

721.25

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

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

Amount of Each Disbursement this Period

--

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

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

845.95

845.95

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Benishek for Congress Inc

Mailing Address PO Box 2012

City Kingsford State MI Zip Code 49802-2012

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Dan Benishek

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2013

Transaction ID : D144559

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Bill Cassidy for Congress

Mailing Address 8550 United Plaza Blvd
Ste 1

City Baton Rouge State LA Zip Code 70809-2256

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Bill Cassidy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2013

Transaction ID : D144769

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Dave Camp for Congress

Mailing Address 5915 Eastman Ave
Ste 100

City Midland State MI Zip Code 48640-6824

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Dave Camp

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2013

Transaction ID : D144551

Amount of Each Disbursement this Period

5000.00

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

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

11000.00

**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

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. Doggett for US Congress

Mailing Address PO Box 5843

City State Zip Code
Austin TX 78763-5843

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Lloyd Doggett

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2013

Transaction ID : D144767

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Dr Raul Ruiz for Congress

Mailing Address 73373 Country Club Dr
Apt 1904

City State Zip Code
Palm Desert CA 92260-8641

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Raul Ruiz

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2013

Transaction ID : D144557

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Enzi for US Senate

Mailing Address PO Box 2775

City State Zip Code
Cody WY 82414-2775

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Sen. Michael B. Enzi

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2013

Transaction ID : D144550

Amount of Each Disbursement this Period

1500.00

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends for Jim McDermott

Mailing Address PO Box 21786

City State Zip Code
Seattle WA 98111-3786

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Jim McDermott

Office Sought: House
 Senate
 President
State: WA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2013

Transaction ID : D144768

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Joe Pitts

Mailing Address PO Box 775

City State Zip Code
Unionville PA 19375-0775

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Joe Pitts

Office Sought: House
 Senate
 President
State: PA District: 16

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2013

Transaction ID : D144556

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Gingrey for Congress

Mailing Address PO Box U

City State Zip Code
Marietta GA 30061-1077

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Phil Gingrey

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2013

Transaction ID : D144558

Amount of Each Disbursement this Period

2000.00

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

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

5000.00

--

**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

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. Price for Congress

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077-0425

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Tom Price

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

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

Transaction ID : D144555

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Walden for Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031-0037

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Greg Walden

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

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

Transaction ID : D144766

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. We the People PAC

Mailing Address PO Box 2232

City Jenkintown State PA Zip Code 19046-0832

Purpose of Disbursement
Voided check #746 from Nov 2012

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : D144553

Amount of Each Disbursement this Period

0	0	0	0	0	0	0	0	0	0

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

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

0	0	0	0	0	0	0	0	0	0

0	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

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. We the People PAC

Mailing Address PO Box 2232

City State Zip Code
Jenkintown PA 19046-0832

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2013

Transaction ID : D144554

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

2500.00

22500.00
