



**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="2014"/>	<input type="text" value="37020.24"/>	<input type="text" value="37020.24"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="89888.13"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="6405.00"/>	<input type="text" value="146249.11"/>
(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="96293.13"/>	<input type="text" value="183269.35"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13688.49"/>	<input type="text" value="100664.71"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="82604.64"/>	<input type="text" value="82604.64"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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).....	2605.00	108330.00
(ii) Unitemized .....	3800.00	35419.11
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6405.00	143749.11
(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) .....	6405.00	143749.11
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	2500.00
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))..... ▶	6405.00	146249.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6405.00	146249.11

**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 .....	188.49	4014.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	188.49	4014.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	91250.00
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	5400.00
(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	5400.00
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)) ..	13688.49	100664.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13688.49	100664.71

**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) .....	6405.00	143749.11
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6405.00	138349.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	188.49	4014.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	188.49	4014.71

**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 13
	<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) <b>A. Margaret S Atwell MD FACP</b>		Date of Receipt
Mailing Address 823 Broadcasting Rd		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City State Zip Code Wyomissing PA 19610-1407		<b>Transaction ID : C2789566</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Reading Health System Physician		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="350.00"/>

Full Name (Last, First, Middle Initial) <b>B. Thomas G Cooney MD MACP</b>		Date of Receipt
Mailing Address 1409 NE Siskiyou St		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City State Zip Code Portland OR 97212-2344		<b>Transaction ID : C2794275</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Department of Veterans Affairs Physician		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) <b>C. Sarah T Corley MD FACP</b>		Date of Receipt
Mailing Address 6204 Vernon Palmer Ct		<input type="text" value="07"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City State Zip Code McLean VA 22101-2349		<b>Transaction ID : C2771571</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation NextGen Healthcare Physician		<input type="text" value="130.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="780.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="430.00"/>
<b>TOTAL</b> 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 7 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. David Lloyd George MD FACP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1933 Wickford Pl  
 City State Zip Code  
 Wyomissing PA 19610-2681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Reading Hospital 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  
 07 / 27 / 2014  
**Transaction ID : C2789923**  
 Amount of Each Receipt this Period  
 500.00

**B. Nancy C Higgins MD FACP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 620 S 8th Ave  
 City State Zip Code  
 Galloway NJ 08205-4028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Atlantic Pulmonary 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  
 07 / 08 / 2014  
**Transaction ID : C2775798**  
 Amount of Each Receipt this Period  
 250.00

**c. Thomas Edward Jarrett MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1402 Overland Dr  
 City State Zip Code  
 High Point NC 27262-7467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Peters Medical Research Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2014  
**Transaction ID : C2784454**  
 Amount of Each Receipt this Period  
 325.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1075.00
<b>TOTAL</b> 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 13
	<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. Mack Alan Land MD MACP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5905 Lynn brier Ave  
 City Memphis State TN Zip Code 38120-2303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Of Tenn COM Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 02 / 2014**  
**Transaction ID : C2805010**  
 Amount of Each Receipt this Period **250.00**

**B. Ronald V Loge MD MACP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 Hwy 91 S  
 City Dillon State MT Zip Code 59725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Barrett Hospital & Health Care Occupation General Internist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 01 / 2014**  
**Transaction ID : C2767598**  
 Amount of Each Receipt this Period **250.00**

**C. Mansour Saberi MD MACP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 353 Savannah Rd  
 City Lewes State DE Zip Code 19958-1438  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Beebe Physician Network Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 10 / 2014**  
**Transaction ID : C2776741**  
 Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 9 OF 13  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Bruce Cameron Smith MD FACP**

Mailing Address 5320 231st Ave SE

City Issaquah      State WA      Zip Code 98029-9227

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

Name of Employer Group Health Cooperative      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  
 07 / 02 / 2014

**Transaction ID : C2804816**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Michael Andrew Zimmer MD FACP**

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 Internal Medicine Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2014

**Transaction ID : C2788286**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C.**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2605.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Merchant service fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

Transaction ID : D160451

Amount of Each Disbursement this Period

30.37

Full Name (Last, First, Middle Initial)

**B. Bank of America Merchant Services**

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

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement  
Merchant service fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2014

Transaction ID : D160450

Amount of Each Disbursement this Period

158.12

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

188.49

188.49

**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. Andy Barr for Congress**

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588-2059

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name

**Rep. Andy Barr**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 19 / 2014

**Transaction ID : D159819**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Bera Victory Fund**

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758-0042

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2014

**Transaction ID : D160110**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Boehner for Speaker**

Mailing Address 65 E State St  
Ste 2540

City Columbus State OH Zip Code 43215-4213

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

**Transaction ID : D159887**

Amount of Each Disbursement this Period

4000.00

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

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

7000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Sam Johnson**

Mailing Address PO Box 860096

City State Zip Code  
Plano TX 75086-0096

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name

**Rep. Sam Johnson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	28	/	2014

**Transaction ID : D160112**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Kaptur for Congress**

Mailing Address PO Box 899

City State Zip Code  
Toledo OH 43697-0899

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name

**Rep. Marcy Kaptur**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	28	/	2014

**Transaction ID : D160111**

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  
Contributions to federal candidates

Candidate Name

**Rep. Ron Kind**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	17	/	2014

**Transaction ID : D160121**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Lynn Jenkins for Congress**

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601-1441

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name

**Rep. Lynn Jenkins**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2014

**Transaction ID : D159856**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Schakowsky for Congress**

Mailing Address PO Box 5130

City Evanston State IL Zip Code 60204-5130

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name

**Rep. Jan Schakowsky**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2014

**Transaction ID : D159857**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Shaheen for Senate**

Mailing Address 105 N State St

City Concord State NH Zip Code 03301-4334

Purpose of Disbursement  
Contributioni

Candidate Name

**Sen. Jeanne Shaheen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NH District: 00

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2014

**Transaction ID : D159888**

Amount of Each Disbursement this Period

1500.00

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

3500.00

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

13500.00