

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. **FEC IDENTIFICATION NUMBER** C00403881  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2011 through 01 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr Richard L Trachtman, Esq

Signature of Treasurer Electronically Filed by Mr Richard L Trachtman, Esq Date 02 18 2011

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

|                 |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|

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

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

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

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 1 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 1 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 1 | 1 |  | 16627.96 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2   | 0                       | 1                                 | 1 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 16627.96                |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....   | 21230.00                | 21230.00                          |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 37857.96                | 37857.96                          |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....   | 267.19                  | 267.19                            |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 37590.77                | 37590.77                          |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>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<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 17200.00                      | 17200.00                          |
| (ii) Unitemized .....  | 4030.00                       | 4030.00                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 21230.00                      | 21230.00                          |
| (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) .....     | 21230.00                      | 21230.00                          |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 21230.00                      | 21230.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 21230.00                      | 21230.00                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 21. Operating Expenditures:  |                                       |   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |                                       |   |
| (i) Federal Share.....   | 0.00                                  | 0.00                                      |
| (ii) Non-Federal Share.....  | 0.00                                  | 0.00                                      |
| (b) Other Federal Operating Expenditures.....  | 267.19                                | 267.19                                    |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 267.19                                | 267.19                                    |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                                  | 0.00                                      |
| 24. Independent Expenditure (use Schedule E) .....   | 0.00                                  | 0.00                                      |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00                                  | 0.00                                      |
| 26. Loan Repayments Made.....  | 0.00                                  | 0.00                                      |
| 27. Loans Made.....  | 0.00                                  | 0.00                                      |
| 28. Refunds of Contributions To:   |                                       |   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                                  | 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) Shared Federal Election Activity (from Schedule H6)  |                                       |   |
| (i) Federal Share .....  | 0.00                                  | 0.00                                      |
| (ii) "Levin" Share .....   | 0.00                                  | 0.00                                      |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                                  | 0.00                                      |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....              | 0.00                                  | 0.00                                      |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 267.19                                | 267.19                                    |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 267.19                                | 267.19                                    |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 21230.00                      | 21230.00                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 21230.00                      | 21230.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 267.19                        | 267.19                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 267.19                        | 267.19                            |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 17  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Laura Lee Allendorf

Mailing Address 9009 Avis Ct

City Vienna State VA Zip Code 22182-2162

FEC ID number of contributing federal political committee. C

Name of Employer Self-employed Occupation PAC consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 03 / 2011

**Transaction ID:** C1167352

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Ralph E Binder, MD FACP

Mailing Address 11 Brookridge Rd

City New Rochelle State NY Zip Code 10804-3030

FEC ID number of contributing federal political committee. C

Name of Employer R Binder, M Morelli, M Nudel- delman, MDS. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 21 / 2011

**Transaction ID:** C1177991

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert Wayne Bundtzen, MD FACP

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 01 / 15 / 2011

**Transaction ID:** C1174056

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 7 / 17  
(check only one)

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

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

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

Mailing Address 6204 Vernon Palmer Ct

City State Zip Code  
McLean VA 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 ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
01 / 05 / 2011

Transaction ID: C1170299

Amount of Each Receipt this Period  
1200.00

**B.** Full Name (Last, First, Middle Initial)  
Charles Cutler, MD FACP

Mailing Address 512 Hamilton Rd

City State Zip Code  
Merion Station PA 19066-1105

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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2011

Transaction ID: C1173825

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Andrew K Diehl, MD FACP

Mailing Address 422 Adams St

City State Zip Code  
San Antonio TX 78210-1266

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

Name of Employer University of Texas Health Science Cen Occupation Professor of Medicine

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 20 / 2011

Transaction ID: C1177666

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2450.00

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

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

|   |  |                                    |  |                                    |
|---|--|------------------------------------|--|------------------------------------|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Tracey E Doering, MD FACP |                                    | Date of Receipt                              |                                    |
|   | Mailing Address 614 Estes Rd   |                                    | M M / D D / Y Y Y Y Y<br>0 1 / 1 4 / 2 0 1 1 |                                    |
|   | City   | State                              | Zip Code                                     | <b>Transaction ID:</b> C1173984    |
|   | Nashville  | TN                                 | 37215-1005                                   | Amount of Each Receipt this Period |
|   | FEC ID number of contributing federal political committee. <b>C</b>  |                                    | 250.00                                       |                                    |
| Name of Employer<br>University Of TN  |  | Occupation<br>Physician            |  |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>250.00 |  |                                    |

|   |  |                                     |  |                                    |
|---|--|-------------------------------------|--|------------------------------------|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Lawrence L Faltz, MD MACP |                                     | Date of Receipt                              |                                    |
|   | Mailing Address 29 Maplewood St                                      |                                     | M M / D D / Y Y Y Y Y<br>0 1 / 1 9 / 2 0 1 1 |                                    |
|   | City   | State                               | Zip Code                                     | <b>Transaction ID:</b> C1176981    |
|   | Larchmont  | NY                                  | 10538-1632                                   | Amount of Each Receipt this Period |
|   | FEC ID number of contributing federal political committee. <b>C</b>  |                                     | 500.00                                       |                                    |
| Name of Employer<br>Phelps Memorial Hospital Center   |  | Occupation<br>Chief Medical Officer |  |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>500.00  |  |                                    |

|   |  |                                     |  |                                    |
|---|--|-------------------------------------|--|------------------------------------|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Jacqueline W Fincher, MD FACP |                                     | Date of Receipt                              |                                    |
|   | Mailing Address PO Box 1898  |                                     | M M / D D / Y Y Y Y Y<br>0 1 / 1 6 / 2 0 1 1 |                                    |
|   | City   | State                               | Zip Code                                     | <b>Transaction ID:</b> C1174113    |
|   | Thomson  | GA                                  | 30824-5898                                   | Amount of Each Receipt this Period |
|   | FEC ID number of contributing federal political committee. <b>C</b>      |                                     | 1000.00                                      |                                    |
| Name of Employer<br>McDuffie Medical Associates   |  | Occupation<br>Physician             |  |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>1000.00 |  |                                    |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1750.00 |
| <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: PAGE 9 / 17  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mindi Suzanne Garner, DO FACP

Mailing Address 127 W 5th St

City State Zip Code  
Pittsburg KS 66762-3801

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: 01 / 16 / 2011  
Transaction ID: C1174110  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
William E Golden, MD MACP

Mailing Address 57 River Ridge Rd

City State Zip Code  
Little Rock AR 72227-1525

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

Name of Employer UAMS Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 15 / 2011  
Transaction ID: C1174070  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Phyllis A Guze, MD FACP

Mailing Address 679 Thayer Ave

City State Zip Code  
Los Angeles CA 90024-3307

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

Name of Employer UC Riverside Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 17 / 2011  
Transaction ID: C1175715  
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 10 / 17

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Stuart B Himmelstein, MD FACP

Mailing Address 1111 N Palmway

City

Lake Worth

State

FL

Zip Code

33460-2315

FEC ID number of contributing federal political committee.

C

Name of Employer  
Quality Medical Associati-  
on of West De

Occupation  
Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
01 / 14 / 2011

Transaction ID: C1173887

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Rodney Hornbake, III, MD FA

Mailing Address 10 Wildwood Medical Ctr

City

Essex

State

CT

Zip Code

06426-1154

FEC ID number of contributing federal political committee.

C

Name of Employer  
Essex Internal Medicine

Occupation  
Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
01 / 26 / 2011

Transaction ID: C1179222

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Roger S Khetan, MD FACP

Mailing Address 2817 Dyer St

City

Dallas

State

TX

Zip Code

75205-1905

FEC ID number of contributing federal political committee.

C

Name of Employer  
rskhetan@yahoo.com

Occupation  
Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
01 / 14 / 2011

Transaction ID: C1173858

Amount of Each Receipt this Period

250.00

**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: PAGE 11 / 17  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Daniel Blaine Kimball, Jr, MD FAC

Mailing Address 1303 Orchard Rd

City State Zip Code  
Reading PA 19611-1437

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

Name of Employer Retired Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2011

Transaction ID: C1173776

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Richard Foard LeBlond, MD MACP

Mailing Address 2023 Laurence Ct NE

City State Zip Code  
Iowa City IA 52240-9150

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

Name of Employer University of Iowa Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 17 / 2011

Transaction ID: C1175694

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey Y Lee, MD

Mailing Address 1140 Business Center Dr Ste 570

City State Zip Code  
Houston TX 77043-2742

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

Name of Employer Jeffrey Y Lee MD, PA Occupation MD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2011

Transaction ID: C1174053

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 17  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
David A Major, MD FACP

Mailing Address 211 S 9th St  
Ste 401

City Philadelphia State PA Zip Code 19107-6810

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

Name of Employer NSIM Occupation MD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 27 / 2011

Transaction ID: C1179737

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
W Hugh Maloney, MD FACP

Mailing Address 6301 W 20th Ave

City Kennewick State WA Zip Code 99338-1507

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

Name of Employer Kadlec Clinic Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 28 / 2011

Transaction ID: C1180096

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Darilyn Valenta Moyer, MD FACP

Mailing Address 2307 Cranberry Ct

City Lafayette Hill State PA Zip Code 19444-2318

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

Name of Employer Temple University Occupation Faculty/Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 17 / 2011

Transaction ID: C1175175

Amount of Each Receipt this Period  
250.00

**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: PAGE 13 / 17  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Kenneth E Olive, MD FACP

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 Tennessee State University Occupation Professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 17 / 2011  
**Transaction ID: C1174211**  
 Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mansour Saberi, MD FACP

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 Self-employed Occupation MD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 14 / 2011  
**Transaction ID: C1173804**  
 Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Colette Simon-Hodges, MD FACP

Mailing Address PO Box 5426

City Corpus Christi State TX Zip Code 78465-5426

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

Name of Employer Lone Star Infectious Disease Consultan Occupation Medical Doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 15 / 2011  
**Transaction ID: C1174069**  
 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 14 / 17  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Joseph W Stubbs, MD MACP

Mailing Address 2202 Beattie Rd

City Albany State GA Zip Code 31721-2104

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

Name of Employer Albany Internal Medicine Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 17 / 2011  
**Transaction ID: C1175686**  
 Amount of Each Receipt this Period: 500.00

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

Mailing Address 6 Crestview Lakes Est

City Wichita State KS Zip Code 67220-2914

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

Name of Employer U of KS Medical School Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 01 / 28 / 2011  
**Transaction ID: C1180561**  
 Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas G Tape, MD FACP

Mailing Address 8023 Woolworth Ave

City Omaha State NE Zip Code 68124-1454

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

Name of Employer University of Nebraska Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 01 / 15 / 2011  
**Transaction ID: C1174058**  
 Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

**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 15 / 17  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Frederick E Turton, MD MBA FAC

Mailing Address 4587 Camino Real

City State Zip Code  
Sarasota FL 34231-2323

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

Name of Employer fturton@gate.net Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 14 / 2011  
Transaction ID: C1173998  
Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael Thomas Vest, MC USA FAC

Mailing Address 11 Sarahs Pl

City State Zip Code  
Wallingford CT 06492-4757

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

Name of Employer Yale University Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 18 / 2011  
Transaction ID: C1176938  
Amount of Each Receipt this Period: 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Sara E Walker, MD MACP

Mailing Address 2120 Southern Star Loop

City State Zip Code  
Las Cruces NM 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: 01 / 14 / 2011  
Transaction ID: C1173849  
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)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 16 / 17                 |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13  | <input type="checkbox"/> 14  |
| <input type="checkbox"/> 15   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

**A.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>Sankey V Williams, MD MACP   |   | Date of Receipt<br>MM / DD / YYYY<br>01 / 14 / 2011 |
| Mailing Address 307 Brentford Rd  |   | <b>Transaction ID:</b> C1173819                     |
| City<br>Haverford   | State<br>PA                                   | Zip Code<br>19041-1718                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br>1000.00 |   |
| Name of Employer<br>University of Pennsylvania  | Occupation<br>Physician                       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00           |   |

**B.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>Scott W Yates, MD MBA FAC  |   | Date of Receipt<br>MM / DD / YYYY<br>01 / 19 / 2011 |
| Mailing Address 6020 W Parker Rd<br>Ste 420   |   | <b>Transaction ID:</b> C1176952                     |
| City<br>Plano   | State<br>TX                                   | Zip Code<br>75093-8174                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br>1000.00 |   |
| Name of Employer<br>NTHPG, PA   | Occupation<br>Physician                       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00           |   |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 2000.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 17200.00 |



**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)

PAGE 17 / 17

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>American Express<br>Mailing Address PO Box 53852<br>City Phoenix State AZ Zip Code 85072-3852<br>Purpose of Disbursement Merchant service fees<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                               | <b>Transaction ID:</b> D111307<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 3 1 / 2 0 1 1 |
|  | Amount of Each Disbursement this Period<br>172.98   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Bank of America Merchant Services<br>Mailing Address PO Box 2485 WA2-505-01-40<br>City Spokane State WA Zip Code 99210-2485<br>Purpose of Disbursement Merchant service fees<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> D111133<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 0 3 / 2 0 1 1 |
|  | Amount of Each Disbursement this Period<br>94.21  |

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

267.19

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

267.19