

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation DOCS 4 PATIENTS CARE, INC.		3. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported PO BOX 28415		
(c) City, State and ZIP Code ATLANTA GA 30358		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☒ January 31 Year-End Report

- (b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM ^M10 / ^D27 / ^Y2010 ^Y

THROUGH

^M12 / ^D31 / ^Y2010 ^Y

6. TOTAL CONTRIBUTIONS 0.00

7. TOTAL INDEPENDENT EXPENDITURES 24363.75


Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Richard Armstrong



2/10/11

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

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

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2011 FEB 14 AM 8:40
FEC MAIL CENTER

11030572276

A. Form/Schedule : **F5N**

Transaction ID :

Please note that this report discloses no new activity. All activity has previously been disclosed on the 24-Hour Report filed on 10/28/2010.

11030572277

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DOCS 4 PATIENTS CARE, INC.

2011 FEB 14 AM 8:40

FEC MAIL CENTER

Full Name (Last, First, Middle Initial) of Payee
SSG Media, Inc.

Mailing Address
4455 Connecticut Ave NW

City State Zip Code
Washington DC 20008

Date

M M / D D / Y Y Y Y
10 / 27 / 2010

Amount

3538.38

Purpose of Expenditure
Ad Production - Radio

Category/
Type

Office Sought:

☒ House

State: MI

House

☐ Senate

District: 15

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
ROBERT L STEELE

Calendar Year-To-Date Per Election
for Office Sought 3538.38

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee
SSG Media, Inc.

Mailing Address
4455 Connecticut Ave NW

City State Zip Code
Washington DC 20008

Date

M M / D D / Y Y Y Y
10 / 27 / 2010

Amount

3538.37

Purpose of Expenditure
Ad Production - Radio

Category/
Type

Office Sought:

☒ House

State: MI

House

☐ Senate

District: 01

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
DANIEL J BENISHEK

Calendar Year-To-Date Per Election
for Office Sought 3538.37

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee
SSG Media, Inc.

Mailing Address
4455 Connecticut Ave NW

City State Zip Code
Washington DC 20008

Date

M M / D D / Y Y Y Y
10 / 27 / 2010

Amount

9375.00

Purpose of Expenditure
Media Placement - Radio

Category/
Type

Office Sought:

☒ House

State: MI

House

☐ Senate

District: 15

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
ROBERT L STEELE

Calendar Year-To-Date Per Election
for Office Sought 12913.38

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

16451.75

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

(carry total from last page forward to Line 7)

11030572278

RECEIVED

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DOCS 4 PATIENTS CARE, INC.

2011 FEB 14 AM 8:40

FEC MAIL CENTER

Full Name (Last, First, Middle Initial) of Payee
SSG Media, Inc.

Date

M M / D D / Y Y Y Y
10 / 27 / 2010Mailing Address
4455 Connecticut Ave NW

Amount

7912.00

City
WashingtonState
DCZip Code
20008Purpose of Expenditure
Media Placement - RadioCategory/
Type

Office Sought:

☒

House

State: MI

House

☐

Senate

District: 01

☐

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
DANIEL J BENISHEKCalendar Year-To-Date Per Election
for Office Sought

11450.37

Disbursement For:
2010☐

Primary

☒

General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

7912.00

(b) SUBTOTAL of Unitemized Independent Expenditures


(c) TOTAL Independent Expenditures

(carry total from last page forward to Line 7)

24363.75

11030572279

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input checked="" type="checkbox"/> USPS Express Mail	Postmarked 2/10/11
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	2/14/11 DATE PREPARED