

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

AMERICAN COLLEGE OF PHYSICIAN SERVICES INC PAC; AKA ACP SERVICES PAC

ADDRESS (number and street)

25 Massachusetts Avenue

Suite 700

(Check if address is changed)

Washington

DC

20001

7401

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

acpservicespac@acponline.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.acpservices.org/pac/

COMMITTEE'S FAX NUMBER

202-835-0442

2. DATE

01 / 30 / 2008

3. FEC IDENTIFICATION NUMBER

C C00403881

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

Richard Trachtman

Signature of Treasurer

Electronically Filed by Richard Trachtman

Date

01 / 30 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

American College of Physician Services, Inc _____

Mailing Address **190 N Independence Mall West** _____

Philadelphia **PA** **19106** - **1572**

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship **Connected** _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

AMERICAN COLLEGE OF PHYSICIAN SERVICES INC PAC; AKA ACP SERVICES PAC

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Jolynne Flores**

Mailing Address **25 Massachusetts Avenue**
Suite 700
Washington DC 20001 - 7401

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Supervisor Grassroot 202 261 4532
 Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Richard Trachtman**

Mailing Address **25 Massachusetts Avenue**
Suite 700
Washington DC 20001 - 7401

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Director 202 261 4538
 Telephone number

Full Name of Designated Agent **Jonni McCrann**

Mailing Address **25 Massachusetts Avenue**
Suite 700
Washington DC 20001 - 7401

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Senior Manager Legis 202 261 4532
 Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America, NA

Mailing Address

P. O. Box 25118

Tampa

FL

33622 - 5118

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Image# 28930175658

Form/Schedule: **F1N**

New address and new Assistant Treasurer

Transaction ID:
