

FEC FORM 1

STATEMENT OF ORGANIZATION

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 Ave, NW Suite 700 Washington DC 20001-7401 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS glyons@acponline.org Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.acpservices.org/pac

2. DATE 02 / 10 / 2021

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 Lyons, George, , , Esq

Signature of Treasurer Lyons, George, , , Esq [Electronically Filed] Date 02 / 10 / 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 _____

Party Committee:

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

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

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

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

American College of Physician Services, Inc

Mailing Address

190 N Independence Mall Wst

Philadelphia

PA

19106-1572

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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 Rovick, Gregory, , ,

Mailing Address 25 Massachusetts Ave, NW

Suite 700

Washington

DC

20001-7401

Title or Position

CITY

STATE

ZIP CODE

Administrator

Telephone number 202 - 261 - 4532

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 Lyons, George, , , Esq

Mailing Address 25 Massachusetts Ave, NW

Suite 700

Washington

DC

20001-7401

Title or Position Director

CITY

STATE

ZIP CODE

Telephone number 202 - 261 - 4531

Full Name of Designated Agent

McCraun, Jonni, , ,

Mailing Address

25 Massachusetts Ave

Suite 700

Washington

DC

20001-7401

CITY

STATE

ZIP CODE

Title or Position

Senior Manager

Telephone number

202

261

4541

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.

SunTrust

Mailing Address

PO Box 622227

Orlando

FL

32862-2227

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE