Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) American College of Physician Services Inc PAC; aka ACP Services PAC 25 Massachusetts Ave, NW ADDRESS (number and street) Suite 700 (Check if address is changed) Washington 20001-7401 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS glyons@acponline.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.acpservices.org/pac (Check if address is changed) DATE 2021 C00403881 FEC IDENTIFICATION NUMBER 3. 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. Lyons, George, , , Esq Type or Print Name of Treasurer Lyons, George, , , Esq [Electronically Filed] 10 2021 Signature of Treasurer Date 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FFC <b>F</b>	orm 1 (Revised 02/2009)	Page <b>2</b>	
	COMMITTEE	1 aye <b>£</b>	
Candidat	e 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 Affilia	Office Sought: House Senate President	State	
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate			
Party Co		<b>(D</b> ::	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.	
Political A	Action Committee (PAC):		
(e) <b>x</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated fund or party	
	In addition, this committee is a Lobbyist/Registrant PAC.		
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Joint Fun	draising Representative:		
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political	
Con	nmittees Participating in Joint Fundraiser		
1.	FEC ID number		
2.	FEC ID number		
3.	FEC ID number		
4.			

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Write or Type Committee Na	me	
American Colle	ge of Physician Services Inc PAC; aka ACP	Services PAC
6. Name of Any Connected	I Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
American College of	Physician Services, Inc	
Mailing Address	190 N Independence Mall Wst	
	Philadelphia PA 1910	06-1572
	CITY STATE	ZIP CODE
Relationship: X Connec	ted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the person in	possession of committee
Rovick,	Gregory, , ,	
Mailing Address	25 Massachusetts Ave, NW	
Mailing Address	Suite 700	
	Washington DC 2000	01-7401
Title or Position	CITY STATE	ZIP CODE
Administrator	Telephone number 202	4532
Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
	George, , , Esq	
of Treasurer	25 Massachusetts Ave, NW	
Mailing Address	Suite 700	
		01-7401
	CITY STATE	ZIP CODE
Title or Position Director	1 202	, 261 <sub>  1</sub> 4531 <sub> </sub>

202

Telephone number

261

4531

Full Name of Designated Agent McCrann, Jonni, , , Agent Mailing Address    Suite 700	FEC Forn	<b>1</b> (Revised 02/2009)	Page <b>4</b>
Designated Agent  Mailing Address  Suite 700  Washington  CITY  STATE  ZIP CODE  Title or Position Senior Manager  Telephone number  Z02   261   4541  Telephone number  Z02   261   4541  Telephone number  Z02   261   4541  Telephone number  Z03   261   4541  Telephone number  Z04   261   4541  Telephone number  Z05   261   4541  Telephone number  Z06   261   4541  Telephone number  Z07   261   4541  Telephone number  Z08   261   4541  Telephone number  Z09   261   4541  Telephone number  Z09   261   4541  Telephone number  Z00   261   4541  Telephone number  Z01   261   4541  Telephone number  Z02   261   4541  Telephone number  Z08   261   4541  Telephone number  Z09   261   4541  Telephone number  Z09   261   4541  Telephone number  Z01   261   4541  Telephone number  Z02   261   4541  Telephone number  Z03   261   4541  Telephone number  Z05   261   4541  Telephone number  Z07   261   4541  Telephone number  Z08   261   4541  Telephone number  Z09   261   4541  Telephone number  Z09   261   4541  Telephone number  Z01   261   4541  Telephone number  Z02   261   4541  Telephone number  Z03   261   4541  Telephone number  Z08   261   4541  Telephone number  Z09   261   4541  Telephone number  Z01   261   4541  Telephone number  Z02   261   4541  Telephone number  Z08   261   4541  Telephone number  Z09   261   4541  Telephone number  Z09			
Mailing Address    Suite 700     Washington   CITY   STATE   ZIP CODE     Title or Position   Senior Manager   Telephone number   202   261   4541     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     CITY   STATE   ZIP CODE     Name of Bank, Depository, etc.     Mailing Address   PO Box 622227     CITY   STATE   ZIP CODE     Name of Bank, Depository, etc.   CITY   CITY	Designated	McCrann, Jonni, , ,	
Washington  CITY  STATE  ZIP CODE  Title or Position Senior Manager  Telephone number  202 - 261 - 4541  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  Orlando  FL  32862-2227  CITY  STATE  ZIP CODE  Name of Bank, Depository, etc.			
Title or Position Senior Manager Telephone number  202 261 - 4541  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  PO Box 622227  CITY STATE  ZIP CODE  Name of Bank, Depository, etc.		Suite 700	
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.    PO Box 622227			
SunTrust  Mailing Address  PO Box 622227  CITY  STATE  ZIP CODE  Mailing Address  Mailing Address			261   -   4541
CITY STATE ZIP CODE  Name of Bank, Depository, etc.  Mailing Address	safety deposit bo Name of Bank, [	xes or maintains funds. Depository, etc.  SunTrust	
Name of Bank, Depository, etc.  Mailing Address		Orlando FL 32862-2	2227
Mailing Address  Mailing Address		CITY STATE	
			ZIP CODE
	Name of Bank, D	Depository, etc.	ZIP CODE
	Name of Bank, [	Depository, etc.	ZIP CODE
		Depository, etc.	ZIP CODE
		Depository, etc.	ZIP CODE
CITY STATE ZIP CODE		pepository, etc.	ZIP CODE