Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

▶ **See separate instructions.**

OMB No. 1545-1696

A For the period beginning 01/01/2013 **and ending** 06/30/2013

B Check applicable box: ✔ Initial report ___ Change of address ___ Amended report ___ Final report

1 Name of organization
DOCS 4 PATIENT CARE, INC.

Employer identification number
27 - 0260619

2 Mailing address (P.O. box or number, street, and room or suite number)
901 N WASHINGTON ST STE 700

City or town, state, and ZIP code
ALEXANDRIA, VA 22314

3 E-mail address of organization:
fshessel@gaurology.com

4 Date organization was formed:
05/28/2009

5a Name of custodian of records
FRED SHESSEL

5b Custodian's address
901 N WASHINGTON ST STE 700
ALEXANDRIA, VA 22314

6a Name of contact person
FELICIA HORTON

6b Contact person's address
901 N WASHINGTON ST STE 700
ALEXANDRIA, VA 22314

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
901 N WASHINGTON ST STE 700

City or town, state, and ZIP code
ALEXANDRIA, VA 22314

8 Type of report (check only one box)

___ First quarterly report (due by April 15)
___ Second quarterly report (due by July 15)
___ Third quarterly report (due by October 15)
___ Year-end report (due by January 31)
✔ Mid-year report (Non-election year only-due by July 31)

___ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
___ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election:
(2) Date of election:
(3) For the state of:
___ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

9 Total amount of reported contributions (total from all attached Schedules A) ..... **9. $** 0

10 Total amount of reported expenditures (total from all attached Schedules B) ..... **10. $** 150

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here ▶ FELICIA HORTON - EXECUTIVE DIRECTOR
Signature of authorized official

▶ 07/31/2013
Date

Schedule A Itemized Contributions

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Aggregate Below Threshold
901 N WASHINGTON ST STE 700
ALEXANDRIA, VA 22314

Name of recipient's employer
NA

Recipients's occupation
NA

Amount of Expenditure
$ 150

Date of expenditure
06/30/2013

Purpose of expenditure
Travel Expense