02/14/2005 19 : 30

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) X (Check if name is changed) Example: If typing, type over the lines 12FE4M5

National Association of Rehabilitation Providers &Agencies Inc. Political Action Committee

ADDRESS (Number and Street)

905 Breezewick Circle

(Check if address is changed)

Towson MD 21286 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 02 14 2005

3. **FEC IDENTIFICATION NUMBER** **C C00192153**

4. IS THIS STATEMENT X 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 **Ernest A. Burch, Jr.**

Signature of Treasurer Electronically Filed by **Ernest A. Burch, Jr.** Date 02 14 2005

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 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) X 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

Nat'l Assoc. of Rehabilitation Providers & Agencies, Inc.

Mailing Address

12100 Sunset Hills Road

Suite 130

Reston VA 20190 - 3221

CITY STATE ZIP CODE

Relationship Connected

Type of Connected Organization:

Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization X Trade Association Cooperative

Write or Type Committee Name

National Association of Rehabilitation Providers &Agencies Inc. Political Action Committ

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: Barbara Bonfiglio

Mailing Address: 1155 21st St., NW, Suite 300

Washington | DC | 20036 –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

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: Ernest A. Burch, Jr.

Mailing Address: 905 Breezewick Circle

Towson | MD | 21286 –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Treasurer

Telephone number 202 – 659 – 8201

Full Name of Designated Agent: Barbara Bonfiglio

Mailing Address: 1155 21st St., NW

Suite 300

Washington | DC | 20036 –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Asst. Treasurer

Telephone number 202 – 659 – 8201

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

Mailing Address PO Box 25118

Tampa FL 33622 - 5118

CITY STATE ZIP CODE