

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See instructions)

RECEIVED  
FEC MAIL CENTER

789 MAR 30 A 11:03

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

12FE4M5

MOBILE MEDICAL INTERNATIONAL CORPORATION PAC

ADDRESS (number and street)

2176 PORTLAND STREET

- (Check if address is changed)

PO BOX 672

ST JOHNSBURY

VT

05819

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

- (Check if address is changed)

treasurer@mobile-medical.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

- (Check if address is changed)

2. DATE

MM / DD / YYYY  
03 / 24 / 2009

3. FEC IDENTIFICATION NUMBER

C C00448761

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

Rick Cochran

Signature of Treasurer

Electronically Filed by Rick Cochran

Date

MM / DD / YYYY  
03 / 24 / 2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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 02/2009)

29030061089