

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

AMBULATORY SURGERY CENTER ASSOCIATION PAC
(ASCPAC)

ADDRESS (number and street) 1012 CAMERON ST

(Check if address is changed) ALEXANDRIA VA 22314

CITY STATE ZIP CODE

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

(Check if address is changed) ASCPAC@ASCLASSOCIATION.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 03 12 2010

3. FEC IDENTIFICATION NUMBER C00429788

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 Brendan Davis

Signature of Treasurer B Davis Date 03 12 2010

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.

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