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Office Use Only

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

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

American Association of Clinical Endocrinologists Inc. PAC

AACEPAC

ADDRESS (number and street) 1000 Riverside Avenue, Suite #205

(Check if address is changed)

Jacksonville | FL | 32204 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 01 24 2001

3. FEC IDENTIFICATION NUMBER ▶ C

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 Donald C. Jones

Signature of Treasurer Donald C. Jones, Asst Treas Date 08 14 2001

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 1/01)

FE1AN046.PDF

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) ☑ 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**

American Association of Clinical Endocrinologists, Inc.

Mailing Address **1000 Riverside Avenue, Suite #205**

Jacksonville | **FL** | **32204** -

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **Connected**

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☑ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

AACEPAC

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: Douglas J. Gregory

Mailing Address: 1000 Riverside Avenue, Suite #205

Jacksonville | FL | 32204 -

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

Chief Financial Officer

Telephone number 904 - 353 - 7678

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: Carlos R. Hamilton, Jr., M.D.

Mailing Address: 7000 Fannin Street #1535

Houston | TX | 77030 -

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

Treasurer

Telephone number 713 - 500 - 3825

Full Name of Designated Agent: Donald C. Jones

Mailing Address: 1000 Riverside Avenue, Suite #205

Jacksonville | FL | 32204 -

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

Chief Executive Officer

Telephone number 904 - 353 - 7678

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.

First Guaranty Bank and Trust Company

Mailing Address 1234 King Street

P.O. Box 2578

Jacksonville FL 32203 - 2578

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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JM 13 — PREPARER

8-17-01 — DATE PREPARED

(6/2000)