

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

American Society of Health System Pharmacist - PAC

ADDRESS (number and street)

7272 Wisconsin Avenue

(Check if address is changed)

Bethesda

MD

20814

CITY

STATE

ZIP CODE

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

(Check if address is changed)

gad@ashp.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

08 / 26 / 2010

3. FEC IDENTIFICATION NUMBER

C C00245530

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

Mr. Philip J. Schneider

Signature of Treasurer

Electronically Filed by Mr. Philip J. Schneider

Date

08 / 26 / 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

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)