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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If behind type over the lines. 12P64MS

AMERICAN ASSOCIATION FOR RESPONSIBILITY (AAR) POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 19425 N. DUNSMITH BLVD Suite 100

(Check if address is changed)

PHOENIX AZ 85063-1570

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS AAR@AAR.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER 972-484-2720

2. DATE 10 13 2004

3. FEC IDENTIFICATION NUMBER 000150201

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 Betty Boyd-Meis

Signature of Treasurer [Handwritten Signature] Date 10 13 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §477g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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.

B. Name of Any Connected Organization or Affiliated Committee

AMERICAN ASSOCIATION FOR RESIDENTIAL CARE \_\_\_\_\_

POLITICAL ACTION COMMITTEE \_\_\_\_\_

Mailing Address 6445 N. MacArthur Blvd #100 \_\_\_\_\_

\_\_\_\_\_

Irving TX 75063-4706

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship PARENT \_\_\_\_\_

Type of Connected Organization:

- NFP Corporation
- Corporation
- Membership Organization
- Organization with Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type Committee Name

AAFC - PAC

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 Richard A. Pirinice

Mailing Address 9425 N. MacArthur Blvd #100  
Irving, TX 75063

City STATE ZIP CODE

Title or Position Accounting Coordinator Telephone number 972-406-4676

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 Betty Bord-Meis

Mailing Address 9425 N. MacArthur Blvd #100  
Irving, TX 75063

City STATE ZIP CODE

Title or Position Committee Agent Telephone number 972-243-2272

Full Name of Designated Agent Richard A. Pirinice

Mailing Address 9425 N. MacArthur Blvd #100  
Irving, TX 75063

City STATE ZIP CODE

Title or Position Meeting Coordinator Telephone number 972-406-4676

D. 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.

Compass Bank

Mailing Address

P.O. Box 10566

Birmingham

AL

35296

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>10-13-04</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>ja</i> PREPARER (5/2004)	<i>10-14-04</i> DATE PREPARED