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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 HOSPITAL ASSOCIATION PAC

ADDRESS (number and street) (Check if address is changed)

825 SEVENTH STREET NW
SUITE 700
WASHINGTON DC 20004-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

AJACKSON@AHA.ORG
SHIGGINS@AHA.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.AHAPAC.ORG

2. DATE 02 20 2001

3. FEC IDENTIFICATION NUMBER ▶ C00106146

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 AL JACKSON

Signature of Treasurer [signature] Date 02 20 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)

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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) X 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 See Attachment

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

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

☐ Membership Organization ☐ Trade Association ☐ Cooperative

American Hospital Association Political Action Committee
Statement of Organization

Attachment

6. Name of Any Connected Organization or Affiliated Committee

Organization	Mailing Address	Relationship
AzHHA Political Action Committee	1501 W. Fountainhead Pwky. Suite 650 Tempe, AZ 85282	Affiliated
California Healthcare Association PAC-Federal	P.O. Box 1100 Sacramento, CA 95812-1100	Affiliated
PAC of Missouri Hospital Association	P.O. Box 60 Jefferson City, MO 65102-0060	Affiliated
Montana Hospital Association PAC-Federal Fund	P.O. Box 1519 Helena, MT 59604	Affiliated
North Carolina Hospital PAC-Federal	P.O. Box 80428 Raleigh, NC 27623	Affiliated
Health Alliance Political Action Committee– Federal	4750 Lindle Road Harrisburg, PA 17105	Affiliated
THA-The Association of Texas Hospitals and Health Care Organizations PAC	6225 U.S. Highway 290 East Austin, TX 78723	Affiliated
Healthcare Association of Hawaii PAC	932 Ward Avenue Honolulu, HI 96814	Affiliated
New York State Hospital and Healthcare Associations' Federal Political Action Committee	74 North Pearl Street Albany, NY 12207	Affiliated
Wisconsin Health & Hospital Association Federal PAC d/b/a Healthy Wisconsin Federal PAC	5721 Odana Road Madison, WI 53719	Affiliated

Write or Type Committee Name

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: Stefanie E Scott

Mailing Address: 325 7th Street NW
#700
WASHINGTON DC 20004-

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

ASSOC. DIRECTOR

Telephone number 202-626-2968

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

Mailing Address

Same already on file

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

Telephone number

Full Name of Designated Agent

Mailing Address

Same already on file

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

Telephone number

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.

Mailing Address

already on file

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 Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	Date of Receipt 2-21-01
☐	First Class Mail	POSTMARKED
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☐	Received from the Senate Office of Public Records	Date of Receipt
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☐	Electronic Filing	

PREPARER

2-21-01
DATE PREPARED

(6/2000)