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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

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(Revised 1/01)

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