

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

RECEIVED
2013 JAN -4 AM 7:37
Office Use Only

REC-MAIL CENTER

12FE4M5

1. NAME OF COMMITTEE (In full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

AFFORDABLE HEALTH CARE FOR AMERICA PAC

ADDRESS (number and street)

177 WEST 26 TH STREET
LOFT 200
NY NY 10001

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

C 0 0 5 2 3 1 5 9

CITY ▲ STATE ▲ ZIP CODE ▲
STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on MM/DD/YYYY in the State of

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period 11^M / 27^D / 2012 through 12^M / 31^D / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer J. BAILEY MORGAN

Signature of Treasurer *J. Bailey Morgan* Date 12^M / 22^D / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3
(Revised 02/2003)

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