

RECEIVED  
FEC MAIL CENTER

2015 SEP 23 AM 6:44

Committee Name:

Americans For Health

If registered, FEC ID:

Today's Date:

09/15/2015

Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

Amir Reza Salar Parvini

, Treasurer

20150915 09:15:00 AM

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER 2015 SEP 23 09:16:44

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

12FE4M5

A M E R I C A N S F O R H E A L T H

ADDRESS (number and street)

5 5 6 2 C A M B R I A C O U R T

(Check if address is changed)

S A N D I E G O C A 9 2 1 2 0 - CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

I N F O @ A M E R I C A N S F O R H E A L T H . O R G

Optional Second E-Mail Address

A M E R I C A N S F O R H E A L T H @ G M A I L . C O M

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

W W W . A M E R I C A N S F O R H E A L T H . O R G

2. DATE 09 / 15 / 2015

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT [X] 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 Amir Reza Salar Parvini

Signature of Treasurer

[Handwritten Signature]

Date

09 / 15 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Table with 5 columns and 1 row for Office Use Only.

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 \_\_\_\_\_

Party Committee:

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/> _____
2.	_____	FEC ID number	<input type="checkbox"/> _____
3.	_____	FEC ID number	<input type="checkbox"/> _____
4.	_____	FEC ID number	<input type="checkbox"/> _____

11-11-2008 10:00:00 AM

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N O N E

Mailing Address

[Empty address fields]

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

[Empty name field]

Mailing Address

[Empty address fields]

Title or Position

CITY

STATE

ZIP CODE

T R E A S U R E R

Telephone number 6 1 9 - 4 5 3 - 1 8 7 0

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

A M I R R E Z A S A L A R P A R V I N I

Mailing Address

5 5 6 2 C A M B R I A C O U R T

S A N D I E G O C A 9 2 1 2 0

CITY

STATE

ZIP CODE

Title or Position

T R E A S U R E R

Telephone number 6 1 9 - 4 5 3 - 1 8 7 0



SAN DIEGO CA 921  
17 SEP 2015 PM 2:1

5562 CAMBERIA ST.  
SAN DIEGO, CA 92120

FEDERAL ELECTION COMMISSION  
999 E STREET, N.W.  
WASHINGTON, D.C. 20543

RECEIVED  
FEC MAIL CENTER  
15 SEP 2015 AM 6:44

20463

