

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

AMERICAN HEALTH QUALITY ASSOCIATION POLITICAL ACTION COMMITTEE (AHQA-PAC)

ADDRESS (number and street) 7918 Jones Branch Drive

(Check if address is changed) Suite 300

McLean VA 22102

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) ceubanks@ahqa.org

Optional Second E-Mail Address ceubanks@ahqa.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 09 / 02 / 2015

3. FEC IDENTIFICATION NUMBER C C00370213

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 Colleen Eubanks

Signature of Treasurer Colleen Eubanks *[Electronically Filed]* Date 09 / 02 / 2015

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.