

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 Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

(Check if address is changed)

Washington

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

hcutler@ahca.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

01 / 25 / 2008

3. FEC IDENTIFICATION NUMBER

C C00006080

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

Ms. Gail Clarkson

Signature of Treasurer

Electronically Filed by

Ms. Gail Clarkson

Date

03 / 03 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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 02/2003)

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) 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

American Health Care Association _____

Mailing Address **1201 L Street, NW** _____

Washington **DC** **20005** -

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship **Affiliate** _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

American Health Care Association Political Action Committee

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 **Ms. Heather A. Cutler**

Mailing Address **1201 L Street, NW**

Washington DC 20005

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

Director, AHCA-PAC Telephone number 202 898 2856

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 **Ms. Gail Clarkson**

Mailing Address **1201 L Street, NW**

Washington DC 20005

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

Treasurer Telephone number 202 898 2856

Full Name of Designated Agent **Ms. Heather A. Cutler**

Mailing Address **1201 L Street, NW**

Washington DC 20005

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

Direcotr, AHCA-PAC Telephone number 202 898 2856

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.

	BB&T		
Mailing Address	P.O. Box 819		
	Wilson	NC	27894
	CITY ▲	STATE ▲	ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲