01/27/2003 14 : 00

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) 325 Seventh Street, NW

(Check if address is changed) Suite 700

Washington DC 20004

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

shiggins@aha.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.ahapac.org

2. DATE M M / D D / Y Y Y Y

3. **FEC IDENTIFICATION NUMBER** ▶ **C00106146**

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 Mr. Alfred Jackson, III

Signature of Treasurer Electronically Filed by Mr. Alfred Jackson, III Date 01 27 2003

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 202-694-110

FEC FORM 1
(Revised 1/2001)

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

LA Hospital Political Action Committee

Mailing Address 9521 Brookline Avenue

Baton Rouge LA 70809

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Affiliated

Type of Connected Organization:

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

Write or Type Committee Name

American Hospital Association PAC

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

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 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: Mr. Alfred Jackson, III

Mailing Address: 325 Seventh Street, NW
Suite 700

Washington DC 20004 –

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Vice President

Telephone number 202 – 626 – 3757

Full Name of Designated Agent

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 0 – – –

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.

Mailing Address

CITY △ STATE △ ZIP CODE △

Form/Schedule: F1 N Amendment to the AHAPAC Statement of Organization
Transaction ID: