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)