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Ohio State Medical Association
The power of many. The voice of one.

FEC MAIL
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2004 DEC 28 A 10 25

December 22, 2004

Jennifer Thangavelu
Reports Analysis Division
Federal Elections Commission
999 E Street, NW
Washington, D.C. 20463

Identification Number: C00003327

Re: Request for information regarding the OSMA's Amended Statement of Organization filed 11/10/2004

Dear Ms. Thangavelu:

You have requested that the Ohio State Medical Association (OSMA), as the connected organization for the Ohio Medical Political Action Committee (OMPAC), include our full organizational name as part of the political action committee name on all committee filings. This letter serves to inform you that the OSMA has taken the following actions to comply with your request:

1. Electronically filed an amended Statement of Organization showing the change from Ohio Medical Political Action Committee (OMPAC), the name under which the OSMA's PAC has operated since the 1970s, to Ohio State Medical Association Political Action Committee (OSMAPAC). A copy of the electronic filing is attached to this letter.
2. Initiated revisions to all PAC materials to reflect the name change.
3. Notified the OSMAPAC Board and OSMA governing board of the name change.
4. Initiated procedures to change the name on PAC bank accounts.

The OSMA expects to substantially complete the above actions by December 31, 2004.

Sincerely,

Tim Magliode
Senior Director, Government Relations Group
Treasurer, OSMAPAC

3401 Mill Run Dr. · Hilliard, OH 43026 · Ph 614.527.OSMA · 800.766.OSMA · Fx 614.527.6763 · www.osma.org

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FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED
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Office use only

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

Ohio State Medical Association Political Action Committee (OSMAPAC)

ADDRESS (number and street) 3401 Mill Run Drive

[ ] (Check if address is changed)

Hilliard | OH | 43026 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

osmapac@osma.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

6145278763

2. DATE M 12 D 22 Y 2004

3. FEC IDENTIFICATION NUMBER C C00003327

4. IS THIS STATEMENT NEW (N) OR [X] 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 Timothy Maglione

Signature of Treasurer Electronically Filed by Timothy Maglione Date 12 22 2004

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 202-694-1100

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

Columbus Medical Association Political Action Committee

Mailing Address 431 East Broad Street

Columbus (CITY ▲) OH (STATE ▲) 43215 (ZIP CODE ▲)

Relationship Affiliated

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

Ohio State Medical Association Political Action Committee (OSMAPAC)

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: Timothy Maglione

Mailing Address: 3401 Mill Run Drive

Hilliard | OH | 43026

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

Telephone number

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: Timothy Maglione

Mailing Address: 3401 Mill Run Drive

Hilliard | OH | 43026

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

Telephone number

Full Name of Designated Agent: Timothy Maglione

Mailing Address: 3401 Mill Run Drive

Hilliard | OH | 43026

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

Treasurer

Telephone number 614 - 527 - 8762

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.

Bank One

Mailing Address

Bank One NA

Dept 1045

Columbus OH 43271 - 1045

CITY △ STATE △ ZIP CODE △

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.

[ADDITIONAL]

Name of Bank, Depository, etc.

Mailing Address

CITY ^ STATE ^ ZIP CODE ^

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

Ohio State Medical Association

Mailing Address 3401 Mill Run Drive

Hilliard OH 43026

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Connected

Type of Connected Organization:

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

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼

Telephone number

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.

[ADDITIONAL]

Name of Bank, Depository, etc.

Mailing Address

CITY △ STATE △ ZIP CODE △

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

American Medical Association PAC

Mailing Address 1101 Vermont Avenue NW

Washington DC 20005 -

CITY▲ STATE▲ ZIP CODE▲

Relationship Affiliated

Type of Connected Organization:

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

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼

Telephone number

24038673733

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered	Date of Receipt
☑ USPS First Class Mail	Postmarked 12-29-04
☐ USPS Registered/Certified	Postmarked (R/C)
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☐ Overnight Delivery Service (Specify):	Shipping Date
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
Jmo PREPARER	12-28-04 DATE PREPARED

(5/2004)