

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

The Hospital and Healthsystem Association of Pennsylvania - Federal Political Action Committee (HAPAC-Federal)

ADDRESS (number and street) 30 North Third Street
 (Check if address is changed) Suite 600
Harrisburg PA 17101
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS
 (Check if address is changed) sbishop@haponline.org

Optional Second E-Mail Address
sfischer@haponline.org

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed)

2. DATE 10 / 13 / 2016

3. FEC IDENTIFICATION NUMBER C C00128082

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 Bishop, Scott, , Mr,

Signature of Treasurer Bishop, Scott, , Mr, [Electronically Filed] Date 10 / 13 / 2016

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.