

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
WISCONSIN HOSPITAL ASSOCIATION INC FEDERAL PAC DBA WISCONSIN HOSPITAL ASSOC FEDERAL PAC

ADDRESS (number and street) PO BOX 259038
5510 Research Park Drive
[] (Check if address is changed) Madison WI 53725-9038
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)
bpotter@wha.org
[X] (Check if address is changed)

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

2. DATE 10 / 11 / 2011

3. FEC IDENTIFICATION NUMBER C C00422881

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. Brian Potter

Signature of Treasurer Mr. Brian Potter [Electronically Filed] Date 10 / 11 / 2011

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.