PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) American Osteopathic Information Association - Osteopathic Political Action Committee 1090 Vermont Ave., NW ADDRESS (number and street) Suite 500 (Check if address is changed) Washington 20005 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS opac@osteotech.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 25 2019 C00113803 FEC IDENTIFICATION NUMBER 3. X 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. Thacker, Richard, , , D.O. Type or Print Name of Treasurer Thacker, Richard, , , D.O. [Electronically Filed] 10 25 2019 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

Only

FEC Fo	m 1 (Revised 02/2009)	Page 2			
	TYPE OF COMMITTEE Candidate Committee:				
(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. (Corinformation below.)	nplete the candidate			
Name of Candidate					
Candidate Party Affiliation	Office Sought: House Senate President	State			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate					
Party Con	mittee: (National, State	(Democratic,			
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party			
Political A	ction Committee (PAC):				
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is			
	Corporation Corporation w/o Capital Stock	Labor Organization			
	Membership Organization Trade Association	Cooperative			
	In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party			
	In addition, this committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fund	raising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	wo or more political			
(3)	committees/organizations, at least one of which is an authorized committee of a federal candidate				
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political			
Com	mittees Participating in Joint Fundraiser				
1.	FEC ID number				
2.	FEC ID number				
3.	FEC ID number				
4.					

1	FEC Form 1 (Revised	02/2009)		Page 3
Wı	rite or Type Committee Nam	ne		
Α	merican Osteopa	thic Information Associatio	n - Osteopathic Politica	I Action Committee
6.	Name of Any Connected	Organization, Affiliated Committee, Joi	int Fundraising Representative, or L	eadership PAC Sponsor
Ar	merican Osteopathi	c Information Association		
	Mailing Address	142 East Ontario Street		
	y	Chicago		0611-4864
		CITY	STATE	ZIP CODE
	Relationship: x Connecte	ed Organization Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
	Custodian of Records: Ide books and records.	entify by name, address (phone number -	- optional) and position of the person	1 in possession of committee
	Thacker,	Richard, , , D.O.		
	Mailing Address	Suite 500		
		Washington	DC	20005
	Title or Position	CITY	STATE	ZIP CODE
	Treasurer		Telephone number 202	349 8750
3.	Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of assistant treasurer).	f the treasurer of the committee; and	the name and address of
	Full Name Thacker, of Treasurer	Richard, , , D.O.		
	Mailing Address	1090 Vermont Ave., NW		
		Suite 500		
		Washington		7ID CODE
	Title or Position Treasurer	CITY	STATE 202 Telephone number	ZIP CODE

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Neal, Sean, , ,	
Mailing Address	1090 Vermont Ave NW	
	Suite 500	
	Washington DC 20005 CITY STATE ZII	P CODE
Title or Position Assistant Treasu	irer Telephone number 202 – 414	4 0152
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, holds a xes or maintains funds.	accounts, rents
Name of Bank, D	Depository, etc. Bank of America 1090 Vermont Ave NW	
Name of Bank, D	Bank of America	
	Bank of America	
	Bank of America 1090 Vermont Ave NW Washington DC 20005	-
	Bank of America 1090 Vermont Ave NW Washington CITY STATE ZI	P CODE
Mailing Address	Bank of America 1090 Vermont Ave NW Washington CITY STATE ZI	P CODE
Mailing Address	Bank of America 1090 Vermont Ave NW Washington CITY STATE ZI	P CODE
Mailing Address Name of Bank, D	Bank of America 1090 Vermont Ave NW Washington CITY STATE ZI	P CODE
Mailing Address Name of Bank, D	Bank of America 1090 Vermont Ave NW Washington CITY STATE ZI	P CODE