07/28/2005 19 : 27

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

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

California Hospital Association PAC - Federal

ADDRESS (number and street)

1215 K Street, Suite 800

(Check if address is changed)

Sacramento CA 95814 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 07 28 2005

3. **FEC IDENTIFICATION NUMBER** C C00237495

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 J. Richard Eichman

Signature of Treasurer Electronically Filed by J. Richard Eichman Date 07 28 2005

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

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) X 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

California Hospital Association

Mailing Address 1215 K Street, Suite 800

Sacramento CA 95814 -

CITY STATE ZIP CODE

Relationship Connected Organization

Type of Connected Organization:

Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization X Trade Association Cooperative

Write or Type Committee Name

California Hospital Association PAC - Federal

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: J. Richard Eichman

Mailing Address: 1127 11th Street, Suite 300

Sacramento — CITY ▲

CA — STATE ▲

95814 – ZIP CODE ▲

Title or Position ▼: Custodian of Records

Telephone number: 916 – 442 – 2280

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: J. Richard Eichman

Mailing Address: 1127-11th Street, Suite 300

Sacramento — CITY ▲

CA — STATE ▲

95814 – ZIP CODE ▲

Title or Position ▼: Treasurer

Telephone number: 916 – 442 – 2280

Full Name of Designated Agent:

Mailing Address:

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼

Telephone number: – –

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 of America

Mailing Address 1130 K Street,

Sacramento CA 95814 -

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.

Name of Bank, Depository, etc. **[ADDITIONAL]**

Mailing Address

CITY STATE ZIP CODE

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

American Hospital Association Political Action Committee

Mailing Address 325 Seventh Street, N.W.

Washington DC 20004

CITY STATE ZIP CODE

Relationship Affiliated Committee

Type of Connected Organization:

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

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number _____ – _____ – _____