

# 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

TEXAS ASSOCIATION FOR HOME CARE & HOSPICE, INC. TEXAS HOME CARE & HOSPICE PAC- FEDERAL

ADDRESS (number and street) 3737 EXECUTIVE CENTER DR STE 268

(Check if address is changed)

AUSTIN TX 78731  
CITY ▲ STATE ▲ ZIP CODE ▲

### COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) rachel@tahch.org

Optional Second E-Mail Address

### COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 07 / 10 / 2012

3. FEC IDENTIFICATION NUMBER C C00393728

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 Ms. Rachel Hammon

Signature of Treasurer Ms. Rachel Hammon [Electronically Filed] Date 07 / 10 / 2012

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.

5. 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. (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 \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - 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 segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number
2. \_\_\_\_\_ FEC ID number
3. \_\_\_\_\_ FEC ID number
4. \_\_\_\_\_ FEC ID number

Write or Type Committee Name

TEXAS ASSOCIATION FOR HOME CARE & HOSPICE, INC. TEXAS HOME CARE & HOSPICE PAC- FEDERAL

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Texas Association For Home Care and Hospice, Inc.

Mailing Address 3737 Executive Center Dr. #268

Austin

TX

78731

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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 Ms. Rachel Hammon

Mailing Address 3737 Executive Center Drive

Austin

TX

78731

Title or Position

CITY

STATE

ZIP CODE

Executive Director

Telephone number 512 - 338 - 9293

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 Ms. Rachel Hammon

Mailing Address 3737 Executive Center Drive

Austin

TX

78731

CITY

STATE

ZIP CODE

Title or Position Executive Director

Telephone number 512 - 338 - 9293

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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.

Chase Bank

[Grid for Chase Bank Name]

Mailing Address

7600 Burnet Rd. [Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

Austin TX 78757 [Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE