

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

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

12FE4M5

National Alliance for Care at Home PAC (Alliance PAC)

ADDRESS (number and street)  (Check if address  
is changed) 

CITY ▲

VA  
STATE ▲

22314

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address  
is changed) Optional Second E-Mail Address  

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address  
is changed) 2. DATE  /  / 3. FEC IDENTIFICATION NUMBER ► 4. IS THIS STATEMENT  NEW (N)  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 Levy, Scott, , ,

Signature of Treasurer Levy, Scott, , ,

Date

 /  / NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 06/2012)

## 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.)

(g)  This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

(h)  This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

**Joint Fundraising Representative:**

(i)  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.

(j)  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.

2.

C   
C

Write or Type Committee Name

**National Alliance for Care at Home PAC (Alliance PAC)****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor****National Alliance for Care at Home**

Mailing Address

1731 King Street

Alexandria

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  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

Levy, Scott, , ,

Mailing Address

1731 King Street

Alexandria

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Custodian of Records

Telephone number

225 - 445 - 4136

**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

Levy, Scott, , ,

Mailing Address

1731 King Street

Alexandria

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

225 - 445 - 4136

Full Name of Designated Agent	Summers, Madison, , ,		
Mailing Address	1731 King Street [REDACTED]		
	Alexandria [REDACTED]		
	VA [REDACTED]		
	22314 [REDACTED]		
	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position ▼			
Assistant Treasurer	Telephone number 717 [REDACTED] - 318 [REDACTED] - 9460 [REDACTED]		

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.

Truist Bank			
Mailing Address	P.O. Box 305183 [REDACTED]		
	Nashville [REDACTED]		
	TN [REDACTED]		
	37230 [REDACTED]		
	CITY ▲	STATE ▲	ZIP CODE ▲

Name of Bank, Depository, etc.

[REDACTED]			
Mailing Address	[REDACTED]		
	[REDACTED]		
	[REDACTED] - [REDACTED]		
	CITY ▲	STATE ▲	ZIP CODE ▲

: 97 A=G7 9 @ B9 C1 G H9 L H F9 @ H9 8 H C 5 F9 D C F H Z G7 <981 @ C F H 9 A = N5 H C B

**Form/Schedule:** F1A

**Transaction ID :**

Amended to change the name of the PAC.

**Form/Schedule:**

**Transaction ID:**

5(g) or (h). **Joint Fundraising Participant:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

FEC ID number

C

FEC ID number

C

FEC ID number

C

FEC ID number

C

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

Alliance for Care at the End of Life D/B/A Hospice Action Network PAC (HAN PAC)

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

1731 King Street

Suite 400

Alexandria

VA

22314

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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. \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲