

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

Community Care Health Network, LLC/Matrix Medical Network Political Action Committee (Matrix Medical PAC)

ADDRESS (number and street) 9201 East Mountain View Road

(Check if address is changed) Suite 220

Scottsdale AZ 85258

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) amanda.seker@matrixmedicalnetwork.com

Optional Second E-Mail Address john.hopkins@matrixmedicalnetwork.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 07 / 01 / 2020

3. FEC IDENTIFICATION NUMBER ▶ C C00750349

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 Schonau, Mark, , ,

Signature of Treasurer Schonau, Mark, , , *[Electronically Filed]* Date 07 / 01 / 2020

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 C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

Community Care Health Network, LLC/Matrix Medical Network Political Action Committee (Matrix Medical PAC)

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

CCHN Group Holdings Inc.

Mailing Address 9201 East Mountain View Road
 Suite 220
 Scottsdale AZ 85258
 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 Seker, Amanda, , ,
 Mailing Address 9201 East Mountain View Road
 Suite 220
 Scottsdale AZ 85258
 CITY STATE ZIP CODE
 Title or Position Assistant Treasurer Telephone number

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 Schonau, Mark, , ,
 Mailing Address 9201 East Mountain View Road
 Suite 220
 Scottsdale AZ 85258
 CITY STATE ZIP CODE
 Title or Position Treasurer Telephone number

Full Name of Designated Agent

Seker, Amanda, , ,

Mailing Address

9201 East Mountain View Road

Suite 220

Scottsdale

AZ

85258

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

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.

JP Morgan Chase

Mailing Address

1 Chase Plaza

New York

NY

10081

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5H-CB

Form/Schedule: F1N
Transaction ID :

The PAC is aware that the FEC generally requires the name of a corporate PAC to include the full name of the PAC's connected organization. Per Federal Election Commission (FEC) Advisory Opinion No. 2010-16, we understand that the PAC can instead be named "Community Care Health Network, LLC PAC" since the LLC is ultimately wholly owned by a corporation. Also per FEC Adv. Op. No. 2010-16, the connected organization of the PAC is CCHN Group Holdings Inc. Since it is the lowest corporation that indirectly wholly owns Community Care Health Network, LLC. Finally, per FEC Adv. Op. No. 2002-04, the name of the PAC can includes the DBA name of "Matrix Medical Network."

Form/Schedule:
Transaction ID: