



ALPHA, INC.
625 SLATERS LANE
SUITE 302
ALEXANDRIA, VA 22314

PHONE: 703.518.9900
FAX: 703.518.9980
WEBSITE: ALTHA.ORG
INFO@ALTHA.ORG

May 10, 2006

Federal Election Commission
Reports Analysis Division
999 E Street, N.W.
Washington, DC 20463

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FEC MAIL
OPERATIONS CENTER
2006 MAY 15 A 7 44

Dear Sir or Madam:

Please accept for filing the enclosed amended Form 1 (Statement of Organization) for the Acute Long Term Hospital Association Political Action Committee. This amended form updates the information for the committee address, custodian of records and the treasurer of the ALTHA PAC.

Also submitted for filing under FEC Identification Number C00387605 are the following reports:

1. 2003 Year End
2. 2004 First Quarter
3. 2005 Year End
4. 2006 First Quarter

The final enclosure is a Termination Report covering the period of April 1, 2006 through May 10, 2006. The balance of the funds in the PAC (\$753.00) will be turned over to the connected organization's treasury, the Acute Long Term Hospital Association.

Please contact the undersigned with any questions or for any further information you may need.

Sincerely,

William Walters
Chief Executive Officer
ALTHA, INC.

26039080103

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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

ACUTE LONG TERM HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE (ALPHA PAC)

ADDRESS (number and street) 625 SLATERS LANE

(Check if address is changed) SUITE 302

ALEXANDRIA VA 22314

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
703 - 518 - 9980

2. DATE 05 / 10 / 2006

3. FEC IDENTIFICATION NUMBER ▶ C00387605

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 WILLIAM WALTERS

Signature of Treasurer *William Walters* Date 05 / 10 / 2006

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

FEC FORM 1
(Revised 02/2003)

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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) 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

ACUTE LONG TERM HOSPITAL ASSOCIATION

Mailing Address 625 SLATERS LANE

SUITE 302

ALEXANDRIA VA 22314

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship CONNECTED

Type of Connected Organization:

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

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Write or Type Committee Name

ACUTE LONG TERM HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE (ALTA PAC)

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 TREASURER

Mailing Address

_____ - _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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 WILLIAM WALTERS

Mailing Address 625 SLATERS LANE
SUITE 302
ALEXANDRIA VA 22314 - _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER Telephone number 703 - 518 - 9900

Full Name of Designated Agent _____

Mailing Address

_____ - _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number _____ - _____ - _____

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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

1001 EAST ATLANTIC AVENUE

DELRAY BEACH FL 33483-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

28039080107

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>5-18-06</i>
<input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jm W
 PREPARER
 (3/2005)

5-15-06
 DATE PREPARED

26039080108