



NAADAC

THE ASSOCIATION FOR
ADDICTION PROFESSIONALS

www.naadac.org

FEC - RAD
Reports Analysis Div.

4 FEB '13 RCVD

January 30, 2013

Caroline C. Hunter
Chair
Federal Election Commission
999 E. Street NW
Washington, DC 20463

RE: FEC ID# C00293100

Dear Ms. Hunter:

As the Executive Director of NAADAC, the Association for Addiction Professionals I have worked with your staff person Sari Pickerall to understand the issues related to our PAC Filings, the incorrect filings, the late filings and the penalties.

Please find attached in this packet the following:

- 1) Statement of Organization
- 2) Amended April Quarterly Report
- 3) Amended July Quarterly Report
- 4) Amended October Quarterly Report
- 5) Filing of the Post-Election Report
- 6) Filing of the Year End Report

Thank you for the opportunity to work with the Commission to clear up the NAADAC PAC reports. NAADAC's plan is to remain on track now that we have corrected these reports and filed the other reports. Should there be anything missing, I would kindly ask for that information so that all matters can be cleared and we can report in a timely fashion.

You or your staff is welcome to contact me at 703.741.7686 or at Cynthia@naadac.org.

Thank you. Respectfully Submitted;

Cynthia Moreno Tuohy; NCACII, CCDCIII, SAP
Executive Director

13031033128

FEC FORM 1

STATEMENT OF ORGANIZATION

FEC - RAD Reports Analysis Div. Office Use Only 4 FEB '13 RCVD

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

NAADAC PAC

ADDRESS (number and street)

1001 N. FAIRFAX ST SUITE 201

(Check if address is changed)

ALEXANDRIA VA 22314-1535

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

CYNTHIA@NAADAC.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WWW.NAADAC.ORG

2. DATE

02 30 2013

3. FEC IDENTIFICATION NUMBER

C 00293100

4. IS THIS STATEMENT

(Check if NEW)

NEW (N)

OR

(Check if AMENDED)

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

John Long

Signature of Treasurer

John Long (Signature)

Date

02 30 2013

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 02/2009)

13031033129

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

13031033130

Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

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

CYNTHIA MORENO STONEY

Mailing Address

11001 N. FAIRFAX ST SUITE 201

[Empty grid line]

ALEXANDRIA VA 22314-1535

Title or Position

CITY

STATE

ZIP CODE

EXECUTIVE DIRECTOR

Telephone number 703-741-7686

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

JOHN LUSH

Mailing Address

11001 N. FAIRFAX ST SUITE 201

[Empty grid line]

ALEXANDRIA VA 22314-1535

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 703-741-7686

13031033131

Full Name of Designated Agent

CYNTHIA MORENO TULLY

Mailing Address

1001 W FAIRFAX ST, SUITE 201

ALEXANDRIA

CITY

VA

STATE

22314-1535

ZIP CODE

Title or Position

EXECUTIVE DIRECTOR

Telephone number

703-741-0686

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

10440 MAIN STREET

FAIRFAX

CITY

VA

STATE

22030-3378

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

13031033132

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.

13031033133

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>ups</i>	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<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 checked="" type="checkbox"/> Other (Specify): <i>RAD</i>	Date of Receipt or Postmarked <i>2/5/13</i>
<i>[Signature]</i> PREPARER	<i>2/5/13</i> DATE PREPARED