

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION

REPORTS ANALYSIS

DIVISION 1 - 25 - 94

1. (a) NAME OF COMMITTEE IN FULL (Check if name is changed)
American Council for Health Care Reform Health Affairs

(b) Number and Street Address (Check if address is changed)
712 West Broad Street, B2

(c) City, State and ZIP Code
Falls Church, VA 22044

FEB 1 2 04 PM 2 09 15 4

3. FEC IDENTIFICATION NUMBER
2044 00 209154

4. IS THIS STATEMENT AN AMENDMENT?
 YES NO

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 | State/District |
| | | | |
- (c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee.
- (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 a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
American Council for Health Care Reform	712 West Broad Street B2 Falls Church, VA 22044	Connected

Type of Connected Organization

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

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	Mailing Address	Title or Position
William H. Shaker	712 W. Broad Street, B2 Falls Church, VA 22044	TREASURER

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	Mailing Address	Title or Position
William H. Shaker	712 W. Broad Street, B2 Falls Church, VA 22044	TREASURER

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 and ZIP Code
Nations Bank	Lee Hwy + George Mason Arlington, VA 22207

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	SIGNATURE OF TREASURER	DATE
William H. Shaker		1-29-94

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.

For further information contact:
 Federal Election Commission
 Toll-free 800-424-9530
 Local 202-376-3120

FEC FORM 1
(revised 4/87)

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Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
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MRT
PREPARER

2-1-96
DATE PREPARED

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