

FEC FORM 1

STATEMENT OF ORGANIZATION

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FEC MAIL CENTER
12FE4M5

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

American Healthcare, LLC - Heritage Hall PAC

ADDRESS (number and street) 5310 Valley Park Dr.

(Check if address is changed) Suite 100

Roanoke VA 24019

CITY STATE ZIP CODE

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

slming@comerica.com

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 10 / 28 / 2011

3. FEC IDENTIFICATION NUMBER C

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 Robbie Dalton

Signature of Treasurer [Signature] Date 10 / 28 / 2011

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.

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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	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>

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rite or Type Committee Name

American Healthcare, LLC - Heritage Hall PAC

ame o Any Connected rgani ation A lliated Committee Joint Fundraising Representative or eaders ip PAC sponsor

None

Mailing Address

[Mailing address grid]

CITY

STATE

IP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

Custodian o Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.

Full Name Comerica Bank PAC Services

Mailing Address P.O. Box 75000 MC2250 Detroit MI 48275 - 2250

Title or Position CITY STATE IP CODE

Recordkeeper Telephone number 248 - 371 - 7270

reasurer: 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 Robbie Dalton

Mailing Address 5310 Valley Park Dr. Suite 100 Roanoke VA 24019

Title or Position CITY STATE IP CODE

CFO Telephone number 540 - 774 - 4263

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Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

IP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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.

Comerica Bank

[Grid for Name of bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1: P.O. Box 75000]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3: Detroit MI 48275]

CITY

STATE

IP CODE

Name of bank, Depository, etc.

[Grid for Name of bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

IP CODE

11030690149

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.

Hand Delivered Date of Receipt

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Overnight Delivery Service (Specify): *FEDEX* Shipping Date
11/9/11
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

ASLP
 PREPARER
 (3/2005)

11/10/11
 DATE PREPARED

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