

FEDERAL ELECTION
COMMISSION

NATIONAL ASSOCIATION OF PSYCHIATRIC TREATMENT CENTERS FOR CHILDREN

2000 E Street N.W. Suite 200, Washington, D.C. 20036 (202) 955-3828

March 24, 1994

James Polites
Reports Analyst
Reports Analysis Division
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

re: C00288704

Dear Mr. Polites:

Per our conversation, enclosed please find a copy of our original statement of organization. As you indicated, the information is not always clear given the numbers of copies needed at the FEC.

As is evident in the attached, we are a membership organization with a connected political action committee.

I do hope this answers all questions. Please do not hesitate to call or write with any further questions.

Cordially,

Joy Midman
Joy Midman
Treasurer

34038892156

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) NATIONAL ASSOC. OF PSYCHIATRIC TREATMENT CENTERS FOR CHILDREN POLITICAL ACTION COMMITTEE	2. DATE JANUARY 12, 1994
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 2920 BRANDYWINE STREET, N.W.	3. FEC IDENTIFICATION NUMBER _____
(c) City, State and ZIP Code WASHINGTON, D.C. 20008	4. IS THIS STATEMENT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 _____ and is NOT an authorized committee.
(name of candidate)
 - (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
 - (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.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
The National Association of Psychiatric Treatment Centers for Children	SAME AS ABOVE	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
Joy Midman	2920 Brandywine Street, N.W., Wash., D.C. 20008	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
Joy Midman	SAME AS ABOVE	
Bill Maughan	SAME AS ABOVE	Assistant 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
Columbia First	1560 Wilson Boulevard, Arlington, Va. 22209-2409

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 Joy Midman	SIGNATURE OF TREASURER 	DATE 1/12/94
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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 PREPARER

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