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2020 AUG 13 AM 11:43

August 4, 2020

**Via Federal Express**

Federal Exchange Commission  
Attn: Mr. Scott Bennett  
1050 First Street, NE  
Washington, DC 20463

**Re: *American Association of Clinical Endocrinologists, Inc. – AACEPAC (“Organization”)***  
***Identification Number: C00368365***  
***FEC Form 1– Statement of Organization – Amended***

Dear Mr. Bennett:

Pursuant to our telephone conversation on August 4, 2020, and in response to your letter dated July 7, 2020 requesting FEC Form 1 be completed to reflect the change in the Treasurer and Assistant Treasurer of the above referenced Organization, please find enclosed FEC Form 1, Statement of Organization – Amended.

As we discussed, Carlos Hamilton is no longer with the Organization and Donald Jones passed away in 2017; therefore, the current Treasurer is John Stokes and the Assistant Treasurer is Paul A. Markowski. In addition, please note that we are in the process of winding down this Organization and the April Quarterly Report which was previously filed with your office serves as our Termination Report.

If you have any questions, please do not hesitate to contact me at (904) 990-6821 or Michael Williams, General Counsel, at 904-440-4169. Thank you for your assistance in this matter.

Sincerely

*Donna Ciancutti*

Donna Ciancutti  
Paralegal

Encls.

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

American Association of Clinical Endocrinologists, Inc. - AACEPAC

ADDRESS (number and street)

245 Riverside Avenue, Suite 200

(Check if address is changed)

Jacksonville

CITY ▲

FL

STATE ▲

32202

ZIP CODE ▲

4933

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

dciancutti@aacce.com

Optional Second E-Mail Address

mwilliams@aacce.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

08 / 03 / 2020

3. FEC IDENTIFICATION NUMBER ▶

C 00368365

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

Paul A. Markowski, Asst. Treasurer

Signature of Treasurer

*Paul A. Markowski*

Date

08 / 05 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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 06/2012)

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

Write or Type Committee Name

AACEPAC

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

American Association of Clinical Endocrinologists, Inc.

Mailing Address

245 Riverside Avenue, Suite 200

Jacksonville

FL

32202

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

Paul A. Markowski

Mailing Address

245 Riverside Avenue, Suite 200

Jacksonville

FL

32202

Title or Position

CITY

STATE

ZIP CODE

Asst. Treasurer

Telephone number

904

404

4141

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 Stokes

Mailing Address

245 Riverside Avenue, Suite 200

Jacksonville

FL

32202

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

904

353

7878

Full Name of Designated Agent

Paul A. Markowski

Mailing Address

245 Riverside Avenue, Suite 200

Jacksonville

FL

32202

CITY

STATE

ZIP CODE

Title or Position

Asst. Treasurer

Telephone number

904

404

4141

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.

TIAA Bank

Mailing Address

501 Riverside Avenue, Suite 115

Jacksonville

FL

32202

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

5(g) or (h). Joint Fundraising Participant:

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_

FEC ID number C \_\_\_\_\_  
 FEC ID number C \_\_\_\_\_  
 FEC ID number C \_\_\_\_\_  
 FEC ID number C \_\_\_\_\_

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

American Association of Clinical Endocrinologists, Inc.  
 \_\_\_\_\_  
 \_\_\_\_\_

Mailing Address 245 Riverside Avenue, Suite 200  
 \_\_\_\_\_  
 \_\_\_\_\_

Jacksonville FL 32202 - \_\_\_\_\_  
 \_\_\_\_\_

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name Paul A. Markowski  
 \_\_\_\_\_

Mailing Address 245 Riverside Avenue, Suite 200  
 \_\_\_\_\_  
 \_\_\_\_\_

Jacksonville FL 32202 - \_\_\_\_\_  
 \_\_\_\_\_

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

CEO Telephone Number 904 - 404 - 4141  
 \_\_\_\_\_

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. TIAA Bank  
 \_\_\_\_\_

Mailing Address 501 Riverside Avenue, Suite 115  
 \_\_\_\_\_  
 \_\_\_\_\_

Jacksonville FL 32202 - \_\_\_\_\_  
 \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

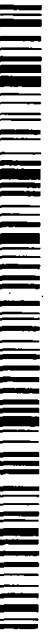
envelope shipping

SK RDVA

20463 DC-US IAD

FedEx Express Package US Airbill

Tracking Number 8109 8961 4082



FD: 174337 05Aug2020 NRBA 56C627769/0512

Sender's Name L. ... Phone 904 353-7878

Company A A C E

Address 245 RIVERSIDE AVE STE 200

City JACKSONVILLE State FL ZIP 32202-4937

2 Your Internal Billing Reference

3 To Recipient's Name

Company W... Dept./Room/Subroom

Address ... We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address ... Use this line for the HODD location address or for continuation of your shipping address.

City W... State ... ZIP ...

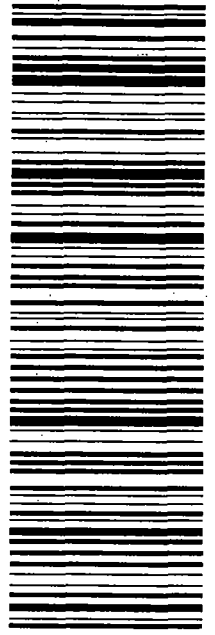
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**4 Special Services**

**FedEx First Overnight**  
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.

**FedEx Priority Overnight**  
Next business morning delivery to select locations. Shipments will be delivered on Monday unless Saturday Delivery is selected.

**FedEx Standard Overnight**  
Next business day delivery to select locations. Saturday Delivery NOT available.

**FedEx 2Day AM**  
Second business morning. Saturday Delivery NOT available.

**FedEx 2Day**  
Second business afternoon. \*Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.

**FedEx Express Saver**  
Next business day delivery to select locations. Saturday Delivery NOT available.

**5 Packaging** (Declared value limit 200)

**FedEx Envelope**  **FedEx Pak**  **FedEx Box**  **FedEx Tube**  **Other**

**6 Special Handling and Delivery Signature Options** Fees may apply. See the FedEx Service Guide.

**Saturday Delivery** (Not available for FedEx Standard Overnight, FedEx 2Day AM, or FedEx Express Saver.)

**No Signature Required** (Signature required for delivery.)

**Direct Signature** (Signature required for delivery.)

**Indirect Signature** (Signature required for delivery. Address, someone at a neighboring residential address only.)

**Does this shipment contain dangerous goods?**

No  Yes (Signature required)  Yes (Signature not required)

Yes (Signature not required)  Yes (Signature required)  Yes (Signature not required)  Yes (Signature required)  Yes (Signature not required)

Restrictions apply for dangerous goods — see the current FedEx Service Guide.

**7 Payment** Bill to:

**Sender** (Account No. and Billing Cycle required)  **Recipient**  **Third Party**  **Credit Card**  **Cash/Check**

Enter FedEx Acct. No. or Credit Card No. below: \_\_\_\_\_

Total Packages \_\_\_\_\_ Total Weight \_\_\_\_\_ lbs.

Credit Card Auth. \_\_\_\_\_

**Obtain recip. Acct. No.** \_\_\_\_\_

**Obtain recip. Acct. No.** \_\_\_\_\_

**Obtain recip. Acct. No.** \_\_\_\_\_

**Obtain recip. Acct. No.** \_\_\_\_\_

**Obtain recip. Acct. No.** \_\_\_\_\_

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08/17  
6  
16:30  
723

Align bottom of peel-and-stick label or pouch here.

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

USPS First Class Mail Postmarked Date of Receipt

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *FedEx* Shipping Date  
*8/5/20*  
 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

PREPARER *SPM* *8/14/20*  
 (3/2015) DATE PREPARED

ORIGINAL SOURCE: INFO: 8/14/2020 10:50:00 AM