

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

American Health Care Association Political Action Committee

ADDRESS (number and street) PO Box 75357  
 (Check if address is changed)  
Washington DC 20013  
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS  
 (Check if address is changed) jhahs@ahca.org  
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)  
 (Check if address is changed)

2. DATE 10 / 17 / 2019

3. FEC IDENTIFICATION NUMBER ▶ C C00006080

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 Scalco, Philip, , Mr.,

Signature of Treasurer Scalco, Philip, , Mr., [Electronically Filed] Date 10 / 25 / 2019

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.

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
2. \_\_\_\_\_ FEC ID number
3. \_\_\_\_\_ FEC ID number
4. \_\_\_\_\_ FEC ID number

Write or Type Committee Name

# American Health Care Association Political Action Committee

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

American Health Care Association

Mailing Address

1201 L Street NW

Washington

DC

20005

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

Zimmerman, Kim, , ,

Mailing Address

1201 L Street NW

Washington

DC

20005

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

202

898

2844

**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

Scalo, Philip, , Mr.,

Mailing Address

100 North County Line Road

Jackson

NJ

08527

CITY

STATE

ZIP CODE

Title or Position Treasurer

Telephone number

732

367

5400

Full Name of Designated Agent Zimmerman, Kim, , ,  
Mailing Address 1201 L Street NW  
Washington DC 20005  
CITY STATE ZIP CODE  
Title or Position Custodian of Records Telephone number 202 898 2844

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.

BB&T  
Mailing Address P.O. Box 819  
Wilson NC 27894  
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address  
CITY STATE ZIP CODE