

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Hospital Partners of America Inc. PAC

ADDRESS (number and street)

2815 Coliseum Centre Drive

(Check if address is changed)

Suite 150

Charlotte

NC

28217

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

HPAPAC@HospitalPartners.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

713-657-7123

2. DATE

M M / D D / Y Y Y Y
03 / 11 / 2008

3. FEC IDENTIFICATION NUMBER

C C00445007

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

Warren Christopher Shea

Signature of Treasurer

Electronically Filed by Warren Christopher Shea

Date

M M / D D / Y Y Y Y
03 / 11 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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 02/2003)

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: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

Hospital Partners of America, Inc. _____

Mailing Address 2815 Coliseum Centre Drive
 Suite 150
 Charlotte NC 28217 -
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Connected Organization _____

Type of Connected Organization:

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

Write or Type Committee Name

Hospital Partners of America Inc. PAC

- 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 **Kyle M. Clader**

Mailing Address **1401 St. Joseph Parkway**

Houston TX 77002

Title or Position ▼ **Asst. Vice President** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **713 756 8116**

- 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 **Warren Christopher Shea**

Mailing Address **2815 Coliseum Centre Drive**

Suite 150

Charlotte NC 28217

Title or Position ▼ **Chief Legal Officer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **704 424 6800**

Full Name of Designated Agent **Phillip D. Robinson**

Mailing Address **1401 St. Joseph Parkway**

Houston TX 77002

Title or Position ▼ **Chief Ops Officer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **713 756 4052**

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.

Frost Bank

Mailing Address

601 Jefferson Street

Houston

TX

77002

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Image# 28930766220

Form/Schedule: **F1N**
Transaction ID:

This amendment is being filed to correct the name of the PAC to include the entire name of its connected organization.
