

# 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 Hospital Association PAC

ADDRESS (number and street) 800 Tenth Street, NW  
 (Check if address is changed) Two CityCenter, Suite 400  
Washington DC 20001-4956  
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) lwerner@aha.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 06 / 30 / 2014

3. FEC IDENTIFICATION NUMBER ► C C00106146

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 Ms. Melinda Hatton

Signature of Treasurer Ms. Melinda Hatton [Electronically Filed] Date 06 / 30 / 2014

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

Write or Type Committee Name

# American Hospital Association PAC

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

American Hospital Association

Mailing Address 800 Tenth Street, NW  
 Two CityCenter, Suite 400  
 Washington DC 20001-4956  
 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 Ms. Laura Werner  
 Mailing Address 800 Tenth Street, NW  
 Two CityCenter, Suite 400  
 Washington DC 20001-4956  
 CITY STATE ZIP CODE  
 Title or Position Associate Director,  
 Telephone number 202 - 626 - 2271

**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 Ms. Melinda Hatton  
 Mailing Address 800 Tenth Street, NW  
 Two CityCenter, Suite 400  
 Washington DC 20001-4956  
 CITY STATE ZIP CODE  
 Title or Position Treasurer  
 Telephone number 202 - 626 - 2336

Full Name of Designated Agent

[Grid]

Mailing Address

[Grid]

[Grid]

[Grid]

CITY

STATE

ZIP CODE

Title or Position

[Grid]

Telephone number

[Grid]

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.

TD Bank

[Grid]

Mailing Address

605 14th Street, NW  
[Grid]

[Grid]

Washington DC 20005 [Grid]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid]

Mailing Address

[Grid]

[Grid]

[Grid]

CITY

STATE

ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A  
Transaction ID :

Amendment to Form 1 - Statement of Organization

Form/Schedule:  
Transaction ID:

# FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

**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.

[ ADDITIONAL ]

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

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

CA Hospital Association PAC-Federal

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

1215 K Street, Suite 800

\_\_\_\_\_

\_\_\_\_\_

Sacramento

CA

95814

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ ADDITIONAL ]

**Designated Agent**

Full Name

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

\_\_\_\_\_

Telephone number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**Joint Fundraiser Participant**

[ ADDITIONAL ]

\_\_\_\_\_

FEC ID number

C \_\_\_\_\_

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Name of Bank, Depository, etc.

[ ADDITIONAL ]

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Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

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

PAC of the Arizona Hospital & Healthcare Association

\_\_\_\_\_

Mailing Address

2901 North Central Avenue

Suite 900

Phoenix

AZ

85012

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ ADDITIONAL ]

**Designated Agent**

Full Name

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Joint Fundraiser Participant**

[ ADDITIONAL ]

\_\_\_\_\_

FEC ID number

C \_\_\_\_\_

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Name of Bank, Depository, etc.

[ ADDITIONAL ]

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Mailing Address

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\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

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

PAC of Missouri Hospital Association

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

P.O. Box 60

\_\_\_\_\_

\_\_\_\_\_

Jefferson City

MO

65102

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ ADDITIONAL ]

**Designated Agent**

Full Name

\_\_\_\_\_

Mailing Address

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\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Joint Fundraiser Participant**

[ ADDITIONAL ]

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FEC ID number

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Name of Bank, Depository, etc.

[ ADDITIONAL ]

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Mailing Address

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\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

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

Montana Hospital Association PAC - Federal Fund

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

P.O. Box 5119

\_\_\_\_\_

\_\_\_\_\_

Helena

MT

59604

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ ADDITIONAL ]

**Designated Agent**

Full Name

\_\_\_\_\_

Mailing Address

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\_\_\_\_\_ - \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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Telephone number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**Joint Fundraiser Participant**

[ ADDITIONAL ]

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FEC ID number

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Name of Bank, Depository, etc.

[ ADDITIONAL ]

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Mailing Address

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\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

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

North Carolina Hospital Association PAC - Federal

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

P.O. Box 4449

\_\_\_\_\_

\_\_\_\_\_

Cary

\_\_\_\_\_

NC

\_\_\_\_\_

27519

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ ADDITIONAL ]

**Designated Agent**

Full Name

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Mailing Address

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\_\_\_\_\_ - \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

\_\_\_\_\_

Telephone number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**Joint Fundraiser Participant**

[ ADDITIONAL ]

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FEC ID number

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Name of Bank, Depository, etc.

[ ADDITIONAL ]

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Mailing Address

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\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

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

Hospital and Healthsystem Assoc of PA Federal Political Action Committee

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

P.O. Box 8600

\_\_\_\_\_

\_\_\_\_\_

Harrisburg

PA

17105

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ ADDITIONAL ]

**Designated Agent**

Full Name

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Mailing Address

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\_\_\_\_\_ - \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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Telephone number

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**Joint Fundraiser Participant**

[ ADDITIONAL ]

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FEC ID number

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Name of Bank, Depository, etc.

[ ADDITIONAL ]

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Mailing Address

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\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

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

HOSPAC - Federal PAC of the Texas Hospital Association

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

P.O. Box 679010

\_\_\_\_\_

\_\_\_\_\_

Austin

TX

78767

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ ADDITIONAL ]

**Designated Agent**

Full Name

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Mailing Address

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\_\_\_\_\_ - \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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Telephone number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**Joint Fundraiser Participant**

[ ADDITIONAL ]

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FEC ID number

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Name of Bank, Depository, etc.

[ ADDITIONAL ]

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Mailing Address

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\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

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

New York State Hospital and Healthcare Associations Federal PAC

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

One Empire Drive

\_\_\_\_\_

\_\_\_\_\_

Rensselaer

NY

12144

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ ADDITIONAL ]

**Designated Agent**

Full Name

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Mailing Address

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\_\_\_\_\_ - \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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Telephone number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Joint Fundraiser Participant**

[ ADDITIONAL ]

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FEC ID number

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Name of Bank, Depository, etc.

[ ADDITIONAL ]

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Mailing Address

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\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

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

Wisconsin Hospital Association Inc. Federal PAC

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

P.O. Box 259038

\_\_\_\_\_

\_\_\_\_\_

Madison

WI

53725

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ ADDITIONAL ]

**Designated Agent**

Full Name

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Mailing Address

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\_\_\_\_\_ - \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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Telephone number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Joint Fundraiser Participant**

[ ADDITIONAL ]

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FEC ID number

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