**FEC** 

Only

## STATEMENT OF **ORGANIZATION**

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FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. AccentCare Inc 17855 North Dallas Parkway ADDRESS (number and street) Suite 200 (Check if address is changed) Dallas 75287 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address accentcarePAC@accentcare.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00548248 FEC IDENTIFICATION NUMBER > 3. X 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 Schwartz-Doty, Dena, , Schwartz-Doty, Dena, , , Date 09 19 2023 Signature of Treasurer 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

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	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 candinformation below.)	didate				
	Name of  Candidate					
	Party Affiliation Sought: House Senate President	State				
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Strict				
	Name of Candidate					
	Party Committee:					
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.)	Party				
	Political Action Committee (PAC):					
	(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	anization is a:				
	X Corporation Corporation w/o Capital Stock Labor Organiz	ation				
	Membership Organization Trade Association Cooperative					
	In addition, this committee is a Lobbyist/Registrant PAC.					
	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.)					
	(g) This committee is an independent expenditure-only political committee (Super PAC).					
	In addition, this committee is a Lobbyist/Registrant PAC.					
	h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).					
	In addition, this committee is a Lobbyist/Registrant PAC.					
	Joint Fundraising Representative:					
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	e political				
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	e political				
	Committees Participating in Joint Fundraiser					
	1C					

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٧	/rite or Type Committee Name				
6.	AccentCare Inc  Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
	AccentCare, Inc.			,	· · · · · · · · · · · · · · · · · · ·
		47055 North Dollar Dorland			
	Mailing Address	17855 North Dallas Parkway			
		Suite 200			
		Dallas		TX 75287	
		CITY ▲		STATE ▲	ZIP CODE ▲
	Relationship: X Connected	Organization Affiliated Organizati	on Joint Fundraising	Representative	Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	fy by name, address (phone number	optional) and position of	f the person in posses	sion of committee
		oty, Dena, , ,			
	Full Name	17855 North Dallas Parkway			
	Mailing Address				
		Suite 200			
		Dallas		TX 75287	
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Custodian of Records		Telephone num	ber 972 - [	201   3800
8.	<b>Treasurer:</b> 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 Schwartz-D	oty, Dena, , ,			
	Mailing Address	17855 North Dallas Parkway			
	Mailing Addices	Suite 200			
		Dallas	,	TX 1 75287	
				13201	
	Title or Position ▼	CITY ▲		STATE ▲	ZIP CODE ▲
	Treasurer	1		ı 972 <sub>I</sub> ı	201   3800
			Telephone num	ber	

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Full Name of Designated Agent					
Mailing Address					
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲			
Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, haves or maintains funds.	olds accounts, rents			
Name of Bank, Depository, etc.					
	Bank of America, N.A.				
Mailing Address	1655 Grant Street				
	Building A, 10th Floor				
	Concord CA 9452	0			
	CITY ▲ STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.					
Mailing Address					
	CITY ▲ STATE ▲	ZIP CODE ▲			

## : 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1N Transaction ID:

Amendment to Statement of Organization FEC Form 1 - 1708932

Form/Schedule: Transaction ID: