Only

01/10/2023 16:10

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE 25 Massachusetts Ave, NW ADDRESS (number and street) (Check if address Suite 600 is changed) Washington DC 20001-7400 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS ampaconline@ama-assn.org (Check if address is changed) Optional Second E-Mail Address eva.petty@ama-assn.org COMMITTEE'S WEB PAGE ADDRESS (URL) www.ampaconline.org (Check if address is changed) DATE 01 2023 C00000422 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. Walker, Kevin, , Mr., Type or Print Name of Treasurer Walker, Kevin, , Mr., [Electronically Filed] 01 10 2023 Signature of Treasurer Date 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

FEC Form 1 (Revised 03/2022)	Page 2
. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the can	didate information below.)
(b) This committee is an authorized committee, and is NOT a principal cainformation below.)	ampaign committee. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House	State President 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
of subordinate) committee of the	riepublicari, etc., r arty
Political Action Committee (PAC):	
(e) x This committee is a separate segregated fund. (Identify connected org	anization on line 6.) Its connected organization is a:
Corporation Corporation w/o Capita	al 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, a committee. (i.e., nonconnected committee)	and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sp	onsor on line 6.)
(g) This committee is an independent expenditure-only political committee	
In addition, this committee is a Lobbyist/Registrant PAC.	(Gupoi 170).
(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 committees/organizations, at least one of which is an authorized committee.	·
(j) This committee collects contributions, pays fundraising expenses and committees/organizations, none of which is an authorized committee of	·
Committees Participating in Joint Fundraiser	
1.	C
T T	C

Title or Position ▼

Treasurer

	–		 -
	FEC Form 1 (Revised 0 Write or Type Committee Name	2/2009)	Page 3
		DICAL ASSOCIATION POLITICAL ACTION CO	MMITTEE
6.	Name of Any Connected Of AMERICAN MEDICA	rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
	Mailing Address	330 N Wabash Ave	
		Ste 39300	
		Chicago IL 60611-5	885
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: X Connected	Organization Affiliated Organization Joint Fundraising Representative I	Leadership PAC Sponso
	Walker, Ker Full Name Mailing Address	vin, , Mr., 25 Massachusetts Ave NW Ste 600 Washington DC 20001-7	400
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Custodian of Records	Telephone number	789 - 7467
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	me and address of
	Full Name Walker, Ker	vin, , Mr.,	
		ı 25 Massachusetts Ave NW	
	Mailing Address	Ste 600	

CITY 🔺

ZIP CODE ▲

7467

789

STATE lacktriangle

Telephone number

202

	FEC Form 1	(Revised 02/2009)		Page 4
[Full Name of Designated Agent	Jordan, John, Robert, Mr.,		
ľ	Mailing Address	25 Massachusetts Ave NW		
		Ste 600		
		Washington	DC	20001-7400
7	Γitle or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
l	Designated Agen		number	202 - 789 - 7457
		Depositories: List all banks or other depositories in which the commes or maintains funds.	nittee deposits	funds, holds accounts, rents
Ν	lame of Bank, D	epository, etc.		
		PNC Bank		
N	Mailing Address	PO Box 1912		
		Washington	DC	20074
		CITY ▲	STATE ▲	ZIP CODE ▲
١	lame of Bank, D	epository, etc.		
		PNC Advisors		
N	Mailing Address	800 17th Street, NW		
		Washington	DC	20006
		CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

5(g) o	r(h). Joint Fundraisin	g Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 22		
		Montgomery		36101-0022
	Relationship:	CITY A	STATE A	ZIP CODE A
	Connected	Organization	Fundraising Represent	
	Designated Agent: Identify	by name address (phone number – ontional)		
8.		by name, address (phone number – optional) Nicole, , Mrs.,		
8.	Lonetto, N			
3.	Lonetto, N	licole, , Mrs.,		
3.	Lonetto, N	Ste 600 Washington	DC	20001-7400
3.	Lonetto, N Full Name	Ste 600 Washington		
8.	Lonetto, N	Ste 600 Washington CITY	STATE ▲	20001-7400 ZIP CODE ▲ 202
-	Lonetto, N Full Name Mailing Address TITLE OR POSITION Designated Agent	25 Massachusetts Ave NW Ste 600 Washington CITY Te	STATE ▲	ZIP CODE ▲ 202
- - :	Lonetto, N Full Name Mailing Address TITLE OR POSITION Designated Agent Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.	25 Massachusetts Ave NW Ste 600 Washington CITY Te	STATE ▲	ZIP CODE ▲ 202
- - :	Lonetto, N Full Name Mailing Address TITLE OR POSITION Designated Agent Designated Agent depositor safety deposit boxes or ma Name of Bank,	25 Massachusetts Ave NW Ste 600 Washington CITY Te	STATE ▲	ZIP CODE ▲ 202
- - :	Lonetto, N Full Name Mailing Address TITLE OR POSITION Designated Agent Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.	25 Massachusetts Ave NW Ste 600 Washington CITY Te	STATE ▲	ZIP CODE ▲ 202

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundrais i	ng Participant:		0
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
ame of Any Connected	d Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
ALASKA STATE	MEDICAL ASSOCIATION POLITICA	L ACTION COM	MITTEE (ALPAC)
Mailing Address	4107 LAUREL STREET		
	Anchorage	AK AK	99508-5334
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connect	ed Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sp
20.11000			Leadership TAO of
	ify by name, address (phone number – optional)	Tanadiang Haptacan	Leadership TAO O
			Leadership TAO O
esignated Agent: Ident			Leadership TAO O
esignated Agent: Ident			
esignated Agent: Ident	ify by name, address (phone number – optional)		
esignated Agent: Ident	ify by name, address (phone number – optional)		
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional) CITY		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit	ify by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank,	ify by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank,	ify by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
ARKANSAS MED	DICAL SOCIETY PAC		
Mailing Address	PO BOX 55088		
	Little Rock	AR	72215-5088
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Joint	t Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identif		t Fundraising Represent	ative Leadership PAC Spo
Connecte	d Organization X Affiliated Committee Joint	t Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization X Affiliated Committee Joint	t Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization X Affiliated Committee Joint	t Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identif Full Name Mailing Address	d Organization Affiliated Committee Joint by by name, address (phone number – optional)	t Fundraising Represent	Ative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee Joint by by name, address (phone number – optional) CITY		
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Agent: Identification Full Name Mailing Address	Affiliated Committee Joint by by name, address (phone number – optional) CITY CITY Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposites safety deposit boxes or meaning the content of the cont	Affiliated Committee Joint by by name, address (phone number – optional) CITY CITY Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
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Connecte Designated Agent: Identif Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or more safety deposit boxes or more safety depository, etc.	Affiliated Committee Joint by by name, address (phone number – optional) CITY CITY Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
Connecte Designated Agent: Identif Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or more safety deposit boxes or more safety depository, etc.	Affiliated Committee Joint by by name, address (phone number – optional) CITY CITY Topries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page 8 **of** 17

5(g)	or(h). Joint Fundraisin	g Participant:	FEC ID number	C
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID Hullibel	C
6.		Organization, Affiliated Committee, Joint Fundral	L	e, or Leadership PAC Sponsor
	Mailing Address	555 CAPITOL MALL		
		#400		
		Sacramento	CA CA	95814-4503
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint F	Fundraising Representa	tive Leadership PAC Sponsor
3.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
	Mailing Address			
	TITLE OR POSITION	_ CITY ▲	STATE ▲	ZIP CODE ▲
		1	ephone Number	
€.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which the intains funds.	ne committee deposits	s funds, holds accounts, rents
	Name of Bank, Depository, etc.			
	Mailing Address			

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	3		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fundra		e, or Leadership PAC Spon
Mailing Address	PO BOX 769		
	East Lansing	MI	48826-0769
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		Fundraising Representa	Leadership PAC S
Connecte	Affiliated Committee Joint Ty by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
Connecte		Fundraising Representa	Leadership PAC S
Connecte esignated Agent: Identi Full Name		Fundraising Representa	Leadership PAC S
Connecte esignated Agent: Identi Full Name		Fundraising Representa	Leadership PAC S
Connecte esignated Agent: Identi Full Name	fy by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identification of Position of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
connected Esignated Agent: Identification of Position Identification Identi	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

(h). Joint Fundraisir	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Mailing Address	2021 11TH AVENUE		
	Helena	MT	59601-4882
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	Leadership PAC Sp
	d Organization Affiliated Committee Join y by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY To ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY To ries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraisin	ng Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundra		e, or Leadership PAC Sponsor
	NEW JERSEY MI	EDICAL POLITICAL ACTION COMMI	TTEE 	
		2 PRINCESS ROAD		1
	Mailing Address			
		Lawrence The	NII.	00040 0000
	B.1.11	Lawrenceville	NJ	08648-2320
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify	y by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
	TITLE OR POSITION	•		
9.		Tel	STATE ▲ ephone Number	ZIP CODE ▲
9.	Banks or Other Deposito	Tel	STATE ▲ ephone Number	ZIP CODE ▲
9.	Banks or Other Deposito safety deposit boxes or ma	Teles: List all banks or other depositories in which that aintains funds.	STATE ▲ ephone Number	ZIP CODE ▲
9.	Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	Teles: List all banks or other depositories in which that aintains funds.	STATE ▲ ephone Number	ZIP CODE ▲
9.	Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	Teles: List all banks or other depositories in which that aintains funds.	STATE ▲ ephone Number	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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5(g)	or(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
	4.			
6.		Organization, Affiliated Committee, Joint Fundra		
	Mailing Address	PO BOX 25834		
		222 N PERSON STREET		
		Raleigh	NC	27611-5834
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Tel	lephone Number	
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	ies: List all banks or other depositories in which tintains funds.	he committee deposi	ts funds, holds accounts, rents
	Mailing Address			
		CITY A	STATE ▲	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraising	Faiticipant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected (Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spor
NORTH DAKOTA	MEDICAL ASSOCIATION POLITIC	CAL ACTION CO	MMITTEE
Mailing Address	1622 E INTERSTATE AVE		
Mailing Address			
	Bismarck	ı ND ı	58503-0512
Relationship:	CITY A		ZIP CODE A
Helationship.	CITY	STATE ▲	ZIP CODE A
	Organization X Affiliated Committee Join by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC S
		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identify		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name			Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional) CITY CITY Ties: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional) CITY CITY Ties: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional) CITY CITY Ties: List all banks or other depositories in which	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Depositor aftety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number – optional) CITY CITY Ties: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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5(g)	or(h). Joint Fundraising	g Participant:		
	1.		FEC ID number C]
	2.		FEC ID number	Ī
	3.		FEC ID number	Ī
	4.		FEC ID number	Ī
				_
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative, or Leadership PAC Sponsor	
	SOUTH DAKOTA	STATE MEDICAL ASSOCIATION PA	AC	
				_
		OCCOMPOT ACTUATORS		_
	Mailing Address	2600 WEST 49TH STREET		
		#200		
		Sioux Falls	SD 57105-6569	
	Relationship:	CITY ▲	STATE ▲ ZIP CODE ▲	
	Connected	Organization X Affiliated Committee Joint	Fundraising Representative Leadership PAC Spons	or
				_
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
				_
	TITLE OF POSITION	_ CITY ▲	STATE ▲ ZIP CODE ▲	_
	TITLE OR POSITION	1	lephone Number	
		iei	neprione Number	_
9.	Banks or Other Depositor	ies. List all hanks or other depositories in which t	the committee deposits funds, holds accounts, rents	
J.	safety deposit boxes or mai	intains funds.	tillo committee deposits funds, floras accounts, fems	
	Name of Bank,			ı
	Depository, etc.			_
	Mailing Address			_

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisin g	Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spor
TEXAS MEDICAL	ASSOCIATION PAC		
Mailing Address	401 W 15TH STREET		
	Austin	TX	78701-1624
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	Organization X Affiliated Committee Join	nt Fundraising Representa	ative Leadership PAC S
	Organization Affiliated Committee Join Join by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC S
		nt Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name			Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
esignated Agent: Identify Full Name	by name, address (phone number – optional)		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositori fety deposit boxes or mai	by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositoriatety deposit boxes or mainage and mainage	by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor aftety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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5(g) or ((h). Joint Fundraising	Participant:			
	1.	<u> </u>	FE	EC ID number	C
	2.		FE	EC ID number	C
	3.		 _	EC ID number	C
	4.		FE	EC ID number	C
_					
6. N	lame of Any Connected C UTAH MEDICAL P	Organization, Affiliated Committee, Join	t Fundraisino	g Representative	e, or Leadership PAC Sponsor
	UTAH WEDICAL I	AC			
	Mailing Address	310 EAST 4500 SOUTH			
	Manny,	#500			
		Salt Lake City		UT	84107-4250
	Relationship:	CITY A		STATE ▲	ZIP CODE ▲
		Organization X Affiliated Committee	Joint Fund	raising Representa	
_					_
3. D	esignated Agent: Identify	by name, address (phone number - option	onal)		
	Full Name				
	Mailing Address	<u>L</u>	1		1 1 1 1 1 1 1 1 1 1 1
		 			1
					1 , , , , 1-1 , , ,
	TITLE OR POSITION Y	CITY A		STATE ▲	ZIP CODE ▲
		,	Telepho	one Number	, , - , <u>, - , , , </u>
_			· 		
). В	anks or Other Depositori	ies: List all banks or other depositories in	n which the co	ommittee deposit	s funds, holds accounts, rents
	afety deposit boxes or main	ntains funds.			
	lame of Bank, Depository, etc.				
	Mailing Address	<u> </u>			<u> </u>
	Ü				· · · · · · · · · · · · · · · · · · ·
				1 1 1	1
ſ		CITY A		STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
ame of Any Connected	d Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
WISCONSIN ME	DICAL SOCIETY PAC		
Mailing Address	330 EAST LAKESIDE STREET		
	Madison	WI	53715-2074
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
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Connecte	ed Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC Sp
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