

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

MO - Political Action Committee of the Missouri Hospital Association

ADDRESS (number and street) PO Box 60
 (Check if address is changed) 4712 Country Club Drive
Jefferson City MO 65102-0060
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS
 (Check if address is changed) kpoff@mhanet.com
Optional Second E-Mail Address ddistler@mhanet.com

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

2. DATE 02 / 13 / 2017

3. FEC IDENTIFICATION NUMBER C C00289777

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 Poff, Kathy, . . .

Signature of Treasurer Poff, Kathy, . . . [Electronically Filed] Date 02 / 13 / 2017

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

MO - Political Action Committee of the Missouri Hospital Association

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

Missouri Hospital Association

Mailing Address

P.O. Box 60

4712 Country Club Drive

Jefferson City

MO

65102-0060

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 Poff, Kathy, , ,

Mailing Address P.O. Box 60

Jefferson City

MO

65102-0060

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number 573 - 893 - 3700

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 Poff, Kathy, , ,

Mailing Address PO Box 60

4712 Country Club Drive

Jefferson City

MO

65102-0060

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 573 - 893 - 3700

Full Name of Designated Agent Poff, Kathleen, , ,

Mailing Address P.O. Box 60
4712 Country Club Drive
Jefferson City MO 65102-0060
CITY STATE ZIP CODE

Title or Position Assistant Treasurer Telephone number 573 893 3700

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.

Central Bank

Mailing Address 238 Madison Street
Jefferson City MO 65101
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address
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 :

Amending to change treasurer.

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

American Hospital Association Political Action Committee

Mailing Address

325 Seventh Street, NW

Washington

DC

20004

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Kuhn, Herb, , ,

Mailing Address

P.O. Box 60

4712 Country Club Drive

Jefferson City

MO

65102-0060

_____ - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Agent

Telephone number

573

893

3700

[ADDITIONAL]

Joint Fundraiser Participant

FEC ID number

C _____

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

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Becker, Mary, , , _____

Mailing Address

P.O. Box 60 _____

4712 Country Club Drive _____

Jefferson City _____ MO 65102-0060 - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Agent _____

Telephone number 573 - 893 - 3700

[ADDITIONAL]

Joint Fundraiser Participant

FEC ID number

C [_____]