

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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FEDERAL ELECTION  
COMMISSION MAIL ROOM

2000 FEB 28 P 1:46

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Ohio Society of Anesthesiologists Political Action Committee (OSAPAC)	2. DATE 2-23-00
(b) Number and Street Address <input checked="" type="checkbox"/> (Check if address is changed) 66 E. Lynn Street	3. FEC Identification Number C00304399
(c) City, State and ZIP Code Columbus, OH 43215	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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 | State/District |
|                   |                             |               |                |
- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
- (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Ohio Society of Anesthesiologists 66 E. Lynn Street Columbus, OH 43215	66 E. Lynn Street Columbus OH 43215	connected

Type of Connected Organization  
 Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

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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 Willa J. Ebersole	Mailing Address 66 E. Lynn Street, Columbus OH 43215	Title or Position Treasurer
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8. Treasurers: 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 Willa J. Ebersole Same as # 7	Mailing Address 66 E. Lynn Street, Columbus, OH 43215	Title or Position treasurer
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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. Firststar 100 E. Broad St. Columbus OH 43215	Mailing Address and ZIP Code Location 0999 Cincinnati, OH 45264-0999
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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 Willa J. Ebersole	SIGNATURE OF TREASURER <i>Willa J. Ebersole</i>	DATE 2-23-00
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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.

For further information contact:  
Federal Election Commission  
Toll-free 800-424-9530  
Local 202-694-1100

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**FEC FORM 1**  
(revised 4/97)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>2-23-00</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Jm 10</i> PREPARER	<i>2-23-00</i> DATE PREPARED