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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) HEALTHCARE SUPPLY CHAIN ASSOCIATION POLITICAL ACTION COMMITTEE (HSCA PAC) 750 9th Street, NW ADDRESS (number and street) Suite 650 (Check if address is changed) WASHINGTON 20001 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address info@supplychainassociation.org is changed) Optional Second E-Mail Address tebert@supplychainassociation.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00423863 FEC IDENTIFICATION NUMBER 3. X OR IS THIS STATEMENT NEW (N) 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 Ebert, Todd, C,, Ebert, Todd, C., Date 11 16 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:
Use			Federal Election Commission
Only			Toll Free 800-424-9530 Local 202-694-1100
,			LUCAI 202-034-1100

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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 candid information below.)	late			
	Name of Candidate ['','',',',',',',',',',',',',',',',',',				
	Candidate Party Affiliation Office Sought: House Senate President Distri	-			
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	iot			
	Name of Candidate				
	Party Committee:				
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.) Page 1	arty			
	Political Action Committee (PAC):				
	(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organi	ization is a:			
	Corporation Corporation w/o Capital Stock Labor Organizati	ion			
	Membership Organization X Trade Association Cooperative				
	X 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 o committee. (i.e., nonconnected committee)	or party			
	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 proceeds committees/organizations, at least one of which is an authorized committee of a federal candidate.	oolitical			
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.					
	Committees Participating in Joint Fundraiser				
	1				

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٧	Vrite or Type Committee Name		-			
	HEALTHCARE SUPP	LY CHAIN ASSOCIATION POLITICAL ACTION COMMITTEE	E (HSCA PAC)			
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor					
	Healthcare Supply Ch	nain Association				
	Mailing Address	750 9th Street, NW				
		Suite 650				
		Washington DC 20001				
		CITY ▲ STATE ▲	ZIP CODE ▲			
	Relationship: X Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso			
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in posses	sion of committee			
	Ebert, Todd	, C, ,				
	Mailing Address	750 9th Street, NW				
	. J	Suite 650				
		Washington DC 20001				
		CITY ▲ STATE ▲	ZIP CODE ▲			
	Title or Position ▼	- · · · · · · · · · · · · · · · · · · ·				
	Treasurer	Telephone number 202 –	629 - 5835			
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the resistant treasurer).	name and address of			
	Full Name Ebert, Todo	, C, ,				
	of Treasurer					
	Mailing Address	750 9th Street, NW				
		Suite 650				
		Washington DC 20001				
		CITY ▲ STATE ▲	ZIP CODE ▲			
	Title or Position ▼					
	Treasurer		629 - 5835			

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Full Name of Designated Agent		
Mailing Address		
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number	
Banks or Other Depositori safety deposit boxes or mai	ies: List all banks or other depositories in which the committee deposits funds, ho	olds accounts, rents
Name of Bank, Depository,	etc.	
M&T Ba	ank	
Mailing Address	1680 K St., NW	
	Washington DC 20006	5
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, Depository,	etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲