

MedCath[®]

INCORPORATED

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2002 JUL 18 P 1:51

July 17, 2002

VIA FEDERAL EXPRESS

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Dear Federal Election Commission:

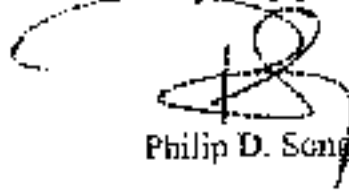
Please accept the attached Statement of Organization for the MedCath Incorporated Committee for the Improvement of Cardiac Care. The Committee has been established as a separate segregated fund of MedCath Incorporated, a wholly-owned subsidiary of MedCath Corporation. Because MedCath Corporation and its affiliates do not maintain any other separate segregated funds, this Statement of Organization, question 6, does not report an affiliated committee.

We anticipate that the Committee will raise \$50,000 before the end of the calendar year and therefore intend to submit electronic monthly reports (FEC Form 3x) to the FEC during 2002. However, we have been informed that we cannot file our Statement of Organization electronically until we obtain a password from the FEC, and we cannot obtain a password until we file a hard copy of this Statement of Organization and obtain an FEC identification number.

Please let us know once the FEC has assigned the Committee an identification number. We will download the appropriate software and file an electronic version of the enclosed document once we receive this information.

Please call Sherry Mastrostefano Gray at (202) 872-6778 if you have any questions respecting this filing.

Very truly yours



Philip D. Song

Enclosure

cc w/ enclosure: James E. Harris
Dennis Kelly
Theresa Myers
Sherry Gray

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FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

MedCath Incorporated Committee for the Improvement of Cardiac Care

ADDRESS (number and street) 10720 Sikes Place Suite 300 (Check if address is changed) Charlotte N.C 28277 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS phil.song@medcath.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 07 17 2002

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X 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 Philip D. Song Signature of Treasurer Date 07 17 2002

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 (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:	House	Senate	President	State
					District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

MedCath Incorporated _____

Mailing Address 10720 Sikes Place _____
Suite 300 _____
Charlotte NC 28277 _____
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship connected _____

Type of Connected Organization:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |

Write or Type Committee Name

MedCath Incorporated Committee for the Improvement of Cardiac Care

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 Theresa Myers

Mailing Address 10720 Sikes Place
Suite 300
Charlotte, N.C. 28277

Title or Position Director Corp. Acct. CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 704-708-6610

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 Philip D. Song

Mailing Address 10720 Sikes Place
Suite 300
Charlotte, N.C. 28277

Title or Position VP General Counsel CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 704-708-6610

Full Name of Designated Agent (Assistant Treasurer)
James E. Harris

Mailing Address 10720 Sikes Place
Suite 300
Charlotte, N.C. 28277

Title or Position EXP. & CFO CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 704-708-6600

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.

Bank of America

Mailing Address

101 S. Tryon Street

Charlotte N.C. 28255

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>7-18-02</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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>DM</i> PREPARER	<i>7-18-02</i> DATE PREPARED