

FEC
FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAILCENTER

2024 OCT 28 PM 10:17

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

12FE4M5

Allied Health Professionals Political Action Committee

Committee

ADDRESS (number and street) 3533 Rue Royal

(Check if address
is changed)

Mobile CITY▲ AL 36693-2519 STATE▲ ZIP CODE▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

fraizer@southalabama.edu

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE / /

3. FEC IDENTIFICATION NUMBER ►

C 0 0 5 6 1 4 7 2

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 Gregory H. Frazer

Signature of Treasurer

Gregory Frazer

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
Use
Only

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

FEC FORM 1
(Revised 03/2022)

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.)

(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 political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(j) 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.

C

2.

C

Write or Type Committee Name

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

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization 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 Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

 Telephone number

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 G r e g o r y H i F r a z e rMailing Address 3 5 3 3 R u e R o y a l

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

 Telephone number 4 1 2 - 2 9 8 - 3 3 6 7

Full Name of
Designated
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

3. **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.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

 P N G B a n K

Mailing Address

 2 2 9 0 C o t t a g e H i l l R o a d M o b i l e

AL

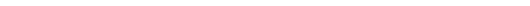
 3 6 6 9 5 -

CITY ▲

STATE ▲

ZIP CODE ▲

5(i) or (j). Joint Fundraising Participant:

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C

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

Mailing Address	<input style="width: 1000px; height: 15px; border: 1px solid black;" type="text"/>
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	<input style="width: 1000px; height: 15px; border: 1px solid black;" type="text"/>

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

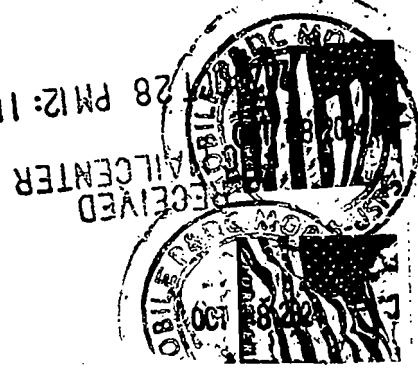
Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

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.

loyal
36693-2519

Federal Election Commission
1050 First Street, N.W.
Washington, DC 20463



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

	Date of Receipt	
<input type="checkbox"/> Hand Delivered		
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt 10/28/24	
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)	
<input type="checkbox"/> USPS Priority Mail	Postmarked	
<input type="checkbox"/> USPS Priority Mail Express	Postmarked	
<input type="checkbox"/> Postmark Illegible		
<input type="checkbox"/> No Postmark		
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date	Date of Receipt
	Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received via FAX	Date of Receipt	
<input type="checkbox"/> Received via Email	Date of Receipt	
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt	
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked	
	10/28/24	
PREPARER	DATE PREPARED	

(4/2023)