

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

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Office Use Only

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

US HEALTHWORKS, INC POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

25124 SPRINGFIELD COURT

(Check if address is changed)

SUITE 200

VALENCIA

CITY ▲

CA

STATE ▲

91355

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

robert.hutchison@ushworks.com

Optional Second E-Mail Address

michael.morrison@ushworks.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

10 18 2012

3. FEC IDENTIFICATION NUMBER ▶

C00414706

4. IS THIS STATEMENT

NEW (N)

OR

X

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

Robert Hutchison

Signature of Treasurer

Date

10 18 2012

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.

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

FEC FORM 1  
(Revised 06/2012)

12030921620

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
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- (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

12030921621

Write or Type Committee Name

US HEALTHWORKS, INC POLITICAL ACTION COMMITTEE

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

US HEALTHWORKS, INC

Mailing Address

25124 SPRINGFIELD COURT

SUITE 200

VALENCIA

CA

91355

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

WAEEL MOHAMED

Mailing Address

25124 SPRINGFIELD COURT

SUITE 200

VALENCIA

CA

91355

Title or Position

CITY

STATE

ZIP CODE

Telephone number

661-678-2600

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

ROBERT HUTCHISON

Mailing Address

25124 SPRINGFIELD COURT

SUITE 200

VALENCIA

CA

91355

CITY

STATE

ZIP CODE

Title or Position

Telephone number

661-678-2600

12030921622

Full Name of Designated Agent

MICHAEL MORRISON

Mailing Address

25124 SPRINGFIELD COURT

SUITE 200

VALENCIA

CA

91355

CITY

STATE

ZIP CODE

Title or Position

Telephone number

661-678-2600

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.

WELLS FARGO BANK NA

Mailing Address

PO BOX 6995

PORTLAND

OR

97228-6995

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030921623

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

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

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USPS Express Mail Postmarked

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No Postmark

Overnight Delivery Service (Specify): *Fed Exp* Shipping Date  
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 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*JmP*  
 PREPARER

*10/19/12*  
 DATE PREPARED

12030921624