Image# 202309279597311631				PAGE 1 / 4
FEC FORM 1	STATEMEN ORGANIZA	-		
			0	ffice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
340B Health Politic	cal Action Committe	ee (340B Health P	AC)	
ADDRESS (number and street)	1350 I Street NW			
Check if address	Suite 800			
is changed)	Washington		DC 200	005
			STATE ▲	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRI	ESS			
(Check if address	Patrick.McGary@340BHeal	th.org		
is changed)	Optional Second E-Mail Add	Iress		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
	27 / Y Y Y Y 2023			
3. FEC IDENTIFICATION N	UMBER ► C cc	00619601		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined t	this Statement and to the best	of my knowledge and belief it	is true, correct and	d complete.
Tupo or Print Name of Treasure				
Type or Print Name of Treasure	er <u>McGary, Patrick, , ,</u>			
Signature of Treasurer McG	Gary, Patrick, , ,		Date 09	/ D D / Y Y Y Y 27 2023
NOTE: Submission of false, error		may subject the person signing TON SHOULD BE REPORTED		penalties of 52 U.S.C. §30109
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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5.	TYPE O	F COMMITTEE:								
	Candid	ate 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 information below.)	e candidate							
	Name Candic									
	Candic Party /	date Office Affiliation Sought: House Senate President	State							
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District							
	Name of Candidate									
	Party C	Committee: This committee is a (National, State (Democratic or subordinate) committee of the Republican,								
	Politica	al Action Committee (PAC):								
	(e) 🗙	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:							
		Corporation Corporation w/o Capital Stock	rganization							
		Membership Organization X Trade Association Coopera	tive							
		X 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 committee. (i.e., nonconnected committee)	d fund 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 PA	.C).							

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
 2.

In addition, this committee is a Lobbyist/Registrant PAC.

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Nrite or Type Committee Name	

340B Health Political Action Committee (340B Health PAC)

5.	Name of Any Connected Or	rganization, Affiliated	Com	mitte	e, J	loint	t Fi	undr	aisi	ng	Re	pre	ser	ntat	ive	, o	r L	ead	ers	hip	PA	C	Spo	ons	or
	340B Health																								
	Mailing Address	1350 I Street NW										I													
		Suite 800																							
		Washington											Ľ				Ľ	2000)5] –			
			CL	TY 🔺									ST	ΑΤΕ						ZIF	Р С	OD	E 4		
	Relationship: X Connected	Organization Affilia	ted C	Organi	zatio	n	Γ	Joi	nt Fi	undı	ais	ing	Re	pres	sen	tativ	/e	ľ	l	_ea	ders	ship) PA	C S	Spor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Mo	cGary, Patrick, , ,		
Full Name			
Mailing Address	1350 I Street NW		
	Suite 800		
	Washington	DC 20005	
	CITY ▲	STATE 🔺	ZIP CODE
Title or Position ▼			
Treasurer		Telephone number	552 - 5850

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	McGary, Patrick, , ,					
Mailing Address	1350 I Street NW					
	Suite 800					
	Washington DC 20005					
	CITY ▲ STATE ▲ ZIP CODE ▲					
Title or Position ▼						
Treasurer	Image:					

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Full Name of Designated Agent		
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE
Title or Position ▼		
	Telephone number	

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.

	Capital One Bank		
Mailing Address	1750 Tysons Boulevard		
	McLean	VA 22	102
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, I	Depository, etc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE