

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

RECEIVED
FEDERAL ELECTION COMMISSION

2007 APR 27 11:53 AM

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

12FE4M5

Ambulatory Surgery Center Political Action Committee

ADDRESS (number and street)

1120 G. Street, NW

X (Check if address is changed)

Ste. 1000

Washington

DC

20005

3096

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

Peggy.Tighe@shcare.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 04 / 26 / 2007

3. FEC IDENTIFICATION NUMBER

C C00387514

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 Margaret E. Tighe

Signature of Treasurer

Date

04 / 25 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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 02/2003)

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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

American Association of Ambulatory Surgery Centers

Mailing Address _____ P.O. Box 5271

Johnson City

TN

37602

5271

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____ Connected

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

27038432793

Write or Type Committee Name

Ambulatory Surgery Center Political Action Committee

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 Margaret E. Tighe

Mailing Address 1120 G. Street, NW
Ste 1000
Washington DC 20005 - 3096

Title or Position ▼ Treasurer CITY ▲ Washington STATE ▲ DC ZIP CODE ▲ 20005 - 3096

Telephone number 202 - 266 - 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 Margaret E. Tighe

Mailing Address 1120 G Street, NW
Ste. 1000
Washington DC 20005 - 3096

Title or Position ▼ Treasurer CITY ▲ Washington STATE ▲ DC ZIP CODE ▲ 20005 - 3096

Telephone number 202 - 266 - 2600

Full Name of Designated Agent _____

Mailing Address _____

Title or Position ▼ _____ CITY ▲ _____ STATE ▲ _____ ZIP CODE ▲ _____

Telephone number _____

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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.

United Bank

Mailing Address

1275 Pennsylvania Avenue, N.W.

Washington

DC

20004

CITY Δ

STATE Δ

ZIP CODE Δ

27039432795

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed. Exp</i>	Shipping Date <i>4/26/07</i>
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jms
 PREPARER
 (3/2005)

4/31/07
 DATE PREPARED

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