## RECEIVED FEC MAILCENTER

2024 FEB -6 AM 9: 36 ..

Allied Health Professions PAC 3533 Rue Royal Mobile, AL 36693

January 25, 2024

Federal Election Commission 1050 First Street, NE Washington, DC 20463

Dear Sirs or Madam,

Please accept these quarterly reports which describe the work of the Allied Health Professions Political Action Committee (C 00561472) which have been prepared covering the time period October 1, 2023- December 31, 2023mmary, the AHP-PAC has been supported by 50 individuals at a rate of \$199.00 or less (\$9,589.81) and has dispersed \$5,000.00 each to the Victory and Freedom PAC on July 29, 2017 and the Strengthening Virginia's Working Families PAC on May 23, 2019. We currently have \$8,763.98 available for distribution. I have included FEC Form 1 and FEC Form 3X for your review. Please contact me at 412.298.3367 or <a href="mailto:frazer@southalabama.edu">frazer@southalabama.edu</a> should you have any questions.

Sincerely,

Gregory H. Frazer,

Allied Health Professions PAC Treasurer

# 2024

**FEC** FORM 1

Only

### STATEMENT OF **ORGANIZATION**

2024 FEB -6 AM 9: 36

Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) [A<sub>i</sub>liliie] di iHi e a litihi iPirio ifie si si jo nisi iPio iliitiicia, li iAicitii oin C om miltitele  $_{1}R_{1}o_{1}v_{1}a_{1}I$ ADDRESS (number and street) (Check if address is changed) ZIP CODE CITY A STATE A COMMITTEE'S E-MAIL ADDRESS (Check if address f | r | a | z | e | r | @ s | o | u | t | h | a | l | a | b | a | m | a | . | e | d | u | | | | | | | is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 0 0 5 6 FEC IDENTIFICATION NUMBER ▶ 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. Gregory H. Frazer Type or Print Name of Treasurer Gregory Frazer Signature of Treasurer 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 03/2022)

Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information	ation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign comminformation below.)	mittee. (Complete the candidate
Name of Candidate	
Candidate Office House Senate	President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized co	ommittee.
Name of Candidate	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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.	<del></del>
(f) This committee supports/opposes more than one Federal candidate, and is NOT a committee. (i.e., nonconnected committee)	separate segregated 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 PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, at least one of which is an authorized committee of a fe	•
(j) This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, none of which is an authorized committee of a federal committee.	
Committees Participating in Joint Fundraiser	
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2.   , , , , , , , , , , , , , , , , , ,	C

	FEC Form 1 (Revised					Page 3
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	Full Name					
	Mailing Address					
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	Title or Position ▼		CITY ▲		STATE A	ZIP CODE ▲
				Telephone nur	mber	
8.	Treasurer: List the name a any designated agent (e.g.,		mber optional) of t	ne treasurer of the	e committee; a	and the name and address of
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FEC Form 1 (Revised 03/2022)

Full Name of Designated

Page 4

ZIP CODE A

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FEC	Form	15	(Revised	03/2022
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# Optional Supplemental Information for Lines 5(i) or (j), 6, 8 and/or 9

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FEC Form 1S (Revised 03/2022)

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	Mailing Address	<u> </u>		
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	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
			Telephone Number	
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Frazer 3533 Rue Royal Mobile, Alabama 36693

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Federal Elections Commission 1050 First Street NE Washington, DC 20463

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