

RECEIVED  
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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, 2023. Primary, 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 [frazer@southalabama.edu](mailto:frazer@southalabama.edu) should you have any questions.

Sincerely,



Gregory H. Frazer,  
Allied Health Professions PAC Treasurer

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

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Office Use Only

1. NAME OF  
COMMITTEE (in full)

☐

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

Aligned Health Professionals Political Action  
Committee

ADDRESS (number and street)

3533 Rue Royale

☐

(Check if address  
is changed)

Mobile

CITY ▲

Al

STATE ▲

36692-2519

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐

(Check if address  
is changed)

frazer@southalabamaledu

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address  
is changed)

2. DATE

MM / DD / YYYY  
01 / 25 / 2024

3. FEC IDENTIFICATION NUMBER ►

C 00561472

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

MM / DD / YYYY  
01 / 25 / 2024

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  
CandidateCandidate  
Party AffiliationOffice  
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. 2. 

1-800-400-8400



A horizontal number line with 20 tick marks, labeled from 0 to 19. The line is used for plotting data points.

ZIP CODE ▲

11-11-11

- Name of Bank, Depository, etc.

ZIP CODE ▲

A horizontal number line with 20 tick marks, labeled from 1 to 20.

A horizontal number line with 20 tick marks, labeled from 0 to 19. The line is used for plotting data points.

A horizontal number line with 20 tick marks, labeled from 1 to 20.

\_\_\_\_\_

ZIP CODE ▲

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

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)

Full Name

\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

\_\_\_\_\_

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.

\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

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

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

FEC ID number

C \_\_\_\_\_  
C \_\_\_\_\_  
C \_\_\_\_\_  
C \_\_\_\_\_

FEC ID number

FEC ID number

FEC ID number

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

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_

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)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

\_\_\_\_\_  
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.

PNC Bank \_\_\_\_\_

Mailing Address

2290 Cottage Hill Road  
\_\_\_\_\_  
Mobile \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CITY ▲

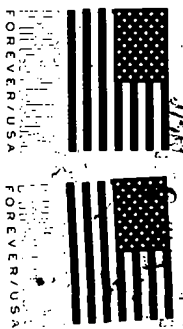
STATE ▲

ZIP CODE ▲

2025-02-06 09:04:18 AM

## ALTH PROFESSIONS

**Federal Elections Commission  
1050 First Street NE  
Washington, DC 20463**



2025 FEB -6 AM 3:36

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Federal Election Commission  
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☐ No Postmark

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Service (Specify):

Shipping Date

Date of Receipt

Next Business Day Delivery ☐

☐ Received via FAX

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Date of Receipt

☐ Received from Electronic Filing Office

Date of Receipt

☐ Other (Specify):

Date of Receipt or Postmarked

  
PREPARER

2/6/24  
DATE PREPARED

(4/2023)

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