**FEC** 

# STATEMENT OF

PAGE 1 / 14

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. American Hospital Association PAC 800 Tenth Street, NW ADDRESS (number and street) Two CityCenter, Suite 400 (Check if address is changed) Washington 20001-4956 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address lwerner@aha.org is changed) Optional Second E-Mail Address pac@aha.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00106146 FEC IDENTIFICATION NUMBER 3. X 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 Golder, Chad, , Mr., Golder, Chad, , Mr., Date 01 25 2024 Signature of Treasurer 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 Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

| _   |                  |
|---|------------------|
| 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 below.)   |                  |
| (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the ca information below.)  | ndidate          |
| Name of  Candidate  |                  |
| Candidate Party Affiliation 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 Republican, etc.  | .) Party         |
| Political Action Committee (PAC):   |                  |
| (e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or   | ganization is a: |
| Corporation Corporation w/o Capital Stock Labor Organ   | nization         |
| Membership Organization X Trade Association Cooperative   |                  |
| 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 fur committee. (i.e., nonconnected committee)   | nd 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 proceeds for two or monocommittees/organizations, at least one of which is an authorized committee of a federal candidate. | ore political    |
| (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or monocommittees/organizations, none of which is an authorized committee of a federal candidate.         | ore political    |
| Committees Participating in Joint Fundraiser  |                  |
| 1 C   |                  |
| C C   |                  |

| _  | FEC Form 1 (Revised 0)                                     | 2/2009)   |                                      | Page <b>3</b>                  |
|----|--|---|--------------------------------------|--------------------------------|
| ٧  | Vrite or Type Committee Name                               |   |                                      |                                |
|    | American Hospit  | al Association PAC                                      |                                      |                                |
| 6. | Name of Any Connected Or                                   | rganization, Affiliated Committee, Jo                   | oint Fundraising Representative      | e, or Leadership PAC Sponsor   |
|    | American Hospital As                                       | sociation   |                                      |                                |
|    |  |   |                                      |                                |
|    | Mailing Address  | 800 Tenth Street, NW                                    |                                      |                                |
|    |  | Two CityCenter, Suite 400                               |                                      |                                |
|    |  | Washington  | DC                                   | 20001-4956                     |
|    |  | CITY ▲  | STATE A                              | ZIP CODE ▲                     |
|    | Relationship: X Connected                                  | Organization Affiliated Organization                    | Joint Fundraising Represer           | ntative Leadership PAC Sponso  |
| 7. | Custodian of Records: Identification books and records.    | fy by name, address (phone number                       | optional) and position of the person | on in possession of committee  |
|    | Werner, La   | ura, , Ms.,   |                                      |                                |
|    | Full Name  | 200 Tareth Chroset NIM                                  |                                      |                                |
|    | Mailing Address  | 800 Tenth Street, NW                                    |                                      |                                |
|    |  | Two CityCenter, Suite 400                               |                                      |                                |
|    |  | Washington  | DC                                   | 20001-4956                     |
|    |  | CITY ▲  | STATE ▲                              | ZIP CODE ▲                     |
|    | Title or Position ▼  |   |                                      |                                |
|    | Associate Director,  |   | Telephone number                     | 202 626 2271                   |
| 8. | Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) assistant treasurer). | of the treasurer of the committee    | e; and the name and address of |
|    | Full Name Golder, Cha                                      | ad, , Mr.,  |                                      |                                |
|    | Mailing Address  | 800 Tenth Street, NW                                    |                                      |                                |
|    | <b>3</b> <del></del>                                       | Two CityCenter, Suite 400                               |                                      |                                |
|    |  | Washington  | DC                                   | 20001-4956                     |
|    |  | CITY ▲  | STATE ▲                              | ZIP CODE ▲                     |
|    | Title or Position ▼  | -   | - <del>-</del>                       |                                |
|    | Treasurer  | <u> </u>  | Telephone number                     | 202 - 626 - 4624               |

| FEC Form 1                           | (Revised 02/2009)  |                              | Page <b>4</b>       |
|--------------------------------------|--|------------------------------|---------------------|
| Full Name of<br>Designated<br>Agent  | Epting, Jacinta, , ,   |                              |                     |
| Mailing Address                      | 155 North Wacker Drive   |                              |                     |
|                                      |  |                              |                     |
|                                      | Chicago  | IL 6060                      | 6                   |
| Title or Decition                    | CITY ▲   | STATE ▲                      | ZIP CODE ▲          |
| Title or Position  Assistant Treasur | rer I  | hone number 312 -            | 422                 |
|                                      | <b>Depositories:</b> List all banks or other depositories in which the xes or maintains funds. | committee deposits funds, ho | lds accounts, rents |
| Name of Bank, D                      | epository, etc.  |                              |                     |
|                                      | TD Bank  |                              |                     |
| Mailing Address                      | 605 14th Street, NW  |                              |                     |
|                                      |  |                              |                     |
|                                      | Washington   | DC 20005                     | ·                   |
|                                      | CITY ▲   | STATE ▲                      | ZIP CODE ▲          |
| Name of Bank, D                      | epository, etc.  |                              |                     |
|                                      |  |                              |                     |
| Mailing Address                      |  |                              |                     |
|                                      |  |                              |                     |
|                                      |  |                              |                     |
|                                      | CITY ▲   | STATE ▲                      | ZIP CODE ▲          |

#### : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

Updating Treasurer and Assistant Treasurer information.

Form/Schedule: Transaction ID:

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_ **of** \_\_\_\_

| inization, Affiliated Committee  PAC-Federal  215 K Street, Suite 700  acramento  CITY   anization  X Affiliated Committee  can an address (phone number | e, Joint Fundrais ee Joint Fu          | FEC ID number FEC ID number FEC ID number ing Representati | ive, or Leadership PAC Spo     |
|--|--|--|--------------------------------|
| 215 K Street, Suite 700  acramento  CITY   anization   Affiliated Committed  name, address (phone number   | e, Joint Fundrais                      | FEC ID number  FEC ID number  ing Representati             | C C ive, or Leadership PAC Spo |
| 215 K Street, Suite 700  acramento  CITY   anization   Affiliated Committed  name, address (phone number   | e, Joint Fundrais                      | ing Representati   | ive, or Leadership PAC Spo     |
| 215 K Street, Suite 700  acramento  CITY   anization   Affiliated Committed  name, address (phone number   | e, Joint Fundrais                      | ing Representati   | 95814 ZIP CODE                 |
| 215 K Street, Suite 700  acramento  CITY   anization   Affiliated Committed  name, address (phone number   | ee Joint Fu                            | CA STATE A   | 95814<br>ZIP CODE <b>A</b>     |
| 215 K Street, Suite 700  acramento  CITY   anization   Affiliated Committed  name, address (phone number   | ee Joint Fu                            | CA STATE A   | 95814<br>ZIP CODE <b>A</b>     |
| 215 K Street, Suite 700  acramento  CITY   anization   Affiliated Committee  name, address (phone number   |  | STATE 4  | ZIP CODE A                     |
| acramento  CITY   anization   Affiliated Committee  name, address (phone number  |  | STATE 4  | ZIP CODE A                     |
| acramento  CITY   anization   Affiliated Committee  name, address (phone number  |  | STATE 4  | ZIP CODE A                     |
| acramento  CITY   anization   Affiliated Committee  name, address (phone number  |  | STATE 4  | ZIP CODE A                     |
| CITY Aanization X Affiliated Committee   |  | STATE 4  | ZIP CODE A                     |
| CITY Aanization X Affiliated Committee   |  | STATE 4  | ZIP CODE A                     |
| Affiliated Committee   |  |  |                                |
| name, address (phone number  |  | ndraising Represer   | Leadership PAC                 |
| CITY A   |  |  |                                |
| CITY A   |  |  |                                |
| CITY ▲   |  |  |                                |
| CITY ▲   |  |  |                                |
|  |  | STATE A  | ZIP CODE ▲                     |
|  | Telen                                  | shone Number   | [-] [-] .                      |
|  | Telep                                  | mone Number  |                                |
| L  | ist all banks or other deposite funds. | ist all banks or other depositories in which the funds.    | Telephone Number               |

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_ **of** \_\_\_\_

|  | ng Participant:  |                         |                            |
|--|--|-------------------------|----------------------------|
| 1  |  | FEC ID number           | С                          |
| 2  |  | FEC ID number           | С                          |
| 3.   |  | FEC ID number           | С                          |
| 4.   |  | FEC ID number           | C                          |
|  |  |                         |                            |
| _  | l Organization, Affiliated Committee, Joint Funda                                    | raising Representativ   | e, or Leadership PAC Spons |
| MO - PAC of the Mis  | souri Hospital Association   |                         |                            |
|  |  |                         |                            |
| Mailing Address  | P.O. Box 60  |                         |                            |
|  | 4712 Country Club Drive  |                         |                            |
|  | Jefferson City   | MO L                    | 65102                      |
| Relationship:  | CITY A   | STATE ▲                 | ZIP CODE ▲                 |
| Designated Agent: Identi   | fy by name, address (phone number – optional)  |                         |                            |
| Designated Agent: Identi   | fy by name, address (phone number – optional)  |                         |                            |
|  | fy by name, address (phone number – optional)  |                         |                            |
| Full Name  | fy by name, address (phone number – optional)  |                         |                            |
| Full Name  | fy by name, address (phone number – optional)  |                         |                            |
| Full Name  | CITY A   | STATE A                 | ZIP CODE A                 |
| Full Name  | CITY A   | 1                       | ZIP CODE A                 |
| Full Name  | CITY A   | STATE A elephone Number | ZIP CODE A                 |
| Full Name  Mailing Address  TITLE OR POSITION  | CITY A  CITY A  pries: List all banks or other depositories in which                 | elephone Number         |                            |
| Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or management of the position of th | CITY A  CITY A  pries: List all banks or other depositories in which                 | elephone Number         |                            |
| Full Name  Mailing Address  TITLE OR POSITION  | CITY A  CITY A  pries: List all banks or other depositories in which                 | elephone Number         |                            |
| Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite the state of Bank, and Ba | CITY A  CITY A  pries: List all banks or other depositories in which                 | elephone Number         |                            |
| Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the same of Bank, Depository, etc.  | CITY A  CITY A  pries: List all banks or other depositories in which aintains funds. | elephone Number         |                            |
| Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the same of Bank, Depository, etc.  | CITY A  CITY A  pries: List all banks or other depositories in which aintains funds. | elephone Number         |                            |

| Page | of | 14 |  |
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| rade | OI |    |  |

| ا د                         |                     |                      |  |                  |              |                          |     |
|-----------------------------|---------------------|----------------------|--|------------------|--------------|--------------------------|-----|
| 1                           |                     |                      |  | FEC II           | O number     | С                        |     |
| 2                           |                     | <u> </u>             |  | FEC II           | O number     | C                        | Ξ   |
| 3.                          |                     |                      |  | FEC II           | O number     | С                        | Ξ   |
| 4.                          |                     |                      |  | FEC II           | O number     | С                        |     |
| lame of                     | f Any Connected     | Organization, Affili | ated Committee, Joint                        | Fundraising Re   | presentative | e, or Leadership PAC Spo | ons |
| MHA                         | Federal PAC         |                      |  |                  |              |                          |     |
|                             |                     |                      |  |                  |              |                          |     |
| Ма                          | uiling Address      | 2625 Winne Ave       |  |                  |              |                          |     |
|                             |                     |                      |  |                  |              |                          |     |
|                             |                     | Helena               |  |                  | MT           | 59601                    |     |
| Rel                         | lationship:         |                      | CITY A                                       |                  | STATE A      | ZIP CODE A               |     |
|                             |                     | _                    | Affiliated Committee  (phone number – option | Joint Fundraisin | g Representa | ative Leadership PAC     | Sp  |
|                             | ted Agent: Identify |                      |  |                  | g Representa | ative Leadership PAC     | Sp  |
| esignat<br>Full N           | ted Agent: Identify |                      |  |                  | g Representa | Ative Leadership PAC     | Sp  |
| <b>esignat</b><br>Full N    | ted Agent: Identify |                      |  |                  | g Representa | Ative Leadership PAC     | Sp  |
| esignat<br>Full N           | ted Agent: Identify |                      |  |                  | g Representa | Leadership PAC           | Sp  |
| esignat<br>Full N<br>Mailir | ted Agent: Identify | by name, address     |  | nal)             | g Representa | Leadership PAC           | Sp  |

|      |    | 11 |  |
|------|----|----|--|
| Page | of | 14 |  |

| h). <b>Joint Fundraisi</b>   |  |                           |  |
|--|--|---------------------------|--|
| 1.   |  | FEC ID number             | С  |
| 2.   |  | FEC ID number             | С  |
| 3.   |  | FEC ID number             | С  |
| 4.   |  | FEC ID number             | С  |
|  |  |                           |  |
| -  | Organization, Affiliated Committee, Joint Fun  | draising Representativ    | e, or Leadership PAC Spon                  |
| North Carolina Hosp  | ital Association PAC - Federal   |                           |  |
|  |  |                           |  |
| Mailing Address  | P.O. Box 4449  |                           |  |
|  |  |                           |  |
|  | Cary   | NC                        | 27519                                      |
| Relationship:  | CITY A   | STATE ▲                   | ZIP CODE ▲                                 |
|  | ed Organization X Affiliated Committee Jo  | int Fundraising Represent | ative Leadership PAC Sp                    |
|  |  | int Fundraising Represent | ative Leadership PAC Sp                    |
| esignated Agent: Identi  |  | int Fundraising Represent | ative Leadership PAC Sp                    |
| esignated Agent: Identi  |  | int Fundraising Represent | ative Leadership PAC Sp                    |
| esignated Agent: Identi  |  | int Fundraising Represent | ative Leadership PAC Sp                    |
| esignated Agent: Identi  Full Name  Mailing Address  | fy by name, address (phone number – optional)  | int Fundraising Represent | ative Leadership PAC Sp                    |
| esignated Agent: Identi  | fy by name, address (phone number – optional)  CITY  |                           |  |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION   | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which anintains funds. | STATE A Telephone Number  | ZIP CODE A  ts funds, holds accounts, rent |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which anintains funds. | STATE A  Telephone Number | ZIP CODE A  ts funds, holds accounts, rent |

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_

| 1.  |   | FEC ID number                                 | С                            |
|---|---|---|------------------------------|
| 2.  |   | FEC ID number                                 | С                            |
| 3.  |   | FEC ID number                                 | С                            |
| 4.  |   | FEC ID number                                 | C                            |
| -   | Organization, Affiliated Committee, Joint Funds   |   | re, or Leadership PAC Sponso |
|   |   |   |                              |
| Mailing Address   | 30 North Third Street   |   |                              |
|   | Suite 600   |   |                              |
| Relationship:   | Harrisburg CITY   | PA PA   | 17101                        |
|   |   |   | tativa                       |
|   | Affiliated Committee Joint by by name, address (phone number – optional)  | t Fundraising Represent                       | tative Leadership PAC Spo    |
| Designated Agent: Identi  |   | t Fundraising Represent                       | Leadership FAC Spo           |
| Designated Agent: Identi  |   | t Fundraising Represent                       | Leadership PAC Spo           |
| Designated Agent: Identi  |   | t Fundraising Represent                       | Leadership FAC Spc           |
| Designated Agent: Identi  | fy by name, address (phone number – optional)   |   |                              |
| Designated Agent: Identi  | fy by name, address (phone number – optional)   | t Fundraising Represent                       | ZIP CODE A                   |
| Designated Agent: Identi  Full Name   Mailing Address                   | fy by name, address (phone number – optional)  CITY   |   |                              |
| Designated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION | fy by name, address (phone number – optional)  CITY   CITY    Pries: List all banks or other depositories in which aintains funds.    | STATE A                                       | ZIP CODE A                   |
| Pesignated Agent: Identic Full Name                                     | fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which aintains funds. | STATE A elephone Number  the committee deposi | ZIP CODE A                   |

| D    | -4 | 14  |  |
|------|----|-----|--|
| Page | of | 1-7 |  |

| h). Joint Fundraisi   | ng Participant:   |                           |  |
|---|---|---------------------------|--|
| 1.  |   | FEC ID number             | С  |
| 2.  |   | FEC ID number             | С  |
| 3.  |   | FEC ID number             | С  |
| 4.  |   | FEC ID number             | С  |
|   |   |                           |  |
| _   | Organization, Affiliated Committee, Joint Fun   | draising Representativ    | e, or Leadership PAC Spon                  |
| HOSPAC - Federal I  | PAC of the Texas Hospital Association   |                           |  |
|   |   |                           |  |
| Mailing Address   | P.O. Box 679010   |                           |  |
|   |   |                           |  |
|   | Austin  | TX                        | 78767                                      |
| Relationship:   | CITY ▲  | STATE A                   | ZIP CODE ▲                                 |
|   | d Organization X Affiliated Committee Jorgy by name, address (phone number – optional)  | int Fundraising Represent | ative Leadership PAC Sp                    |
|   |   | int Fundraising Represent | ative Leadership PAC Sp                    |
| esignated Agent: Identi   |   | int Fundraising Represent | ative Leadership PAC Sp                    |
| esignated Agent: Identi   |   | int Fundraising Represent | ative Leadership PAC Sp                    |
| esignated Agent: Identi   |   | int Fundraising Represent | ative Leadership PAC Sp                    |
| esignated Agent: Identi  Full Name  Mailing Address   | fy by name, address (phone number – optional)   | int Fundraising Represent | ative Leadership PAC Sp                    |
| esignated Agent: Identi   | fy by name, address (phone number – optional)   |                           |  |
| esignated Agent: Identi  Full Name  | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds. | STATE A Telephone Number  | ZIP CODE A  ts funds, holds accounts, rent |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds. | STATE A  Telephone Number | ZIP CODE A  ts funds, holds accounts, rent |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds. | STATE A  Telephone Number | ZIP CODE A  ts funds, holds accounts, rent |

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_

| (h). <b>Joint Fundrais</b>   |  |                           |                             |
|--|--|---------------------------|-----------------------------|
| 1.   |  | FEC ID number             | С                           |
| 2.   |  | FEC ID number             | C                           |
| 3.   |  | FEC ID number             | C                           |
| 4.   |  | FEC ID number             | C                           |
| Name of Any Connected  | d Organization, Affiliated Committee, Joint Fur  | draising Representative   | e, or Leadership PAC Sponse |
| Healthcare Associat  | ion of New York State and Allied Associatio  | ns' Federal PAC           |                             |
|  |  |                           |                             |
| Mailing Address  | One Empire Drive   |                           |                             |
|  |  |                           |                             |
|  | Rensselaer   | NY NY                     | 12144                       |
| Relationship:  | CITY A   | STATE ▲                   | ZIP CODE ▲                  |
|  | ed Organization X Affiliated Committee Joffy by name, address (phone number – optional)  | int Fundraising Represent | ative Leadership PAC Spo    |
|  |  | int Fundraising Represent | ative Leadership PAC Spo    |
| Designated Agent: Ident  |  | int Fundraising Represent | ative Leadership PAC Spo    |
| Designated Agent: Ident  |  | int Fundraising Represent | ative Leadership PAC Spo    |
| Designated Agent: Ident  |  | int Fundraising Represent |                             |
| Designated Agent: Ident  | fy by name, address (phone number – optional)  | int Fundraising Represent | Leadership PAC Spo          |
| Designated Agent: Ident  Full Name    Mailing Address  | fy by name, address (phone number – optional)  |                           |                             |
| Pesignated Agent: Ident  Full Name   _   _    Mailing Address  TITLE OR POSITION   | fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which anintains funds. | STATE A Telephone Number  | ZIP CODE A                  |
| Pesignated Agent: Ident Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite Safety deposit boxes or not be safety deposit boxes or not be safety depository, etc. | fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which anintains funds. | STATE A  Telephone Number | ZIP CODE A                  |

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_ **of** \_\_\_\_

|   | ng Participant:  |                          |                               |
|---|--|--------------------------|-------------------------------|
| 1.  |  | FEC ID number            | С                             |
| 2.  |  | FEC ID number            | С                             |
| 3.  |  | FEC ID number            | C                             |
| 4.  |  | FEC ID number            | С                             |
| ama of Amy Commonton  | Overanization Affiliated Committee Injust From                               | ducicina Domuno entetira | ou Loodowskin DAC Snon        |
| -   | Organization, Affiliated Committee, Joint Fun                                | uraising nepresentative  | e, or Leadership PAC Spons    |
|   |  |                          |                               |
| Mailing Address   | P.O. Box 259038  |                          |                               |
|   | 5510 Research Park Drive   |                          |                               |
|   | Madison  | wi j                     | 53725                         |
| Relationship:   | CITY ▲   | STATE ▲                  | ZIP CODE ▲                    |
| Connecte  | y by name, address (phone number – optional)                                 |                          |                               |
|   | y by name, address (phone number – optional)                                 |                          |                               |
| esignated Agent: Identi   | y by name, address (phone number – optional)                                 |                          |                               |
| esignated Agent: Identi   | y by name, address (phone number – optional)                                 |                          |                               |
| esignated Agent: Identi   | y by name, address (phone number – optional)                                 |                          |                               |
| esignated Agent: Identi   | CITY A   | STATE A                  | ZIP CODE A                    |
| esignated Agent: Identi  Full Name  Mailing Address   | CITY A   | STATE  Telephone Number  | ZIP CODE A                    |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  | CITY A  pries: List all banks or other depositories in whice aintains funds. | Telephone Number         | s funds, holds accounts, rent |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,                 | CITY A  pries: List all banks or other depositories in whice aintains funds. | Telephone Number         | s funds, holds accounts, rent |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | CITY A  pries: List all banks or other depositories in whice aintains funds. | Telephone Number         | s funds, holds accounts, rent |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | CITY A  pries: List all banks or other depositories in whice aintains funds. | Telephone Number         | s funds, holds accounts, rent |

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|------|----|----|--|
| rage | OI |    |  |

| or(h). <b>Joint Fundraising</b> | Participant:                                 |                             |                                 |
|---------------------------------|--|-----------------------------|---------------------------------|
| 1                               |  | FEC ID number               | С                               |
| 2.                              |  | FEC ID number               | С                               |
| 3.                              |  | FEC ID number               | C                               |
| 4.                              |  | FEC ID number               | C                               |
|                                 |  |                             |                                 |
|                                 | Organization, Affiliated Committee, Joint    | Fundraising Representativ   | e, or Leadership PAC Sponsor    |
| Kentucky Hospital Ass           | sociation Political Action Committee         |                             |                                 |
|                                 |  |                             |                                 |
| Mailing Address                 | 2501 Nelson Miller Parkway                   |                             |                                 |
|                                 |  |                             |                                 |
|                                 | Louisville                                   | KY                          | 40253                           |
| Relationship:                   | CITY A                                       | STATE ▲                     | ZIP CODE ▲                      |
| Connected                       | Organization X Affiliated Committee          | Joint Fundraising Represent | ative Leadership PAC Spons      |
| Full Name                       |  |                             |                                 |
| Mailing Address                 |  |                             |                                 |
|                                 |  |                             |                                 |
|                                 |  |                             |                                 |
| TITLE OR POSITION               | ▼ CITY ▲                                     | STATE ▲                     | ZIP CODE ▲                      |
|                                 |  | Telephone Number            |                                 |
|                                 |  |                             |                                 |
|                                 | ies: List all banks or other depositories in | which the committee deposi  | ts funds, holds accounts, rents |
| safety deposit boxes or mai     | intains funds.                               |                             |                                 |
| Name of Bank, Depository, etc.  |  |                             |                                 |
| Mailing Address                 |  |                             |                                 |
|                                 |  |                             |                                 |
|                                 |  |                             |                                 |
|                                 | CITY A                                       | STATE ▲                     | ZIP CODE ▲                      |