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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

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

12 FEB 2003

Central HealthCare Corporation Employee Political Action Committee

ADDRESS (number and street) 4100 Perimeter Center Terrace, Suite 650

(Check if address is changed) Atlanta GA 30346
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
bgrazzini@centehc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
770 730 1102

2. DATE 07 11 2003

3. FEC IDENTIFICATION NUMBER C 00378830

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 Brian Grazzini

Signature of Treasurer  Date 01 15 2003

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.

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

Centennial Healthcare Corporation _____

Mailing Address 400 Paramount Center Terrace, Suite 650 _____

Atlanta _____ GA _____ 30348 _____

CITY STATE ZIP CODE

Relationship Connected Organization _____

Type of Connected Organization:

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

Write or Type Committee Name

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 Brian GrazziniMailing Address 400 Perimeter Center Terrace, Suite 650Atlanta GA 30348Title or Position Treasurer CITY Atlanta STATE GA ZIP CODE 30348Telephone number 770 - 730 - 1102

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 Brian GrazziniMailing Address 400 Perimeter Center Terrace, Suite 650Atlanta GA 30348Title or Position Treasurer CITY Atlanta STATE GA ZIP CODE 30348Telephone number 770 - 730 - 1102Full Name of Designated Agent Reginald S. GibsonMailing Address 400 Perimeter Center Terrace, Suite 650Atlanta GA 30348Title or Position Assistant Treasurer CITY Atlanta STATE GA ZIP CODE 30348Telephone number 770 - 730 - 1150

B. 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.

Bank of America

Mailing Address

P. O. Box 4899

Atlanta GA 30302-4899

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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