

# 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. 12FE4M5

National Association for Behavioral Healthcare PAC (NABH Champions PAC)

ADDRESS (number and street) 900 17TH STREET, NW SUITE 420

(Check if address is changed)

WASHINGTON DC 20006

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) shawn@nabh.org

Optional Second E-Mail Address info@nabhpac.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) www.nabhpac.org

2. DATE 01 / 03 / 2020

3. FEC IDENTIFICATION NUMBER C C00107136

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 Coughlin, Shawn, , ,

Signature of Treasurer Coughlin, Shawn, , , *[Electronically Filed]* Date 01 / 03 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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 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 \_\_\_\_\_

**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.)

**Joint Fundraising Representative:**

- (g)  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.
- (h)  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. \_\_\_\_\_ FEC ID number
2. \_\_\_\_\_ FEC ID number
3. \_\_\_\_\_ FEC ID number
4. \_\_\_\_\_ FEC ID number

Write or Type Committee Name

# National Association for Behavioral Healthcare PAC (NABH Champions PAC)

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

National Association for Behavioral Healthcare

Mailing Address 900 17th Street, NW  
 Suite 420  
 Washington DC 20006  
 CITY STATE ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

**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 Merlie, Maria, , ,  
 Mailing Address 900 17th Street, NW  
 Suite 420  
 Washington DC 20006  
 CITY STATE ZIP CODE  
 Title or Position  
 Dir. of Operations Telephone number 202 - 393 - 6700

**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 Coughlin, Shawn, , ,  
 Mailing Address 900 17th Street NW Suite 420  
 Washington DC 20006  
 CITY STATE ZIP CODE  
 Title or Position  
 President/CEO Telephone number 202 - 393 - 6700

Full Name of Designated Agent

Richardson, Julia, , ,

Mailing Address

900 17th Street NW

Suite 420

Washington

DC

20006

CITY

STATE

ZIP CODE

Title or Position

Director of Advocacy

Telephone number

202

693

6700

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.

Wells Fargo Bank

Mailing Address

PO Box 63020

San Francisco

CA

94163

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE