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2000 NOV -3 A 10: 41

Healthcare Association of New York State
Greater New York Hospital Association
Iroquois Healthcare Alliance
Nassau-Suffolk Hospital Council
Northern Metropolitan Hospital Association
Rochester Regional Healthcare Advocates
Western New York Healthcare Association

NEW YORK STATE HOSPITAL AND HEALTHCARE ASSOCIATIONS' FEDERAL POLITICAL ACTION COMMITTEE

October 30, 2000

Ms. Alice Kang
Reports Analyst
Report Analysis Division
Federal Election Commission
Washington, DC 20463

Identification Number: C00160259

Reference: July Quarterly Report (4/1/00-6/30/00)

Dear Ms. Kang:

In response to your letter of October 25, 2000, attached is an amended July Quarterly Report as referenced above. This amendment reflects a correction to line 10 of the Summary Page to correct a typographical error in which the line 8 figure was incorrectly also listed on line 10. The committee does not have any debts or obligations.

Sincerely,

Steven Kroll
Treasurer
NYS Hospital and Healthcare
Associations' Federal PAC

Attachment

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 NOV -3 A 10:41

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
C00160259 060590 P 275
STEVEN KROLL
NEW YORK STATE HOSPITAL AND HE
ALTHCARE ASSOCIATIONS' FEDERAL
ONE EMPIRE DRIVE
RENSSELAER NY 12144

2. FEC IDENTIFICATION NUMBER
C00160259

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
(satisfied criteria prior to 1/1/94)

4. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report
[X] July 15 Quarterly Report
[ ] October 15 Quarterly Report
[ ] January 31 Year End Report
[ ] July 31 Mid Year Report (Non-election Year Only)
[ ] Termination Report

Monthly Report Due On:
[ ] February 20 [ ] June 20 [ ] October 20
[ ] March 20 [ ] July 20 [ ] November 20
[ ] April 20 [ ] August 20 [ ] December 20
[ ] May 20 [ ] September 20 [ ] January 31

[ ] 12-Day Pre-Election Report for the _____ (Type of Election) election on _____, in the State of _____

[ ] 30-Day Post-Election Report following the General Election on _____, in the State of _____.

(b) Is this Report an Amendment? [X] YES [ ] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 4/1/00 through 6/30/00		
6. (a) Cash on Hand January 1, 19 2000		$ 17,105.22
(b) Cash on Hand at Beginning of Reporting Period	$ 7,105.22	
(c) Total Receipts (from Line 19)	$ 4,414.70	$ 4,414.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 11,519.92	$ 21,519.92
7. Total Disbursements (from Line 30)	$ 6,500.00	$ 16,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 5,019.92	$ 5,019.92
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Steven Kroll

Signature of Treasurer — Date 7/10/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: New York State Hospital and Healthcare Associations Federal PAC

REPORT COVERING PERIOD FROM: 4/1/00 TO: 6/30/00

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	4,050.00	4,050.00	11(a)(i)
ii. Unitemized	325.00	325.00	11(a)(ii)
iii. Total (add i and ii) ➤	4,375.00	4,375.00	11(a)(iii)
b. Political Party Committees	39.70	39.70	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c) ➤	4,414.70	4,414.70	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	4,414.70	4,414.70	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	4,414.70	4,414.70	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)(i)
ii. Non-Federal Share	0	0	21(a)(ii)
b. Other Federal Operating Expenditures	0	0	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0	0	21(c)
22. Transfers to Affiliated/Other Party Committees	0	10,000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,500.00	6,500.00	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0	0	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0	0	28(d)
29. Other Disbursements	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	6,500.00	16,500.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	6,500.00	16,500.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	4,414.70	4,414.70	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,414.70	4,414.70	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	0	37

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 2

FOR LINE NUMBER 11a1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
New York State Hospital and Healthcare Associations' Federal PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. William Pike 84 Moorfields Ct. E. Amherst, NY 14051 Receipt For: [ ] Primary [ ] General [X] Other (specify): not applicable	Western New York Healthcare Association Occupation: Association Executive Aggregate Year-to-Date > $1,000.00	4/5/00	$1,000.00
B. James Kingsbury 1675 York Avenue New York, NY 10128 Receipt For: [ ] Primary [ ] General [X] Other (specify): not applicable	Solomon Smith Barney Occupation: Vice President Aggregate Year-to-Date > $650.00	4/28/00	650.00
C. Howard Howlett 125 E. Terrace Ave. Lakewood, NY 14750 Receipt For: [ ] Primary [ ] General [X] Other (specify): not applicable	Woman's Christian Assn. Hospital Occupation: Trustee Aggregate Year-to-Date > $650.00	4/28/00	650.00
D. Chandler Ralph 18 Riverside Drive Lake Placid, NY 12946 Receipt For: [ ] Primary [ ] General [X] Other (specify): not applicable	Adirondack Medical Center Occupation: Chief Executive Officer Aggregate Year-to-Date > $250.00	5/15/00	250.00
E. Ray Sweeney 14 Brookside Court Latham, NY 12110 Receipt For: [ ] Primary [ ] General [X] Other (specify): not applicable	Healthcare Assn. of New York State Occupation: Executive Vice President Aggregate Year-to-Date > $ 1,000.00	5/31/00	1,000.00
F. Anthony Cooper 892 Upland Drive Elmira, NY 14905 Receipt For: [ ] Primary [ ] General [X] Other (specify): not applicable	Arnot Ogden Medical Ctr. Occupation: Chief Executive Officer Aggregate Year-to-Date > $ 250.00	6/19/00	250.00
G. Terence Lenhardt, M.D. 14 Chelsea Drive Horseheads, NY 14845 Receipt For: [ ] Primary [ ] General [X] Other (specify): not applicable	Arnot Ogden Medical Ctr. Occupation: Physician Aggregate Year-to-Date > $ 250.00	6/19/00	250.00

SUBTOTAL of Receipts This Page (optional) $4,050.00

TOTAL This Period (last page this line number only) $4,050.00

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 2

FOR LINE NUMBER 11b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
New York State Hospital and Healthcare Associations' Federal PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Lazio 2000 P.O. Box 5063 Bay Shore, NY 11706		4/28/00	39.70 (in-kind contribution printingpostage)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $39.70		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	$39.70
TOTAL This Period (last page this line number only)	$39.70

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
New York State Hospital and Healthcare Associations' Federal PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Congressman Mike Forbes 227 Massachusetts Ave., NE, #302 Washington, DC 20002	contribution to Rep. Michael Forbes (1-NY) Disbursement for: [x] Primary [ ] General [ ] Other (specify)	4/20/00	$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Schumer Health Care Salute 555 W. 57th St. New York, NY 10019	contribution to Senator Charles Schumer (NY) Disbursement for: [x] Primary [ ] General [ ] Other (specify)	4/28/00	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Congressman Mike Forbes 227 Massachusetts Ave., NE, #302 Washington, DC 20002	contribution to Rep. Michael Forbes (1-NY) Disbursement for: [x] Primary [ ] General [ ] Other (specify) 2000	5/11/00	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Congressman Mike Forbes 227 Massachusetts Ave., NE, #302 Washington, DC 20002	contribution to Rep. Michael Forbes (1-NY) Disbursement for: [ ] Primary [x] General [ ] Other (specify) 2000	5/11/00	$3,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sweeney for Congress P.O. Box 12789 Albany, NY 12212	contribution to Rep. John Sweeney (22-NY) Disbursement for: [x] Primary [ ] General [ ] Other (specify)	6/21/00	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) $6,500.00

TOTAL This Period (last page this line number only) $6,500.00

FE9AN100

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.

☐	Hand Delivered	Date of Receipt
☒	First Class Mail	POSTMARKED 4/1/00
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

CR	4/3/00
PREPARER	DATE PREPARED

(6/2000)