FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED
FEC MAIL ROOM
2002 MAR 13 P 12:06

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

COMMITTEE OF INTERNS AND RESIDENTS SEIU LOCAL 1957 HEALTH CARE ADVOCACY FUND (CARE)

ADDRESS (number and street) 316 PARK AVENUE SOUTH

(Check if address is changed) ROOM 1502

NEW YORK NY 10016-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

care@cirseiu.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 03 03 2002

3. **FEC IDENTIFICATION NUMBER ▶** C

4. IS THIS STATEMENT X 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 Mark Levy

Signature of Treasurer Mark Levy Date 03 08 2002

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.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

FE1ANote.PDF

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) X 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

COMMITTEE OF INTERNS AND RESIDENTS SEIU LOCAL 1957

Mailing Address 386 PARK AVENUE SOUTH
ROOM 1502
NEW YORK NY 10016-

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship CONNECTED

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | X Labor Organization

Membership Organization | Trade Association | Cooperative

*SEE ATTACHED

AFFILIATED COMMITTEES

Service Employees International Union Political Campaign Committee
1313 L Street, N.W.
Washington, DC 20005

Write or Type Committee Name

COMMITTEE OF INTERNS AND RESIDENTS, SEIU LOCAL 1957 HEALTH CARE ADVOCACY FUND

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: MARK LEVY

Mailing Address: 386 PARK AVENUE SOUTH
ROOM 1502
NEW YORK NY 10016-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER

Telephone number -

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: MARK LEVY

Mailing Address: 386 PARK AVENUE SOUTH
ROOM 1502
NEW YORK NY 10016-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER

Telephone number -

Full Name of Designated Agent: ERIC SCHERZER

Mailing Address: 386 PARK AVENUE SOUTH
ROOM 1502
NEW YORK NY 10016-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

ASSISTANT TREASURER

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.

Amalgamated Bank

Mailing Address 11-15 Union Square

New York NY 10003 -

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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PREPARER

3-13-02
DATE PREPARED

(6/2000)