01/06/2003 15 : 51

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **USE FEC MAILING LABEL OR TYPE OR PRINT** ▼ — Example: If typing, type over the lines

Empire HealthChoice Political Action Committee

ADDRESS (number and street) ▼ 11 West 42nd Street

Check if different than previously reported. (ACC)

New York | NY | 10036 –

2. **FEC IDENTIFICATION NUMBER** ▼ C00365064

CITY ▲ STATE ▲ ZIPCODE ▲

3. IS THIS REPORT X NEW (N) **OR** AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

X January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on in the State of

(d) 30-Day **P**ost -Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 11 26 2002 through 12 31 2002

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 MICHAEL FEDYNA

Signature of Treasurer Electronically Filed by MICHAEL FEDYNA Date 01 06 2003

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

Office Use Only			**FEC FORM 3X** (Revised 1/2001)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Revised 1/2001)

Write or Type Committee Name
Empire HealthChoice Political Action Committee

Report Covering the Period: From: 11 26 2002 To: 12 31 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2002		12294.34
(b) Cash on Hand at Begining of Reporting Period	22920.95	
(c) Total Receipts (from Line 19)	2528.48	40825.67
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	25449.43	53120.01
7. Total Disbursements (from Line 30)	2500.00	30170.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22949.43	22949.43
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
OF RECEIPTS

FEC Form 3X (Revised 1/2001)

Write or Type Committee Name

Empire HealthChoice Political Action Committee

Report Covering the Period: From: Mo 11 Day 26 Year 2002 To: Mo 12 Day 31 Year 2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2388.48	
(ii) Unitemized	140.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	2528.48	39773.67
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) ..... ▶	2528.48	39773.67
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	1052.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ..... ▶	2528.48	40825.67
20. Total Federal Receipts (subtract Line 16 from Line 19) ..... ▶	2528.48	40825.67

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	170.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	0.00	170.58
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	2500.00	30000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	2500.00	30170.58
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	2500.00	30170.58

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	2528.48	39773.67
33. Total Contribution Refunds (from Line 28(d))	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	2528.48	39773.67
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	170.58
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1052.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	0.00	-881.42

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 5 / 18

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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)
Empire HealthChoice Political Action Committee

A. Full Name (Last, First, Middle Initial)
ANGELA BELFORD

Mailing Address
248 CLINTON ROAD

City: GARDEN CITY | State: NY | Zip Code: 11530

FEC ID number of contributing federal political committee.

Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 460.00

Date of Receipt: 12 19 2002

Amount of Each Receipt this Period: 40.00

Transaction ID: SA11A1.4487

B. Full Name (Last, First, Middle Initial)
LORI BELL

Mailing Address
4 SO. SAGAMORE LANE

City: STAMFORD | State: CT | Zip Code: 06902

FEC ID number of contributing federal political committee.

Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 398.13

Date of Receipt: 12 19 2002

Amount of Each Receipt this Period: 34.62

Transaction ID: SA11A1.4488

C. Full Name (Last, First, Middle Initial)
STEPHEN BELL

Mailing Address
24 GLENWOOD ROAD

City: U.S.R | State: NJ | Zip Code: 07456

FEC ID number of contributing federal political committee.

Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 450.00

Date of Receipt: 12 19 2002

Amount of Each Receipt this Period: 50.00

Transaction ID: SA11A1.4489

SUBTOTAL of Receipts This Page (optional) ..... ▶ **124.62**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 6 / 18

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NAME OF COMMITTEE (In Full)
Empire HealthChoice Political Action Committee

A.
Full Name (Last, First, Middle Initial): PATRICK BENDER
Mailing Address: 7 MOSSALL DRIVE
City: SUNGERLANDS State: NY Zip Code: 12159
FEC ID number of contributing federal political committee.
Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 475.00
Date of Receipt: 12 19 2002
Amount of Each Receipt this Period: 50.00
Transaction ID: SA11A1.4490

B.
Full Name (Last, First, Middle Initial): LOUIS BENZA
Mailing Address: 16 W. 16TH ST. APT. 14-AN
City: NEW YORK CITY State: NY Zip Code: 10011
FEC ID number of contributing federal political committee.
Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 324.76
Date of Receipt: 12 19 2002
Amount of Each Receipt this Period: 28.24
Transaction ID: SA11A1.4491

C.
Full Name (Last, First, Middle Initial): BARRY BRANDOW
Mailing Address: BOX 51C GREEN LAKE ROAD
City: COXASLKIE State: NY Zip Code: 12051
FEC ID number of contributing federal political committee.
Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 345.00
Date of Receipt: 12 19 2002
Amount of Each Receipt this Period: 30.00
Transaction ID: SA11A1.4492

SUBTOTAL of Receipts This Page (optional) ..... ▶ **108.24**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 7 / 18

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NAME OF COMMITTEE (In Full)
Empire HealthChoice Political Action Committee

A. Full Name (Last, First, Middle Initial)
CHRISTOPHE BUGEYA

Mailing Address
1415 TURIS LANE

City: MOHEGAN LAKE State: NY Zip Code: 10547

FEC ID number of contributing federal political committee.

Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 309.58

Date of Receipt: 12 19 2002

Amount of Each Receipt this Period: 26.92

Transaction ID: SA11A1.4493

B. Full Name (Last, First, Middle Initial)
THOMAS CANTY

Mailing Address
58 MARY CREST

City: WEST NYACK State: NY Zip Code: 10994

FEC ID number of contributing federal political committee.

Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 460.00

Date of Receipt: 12 19 2002

Amount of Each Receipt this Period: 40.00

Transaction ID: SA11A1.4494

C. Full Name (Last, First, Middle Initial)
MICHAEL CIZEK

Mailing Address
9 KENTUCKY COURT

City: MANAPLAN State: NJ Zip Code: 07726

FEC ID number of contributing federal political committee.

Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 844.10

Date of Receipt: 12 19 2002

Amount of Each Receipt this Period: 73.40

Transaction ID: SA11A1.4495

SUBTOTAL of Receipts This Page (optional) ..... ▶ **140.32**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 8 / 18

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NAME OF COMMITTEE (In Full)
Empire HealthChoice Political Action Committee

A.
Full Name (Last, First, Middle Initial): GLENN COENEN
Mailing Address: 30-45 HOBART ST. #1b
City: WOODSIDE State: NY Zip Code: 11377
FEC ID number of contributing federal political committee.
Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 320.00
Date of Receipt: 12 19 2002
Amount of Each Receipt this Period: 40.00
Transaction ID: SA11A1.4496

B.
Full Name (Last, First, Middle Initial): DENNIS CUPIDO
Mailing Address: 281 HANCOCK AVE.
City: BRIDGEWATER State: NJ Zip Code: 08807
FEC ID number of contributing federal political committee.
Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 575.00
Date of Receipt: 12 19 2002
Amount of Each Receipt this Period: 50.00
Transaction ID: SA11A1.4497

C.
Full Name (Last, First, Middle Initial): ANGELO D'ASCOLI
Mailing Address: 367 FESUNIA WAY
City: RUTHERFORD State: NJ Zip Code: 07070
FEC ID number of contributing federal political committee.
Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 700.00
Date of Receipt: 12 19 2002
Amount of Each Receipt this Period: 100.00
Transaction ID: SA11A1.4498

SUBTOTAL of Receipts This Page (optional) ..... ▶ **190.00**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Empire HealthChoice Political Action Committee

A. Full Name (Last, First, Middle Initial)
MARILYN DOBIS

Mailing Address
23 SHERWOOD PLACE

City: WHARTON State: NJ Zip Code: 07885

FEC ID number of contributing federal political committee.

Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 430.00

Date of Receipt: 12 19 2002

Amount of Each Receipt this Period: 40.00

Transaction ID: SA11A1.4499

B. Full Name (Last, First, Middle Initial)
JOHN EARLY

Mailing Address
64 GARFIELD AVE.

City: DANBURY State: CT Zip Code: 06810

FEC ID number of contributing federal political committee.

Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 800.00

Date of Receipt: 12 19 2002

Amount of Each Receipt this Period: 80.00

Transaction ID: SA11A1.4500

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER FALLON

Mailing Address
130 LAKE ROAD

City: MORRISTOWN State: NJ Zip Code: 07960

FEC ID number of contributing federal political committee.

Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 516.16

Date of Receipt: 12 19 2002

Amount of Each Receipt this Period: 44.88

Transaction ID: SA11A1.4501

SUBTOTAL of Receipts This Page (optional) ..... ▶ **164.88**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Empire HealthChoice Political Action Committee

A. Full Name (Last, First, Middle Initial)
WILLIAM FINCK

Mailing Address
117 DALTON TERRACE

City: CHERRY HILL | State: NJ | Zip Code: 08003

FEC ID number of contributing federal political committee.

Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 715.76

Date of Receipt: M 12 D 19 Y 2002

Amount of Each Receipt this Period: 82.24

Transaction ID: SA11A1.4502

B. Full Name (Last, First, Middle Initial)
ERIC FISCHER

Mailing Address
220 GREENFIELD HILL ROAD

City: FAIRFIELD | State: CT | Zip Code: 06430

FEC ID number of contributing federal political committee.

Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 1811.71

Date of Receipt: M 12 D 19 Y 2002

Amount of Each Receipt this Period: 157.54

Transaction ID: SA11A1.4503

C. Full Name (Last, First, Middle Initial)
MICHAEL GALVIN

Mailing Address
1 GARRITI PLACE

City: BRONXVILLE | State: NY | Zip Code: 10708

FEC ID number of contributing federal political committee.

Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 442.29

Date of Receipt: M 12 D 19 Y 2002

Amount of Each Receipt this Period: 38.48

Transaction ID: SA11A1.4505

SUBTOTAL of Receipts This Page (optional) ..... ▶ **258.24**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Empire HealthChoice Political Action Committee

A.
Full Name (Last, First, Middle Initial): ALAN GOLDBERG
Mailing Address: 15-07 JORDAN COURT
City: BAYSIDE State: NY Zip Code: 11360
FEC ID number of contributing federal political committee.
Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 402.50
Date of Receipt: 12 19 2002
Amount of Each Receipt this Period: 35.00
Transaction ID: SA11A1.4506

B.
Full Name (Last, First, Middle Initial): JEFFREY GOLOVE
Mailing Address: 233 East 69th St. Apt. 6I
City: NEW YORK CITY State: NY Zip Code: 10021
FEC ID number of contributing federal political committee.
Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 12 19 2002
Amount of Each Receipt this Period: 30.00
Transaction ID: SA11A1.4507

C.
Full Name (Last, First, Middle Initial): JASON GOREVIC
Mailing Address: 200 E. 72ND ST. #9G
City: NEW YORK CITY State: NY Zip Code: 10021
FEC ID number of contributing federal political committee.
Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 340.00
Date of Receipt: 12 19 2002
Amount of Each Receipt this Period: 40.00
Transaction ID: SA11A1.4508

SUBTOTAL of Receipts This Page (optional) ..... ▶ **105.00**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 12 / 18

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Empire HealthChoice Political Action Committee

A.
Full Name (Last, First, Middle Initial): ETHEL GRABER
Mailing Address: 367 ULY ROAD
City: NISKAYUNA State: NY Zip Code: 12309
FEC ID number of contributing federal political committee.
Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 230.00
Date of Receipt: 12 19 2002
Amount of Each Receipt this Period: 20.00
Transaction ID: SA11A1.4509

B.
Full Name (Last, First, Middle Initial): ROBYN HEEDER
Mailing Address: 4 POINT VIEW DRIVE
City: E. GREENBUSH State: NY Zip Code: 12061
FEC ID number of contributing federal political committee.
Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 230.00
Date of Receipt: 12 19 2002
Amount of Each Receipt this Period: 20.00
Transaction ID: SA11A1.4510

C.
Full Name (Last, First, Middle Initial): GLENN HILSINGER
Mailing Address: 11 KNOLLWOOD TRACK EAST
City: MENDHAM State: NJ Zip Code: 07945
FEC ID number of contributing federal political committee.
Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 499.10
Date of Receipt: 12 19 2002
Amount of Each Receipt this Period: 43.70
Transaction ID: SA11A1.4511

SUBTOTAL of Receipts This Page (optional) ..... ▶ **83.70**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 13 / 18

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Empire HealthChoice Political Action Committee

A.
Full Name (Last, First, Middle Initial): ROBERT LAWRENCE
Mailing Address: 7 STONE HOLLOW ROAD
City: MONTVALE State: NJ Zip Code: 07645
FEC ID number of contributing federal political committee.
Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 865.00
Date of Receipt: 12 19 2002
Amount of Each Receipt this Period: 80.00
Transaction ID: SA11A1.4512

B.
Full Name (Last, First, Middle Initial): GLORIA MCCARTHY
Mailing Address: 3 REGINA COURT
City: BLAUVELT State: NY Zip Code: 10913
FEC ID number of contributing federal political committee.
Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 920.00
Date of Receipt: 12 19 2002
Amount of Each Receipt this Period: 80.00
Transaction ID: SA11A1.4513

C.
Full Name (Last, First, Middle Initial): KATHRYN MCKINNON
Mailing Address: 17 IRONWOOD ROAD
City: MORRISTOWN State: NJ Zip Code: 07960
FEC ID number of contributing federal political committee.
Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 865.44
Date of Receipt: 12 19 2002
Amount of Each Receipt this Period: 96.16
Transaction ID: SA11A1.4514

SUBTOTAL of Receipts This Page (optional) ..... ▶ **236.16**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Empire HealthChoice Political Action Committee

A. Full Name (Last, First, Middle Initial)
JAMES MIRANDA

Mailing Address
21 ANNETTE AVE.

City: SUFFERN State: NY Zip Code: 10901

FEC ID number of contributing federal political committee.

Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 300.00

Date of Receipt: 12 19 2002

Amount of Each Receipt this Period: 30.00

Transaction ID: SA11A1.4515

B. Full Name (Last, First, Middle Initial)
ROBERT MONTESANO

Mailing Address
35 ALLEN ST.

City: CONGERS State: NY Zip Code: 10920

FEC ID number of contributing federal political committee.

Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 346.14

Date of Receipt: 12 19 2002

Amount of Each Receipt this Period: 38.46

Transaction ID: SA11A1.4516

C. Full Name (Last, First, Middle Initial)
JOSEPH O'HARA

Mailing Address
284 MOTT ST, #7F

City: NEW YORK CITY State: NY Zip Code: 10012

FEC ID number of contributing federal political committee.

Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 12 19 2002

Amount of Each Receipt this Period: 25.00

Transaction ID: SA11A1.4518

SUBTOTAL of Receipts This Page (optional) ..... ▶ **93.46**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Empire HealthChoice Political Action Committee

A.
Full Name (Last, First, Middle Initial): WILLIAM O'LOUGHLIN
Mailing Address: 1D MEADOW LANE
City: SARATOGA SPRINGS State: NY Zip Code: 12866
FEC ID number of contributing federal political committee.
Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: M 12 D 19 Y 2002
Amount of Each Receipt this Period: 40.00
Transaction ID: SA11A1.4519

B.
Full Name (Last, First, Middle Initial): MICHAEL PALMATEER
Mailing Address: 114 SYLVANIA AVE.
City: AVON State: NJ Zip Code: 07717
FEC ID number of contributing federal political committee.
Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 575.00
Date of Receipt: M 12 D 19 Y 2002
Amount of Each Receipt this Period: 50.00
Transaction ID: SA11A1.4520

C.
Full Name (Last, First, Middle Initial): JOHN REMSHARD
Mailing Address: 1046 GYPSY HILL ROAD
City: LOWER State: PA Zip Code: 19002
FEC ID number of contributing federal political committee.
Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 920.00
Date of Receipt: M 12 D 19 Y 2002
Amount of Each Receipt this Period: 80.00
Transaction ID: SA11A1.4521

SUBTOTAL of Receipts This Page (optional) ..... ▶ **170.00**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Empire HealthChoice Political Action Committee

A. Full Name (Last, First, Middle Initial)
WILLIAM RESNICK

Mailing Address
142 SECOND AVE.

City: WESTWOOD State: NJ Zip Code: 07675

FEC ID number of contributing federal political committee.

Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 460.00

Date of Receipt: 12 19 2002

Amount of Each Receipt this Period: 40.00

Transaction ID: SA11A1.4522

B. Full Name (Last, First, Middle Initial)
GEOFFREY SANDLER

Mailing Address
7 LESA LANE

City: HILLSDALE State: NJ Zip Code: 07642

FEC ID number of contributing federal political committee.

Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 575.00

Date of Receipt: 12 19 2002

Amount of Each Receipt this Period: 50.00

Transaction ID: SA11A1.4523

C. Full Name (Last, First, Middle Initial)
PATRICIA SCIPIO

Mailing Address
29 CARLTON DRIVE

City: MOUNT KISCO State: NY Zip Code: 10549

FEC ID number of contributing federal political committee.

Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 783.60

Date of Receipt: 12 19 2002

Amount of Each Receipt this Period: 76.92

Transaction ID: SA11A1.4524

SUBTOTAL of Receipts This Page (optional) ..... ▶ **166.92**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Empire HealthChoice Political Action Committee

A. Full Name (Last, First, Middle Initial)
FERDINAND SCULLY

Mailing Address
23 SANDHURST ROAD

City: MT. LAUREL | State: NJ | Zip Code: 08054

FEC ID number of contributing federal political committee.

Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 230.00

Date of Receipt: 12 19 2002

Amount of Each Receipt this Period: 20.00

Transaction ID: SA11A1.4525

B. Full Name (Last, First, Middle Initial)
JR. DAVID SNOW

Mailing Address
23 CEDAR GATE ROAD

City: DARIAN | State: CT | Zip Code: 06820

FEC ID number of contributing federal political committee.

Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 2150.00

Date of Receipt: 12 19 2002

Amount of Each Receipt this Period: 200.00

Transaction ID: SA11A1.4526

C. Full Name (Last, First, Middle Initial)
MICHAEL STOCKER

Mailing Address
1056 5TH AVE. #12

City: NEW YORK CITY | State: NY | Zip Code: 10026

FEC ID number of contributing federal political committee.

Name of Employer: EMPIRE HEALTHCHOICE INC.
Occupation: MANAGED CARE ORGANIZATION

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 3759.81

Date of Receipt: 12 19 2002

Amount of Each Receipt this Period: 326.94

Transaction ID: SA11A1.4529

SUBTOTAL of Receipts This Page (optional) ..... ▶ **546.94**

TOTAL This Period (last page this line number only) ..... ▶ **2388.48**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	
☐ 26	☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29

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NAME OF COMMITTEE (In Full)
Empire HealthChoice Political Action Committee

A.

Full Name (Last, First, Middle Initial)
BluePAC

Mailing Address
1310 G STREET N.W.

City: WASHINGTON
State: DC
Zip Code: 20005

Purpose of Disbursement
CONTRIB TO PAC OF BCBS ASSO.

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
12 06 2002

Amount of Each Disbursement this Period
2500.00

Transaction ID: SB23.4531

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**2500.00**
TOTAL This Period (last page this line number only) ..... ▶	**2500.00**