



New York State Association of  
Health Care Providers, Inc.

Representing home care and related services since 1974.

Phyllis A. Wang, President

90 State Street, Suite 522  
Albany, NY 12207  
518/463-1118  
fax 518/463-1606

January 2, 1996

Vincent R. Tallman  
Reports Analyst  
Reports Analysis Division  
Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

RE: ID # C00307637

Dear Mr. Tallman:

This letter is in response to your request for clarification regarding the Statement of Organization for the New York State Association of Health Care Providers, Inc. Federal PAC (HCP Federal PAC). In line 6 of the Statement please amend the Type of Connected Organization to "Trade Association."

Thank you for your assistance with this matter.

Sincerely,

Phyllis A. Wang  
President

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# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

FEDERAL ELECTION COMMISSION  
 JAN 11 12 17 PM '95

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) New York State Association of Health Care Providers, Inc. Federal PAC (HCP Federal PAC)	2. DATE 10/22/95
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 90 State Street, Suite 522	3. FEC Identification Number
(c) City, State and ZIP Code Albany, NY 12207	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

6. 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	State/District

(c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)

(d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)

(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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
New York State Association of Health Care Providers, Inc.	90 State Street, Suite 522 Albany, NY 12207	Connected

Type of Connected Organization  
 Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

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	Mailing Address	Title or Position
Phyllis A. Wang	90 State St., Ste. 522 Albany, NY 12207	Assistant Treasurer

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	Mailing Address	Title or Position
Edna Lauterbach	90 State St., Ste. 522 Albany, NY 12207	Treasurer
Phyllis A. Wang	90 State St., Ste. 522 Albany, NY 12207	Assistant Treasurer

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.	Mailing Address and ZIP Code
Chase Manhattan Bank, N.A.	20 Corporate Woods Boulevard 3rd Floor Albany, NY 12211

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 Edna Lauterbach	SIGNATURE OF TREASURER <i>Edna Lauterbach</i>	DATE 10/22/95
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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.

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FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-1

Edna Lauterbach, Treasurer  
New York State Association of  
Health Care Providers, Inc.  
Federal PAC (HCP Federal PAC)  
90 State Street, Suite 522  
Albany, NY 12207

NOV 21 1995

Identification Number: C00307637

Reference: Statement of Organization dated 10/22/95

Dear Ms. Lauterbach:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Line 6 of your Statement of Organization discloses the connected organization of your separate segregated fund as New York State Association of Health Care Providers, Inc., however, you identified three types of connected organizations. Please amend your filing to clarify the proper type of connected organization.

Any amendment or clarification should be filed with the Federal Election Commission. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

Vincent R. Tallan  
Reports Analyst  
Reports Analysis Division

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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  
1-2-96

Registered/Certified Mail POSTMARKED

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

*Stacy*  
PREPARER

1-11-96  
DATE PREPARED

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