NARAL/NY

PAC

Political Action Committee

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUN 29 1 20 PM '98

June 22, 1998

Alicia K. Richardson
Reports Analyst
Reports Analysis Division
Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

Dear Ms. Richardson:

I am writing to answer your question pertaining to the relationship between NARAL/NY Women's Health PAC and New York State NARAL, Inc. New York State NARAL, Inc., is an incorporated 501(c)(4) organization. The abbreviation of New York State NARAL is NARAL/NY. The name NARAL is an abbreviated term for National Abortion Rights Action League, of which New York State NARAL, Inc., is an affiliated entity. We agree to alter the name of our committee to New York State NARAL Women's Health Political Action Committee, in the hopes that this change satisfies the requirements of the Federal Election Commission.

New York State NARAL Women's Health PAC is a separate segregated fund from New York State NARAL, Inc. I have attached an amended Statement of Organization to reflect this correction.

Thank you for your attention in this matter. Please contact me if any other questions arise.

Sincerely,

Barbara Klar

Barbara Klar
Treasurer

New York State Affiliate
National Abortion &
Reproductive Rights
Action League

462 Broadway
Suite 540
New York, NY 10013
212-343-0014

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM
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1. (a) NAME OF COMMITTEE IN FULL: ☐ (Check if name is changed) New York State NARAL Women's Health Political Action Committee	2. DATE 6/23/98
(b) Number and Street Address ☐ (Check if address is changed) 462 Broadway, Suite 540	3. FEC Identification Number
(c) City, State and ZIP Code New York, New York 10013	4. Is This Report An Amendment? ☐ YES ☒ NO

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	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 NARAL, Inc.	462 Broadway, Suite 540 New York, NY 10013	affiliated

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
Kelli Conlin	225 W. 10th Street, New York, NY	Executive Director

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
Barbara Klar	33-64 21st Street, Apt. 11D Astoria, NY 11106	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
Citibank, N.A.	164 Canal Street New York, NY 10013

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	SIGNATURE OF TREASURER	DATE
Barbara Klar	Barbara Klar	6/23/98

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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FESAN121

FEC FORM 1
(revised 4/87)

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 6-24-98
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☐	Received from the House office of Records and Registration	Date of Receipt
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☐	Electronic Filing	

PREPARER	DATE PREPARED 6-30-98

(4/98)