

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

EmblemHealth Services Company LLC Federal PAC (aka EmblemHealth PAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="2014.51"/>	<input type="text" value="2014.51"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="27979.28"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="32900.62"/>	<input type="text" value="61865.39"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="60879.90"/>	<input type="text" value="63879.90"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7500.00"/>	<input type="text" value="10500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="53379.90"/>	<input type="text" value="53379.90"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="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 (Rev. 06/2004)

Write or Type Committee Name

EmblemHealth Services Company LLC Federal PAC (aka EmblemHealth PAC)

Report Covering the Period: From: / / To: / /

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).....	31274.75	53749.75
(ii) Unitemized	1625.87	8115.64
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	32900.62	61865.39
(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 33, page 5)	32900.62	61865.39
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 37, page 5).....	0.00	0.00
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 Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	32900.62	61865.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	32900.62	61865.39

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	10500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7500.00	10500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7500.00	10500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	32900.62	61865.39
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32900.62	61865.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 10
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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)
EmblemHealth Services Company LLC Federal PAC (aka EmblemHealth PAC)

A. Arthur J. Byrd
Full Name (Last, First, Middle Initial)

Mailing Address 55 Water St.
13th Floor

City New York State NY Zip Code 10041

FEC ID number of contributing federal political committee. **C**

Name of Employer HIP Health Plan of New York Occupation VP - Treasurer and Investor Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt
MM / DD / YYYY
09 / 30 / 2012

Transaction ID : SA11AI.5472

Amount of Each Receipt this Period
333.36

Payroll deduction - \$111.12 per pay period for 3 pay periods

B. Philip Gillich
Full Name (Last, First, Middle Initial)

Mailing Address 56 Jane St.

City New York State NY Zip Code 10014

FEC ID number of contributing federal political committee. **C**

Name of Employer EmblemHealth Services Co., Inc Occupation VP Health Care Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **468.70**

Date of Receipt
MM / DD / YYYY
09 / 30 / 2012

Transaction ID : SA11AI.5477

Amount of Each Receipt this Period
281.22

Payroll deduction - \$46.87 per pay period for 6 pay periods

C. George Gonzalez
Full Name (Last, First, Middle Initial)

Mailing Address 35 Mimi Rd.

City Old Bridge State NJ Zip Code 08857

FEC ID number of contributing federal political committee. **C**

Name of Employer EmblemHealth Services Co., Inc Occupation Sr. Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
MM / DD / YYYY
09 / 30 / 2012

Transaction ID : SA11AI.5478

Amount of Each Receipt this Period
150.00

Payroll deduction - \$25 per pay period for 6 pay periods

SUBTOTAL of Receipts This Page (optional).....▶	764.58
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
EmblemHealth Services Company LLC Federal PAC (aka EmblemHealth PAC)

A. Richard Gross
Full Name (Last, First, Middle Initial)
Mailing Address 14 grey Hollow Rd.
City Norwalk State CT Zip Code 06850
FEC ID number of contributing federal political committee. **C**
Name of Employer EmblemHealth services co., Inc Occupation Sales / Account Mgm't
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **468.70**

Date of Receipt **09 / 30 / 2012**
Transaction ID : SA11AI.5479
Amount of Each Receipt this Period **281.22**
Payroll deduction - \$46.87 per pay period for 6 pay periods

B. William Lamoreaux
Full Name (Last, First, Middle Initial)
Mailing Address 104 Kings Wood Dr.
City Avon State CT Zip Code 06001
FEC ID number of contributing federal political committee. **C**
Name of Employer EmblemHealth Services Co., Inc Occupation Health Insurance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **538.44**

Date of Receipt **09 / 30 / 2012**
Transaction ID : SA11AI.5481
Amount of Each Receipt this Period **461.52**
Payroll deduction - \$76.92 per pay period for 6 pay periods

C. Williams G. Lewis
Full Name (Last, First, Middle Initial)
Mailing Address 300 E. 25th St. Apt 5D
City New York State NY Zip Code 10021
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Insurance Plan of NY Occupation Management
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **28309.48**

Date of Receipt **09 / 30 / 2012**
Transaction ID : SA11AI.5483
Amount of Each Receipt this Period **28122.00**
Payroll deduction - \$46.87 per pay period for 6 pay periods

SUBTOTAL of Receipts This Page (optional)..... **28864.74**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 10
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
EmblemHealth Services Company LLC Federal PAC (aka EmblemHealth PAC)

A. Charlene Maher
Full Name (Last, First, Middle Initial)
Mailing Address 10 Liberty St.
#21F
City New York State NY Zip Code 10005
FEC ID number of contributing federal political committee. **C**
Name of Employer EmblemHealth Services Co., Inc Occupation Chief Marketing Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **625.00**

Date of Receipt **09 / 30 / 2012**
Transaction ID : SA11AI.5484
Amount of Each Receipt this Period **375.00**
Payroll deduction - \$62.50 per pay period for 6 pay periods

B. Edward Mailander
Full Name (Last, First, Middle Initial)
Mailing Address 148 Bayside Drive
City Atlantic Highlands State NJ Zip Code 07716
FEC ID number of contributing federal political committee. **C**
Name of Employer EmblemHealth Services Co., Inc Occupation Actuary
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **454.55**

Date of Receipt **09 / 30 / 2012**
Transaction ID : SA11AI.5485
Amount of Each Receipt this Period **454.55**
Payroll deduction - \$90.91 per pay period for 5 pay periods

C. Nena Tahil
Full Name (Last, First, Middle Initial)
Mailing Address 400 9th St.
Apt W56
City Hoboken State NJ Zip Code 07030
FEC ID number of contributing federal political committee. **C**
Name of Employer HIP Occupation Health Administration
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **200.04**

Date of Receipt **09 / 30 / 2012**
Transaction ID : SA11AI.5492
Amount of Each Receipt this Period **200.04**
Payroll deduction - \$33.34 per pay period for 6 pay periods

SUBTOTAL of Receipts This Page (optional)..... **1029.59**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 10
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
EmblemHealth Services Company LLC Federal PAC (aka EmblemHealth PAC)

A. Jennifer Truscott
Full Name (Last, First, Middle Initial)
Mailing Address 119 South Rd.
City Westhampton State NY Zip Code 11977
FEC ID number of contributing federal political committee. **C**
Name of Employer Emblemhealth Services Co., Inc Occupation Health Care Executive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 468.70

Date of Receipt 09 / 30 / 2012
Transaction ID : SA11AI.5493
Amount of Each Receipt this Period 281.22
Payroll deduction - \$46.87 per pay period for 6 pay periods

B. Elizabeth Weinstock
Full Name (Last, First, Middle Initial)
Mailing Address 101 Fields Ave.
City Staten Island State NY Zip Code 10314
FEC ID number of contributing federal political committee. **C**
Name of Employer EmblemHealth Services Co., Inc Occupation Information Technology
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2012
Transaction ID : SA11AI.5496
Amount of Each Receipt this Period 150.00
Payroll deduction - \$25 per pay period for 6 pay periods

C. Caroline Yap
Full Name (Last, First, Middle Initial)
Mailing Address 270 Feronia Way
City Rutherford State NJ Zip Code 07070
FEC ID number of contributing federal political committee. **C**
Name of Employer Emblemhealth Services Co., Inc Occupation Senior Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 215.39

Date of Receipt 09 / 30 / 2012
Transaction ID : SA11AI.5498
Amount of Each Receipt this Period 184.62
Payroll deduction - \$30.77 per pay period for 6 pay periods

SUBTOTAL of Receipts This Page (optional).....▶	615.84
TOTAL This Period (last page this line number only).....▶	31274.75

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

EmblemHealth Services Company LLC Federal PAC (aka EmblemHealth PAC)

Full Name (Last, First, Middle Initial)

A. AMERICAS HEALTH INSURANCE PLANS PAC (AHIP PAC)

Mailing Address 601 Pennsylvania Avenue NW
Suite 500 South Building

City Washington State DC Zip Code 20004

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 18 / 2012

Transaction ID : SB23.5504

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. PETE STARK RE-ELECTION COMMITTEE

Mailing Address P.O. BOX 8331

City FREMONT State CA Zip Code 94537

Purpose of Disbursement

Candidate Name

FORTNEY P. STARK

Office Sought: House Senate President
State: CA District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : SB23.5501

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7500.00

7500.00