

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

09/20/1999 12:14

1. NAME OF COMMITTEE (in full) New York State Association of Health Care Provider- s, Inc. Federal PAC (HCP Fed PAC)	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 90 State Street Suite 200	2. FEC IDENTIFICATION NUMBER C00307637
CITY, STATE, and ZIP CODE Albany NY 12207	3. <input type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only) Twelfth day report preceding _____
(election type)
 election on _____ In the State of _____
- Termination report on _____ In the State of _____
- Thirtieth day report following the General Election
- (b) Is this Report an Amendment YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>01/01/1999</u> through <u>08/30/1999</u>		
6. (a) Cash on Hand, January 1, <u>1999</u>		50.00
(b) Cash on Hand at Beginning of Reporting Period	50.00	
(c) Total Receipts (from line 19)	3000.00	3000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3050.00	3050.00
7. Total Disbursements (from line 30)	500.00	500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2550.00	2550.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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 Electronically Filed by Mrs. Phyllis Wang	
Signature of Treasurer	Date 07/13/1999

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

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE New York State Association of Health Care Provider- s, Inc. Federal PAC (HCP Fed PAC)	REPORT COVERING PERIOD FROM 01/01/1999 TO: 06/30/1999	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	2700.00	2700.00
ii. Unitemized	300.00	300.00
iii. Total (add i and ii)*	3000.00	3000.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add a iii, b and c)*	3000.00	3000.00
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.)	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 Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)*	3000.00	3000.00
20. Total Federal Receipts (subtract line 18 from line 19)*	3000.00	3000.00
II. Disbursements		
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	0.00
c. Total Operating Expenditures (add 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	500.00	500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. 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 Contributions Refunds (add a, b, and c)*	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)*	500.00	500.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30)*	500.00	500.00
III. Net Contributions / Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	3000.00	3000.00
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	3000.00	3000.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b)*	0.00	0.00
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35)*	0.00	0.00

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 4
			FOR LINE NUMBER 11A1

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)
New York State Association of Health Care Providers, Inc. Federal PAC (HCP Fed PAC)

Full Name, Mailing Address, and ZIP Code Mrs. Carolyn Amey 364 Wly Road Schenectady NY 12309	Name of Employer Program Risk Management	Date (month, day, year) 03/01/1998	Amount of Each Receipt this Period 2000.00
	Occupation Office Manager		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 2000.00		
Full Name, Mailing Address, and ZIP Code Ms Kathleen Bagnol Box 7632 Garden City NY 11530	Name of Employer Helping Hands	Date (month, day, year) 03/09/1999	Amount of Each Receipt this Period 300.00
	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Mr. James Dwyer Elicott Square Building 205 Main Street Buffalo NY 14203	Name of Employer Health Force	Date (month, day, year) 03/10/1998	Amount of Each Receipt this Period 400.00
	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 400.00		

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	2700.00

SCHEDULE B		ITEMIZED DISBURSEMENTS		4 / 4
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 23	
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NAME OF COMMITTEE (In Full) New York State Association of Health Care Providers, Inc. Federal PAC (HCP Fed PAC)				
Full Name, Mailing Address, and ZIP Code Rangel 2000 P.O. Box 5577 New York NY 10027	Purpose of Disbursement (House - NY - 15)	Date (month, day, year) 03/01/1998	Amount of Each Disbursement This Period 500.00	
Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				500.00