

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2013 JUL -1 AM 9:46 FEC MAIL CENTER Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FB4M5

Coordinated Health PAC

ADDRESS (number and street)

3435 Winchester Rd

(Check if address is changed)

Allentown

PA

18104

- aboy

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

aboyce@coordinatedhealthPAC.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.coordinatedhealthPAC.com

2. DATE

04 18 2013

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

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

Amanda Boyce

Signature of Treasurer

Date

04 18 2013

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.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

13031081355

5. TYPE OF COMMITTEE

Candidate Committee:

- (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: House Senate President State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

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

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., a nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number: C
2. _____ FEC ID number: C
3. _____ FEC ID number: C
4. _____ FEC ID number: C

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Write or Type Committee Name

Coordinated Health PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Coordinated Health

Mailing Address:

2300 Highland Ave

Bethlehem

PA

18020

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Amanda Boyce

Mailing Address:

2300 Highland Ave

Bethlehem

PA

18020

Title or Position

CITY

STATE

ZIP CODE

treasurer

Telephone number

610

861

8080

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 of Treasurer

Amanda Boyce

Mailing Address:

2300 Highland Ave

Bethlehem

PA

18020

CITY

STATE

ZIP CODE

Title or Position

treasurer

Telephone number

610

861

8080

13031081357

Full Name of Designated Agent

Patty Bokanyi

Mailing Address

3435 Winchester Ave

Allentown

CITY

PA

STATE

18104

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

610-861-8080

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.

National Penn Bank

Mailing Address

912 Highland Ave

Bethlehem

CITY

PA

STATE

18017

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

13031081358

COPY

COMMONWEALTH OF PENNSYLVANIA
POLITICAL COMMITTEE REGISTRATION STATEMENT

THIS REGISTRATION STATEMENT IS BEING FILED ON BEHALF OF COMMITTEE CONTRIBUTING LOBBYIST DATE RECEIVED

NAME OF COMMITTEE OR LOBBYIST <u>Coordinated Health PAC</u>			CHECK BELOW: <u>2013 JUL -1</u> AM 9:47 <input checked="" type="checkbox"/> INITIAL REGISTRATION <input type="checkbox"/> AMENDED REGISTRATION IF THIS IS AN AMENDMENT: FILER ID NUMBER _____ CHECK ALL THAT APPLY: <input type="checkbox"/> NEW COMMITTEE ADDRESS <input type="checkbox"/> NEW CHAIRPERSON <input type="checkbox"/> NEW TREASURER <input type="checkbox"/> OTHER _____ (SPECIFY)
ADDRESS <u>3435 Winchester Rd</u>			
CITY <u>Allentown</u>	STATE <u>PA</u>	ZIP-PLUS FOUR <u>18104</u>	
COUNTY <u>Lehigh</u>			
DAYTIME TELEPHONE NUMBER: AREA <u>610</u> <u>861-8080</u>			
E-MAIL ADDRESS: <u>gboyer@coordinatedhealthpac.com</u>			
IS THIS A CANDIDATE'S AUTHORIZED POLITICAL COMMITTEE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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FEC MAIL CENTER

SUPPORTED CANDIDATES

List below the names of candidates the committee/lobbyist intends to support, or candidates who have authorized the committee to receive funds on their behalf. A committee that is not a candidate's authorized political committee may list the offices of candidates it intends to support (e.g., Statewide, Legislative, Judicial, Local, All) and need not list names of specific candidates.

Name of Candidate(s)	Address	Office Sought	Political Party/Body
<u>N/A</u>			

IF THE COMMITTEE INTENDS TO SUPPORT OR OPPOSE A BALLOT QUESTION, PLEASE COMPLETE THIS SECTION.

THIS COMMITTEE SUPPORTS OPPOSES THE FOLLOWING BALLOT QUESTION:

N/A

HOW LONG DOES THE COMMITTEE (OR LOBBYIST) INTEND TO OPERATE:

ELECTION YEAR _____ ONLY INDEFINITELY

FOR OFFICE USE ONLY
2013 MAY 21 AM 11:09
Department of State
Bureau of C.E.L.
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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *FedEx* Shipping Date
4/26/13
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

PREPARER

DATE PREPARED

(3/2005)

0921001360