



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2014.51"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="26766.62"/>	<input type="text" value="26766.62"/>
(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="28781.13"/>	<input type="text" value="28781.13"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3000.00"/>	<input type="text" value="3000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="25781.13"/>	<input type="text" value="25781.13"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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).....	22050.00	22050.00
(ii) Unitemized .....	4716.62	4716.62
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	26766.62	26766.62
(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) .....	26766.62	26766.62
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))..... ▶	26766.62	26766.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	26766.62	26766.62

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	3000.00	3000.00
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)) ..	3000.00	3000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	3000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	26766.62	26766.62
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26766.62	26766.62
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 16
<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. David Abernethy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 636 E. Capitol St., NE  
City Washington State DC Zip Code 20003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
HIP Health Plan of NY Operations  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 04 / 2012  
**Transaction ID : SA11AI.5332**  
Amount of Each Receipt this Period  
1000.00

**B. George Babitsch**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 Highland Drive  
City Kinnelon State NJ Zip Code 07405  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
EmblemHealth Services Co., Inc Executive  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 22 / 2012  
**Transaction ID : SA11AI.5403**  
Amount of Each Receipt this Period  
1000.00

**C. Lorraine Baird**  
Full Name (Last, First, Middle Initial)  
Mailing Address 36 Candlewood Ct.  
City Briarcliff Manor State NY Zip Code 10510  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
EmblemHealth Services Co., Inc Assistant Controller  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 19 / 2012  
**Transaction ID : SA11AI.5342**  
Amount of Each Receipt this Period  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2400.00
<b>TOTAL</b> 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 16
<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. Frank Branchini**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Heights Lane

City Tenafly State NJ Zip Code 07670

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

Name of Employer EmblemHealth Services Co., Inc Occupation President / COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
05 / 15 / 2012  
**Transaction ID : SA11AI.5415**

Amount of Each Receipt this Period  
2500.00  
payroll deduction - \$2,500 (one payroll period)

**B. Eileen Counihan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1641 3rd. Ave.  
Apt. 14G

City New York State NY Zip Code 10128

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

Name of Employer HIP Occupation Assistant Director, General Purchasing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
04 / 23 / 2012  
**Transaction ID : SA11AI.5347**

Amount of Each Receipt this Period  
225.00

**C. Craig Efrain**  
Full Name (Last, First, Middle Initial)

Mailing Address 21 Brandywine Dr.

City Matawan State NJ Zip Code 07747

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

Name of Employer HIP Health Plan of NY Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
04 / 19 / 2012  
**Transaction ID : SA11AI.5344**

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3125.00

**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 16
<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. John English**  
Full Name (Last, First, Middle Initial)  
Mailing Address 20 E. Grand St.  
#J  
City Mount Vernon State NY Zip Code 10552  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Emblem health Services Occupation Senior Director, Network Services  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 19 / 2012  
**Transaction ID : SA11AI.5345**  
Amount of Each Receipt this Period  
400.00

**B. Daniel Finke**  
Full Name (Last, First, Middle Initial)  
Mailing Address 26 Webster Point Rd.  
City Madison State CT Zip Code 06443  
FEC ID number of contributing federal political committee. **C**  
Name of Employer EmblemHealth Services Co., Inc Occupation Executive Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 19 / 2012  
**Transaction ID : SA11AI.5334**  
Amount of Each Receipt this Period  
1500.00

**C. Michael Giaquinto**  
Full Name (Last, First, Middle Initial)  
Mailing Address 59 Hazelwood Lane  
City Grand Island State NY Zip Code 14072  
FEC ID number of contributing federal political committee. **C**  
Name of Employer EmblemHealth Services Co., Inc Occupation Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 23 / 2012  
**Transaction ID : SA11AI.5355**  
Amount of Each Receipt this Period  
750.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2650.00  
**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 16
<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. Patricia Gillespie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4121 Avenue S  
 City Brooklyn State NY Zip Code 11234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HIP Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 23 / 2012  
**Transaction ID : SA11AI.5348**  
 Amount of Each Receipt this Period  
 225.00

**B. Kathy Graf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 48 Orchard Dr.  
 City Northport State NY Zip Code 11768  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HIP Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2012  
**Transaction ID : SA11AI.5389**  
 Amount of Each Receipt this Period  
 300.00

**C. James Greenidge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1545 S. Trafalgar Circle  
 City Hollywood State FL Zip Code 33020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Health Insurance Plan of NY Vice President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2012  
**Transaction ID : SA11AI.5387**  
 Amount of Each Receipt this Period  
 750.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1275.00
<b>TOTAL</b> 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 10 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Nicholas Kambolis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 61 Luddington Rd  
 City West Orange State NJ Zip Code 07052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HIP Health Plan of NY Attorney  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2012  
**Transaction ID : SA11AI.5336**  
 Amount of Each Receipt this Period  
 1500.00

**B. Erhard Krause**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1383 Wisconsin Rd.  
 City Derby State NY Zip Code 14047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Emblem Health Vice President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2012  
**Transaction ID : SA11AI.5337**  
 Amount of Each Receipt this Period  
 750.00

**C. Carl Lund**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31 Forest Hills Dr.  
 City Madison State CT Zip Code 06443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 EmblemHealth Services co., Inc Executive  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2012  
**Transaction ID : SA11AI.5401**  
 Amount of Each Receipt this Period  
 750.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> 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 11 OF 16
<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)**

Full Name (Last, First, Middle Initial) <b>A. John D. Mahder</b>		Date of Receipt MM / DD / YYYY 05 / 08 / 2012 <b>Transaction ID : SA11AI.5372</b>
Mailing Address 44 Carroll Rd.		Amount of Each Receipt this Period 750.00
City Fairfield	State CT	Zip Code 06824
FEC ID number of contributing federal political committee. C	Name of Employer EmblemHealth Services Co., Inc	Occupation VP Marketing and Communications
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Ernesto Marrero Jr.</b>		Date of Receipt MM / DD / YYYY 04 / 19 / 2012 <b>Transaction ID : SA11AI.5339</b>
Mailing Address 169 Bond St. Apt. 1		Amount of Each Receipt this Period 750.00
City Brooklyn	State NY	Zip Code 11217
FEC ID number of contributing federal political committee. C	Name of Employer EmblemHealth Services Co., Inc	Occupation Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. Charles Mellia</b>		Date of Receipt MM / DD / YYYY 05 / 02 / 2012 <b>Transaction ID : SA11AI.5379</b>
Mailing Address 7 Maple Rd.		Amount of Each Receipt this Period 400.00
City Poughkeepsie	State NY	Zip Code 12601
FEC ID number of contributing federal political committee. C	Name of Employer HIP Health Plan of NY	Occupation Managing Director Customer Service
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1900.00
<b>TOTAL</b> 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 12 OF 16
<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. Thomas Nemeth**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 W. 2nd St.  
#126

City Bethlehem State PA Zip Code 18015

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

Name of Employer EmblemHealth Sevices Co., Inc. Occupation Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
04 / 04 / 2012  
**Transaction ID : SA11AI.5330**

Amount of Each Receipt this Period  
1000.00

**B. Michele Podolak**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Park Road

City N. Syracuse State NY Zip Code 13212

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

Name of Employer EmblemHealth Services Co., Inc. Occupation Vice President - Customer Service

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
04 / 23 / 2012  
**Transaction ID : SA11AI.5361**

Amount of Each Receipt this Period  
300.00

**C. Michele Powers**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Regent St.  
#101

City Jersey City State NJ Zip Code 07302

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

Name of Employer EmblemHealth Services Co., Inc. Occupation Vice President, Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
05 / 08 / 2012  
**Transaction ID : SA11AI.5374**

Amount of Each Receipt this Period  
750.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2050.00

**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 13 OF 16
	<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. William Sacrey**  
Full Name (Last, First, Middle Initial)

Mailing Address 230 Riverside Drive  
Apt 3C

City New York State NY Zip Code 10025

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

Name of Employer Occupation  
HIP Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 19 / 2012

**Transaction ID : SA11AI.5341**

Amount of Each Receipt this Period  
500.00

**B. Elizabeth Valentine**  
Full Name (Last, First, Middle Initial)

Mailing Address 385 Congress Ave.

City E. Williston State NY Zip Code 11596

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

Name of Employer Occupation  
EmblemHealth Services co., Inc Accountant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 15 / 2012

**Transaction ID : SA11AI.5397**

Amount of Each Receipt this Period  
250.00

**C. Marc Warner**  
Full Name (Last, First, Middle Initial)

Mailing Address 211 Dey Grove rd.

City Monroe State NJ Zip Code 08831

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

Name of Employer Occupation  
EmblemHealth Services Co., Inc Senior Director, Branding/Advertising

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 08 / 2012

**Transaction ID : SA11AI.5377**

Amount of Each Receipt this Period  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> 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 14 OF 16
<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. Anthony Watson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 75 Glen Ave.  
City West Orange State NJ Zip Code 07052  
FEC ID number of contributing federal political committee. **C**  
Name of Employer EmblemHealth Services Co., Inc Occupation CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 19 / 2012  
**Transaction ID : SA11AI.5333**  
Amount of Each Receipt this Period 2500.00

**B. Donald Wernsing**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17 Argonne Farm Drive  
City Bridgewater State NJ Zip Code 08807  
FEC ID number of contributing federal political committee. **C**  
Name of Employer EmblemHealth Services, Inc Occupation Medical  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 23 / 2012  
**Transaction ID : SA11AI.5365**  
Amount of Each Receipt this Period 500.00

**C. John White**  
Full Name (Last, First, Middle Initial)  
Mailing Address 360 Shore Rd. Apt. 9G  
City Long Beach State NY Zip Code 11561  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HIP Health Plan of NY Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 15 / 2012  
**Transaction ID : SA11AI.5388**  
Amount of Each Receipt this Period 750.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3750.00  
**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: PAGE 15 OF 16  
(check only one)

<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.** Full Name (Last, First, Middle Initial)  
**William Yurkowski**

Mailing Address 1 Apple Mill Lane

City North Salem State NY Zip Code 10560

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

Name of Employer EmblemHealth Services Co., Inc Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 23 / 2012**

**Transaction ID : SA11AI.5357**

Amount of Each Receipt this Period  
**750.00**

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>22050.00</b>

**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. Friends of Mary Landrieu**

Mailing Address 10 G St., NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: LA District:

Disbursement For: 2014  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2012

**Transaction ID : SB23.5407**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. RANGEL FOR CONGRESS**

Mailing Address PO BOX 5577

City NEW YORK State NY Zip Code 10027

Purpose of Disbursement

Candidate Name

**CHARLES B RANGEL**

Office Sought:  House  Senate  President

State: NY District: 15

Disbursement For: 2012  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2012

**Transaction ID : SB23.5410**

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) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

3000.00
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3000.00
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