



New York State Association of
Health Care Providers, Inc.

Representing home care and related services since 1974.

Phyllis A. Wang, President

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM
Oct 8 12 09 PM '96

90 State Street, Suite 522
Albany, NY 12207
518/463-1118
fax 518/463-1608

October 4, 1996

John D. Gibson
Assistant Staff Director
Reports Analysis Division
Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

Dear Mr. Gibson:

Per instructions my office received from Craig Crooks of the Reports Analysis Division of the Federal Election Commission (FEC), I am attaching this letter to the New York State Association of Health Care Providers, Inc. Federal PAC's (HCP Federal PAC) October 15, 1996 filing as an explanation as to why this is the HCP Federal PAC's first filing despite the fact that the Statement of Organization was filed with the FEC October 22, 1995.

In order comply with the FEC's requirements, the New York State Association of Health Care Providers, Inc. filed a Statement of Organization prior to beginning our Federal PAC efforts. The past year was spent learning the rules and regulations that we must comply with to obtain consents to solicit, begin solicitations, and properly file reports with the FEC. As a result of this process, the HCP Federal PAC did not receive its first contribution until August 13, 1996. At this time we are filing our first FEC report and will continue to file as long as the HCP Federal PAC exists.

Sincerely,

Phyllis A. Wang
President
Assistant Treasurer, HCP Federal PAC

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

Oct 8 12 09 PM '96

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
 C00307637 071696
 EDNA LAUTERBACH
 NEW YORK STATE ASSOCIATION OF
 HEALTH CARE PROVIDERS INC FEDE
 90 STATE STREET SUITE 522
 ALBANY NY 12207

2. FEC IDENTIFICATION NUMBER
 C00307637

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

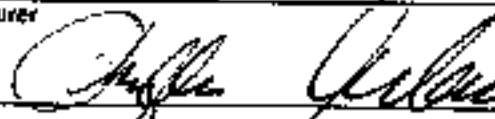
4. TYPE OF REPORT

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

SUMMARY		COLUMN A	COLUMN B
5. Covering Period <u>7/1/96</u> through <u>9/30/96</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 <u>96</u>		\$ 0
(b)	Cash on Hand at Beginning of Reporting Period	\$ 0	
(c)	Total Receipts (from Line 19)	\$ 350	\$ 350
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 350	\$ 350
7.	Total Disbursements (from Line 3D)	\$ 0	\$ 0
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 350	\$ 350
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 999 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	

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
 Phyllis A. Wang, Assistant Treasurer

Signature of Treasurer  Date
 10/4/96

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §497g.

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**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
New York State Association of Health Care Providers, Inc. Federal PAC (HCP Federal PAC)	FROM 7/1/96	TO: 9/30/96
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)	\$350	\$350
ii. Unitemized	0	0
iii. Total	\$350	\$350
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions	\$350	\$350
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts	\$350	\$350
20. Total Federal Receipts	\$350	\$350
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0	0
ii. Non-Federal Share	0	0
b. Other Federal Operating Expenditures	0	0
c. Total Operating Expenditures	0	0
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contribution Refunds	0	0
29. Other Disbursements	0	0
30. Total Disbursements	0	0
31. Total Federal Disbursements	0	0
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11 d)	\$350	\$350
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	\$350	\$350
35. Total Federal Operating Expenditures	0	0
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures	0	0

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Deleted Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 11 a (i)

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 Federal PAC)

<p>A. Full Name, Mailing Address and ZIP Code Edna A. Lauterbach 15 Parks Wood Drive Cornwall, N.Y. 12518</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer American Care, Inc.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 8/13/96</p>	<p>Amount of Each Receipt this Period \$100</p>
<p>B. Full Name, Mailing Address and ZIP Code Carol Greenberg 15 Stewart Place, Apartment 10-d White Plains, N.Y. 10603-3853</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Concept:CARE, Inc.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 8/13/96</p>	<p>Amount of Each Receipt this Period \$50</p>
<p>C. Full Name, Mailing Address and ZIP Code Anne-Marie Warda 125 Northwood Drive Depew, N.Y. 14043</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Caregivers</p> <p>Occupation Vice-President</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 9/20/96</p>	<p>Amount of Each Receipt this Period \$100</p>
<p>D. Full Name, Mailing Address and ZIP Code Barry Weiss 3920 13th Avenue Brooklyn, N.Y. 11218</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Community Home Care Referral Service, Inc.</p> <p>Occupation Vice-President</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 9/25/96</p>	<p>Amount of Each Receipt this Period \$100</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional) \$350

TOTAL This Period (last page this line number only) \$350

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

Registered/Certified Mail

POSTMARKED

10-4-96

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

JK
PREPARER

10-8-96
DATE PREPARED