

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
 NEW YORK STATE ASSOCIATION OF HEALTH CARE PROVIDERS INC FEDERAL PAC (HCP FEDERAL PAC)

ADDRESS (number and street) 90 State Street - Suite 200
 Check if different than previously reported. (ACC) ALBANY NY 12207

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00307637 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

| 4. TYPE OF REPORT (Choose One) | (b) Monthly Report Due On: | Feb 20 (M2) | May 20 (M5) | Aug 20 (M8) | Nov 20 (M11) (Non-Election Year Only) |
|--|---|-------------|------------------|---------------|---------------------------------------|
| (a) Quarterly Reports: | | Mar 20 (M3) | Jun 20 (M6) | Sep 20 (M9) | Dec 20 (M12) (Non-Election Year Only) |
| April 15 Quarterly Report(Q1) | | Apr 20 (M4) | Jul 20 (M7) | Oct 20 (M10) | Jan 31 (M13) |
| July 15 Quarterly Report(Q2) | (c) 12-Day PRE Election Report for the: | | Primary (12P) | General (12G) | Runoff (12R) |
| October 15 Quarterly Report(Q3) | | | Convention (12C) | Special (12S) | |
| January 31 Quarterly Report(YE) | | Election on | | | in the State of |
| July 31 Mid-Year Report(Non-election Year Only) (MY) | (d) 30-Day Post -Election Report for the: | | General (30G) | Runoff (30R) | Special (30S) |
| Termination Report (TER) | | Election on | 11 05 2002 | | in the State of NY |

5. Covering Period 10 01 2002 through 11 25 2002

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, Asst. Treasurer
 Signature of Treasurer Electronically Filed by Phyllis A. Wang, Asst. Treasurer Date 12 05 2002

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

NEW YORK STATE ASSOCIATION OF HEALTH CARE PROVIDERS INC FEDERAL PAC (HCP FEDERAL PAC)

Report Covering the Period: From: 10 01 2002 To: 11 25 2002

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 2002 | | 1050.00 |
| (b) Cash on Hand at Beginning of Reporting Period | 850.00 | |
| (c) Total Receipts (from Line 19) | 200.00 | 500.00 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 1050.00 | 1550.00 |
| 7. Total Disbursements (from Line 30) | 200.00 | 700.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 850.00 | 850.00 |
| 9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) | 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**

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Page 3

Write or Type Committee Name

NEW YORK STATE ASSOCIATION OF HEALTH CARE PROVIDERS INC FEDERAL PAC (HCP FEDERAL PAC)

Report Covering the Period: From: ^W10 ^D01 ^Y2002 To: ^W11 ^D25 ^Y2002

| 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) | 0.00 | |
| (ii) Unitemized | 200.00 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 200.00 | 500.00 |
| (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 32, page 4) | 200.00 | 500.00 |
| 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.) (Carry Totals to Line 36, page 4) | 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 Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) | 200.00 | 500.00 |
| 20. Total Federal Receipts (subtract Line 18 from Line 19) | 200.00 | 500.00 |

DETAILED SUMMARY PAGE

of Disbursements

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| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 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 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..... | 200.00 | 700.00 |
| 24. Independent Expenditure (use Schedule E)..... | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶ | 200.00 | 700.00 |
| 31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶ | 200.00 | 700.00 |
| <hr/> | | |
| III. Net Contributions/Operating Expenditures | | |
| 32. Total Contributions (other than loans) from Line 11(d), page 3)..... | 200.00 | 500.00 |
| 33. Total Contribution Refunds (from Line 28(d))..... | 0.00 | 0.00 |
| 34. Net Contributions (other than loans) (subtract Line 33 from Line 32)..... | 200.00 | 500.00 |
| 35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶ | 0.00 | 0.00 |
| 36. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶ | 0.00 | 0.00 |

**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)

PAGE 5 / 5

| | | | | |
|------------------------------|-----------------------------|--|------------------------------|------------------------------|
| <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 |

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)

Full Name (Last, First, Middle Initial)

A. Friends of Major Owens

Mailing Address

P.O. Box 2265

City

Brooklyn

State

NY

Zip Code

11202

Purpose of Disbursement

Owens Fundraiser on 11/10/02

Candidate Name

Owens, Major R.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2002
 Primary General
 Other (specify) ▼

State: NY District: 11

Date of Disbursement

11 / 05 / 2002

Amount of Each Disbursement this Period

200.00

Transaction ID: SB23.4142

B.

C.

SUBTOTAL of Disbursements This Page (optional) ▶ **200.00**

TOTAL This Period (last page this line number only) ▶ **200.00**