

500 Patroon Creek Blvd.
Albany, NY 12206-1057
www.cdphp.com



RECEIVED
2014 MAY -2 AM 10:33
FEC MAIL CENTER

May 1, 2014

Via Overnight Mail

Federal Election Commission
999 E. St., N.W.
Washington, DC 20463

Re: FEC Form 1 Capital District Physicians' Health Plan, Inc. PAC

Dear Sir/Madam:

I enclose for filing the Statement of Organization of the Capital District Physicians' Health Plan, Inc. PAC. I have also enclosed a duplicate copy of the Statement together with a self-addressed, pre-paid envelope and would appreciate if you would date stamp and return the duplicate copy to me as evidence of filing.

Thank you for your assistance. If you have any questions, please do not hesitate to contact me at 518-641-5563 or mbendonc@cdphp.com.

Sincerely,

A handwritten signature in cursive script that reads "Mary Jane Bendon Couch /cc".

Mary Jane Bendon Couch
Legal Counsel
Capital District Physicians' Health Plan, Inc.

Cc: Traci Wildey

14031232570

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Capital District Physicians' Health Plan (CDPHP) PAC

ADDRESS (number and street)

c/o Hinman Straub

121 State Street

(Check if address
is changed)

Albany

NY

12207

CITY

STATE

ZIP CODE

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

(Check if address
is changed)

twildey@hinmanstraub.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE

05

1

2014

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

Robert R. Hinckley

Signature of Treasurer

Date

05

01

2014

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)

14031232571

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., 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 _____

14031232572

Write or Type Committee Name

Capital District Physicians' Health Plan (CDPHP) PAC

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

Capital District Physicians' Health Plan

Mailing Address 500 Patroon Creek Blvd.

Albany NY 12206

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 Sean Doolan

Mailing Address 121 State Street

Albany NY 12207

CITY STATE ZIP CODE

Title or Position Attorney Telephone number 518 - 436 - 0751

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 Robert R. Hinckley

Mailing Address 500 Patroon Creek Boulevard

Albany NY 12206

CITY STATE ZIP CODE

Title or Position Treasurer Telephone number _____ - _____ - _____

14031232573

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

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.

TD Bank [Empty grid]

Mailing Address

125 State Street [Empty grid]

[Empty grid for Mailing Address line 2]

Albany NY 12207 [Empty grid]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

14031232574

14031232575



500 Patroon Creek Blvd.
Albany, NY 12206-1057

CHERYL CAMILL
(518) 641-5561
CDPHP
500 PATROON CREEK BLVD
ALBANY NY 12206

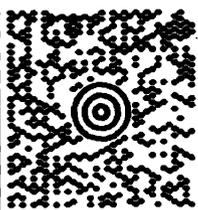
1 LBS 1 OF 1

SHIP TO:
FEDERAL ELECTION COMMISSION
(518) 641-5561
FEDERAL ELECTION COMMISSION
999 EAST STREET NW
WASHINGTON DC 20463

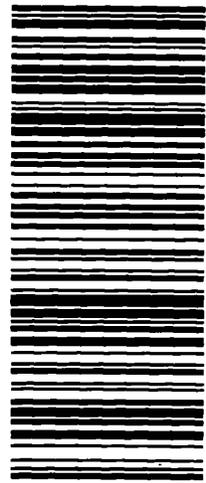
X-RAYED BY FEC SECURITY

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MD 201 9-83



UPS NEXT DAY AIR 1
TRACKING #: 1Z E13 796 01 1000 6047



BILLING: P/P
REF1: 1850

CUU 12 2284751 01 01/2014

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.

| | |
|--|-------------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> USPS First Class Mail | Postmarked |
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| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i> | Shipping Date <i>5/1/14</i> |
| Next Business Day Delivery | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |


 PREPARER
 (8/2013)

5/2/14
 DATE PREPARED

14031232576