

**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) **Check if different than previously reported. (ACC)**  
 80 State Street - Suite 200  
 ALBANY NY 12207

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

C00307637

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

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

5. Covering Period 01 01 2003 through 06 30 2003

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 07 24 2003

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

Office Use Only							
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**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

Report Covering the Period: From: <sup>M</sup>01 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>06 <sup>D</sup>30 <sup>Y</sup>2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2003 <sup>M</sup> <sup>D</sup>		850.00
(b) Cash on Hand at Beginning of Reporting Period .....	850.00	
(c) Total Receipts (from Line 19) .....	2750.00	2750.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	3600.00	3600.00
<hr/>		
7. Total Disbursements (from Line 31) .....	3250.00	3250.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	350.00	350.00
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
<hr/>		
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: <sup>M</sup>01 <sup>-</sup>01 <sup>-</sup>2003 To: <sup>M</sup>06 <sup>-</sup>30 <sup>-</sup>2003

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) .....	2750.00	
(ii) Unitemized .....	0.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	2750.00	2750.00
(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 33, page 5) .....	2750.00	2750.00
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 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 Transfer (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)) .....	2750.00	2750.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2750.00	2750.00

**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.....	3250.00	3250.00
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. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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 ActMty (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))..	3250.00	3250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	3250.00	3250.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	2750.00	2750.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2750.00	2750.00
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 8	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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)  
**NEW YORK STATE ASSOCIATION OF HEALTH CARE PROVIDERS INC FEDERAL PAC (HCP FEDERAL PAC)**

Full Name (Last, First, Middle Initial) <b>A. Mara Benner, A</b>		Date of Receipt M / D / Y 04 / 25 / 2003
Mailing Address 832D Eagle Ridge Ln Unit C		Transaction ID: SA11A1.4158
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22312-3840</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>Gentiva Health Services</b>	Occupation <b>Governmental Affairs</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Todd Brason, W</b>		Date of Receipt M / D / Y 05 / 06 / 2003
Mailing Address 150 Beard Ave.		Transaction ID: SA11A1.4178
City <b>Buffalo</b>	State <b>NY</b>	Zip Code <b>14214</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>Willcare, Inc.</b>	Occupation <b>CEO</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Glenn Edwards</b>		Date of Receipt M / D / Y 04 / 21 / 2003
Mailing Address 975 Browers Point Br.		Transaction ID: SA11A1.4155
City <b>Hewlett Neck</b>	State <b>NY</b>	Zip Code <b>11558-1841</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>All Metro Health Care</b>	Occupation <b>President</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 8	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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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) <b>A. Glenn Edwards</b>		Date of Receipt M / D / Y 05 / 06 / 2003
Mailing Address 975 Browsers Point Br.		Transaction ID: SA11A1.4181
City <b>Hewlett Neck</b>	State <b>NY</b>	Zip Code <b>11508-1841</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>All Metro Health Care</b>	Occupation <b>President</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>750.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Bader Reynolds, P</b>		Date of Receipt M / D / Y 05 / 18 / 2003
Mailing Address 285D Sunset Ave.		Transaction ID: SA11A1.4182
City <b>Utica</b>	State <b>NY</b>	Zip Code <b>13502</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>CareGivers</b>	Occupation <b>Corp. Dir. of Health Care Services</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Jeannine Sycox, L</b>		Date of Receipt M / D / Y 05 / 06 / 2003
Mailing Address 370 Forest Rd.		Transaction ID: SA11A1.4178
City <b>Wallkill</b>	State <b>NY</b>	Zip Code <b>12589</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>Mid Hudson Managed Home Care, Inc.</b>	Occupation <b>Owner/General Manager</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2750.00</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)				PAGE 8 / 8			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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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. Reynolds for Congress		Transaction ID: SB23.4187 Date of Disbursement 04 / 25 / 2003	
Mailing Address P.O. Box 15388			
City Rochester	State NY	Zip Code 14615	Amount of Each Disbursement this Period  2000.00
Purpose of Disbursement		Category/ Type	
Candidate Name Reynolds for Congress			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: NY District: 28	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sweeney for Congress		Transaction ID: SB23.4193 Date of Disbursement 05 / 05 / 2003	
Mailing Address P.O. Box 1465			
City Clifton Park	State NY	Zip Code 12065	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name Sweeney for Congress			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: NY District: 20	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sweeney for Congress		Transaction ID: SB23.4195 Date of Disbursement 05 / 19 / 2003	
Mailing Address P.O. Box 1465			
City Clifton Park	State NY	Zip Code 12065	Amount of Each Disbursement this Period  250.00
Purpose of Disbursement		Category/ Type	
Candidate Name Sweeney for Congress			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: NY District: 20	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	▶	3250.00
TOTAL This Period (last page this line number only) .....	▶	3250.00