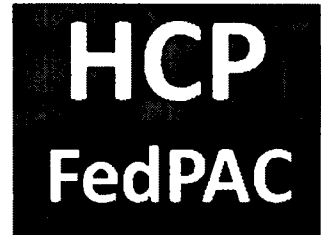


99 Troy Road, Suite 200
East Greenbush, New York 12061
Phone: (518) 463-1118, Ext. 818
Fax: (518) 463-1606



RECEIVED
FEC MAIL CENTER

Todd Brason
HCP FedPAC Treasurer

2009 APR 14 A 9:55

March 30, 2009

Federal Elections Commission
999 E Street, N.W.
Washington, DC 20463

Dear Sir or Madam,

Please see the enclosed documents submitted on behalf of the New York State Association of Health Care Providers Federal Political Action Committee (HCP FedPAC, FEC ID #00307637). Effective March 30, 2009, the HCP FedPAC has selected a new depository:

Pioneer Bank
21 Second Street
Troy, NY 12180

As required by the Federal Elections Law to designate a new depository, enclosed, you'll find an Amended FEC Form 1.

Please do not hesitate to contact me if you have any questions or need any further information.

Sincerely,

A handwritten signature in black ink, appearing to read "Phyllis A. Wang".

Phyllis A. Wang
HCP FedPAC Assistant Treasurer

Enclosure

The HCP FedPAC cannot accept contributions from a corporate entity, company or organization. The HCP FedPAC may only accept contributions from individuals whom it has received written consent for solicitation. Anonymous donations are not acceptable under the law. Political contributions are limited to \$5,000 per year and are not tax deductible for Federal Income Tax purposes.

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
FEC MAIL CENTER

2009 APR 14 A 9 55

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5
New York State Association Of Health Care Providers Inc Federal PAC (HCP
Federal PAC)

ADDRESS (number and street) 99 Troy Road, Suite 200
(Check if address is changed)
East Greenbush NY 12061-1065
CITY STATE ZIP CODE

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

COMMITTEE'S WEB PAGE ADDRESS (URL)
(Check if address is changed)

2. DATE

3. FEC IDENTIFICATION NUMBER C 00307637

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 Phyllis A. Wang, Asst. Treasurer

Signature of Treasurer  Date 03 30 2009

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.

29030064731

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:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> 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

29030064732

Write or Type Committee Name

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

Empty grid lines for organization name

Mailing Address

Empty grid lines for mailing address

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

Empty grid line for full name

Mailing Address

Empty grid lines for mailing address

Title or Position

CITY

STATE

ZIP CODE

Empty grid line for title or position

Telephone number

Empty grid lines for telephone number

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

Phyllis A. Wang

Mailing Address

16 Leaward Way

Saratoga Springs

NY

12866

CITY

STATE

ZIP CODE

Title or Position

Asst. Treasurer

Telephone number

518 - 583 - 4862

29030064733

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[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.

Pioneer Bank

[Grid for Name of Bank, Depository, etc.]

Mailing Address

21 Second Street

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

Troy

[Grid for Mailing Address Line 3]

NY

[Grid for Mailing Address Line 3]

12180

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

29030064734

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
4/3/09

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 -Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked



4/14/09

PREPARER
(3/2005)

DATE PREPARED

29030064735