

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) [] (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

ProCure Treatment Centers Inc. PAC

ADDRESS (number and street) 192 Lexington Avenue 4th Floor

[] (Check if address is changed) New York NY 10016

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) Procurepac1@gmail.com

[X] (Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

[] (Check if address is changed)

2. DATE 12 / 01 / 2011

3. FEC IDENTIFICATION NUMBER C C00476812

4. IS THIS STATEMENT [] NEW (N) OR [X] 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 Vincent Tallman

Signature of Treasurer Vincent Tallman [Electronically Filed] Date 12 / 01 / 2011

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.

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
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

ProCure Treatment Centers Inc. PAC

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

ProCure Treatment Centers, Inc.

Mailing Address

192 Lexington Ave., 4th Floor

New York

NY

10016

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 Sue Onishenko

Mailing Address

192 Lexington Avenue 4th Floor

New York

NY

10016

Title or Position

CITY

STATE

ZIP CODE

Custodian

Telephone number

212

584

0942

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 Vincent Tallman

Mailing Address

1950 Roland Clarke Place, Ste 300

Reston

VA

20191

CITY

STATE

ZIP CODE

Title or Position Treasurer

Telephone number

703

476

3070

Full Name of Designated Agent

Sue Onishenko

Mailing Address

192 Lexington Avenue 4th Floor

New York

NY

10016

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

212

584

0942

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.

Bank of America, N.A.

Mailing Address

P.O. Box 25118

Tampa

FL

33622

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A
Transaction ID :

This amended registration is being filed to update the committee's email address. Please make the necessary changes to your records.

Form/Schedule:
Transaction ID: