

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

EmblemHealth Services Company LLC Federal PAC (aka EmblemHealth PAC)

ADDRESS (number and street) 55 WATER STREET

(Check if address is changed)

NEW YORK NY 10041

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) emblemfedpac@emblemhealth.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 10 / 18 / 2010

3. FEC IDENTIFICATION NUMBER ► C C00412247

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 Ms. Robin Chappelle Golston

Signature of Treasurer Ms. Robin Chappelle Golston *[Electronically Filed]* Date 11 / 10 / 2015

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.