04/15/2002 09 : 56

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 Hospital and Healthcare Associations' Federal PAC

ADDRESS (number and street) ▼ One Empire Drive

Check if different than previously reported. (ACC)

Rensselaer | NY | 12144 –

2. **FEC IDENTIFICATION NUMBER** ▼ — CITY ▲ — STATE ▲ — ZIPCODE ▲

C00160259

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

X April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) — General (12G) — Runoff (12R) — Convention (12C) — Special (12S)

Election on — in the State of

(d) 30-Day **P**ost -Election Report for the: General (30G) — Runoff (30R) — Special (30S)

Election on — in the State of

5. Covering Period 01 01 2002 through 03 31 2002

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 Mr. Steven Kroll

Signature of Treasurer Electronically Filed by Mr. Steven Kroll — Date 04 15 2002

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			**FEC FORM 3X** (Revised 1/2001)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Revised 1/2001)

Write or Type Committee Name

New York State Hospital and Healthcare Associations' Federal PAC

Report Covering the Period: From: 01 01 2002 To: 03 31 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2002		13081.89
(b) Cash on Hand at Begining of Reporting Period	13081.89	
(c) Total Receipts (from Line 19)	8050.00	8050.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	21131.89	21131.89
7. Total Disbursements (from Line 30)	12250.00	12250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8881.89	8881.89
9. Debts and Obligations owed **TO** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed **BY** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X 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

FEC Form 3X (Revised 1/2001)

Write or Type Committee Name

New York State Hospital and Healthcare Associations' Federal PAC

Report Covering the Period: From: 01 01 2002 To: 03 31 2002

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)	7250.00	
(ii) Unitemized	800.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	8050.00	8050.00
(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 32, page 4) ..... ▶	8050.00	8050.00
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 36, page 4)	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 Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ..... ▶	8050.00	8050.00
20. Total Federal Receipts (subtract Line 16 from Line 19) ..... ▶	8050.00	8050.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

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	10000.00	10000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	2250.00	2250.00
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. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	12250.00	12250.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	12250.00	12250.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	8050.00	8050.00
33. Total Contribution Refunds (from Line 28(d))	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	8050.00	8050.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	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: (check only one) PAGE 5 / 10

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 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 Hospital and Healthcare Associations' Federal PAC

A. Full Name (Last, First, Middle Initial)
Ms. Theresa Bischoff

Mailing Address
550 First Avenue

City: New York | State: NY | Zip Code: 10016

FEC ID number of contributing federal political committee.

Name of Employer: New York University Hospitals Center
Occupation: President

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 02 28 2002

Amount of Each Receipt this Period: 1500.00

Transaction ID: SA11A1.5069

B. Full Name (Last, First, Middle Initial)
Mr. James H. Campbell

Mailing Address
100 Memorial Drive

City: Gowanda | State: NY | Zip Code: 14070

FEC ID number of contributing federal political committee.

Name of Employer: TLC Health Network
Occupation: Chief Executive Officer

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 27 2002

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.5078

C. Full Name (Last, First, Middle Initial)
Mr. Giovanni Distefano

Mailing Address
183 Laurel Drive

City: New Hyde Park | State: NY | Zip Code: 11040

FEC ID number of contributing federal political committee.

Name of Employer: New Island Hospital
Occupation: Vice President

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 27 2002

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.5090

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2000.00**

TOTAL 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: (check only one) PAGE 6 / 10

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
New York State Hospital and Healthcare Associations' Federal PAC

A. Full Name (Last, First, Middle Initial)
Mr. Gary Fitzgerald

Mailing Address
17 Halfmoon Executive Park Drive

City: Clifton Park | State: NM | Zip Code: 12065

FEC ID number of contributing federal political committee.

Name of Employer: Iroquois Healthcare Alliance
Occupation: President

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 02 27 2002

Amount of Each Receipt this Period: 1250.00

Transaction ID: SA11A1.5106

B. Full Name (Last, First, Middle Initial)
Mr. Ronald Krewies

Mailing Address
845 Routes 5 & 20

City: Irving | State: NY | Zip Code: 14081

FEC ID number of contributing federal political committee.

Name of Employer: TLC Health Network
Occupation: Chief Operating Officer

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 27 2002

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.5076

C. Full Name (Last, First, Middle Initial)
Mr. John Krumpe

Mailing Address
20 Chechessee Circle

City: Okatie | State: SC | Zip Code: 29910

FEC ID number of contributing federal political committee.

Name of Employer: Winthrop University Hospital
Occupation: Trustee

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 27 2002

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.5100

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2000.00**

TOTAL 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: (check only one) PAGE 7 / 10

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
New York State Hospital and Healthcare Associations' Federal PAC

A.
Full Name (Last, First, Middle Initial): Ms. Margaret Purvis
Mailing Address: 4295 Hempstead Tpke.
City: Bethpage State: NY Zip Code: 11714
FEC ID number of contributing federal political committee.
Name of Employer: New Island Hospital
Occupation: Vice President
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 02 27 2002
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.5092

B.
Full Name (Last, First, Middle Initial): Mr. David Rich
Mailing Address: 555 W. 57th St.
City: New York State: NY Zip Code: 19919
FEC ID number of contributing federal political committee.
Name of Employer: Greater New York Hospital Association
Occupation: Sr. V.P., Govt. Affairs
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 02 28 2002
Amount of Each Receipt this Period: 2000.00
Transaction ID: SA11A1.5067

C.
Full Name (Last, First, Middle Initial): Mr. Lawrence Thompson
Mailing Address: 1 Empire Drive
City: Rensselaer State: NY Zip Code: 12144
FEC ID number of contributing federal political committee.
Name of Employer: Healthcare Association of NYS
Occupation: Vice President
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 02 27 2002
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.5102

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2500.00**

TOTAL 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: (check only one) PAGE 8 / 10

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
New York State Hospital and Healthcare Associations' Federal PAC

A.
Full Name (Last, First, Middle Initial): Mr. Edward Travaglianti
Mailing Address: 1 EAB Plaza
City: Uniondale State: NY Zip Code: 11555
FEC ID number of contributing federal political committee.
Name of Employer: Citibank Commercial Markets
Occupation: Banker
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 02 27 2002
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.5104

B.
Full Name (Last, First, Middle Initial): Ms. Betsy Wright
Mailing Address: 207 Foote Avenue
City: Jamestown State: NM Zip Code: 14702
FEC ID number of contributing federal political committee.
Name of Employer: Woman's Christian Association Hospital
Occupation: Chief Executive Officer
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 02 28 2002
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.5070

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

TOTAL This Period (last page this line number only) ..... ▶ **7250.00**

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)

☐ 21b	☒ 22	☐ 23	☐ 24	☐ 25	
☐ 26	☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29

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NAME OF COMMITTEE (In Full)
New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)
American Hospital Association PAC

Mailing Address
325 Seventh Street, NW — Suite 700

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement
Transfer to Affiliated SSF

Candidate Name

Category/ Type

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
02 19 2002

Amount of Each Disbursement this Period
10000.00

Transaction ID: SB22.5108

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**10000.00**
TOTAL This Period (last page this line number only) ..... ▶	**10000.00**

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
New York State Hospital and Healthcare Associations' Federal PAC

A. Full Name (Last, First, Middle Initial)
STEVE ISRAEL FOR CONGRESS COMMITTEE

Mailing Address
15 ORMOND STREET

City: DIX HILLS | State: NY | Zip Code: 11746

Purpose of Disbursement
Contribution

Candidate Name
STEVE ISRAEL

Category/Type

Office Sought: X House / Senate / President
State: NY District: 02

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 03 / 22 / 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.5120

B. Full Name (Last, First, Middle Initial)
United in Freedom PAC

Mailing Address
355 Lexington Avenue Ste. 1001, 10th Fl.

City: New York | State: NY | Zip Code: 10017

Purpose of Disbursement
Contribution

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 03 / 18 / 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.5124

C. Full Name (Last, First, Middle Initial)
United in Freedom PAC

Mailing Address
355 Lexington Avenue Ste. 1001, 10th Fl.

City: New York | State: NY | Zip Code: 10017

Purpose of Disbursement
Contribution

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 03 / 18 / 2002

Amount of Each Disbursement this Period: 250.00

Transaction ID: SB23.5125

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2250.00**

TOTAL This Period (last page this line number only) ..... ▶ **2250.00**