

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

JUL 10 11 25 AM '97

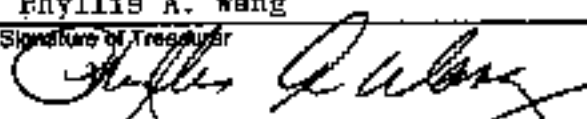
USE FEC MAILING LABEL
OR
TYPE OR PRINT

000307637 060297
EDNA LAUTERSBACH
NEW YORK STATE ASSOCIATION OF
HEALTH CARE PROVIDERS INC FEDE
90 STATE STREET SUITE 322
ALBANY NY 12207

2. FEC IDENTIFICATION NUMBER
000307637
3. This committee has qualified as a multicandidate
committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	01/01/97 through 06/30/97		
6. (a) Cash on Hand January 1, 1997			\$350
(b) Cash on Hand at Beginning of Reporting Period		\$350	
(c) Total Receipts (from Line 19)		\$600	\$600
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$950	\$950
7. Total Disbursements (from Line 30)		\$0	\$0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$950	\$950
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$0	For further information contact: Federal Election Commission 800 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$0	
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			
Signature of Treasurer 			Date 07/08/97

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
New York State Association of Health Care Providers, Inc.		FROM 01/01/97	TO: 06/30/97	
Federal PAC (HCP Federal PAC)		COLUMN A	COLUMN B	
		Total/This Period	Calendar Year	
Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	\$600	\$600	11(a)
ii.	Unitemized	0	0	11(b)
iii.	Total (add i and ii) >	\$600	\$600	11(c)
b.	Political Party Committees	0	0	11(d)
c.	Other Political Committees (such as PACs)	0	0	11(e)
d.	Total Contributions (add a ii, b and c) >	\$600	\$600	11(f)
12.	Transfers From Affiliated/Other Party Committees	0	0	12
13.	All Loans Received	0	0	13
14.	Loan Repayments Received	0	0	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18.	Transfers from Nonfederal Account for Joint Activity	0	0	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	\$600	\$600	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	\$600	\$600	20
Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
I.	Federal Share	0	0	21(a)(i)
II.	Non-Federal Share	0	0	21(a)(ii)
b.	Other Federal Operating Expenditures	0	0	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	0	0	21(c)
22.	Transfers to Affiliated/Other Party Committees	0	0	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	0	0	23
24.	Independent Expenditures (use Schedule E)	0	0	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26.	Loan Repayments Made	0	0	26
27.	Loans Made	0	0	27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees	0	0	28(a)
b.	Political Party Committees	0	0	28(b)
c.	Other Political Committees (such as PACs)	0	0	28(c)
d.	Total Contribution Refunds (add a, b and c) >	0	0	28(d)
29.	Other Disbursements	0	0	29
30.	Total Disbursements (add 21 c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	0	0	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	0	0	31
Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11c)	\$600	\$600	32
33.	Total Contribution Refunds (from line 28d)	0	0	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	\$600	\$600	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0	35
36.	Offsets to Operating Expenditures (from line 15)	0	0	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	0	0	37

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 11 OF 11
FOR LINE NUMBER 11a(i)

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)

A. Full Name, Mailing Address and ZIP Code Kathleen Bagnall Box 7632 Garden City, N.Y. 11530 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Helping Hands Occupation President Aggregate Year-to-Date > \$ 300	Date (month, day, year) 6/6/97	Amount of Each Receipt this Period \$300
B. Full Name, Mailing Address and ZIP Code Rosa K. Barksdale 327 Fifth Avenue Pelham, N.Y. 10803 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Barksdale Healthcare Services, Inc. Occupation Chief Executive Officer Aggregate Year-to-Date > \$ 300	Date (month, day, year) 6/6/97	Amount of Each Receipt this Period \$300
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	\$600
TOTAL This Period (last page this line number only)	\$600

