

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

FEDERAL  
ELECTION  
COMMISSION  
MAIL ROOM

Oct 26 10 55 AM '95

1 (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) New York State Association of Health Care Providers, Inc. Federal PAC (HCP Federal PAC)	2. DATE 10/22/95
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 90 State Street, Suite 522	3. FEC Identification Number
(c) City, State and ZIP Code Albany, NY 12207	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

- (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 | State/District |
|-------------------|-----------------------------|---------------|----------------|
- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
- (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
New York State Association of Health Care Providers, Inc.	90 State Street, Suite 522 Albany, NY 12207	Connected

Type of Connected Organization

- Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

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	Mailing Address	Title or Position
Phyllis A. Wang	90 State St., Ste. 522 Albany, NY 12207	Assistant Treasurer

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	Mailing Address	Title or Position
Edna Lauterbach	90 State St., Ste. 522 Albany, NY 12207	Treasurer
Phyllis A. Wang	90 State St., Ste. 522 Albany, NY 12207	Assistant Treasurer

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.	Mailing Address and ZIP Code
Chase Manhattan Bank, N.A.	20 Corporate Woods Boulevard 3rd Floor Albany, NY 12211

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 Edna Lauterbach	SIGNATURE OF TREASURER <i>Edna A. Lauterbach</i>	DATE 10/22/95
--	---	------------------

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.

For further information contact:  
Federal Election Commission  
1-800-424-9530  
Local 202-219-3420

FESAND45

**FEC FORM 1**  
(revised 4/87)

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

*10-24-95*

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records  
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

*SMN*  
PREPARER

*10-26-95*  
DATE PREPARED

3  
2  
1  
0  
9  
8  
7  
6  
5  
4  
3  
2  
1  
0