

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 ASSOCIATION OF HEALTH CARE PROVIDERS INC FEDERAL PAC (HCP FEDERAL PAC)

ADDRESS (number and street) 99 Troy Road - Suite 200 Check if different than previously reported. (ACC) East Greenbush NY 12061 1065

2. FEC IDENTIFICATION NUMBER C00307637 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 07 01 2007 through 12 31 2007

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, Asst. Treasurer Signature of Treasurer Electronically Filed by Phyllis A Wang, Asst. Treasurer Date 01 24 2008

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

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

NEW YORK STATE ASSOCIATION OF HEALTH CARE PROVIDERS INC FEDERAL PAC (HCP FEDERAL PAC)

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		350.00
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	1750.00									
(c) Total Receipts (from Line 19) .....	755.48	2165.07								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	2505.48	2515.07								
7. Total Disbursements (from Line 31) .....	1655.48	1665.07								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	850.00	850.00								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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**

Write or Type Committee Name

NEW YORK STATE ASSOCIATION OF HEALTH CARE PROVIDERS INC FEDERAL PAC (HCP FEDERAL PAC)

Report Covering the Period: From:    To:

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	500.00	1250.00
(i) Itemized (use Schedule A) .....	250.00	650.00
(ii) Unitemized .....	750.00	1900.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	750.00	1900.00
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 37, page 5) .....	5.48	15.07
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	250.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	755.48	2165.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	755.48	2165.07

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	5.48	15.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	5.48	15.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1650.00	1650.00
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. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1655.48	1665.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1655.48	1665.07

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	750.00	1900.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	750.00	1900.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5.48	15.07
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	5.48	15.07
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 7	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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 ASSOCIATION OF HEALTH CARE PROVIDERS INC FEDERAL PAC (HCP FEDERAL PAC)
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A.

Full Name (Last, First, Middle Initial) John M. Conroy		Date of Receipt	
Mailing Address 4557 Hurst Rd.		M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
City Altamont	State NY	Zip Code 12009	Transaction ID: SA11AI.4359
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Program Risk Management	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) .....	500.00
TOTAL This Period (last page this line number only) .....	500.00

# 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEW YORK STATE ASSOCIATION OF HEALTH CARE PROVIDERS INC FEDERAL PAC (HCP FEDERAL PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF MAURICE HINCHEY</b>  Mailing Address <b>PO Box 4497</b>  City <b>Kingston</b> State <b>NY</b> Zip Code <b>12402</b> Purpose of Disbursement 7/20/07 Dinner Candidate Name  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NY</b> District: <b>22</b> Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.4362</b> Date of Disbursement M M / D D / Y Y Y Y <b>07 / 19 / 2007</b>  Amount of Each Disbursement this Period 150.00
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>GILLIBRAND FOR CONGRESS</b>  Mailing Address <b>P.O. Box 15734</b>  City <b>Washington</b> State <b>DC</b> Zip Code <b>20003</b> Purpose of Disbursement Candidate Name  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NY</b> District: <b>20</b> Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.4376</b> Date of Disbursement M M / D D / Y Y Y Y <b>08 / 10 / 2007</b>  Amount of Each Disbursement this Period 500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>NATIONAL LEADERSHIP PAC</b>  Mailing Address <b>PO box 5577</b>  City <b>New York</b> State <b>NY</b> Zip Code <b>10027</b> Purpose of Disbursement Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <b>25</b> Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.4373</b> Date of Disbursement M M / D D / Y Y Y Y <b>07 / 26 / 2007</b>  Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1650.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1650.00</b>