

# 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

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

ADDRESS (number and street) 20 Corporate Woods Blvd.,

(Check if address is changed) 2nd Floor

Albany NY 12211-2370

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) dworakowski@nyshcp.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 12 / 08 / 2016

3. FEC IDENTIFICATION NUMBER C C00307637

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 Hammar, Claudia J, Asst. Treasurer, ,

Signature of Treasurer Hammar, Claudia J, Asst. Treasurer, , *[Electronically Filed]* Date 12 / 08 / 2016

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.

5. TYPE OF COMMITTEE

**Candidate Committee:**

- (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:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number
2. \_\_\_\_\_ FEC ID number
3. \_\_\_\_\_ FEC ID number
4. \_\_\_\_\_ FEC ID number

Write or Type Committee Name

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

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

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

Mailing Address

20 Corporate Woods Blvd.,

2nd Floor

Albany

NY

12211-2370

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

CITY

STATE

ZIP CODE

Telephone number

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 of Treasurer

Rolla , James, P, ,

Mailing Address

12 Deepdale Dr.

Commack

NY

11725

CITY

STATE

ZIP CODE

Title or Position Treasurer

Telephone number

516

433

2600

Full Name of Designated Agent Hammer, Claudia, J, ,

Mailing Address 108 Tompion Way

[Empty address line]

Ballston Spa NY 12020

CITY STATE ZIP CODE

Title or Position Asst. Treasurer Telephone number 518 463 1118

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.

Pioneer Bank

Mailing Address 21 Second Street

[Empty address line]

Troy NY 12180

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

[Empty name line]

Mailing Address [Empty address line]

[Empty address line]

[Empty address line]

CITY STATE ZIP CODE