

2018 APR 27 AM 10:15

RECEIVED
FEDERAL ELECTION
COMMISSION
REPORT ANALYSIS DIVISION

Committee Name:

New Yorkers For Excellent Health Care, Inc.

If registered, FEC ID:

Today's Date:

04/23/2018

Federal Election Commission
1050 First Street, NE
Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,



Treasurer's Name:

Lee H. Perlman

, Treasurer

PRINT

COVINGTON

BEIJING BRUSSELS DUBAI FRANKFURT JOHANNESBURG
LONDON LOS ANGELES NEW YORK SAN FRANCISCO
SEOUL SHANGHAI SILICON VALLEY WASHINGTON

RECEIVED
FEC MAIL CENTER

2018 APR 26 PM 4:19

Covington & Burling LLP
One CityCenter
850 Tenth Street, NW
Washington, DC 20001-4956
T +1 202 662 6000

April 26, 2018

BY HAND DELIVERY

Federal Election Commission
1050 First Street, NE
Washington, D.C. 20463

Re: Form 1 Statement of Organization

To Whom It May Concern:

Enclosed please find a Form 1 Statement of Organization for **New Yorkers For Excellent Health Care, Inc.** and associated IE-only committee letter. Please feel free to contact me if you have any questions.

Respectfully submitted,



Derek Lawlor

Enclosure

2018-04-27 08:00:00

FEC
FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER
2018 APR 26 PM 4:20
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

New Yorkers For Excellent Health Care, Inc.

ADDRESS (number and street)

555 West 57th Street, Suite 1500

(Check if address is changed)

New York

CITY ▲

NY

STATE ▲

10019

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

info@NY4excellenthealthcare.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

ny4excellenthealthcare.com

2. DATE

M M / D D / Y Y Y Y
04 23 / 2018

3. FEC IDENTIFICATION NUMBER ►

C

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 Lee H. Perlman

Signature of Treasurer

Date

M M / D D / Y Y Y Y
04 23 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

Candidate Committee:

- [illegible]

Write or Type Committee Name

New Yorkers For Excellent Health Care, Inc.

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

None

Mailing Address

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

David Rich

Mailing Address

555 West 57th Street, Suite 1500

New York

NY

10019

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

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

Lee H. Perlman

Mailing Address

555 West 57th Street, Suite 1500

New York

NY

10019

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

Full Name of
Designated
Agent

David Rich

Mailing Address

555 West 57th Street, Suite 1500

New York

CITY

NY

STATE

10019

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

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.

TD Bank

Mailing Address

125 Park Avenue, 23rd Floor

New York

CITY

NY

STATE

10017

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

5(g) or (h). **Joint Fundraising Participant:**

1. _____

2. _____

3. _____

4. _____

FEC ID number C

FEC ID number C

FEC ID number C

FEC ID number C

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

Mailing Address

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

_____-_____-_____

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

CITY ▲

STATE ▲

ZIP CODE ▲

2010-03-27 09:00:00

Hand Delivered

NOTIFICATION OF BOMBING

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input checked="checked" type="checkbox"/> Hand Delivered	Date of Receipt 4/26/18
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
ES PREPARER	4/26/18 DATE PREPARED

2018-04-27 09:00:00