Committee Name:	RECEIVED FEDERAL ELECTION
New Yorkers For Excellent Health Care, Inc.	REPORT ANALYSIS DIVISION
If registered, FEC ID:	
Today's Date:	
04/23/2018	
Federal Election Commission	
1050 First Street, NE	Property and
Washington, D.C. 20463	. : : ¥
Re: Form 1, Statement of Organization—Unlimited	Contributions
To Whom It May Concern:	
This committee intends to make independent expendent	ditures, and consistent with
the U.S. Court of Appeals for the District of Columb	bia Circuit decision in
SpeechNow v. FEC, it therefore intends to raise fun	ds in unlimited amounts. This
committee will not use those funds to make contribu	
or via coordinated communications, to federal cand	idates or committees.
Respectfully submitted,	
ann	
Treasurer's Name:	
Lee H. Perlman . Treas	airer

PRINT

COVINGTON

RECEIVED FEC MAIL CENTER

BEIJING BRUSSELS DUBAI FRANKFURT JOHANNESBUREPR 26 PM 4: 19
LONDON LOS ANGELES NEW YORK SAN FRANCISCO PM 4: 19
SEOUL SHANGHAI SILICON VALLEY WASHINGTON

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

2018-04-27-03-00200310

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED TEC MAIL CENTER

2018 APR 26 PM 4:,20

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
New Yorkers For Excellent He	ealth Care, Inc.		· 	
				
ADDRESS (number and street)	555 West 57th Street, Suit	e 1500		
(Check if address is changed)				لبسب
	New York CITY ▲		NY 10019 1 − − − − − − − − − − − − − − − − − −	ODE A
COMMITTEE'S E-MAIL ADDRE	ss			
(Check if address is changed)	info@NY4excellenthealth	ncare,com	· !	لنسن
·	Optional Second E-Mail Add	iress		
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
(Check if address is changed)	ny4excellenthealthcare.c	om	1.] [] [] [] [] []	
, M M ** / D	D 1 Y Y Y			
2. DATE 04 23	2018			
3. FEC IDENTIFICATION N	JMBER ▶ C			
4. IS THIS STATEMENT X	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief it	is true, correct and complete.	
Type or Print Name of Treasure	r Lee H. Perlman			
Signature of Treasurer	ann	·	Date 04 23	y y y y 2018
NOTE: Submission of false, errone		may subject the person signing ON SHOULD BE REPORTED	this Statement to the penalties of 53 NITHIN 10 DAYS.	2 U.S.C. §30109
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530	ECL. ELJE	

·	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below	.)
(p)		This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	nplete the candidate
Name Cand	e of didate		
	didate / Affiliati	Office on Sought: House Senate President	State District
(c)	:	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Parl	ty Con	nmittee:	
(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
		Corporation Wo 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 s committee. (i.e., nonconnected committee)	segregated fund or party
		X In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)	<i>;</i>	This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number C	
	3.	FEC ID number C	· · · · · · · · · · · · · · · · · · ·
	4.		
			· -,

FEC Form 1 (Re	evised 02/2009)	Page 3
Write or Type Committee	e Name	
New Yorkers For Exc	cellent Health Care, Inc.	
6. Name of Any Conne	ected Organization, Affiliated Committee, Joint Fundralsing Representative, or Lea	dership PAC Sponsor
None		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship:	nnected Organization Affiliated Committee Joint Fundraising Representative	Leadershin PAC Sponsor
Netationship.	Threeted Organization (Anniated Committee) Joint Fundraising Representative	Ecadelship FAC Sponsor
7. Custodian of Record books and records.	ds: Identify by name, address (phone number optional) and position of the person in	n possession of committee
Full Name Da	violRich, , , , , , , , , , , , , , , , , , ,	1 1 1 1 1 1 1 1
Mailing Address	555 Weşt 57th Street, Şuite 1500	
Mailing Address		
	New York)19 , , _ , , ,
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	
	ame and address (phone number optional) of the treasurer of the committee; and th (e.g., assistant treasurer).	e name and address of
Full Name of Treasurer Let	e H. Perlman	
Mailing Address	555 West 57th Street, Suite 1500	
	New York NY 100	219 ZIP CODE
Title or Position		2332
Treasurer	Telephone number	- [] - []

FEC Form 1 (Revise	ed 02/2009)	Page 4
		,
Full Name of Designated Agent David Rice	ch	
Mailing Address	555 West 57th Street, Suite 1500	
	New York N	
Title or Position Assistant Treasurer	Telephone number	<u> </u>
Banks or Other Depositor safety deposit boxes or mai Name of Bank, Depository,		eposits funds, holds accounts, rents
TD Bank	<u> </u>	
Mailing Address	125 Park Avenue, 23rd Floor	
	New York N	IY 10017
	CITY STA	ATE ZIP CODE
Name of Bank, Depository,	etc.	
Mailing Address		
	CITY STA	ATE ZIP CODE

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002099

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page	of	

	LO TOTTI TO (TEVISCO OZZ	101 Lines 3(g) 61 (11), 6, 6		1 age 01
5(g)	or(h). Joint Fundraisi r	g Participant:		
	1.		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 Fund	draising Representative, or L	eadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY ▲ d Organization Affiliated Committee oir	STATE ▲ nt Fundraising Representative	ZIP CODE ▲ Leadership PAC Sponsor
8.	Designated Agent: Identif	y by name, address (phone number – optional)		·
	Mailing Address			
		CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION		Telephone Number]-[]-[
9.	Banks or Other Deposito safety deposit boxes or m	ories: List all banks or other depositories in which aintains funds.	h the committee deposits fund	ds, holds accounts, rents
	Name of Bank, Depository, etc.			
	Mailing Address			
		CITY A	STATE ▲	ZIP CODE ▲
1		OIII A	SIAIL	Zii 000L =

Hand Delivered

ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	R INCOMING DOCUMENTS
	Date of Receipt
Hand Delivered	4/26/18
Postmarked	Date of Receipt
USPS First Class Mail	
·	Postmarked (R/C)
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USPS Priority Mail	
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USPS Priority Mail Express	
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Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
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Received from Senate Public Records Office	
	Date of Receipt
Received from Electronic Filing Office	
	Date of Receipt or Postmarked
Other (Specify):	
- P	. / . k
ES .	4126110
PREPARER	DATE PREPARED

(3/2015)