

FEC FORM 1

STATEMENT OF ORGANIZATION

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1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Integrated Health PAC

ADDRESS (number and street)

3435 Winchester Road

(Check if address is changed)

Allentown

CITY ▲

PA

STATE ▲

18104

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

Aboyce@integratedhealthPAC.com

Optional Second E-Mail Address

aboyce@coordinatedhealth.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.integratedhealthPAC.com

2. DATE

09 / 29 / 2014

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

Amanda Boyce

Signature of Treasurer

Amanda Boyce

Date

09 / 29 / 2014

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.

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)

1103011001

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	C _____
2.	_____	FEC ID number	C _____
3.	_____	FEC ID number	C _____
4.	_____	FEC ID number	C _____

UNFINISHED BUSINESS

Write or Type Committee Name

Integrated Health PAC

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

Coordinated Health

Mailing Address

2300 Highland Avenue

Bethlehem

PA

18020

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

Amanda Boyce

Mailing Address

3435 Winchester Road

Allentown

PA

18020

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

610

861

8080

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

Amanda Boyce

Mailing Address

3435 Winchester Road

Allentown

PA

18104

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

610

861

8080

14300111001001001001

Full Name of Designated Agent

Patty Bokanyi

Mailing Address

3435 Winchester Road

Allentown

PA

18104

CITY

STATE

ZIP CODE

Title or Position

Chairperson

Telephone number

610

861

8080

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

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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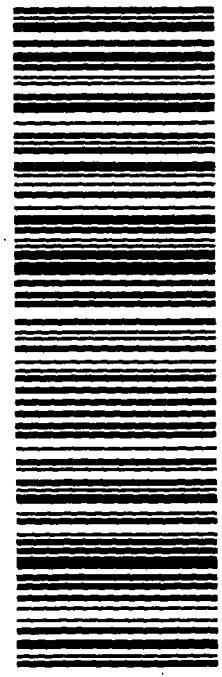
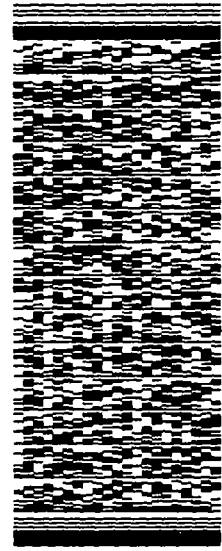
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Federal Election Commission
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The FEC added this page to the end of this filing to indicate how it was received.

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Overnight Delivery Service (Specify): *FEDEX* Shipping Date
9/29/14
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

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Other (Specify): Date of Receipt or Postmarked


PREPARER
(8/2013)

9/30/14
DATE PREPARED

447011 1001 1001