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FEC MAILCENTER
2023 MAY -9 PM 12:02



55 Water Street, New York, NY 10041-8190

April 26, 2023

Federal Election Commission
1050 First Street, NE
Washington, DC 20002

RE: Change to PAC Registration

Effectively immediately, I have resigned as the EmblemHealth Services Company, LLC Federal PAC (AKA EmblemHealth PAC) Treasurer. Please remove Beth Amber Leonard Fabbri as the Committee Treasurer. We have enclosed FEC Form 1 to name Michelle Rakebrand as the Treasurer. She can be reached at 203-592-7532 or mrakebrand@emblemhealth.com for any questions.

Thank you,

Beth Leonard

Beth Leonard

4/26/23

[Date]

NONPROFIT CORPORATION

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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2023 MAY -9 PM 12:02
Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

EmblemHealth Services Company LLC Federal PAC

AKA EmblemHealth PAC

ADDRESS (number and street)

EmblemHealth

(Check if address
is changed)

55 Water Street

New York

CITY ▲

NY

STATE ▲

10041-

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

mrakebrand@emblemhealth.com

Optional Second E-Mail Address

DLighthier@emblemhealth.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE

MM / DD / YYYY
04 / 26 / 2023

3. FEC IDENTIFICATION NUMBER ▶

C00412247

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 michelle Rakebrand

Signature of Treasurer

Michelle Rakebrand

Date

MM / DD / YYYY
04 / 26 / 2023

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 03/2022)

2025 RELEASE UNDER E.O. 14176

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.)

- (g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) 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.
- (j) 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. _____
2. _____

2025 RELEASE UNDER E.O. 14176

Write or Type Committee Name

Emblem Health Services Company LLC Federal PAC (AKA Emblem Health PAC)

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

Emblem Health Services Company LLC

Mailing Address

55 Water Street

New York NY 10041

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization 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 michelle Rakebrand

Mailing Address 55 Water Street

New York NY 10041

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

AVP, GOVERNMENT AFFAIRS 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 michelle Rakebrand

Mailing Address 55 Water Street

New York NY 10041

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

AVP, GOV AFFAIRS Telephone number

2025 RELEASE UNDER E.O. 14176

Full Name of Designated Agent

Lauren Clark

Mailing Address

55 Water Street

New York NY 10041-

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Strategic Manager

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.

TID Bank

Mailing Address

2 Wall Street

New York NY 10041-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

NONPROFIT ORGANIZATION

5(i) or (j). Joint Fundraising Participant:

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

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 ▲

NON-FEDERAL CAMPAIGN FINANCE ACT

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 type="checkbox"/> Hand Delivered | Date of Receipt |
| <input checked="" type="checkbox"/> USPS First Class Mail | Date of Receipt |
| Postmarked <i>5/3/23</i> | <i>5/9/23</i> |
| <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 |
| <i>WSD</i> PREPARER | <i>5/9/23</i> DATE PREPARED |

(3/2015)

NON-PROFIT ORGANIZATION