

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

INDEPENDENT HEALTH ASSOCIATION, INC, POLITICAL ALLIANCE

ADDRESS (number and street)

(Check if address is changed)

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

10 / 01 / 2022

3. FEC IDENTIFICATION NUMBER

C 00323758

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 DANIEL B. WEINTRAUB

Signature of Treasurer

Daniel Weintraub

Date

10 / 01 / 2022

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)

NON PROFIT ORGANIZATION

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. _____

NON-PROFIT ORGANIZATION

Write or Type Committee Name

INDEPENDENT HEALTH ASSOCIATION, INC. POLITICAL ALLAINCE

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

INDEPENDENT HEALTH ASSOCIATION, INC.

Mailing Address 511 FARBER LAKES DRIVE

BUFFALO NY 14221 CITY STATE ZIP CODE

Relationship: [X] 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 DANIEL B. WEINTRAUB

Mailing Address 29 OAKRIDGE DRIVE

WILLIAMSVILLE NY 14221 CITY STATE ZIP CODE

Title or Position

TREASURER Telephone number 716-480-5980

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 DANIEL B. WEINTRAUB

Mailing Address 29 OAKRIDGE DRIVE

WILLIAMSVILLE NY 14221 CITY STATE ZIP CODE

Title or Position

TREAUER Telephone number 716-480-5980

202210110300418458

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[Grid for Title or Position]

Telephone number

[Grid for 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.

[M&T BANK | Grid]

Mailing Address

[RO BQX 767 | Grid]

[Grid for Mailing Address Line 2]

[BUFFALO | NY | 14240 | Grid]

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

2025 RELEASE UNDER E.O. 14176

Optional Supplemental Information
for Lines 5(i) or (j), 6, 8 and/or 9

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

1. []

2. []

3. []

4. []

FEC ID number

FEC ID number

FEC ID number

FEC ID number

C []

C []

C []

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 ▲

NON-PROFIT ORGANIZATION

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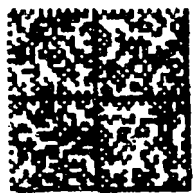
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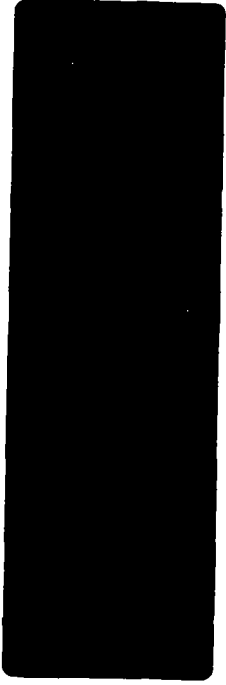
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Federal Election Commission
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BWS
 PREPARER

10-11-2015
 DATE PREPARED

201510111001481