

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See Instructions)

Of file only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines 12FE4M5

WellChoice Political Action Committee

ADDRESS (Home or street)

11 West 42nd Street

(Check if address is changed)

New York

NY

10036

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

michael.fedyna@empireblue.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2124761694

2. DATE 07 / 10 / 2003

3. FEC IDENTIFICATION NUMBER C C00365064

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 MICHAEL FEDYNA

Signature of Treasurer Electronically Filed by MICHAEL FEDYNA Date 07 / 10 / 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9630  
Local 202-894-1110

**FEC FORM 1**  
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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	Office				State
Party Affiliation	Sought:	House	Senate	President	District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d) This committee is a \_\_\_\_\_ (National, State (or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

WellChoice \_\_\_\_\_

Mailing Address \_\_\_\_\_

11 W. 42nd St

\_\_\_\_\_

New York NY 10036

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Connected \_\_\_\_\_

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Write or Type Committee Name

**WellChoice Political Action Committee**

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 MICHAEL FEDYNA

Mailing Address 11 WEST 42ND ST.

NEW YORK NY 10036 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER/PAC Telephone number 212 - 476 - 3652

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 MICHAEL FEDYNA

Mailing Address 11 WEST 42ND ST.

NEW YORK NY 10036 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER/PAC Telephone number 212 - 476 - 3652

Full Name of Designated Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_

NEW YORK NY 10036 -

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.

BANK OF NEW YORK

Mailing Address

1 WALL STREET

NEW YORK

NY

10286 -

CITY Δ

STATE Δ

ZIP CODE Δ