

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION
HALL ROOM

Oct 7 2 09 PM '96

1. (a) NAME OF COMMITTEE IN FULL Independent Health Association, Inc. Political Alliance	<input type="checkbox"/> (Check if name is changed)	2. DATE 10/2/96
(b) Number and Street Address 2495 Kensington Avenue	<input type="checkbox"/> (Check if address is changed)	3. FEC Identification Number
(c) City, State and ZIP Code Buffalo, NY 14226	4. Is this Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

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 Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)
- (d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Independent Health Association, Inc.	511 Farber Lakes Drive Buffalo, NY 14221	Connected

Type of Connected Organization:
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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	Mailing Address	Title or Position
Sidney N. Weiss	2495 Kensington Ave., Buffalo, NY 14226	Treasurer

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	Mailing Address	Title or Position
Sidney N. Weiss	2495 Kensington Ave., Buffalo, NY 14226	Treasurer
Frederick B. Cohen	511 Farber Lakes Dr., Buffalo, NY 14221	Asst. Treasurer

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 and ZIP Code
M & T Trust Co.	1 M & T Plaza, Buffalo, NY 14203

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 Sidney N. Weiss	SIGNATURE OF TREASURER 	DATE 10/2/96
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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.

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

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JMH
PREPARER

10/7/96
DATE PREPARED