24038430825

byram healthcare

Corporate Office
440 Wheelers Farms Road
Suite 304
Milford, CT 06460

p: 203.783.6020
f: 203.878.0505
i: www.byramhealthcare.com

June 15, 2004

Abbie Hodgson
Campaign Finance Analyst
Reports Analysis Division
Federal Election Commission
Washington, DC 20463

Dear Ms. Hodgson:

In response to your letter dated June 9, 2004, enclosed is an amended Statement of Organization, correcting the Name of Committee to be Byram Healthcare Centers, Inc. PAC.

Thank you for your assistance.

Sincerely,

Susan L. Genua
Assistant Treasurer

24038430826

RECEIVED
FEC MAIL
OPERATIONS CENTER

2009 JUN 17 P 2:17

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FEC FORM 1

STATEMENT OF ORGANIZATION

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

BYRAM HEALTHCARE CENTERS INC PAC

ADDRESS (number and street) (Check if address is changed)

440 WHEELERS FARM RD

SUITE [illegible]

MILFORD | CT | 06460

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

sgenua@byramhealthcare.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

203-783-6048

2. DATE 06 15 2009

3. FEC IDENTIFICATION NUMBER ▶ C00401414

4. IS THIS STATEMENT NEW (N) OR X 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: Susan L. Genua

Signature of Treasurer: Susan L. Genua Date 06 15 2009

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 02/2009)

FE6AN012.PDF

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: House Senate President

State

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

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

✓ Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Write or Type Committee Name

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 [redacted]

Mailing Address [redacted]

[redacted] | [redacted] | [redacted]

Title or Position▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

[redacted] Telephone number [redacted]

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 [redacted]

Mailing Address [redacted]

[redacted] | [redacted] | [redacted]

Title or Position▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

[redacted] Telephone number [redacted]

Full Name of Designated Agent [redacted]

Mailing Address [redacted]

[redacted] | [redacted] | [redacted]

Title or Position▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

[redacted] Telephone number [redacted]

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds. Note accounts, safe safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BAC HOMEBOY CREDIT UNION

Mailing Address 1111 SPRING STREET

MURRAY UT 84123-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

24038430830

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.

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PREPARER — DATE PREPARED 6/17/04

(5/2004)