



Please fill out this form and return to RxPAC, c/o PSSNY,
210 Washington Ave. Ext., Albany, NY 12203, Fax 518.464.0618
All fields are required. Questions? Call 800.632.8822

NYS RxPAC Membership Contribution Form

Billing Information - information must match the information on your credit card

Name: _____ Company: _____

*Legal name if corporate contribution.
If LLC complete attached form*

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

RxPAC Membership Levels:

Diamond - \$400.00 per month

Gold - \$50.00 per month

Titanium - \$200.00 per month

Silver - \$25.00 per month

Platinum - \$100.00 per month*

Platinum is the suggested minimum contribution level for pharmacy owners.

This contribution is paid by a: Personal credit card Company/Corporate credit card

Legal Name of Contributor (If LLC complete attached form): _____

Please charge my: Visa MasterCard Discover American Express

CC Number: _____ Exp: _____ CVV: _____

By signing this form I authorize PSSNY to charge my credit card based on the above.

Signature: _____

Pharmacy's Political Action Committee of New York State

RxPAC Requests and Events Listing Form

By completing and submitting this form you are assisting the RxPAC management team to maintain an accurate list of scheduled fund-raisers sponsored by candidates and political committees. Because there is no centralized or official listing of these events. RxPAC compiles our own.

Thank you for being a member of RxPAC of New York and for participating in the political process by letting us know about the invitations you receive and whether you are interested in attending upcoming events. As RxPAC leaders, we are dedicated to developing pharmacy's political action committee into a significant political force in New York. Your involvement as an active member of RxPAC is key in that effort.

This form provides a mechanism for RxPAC members to notify the RxPAC Chairman and staff about invitations to political events. A RxPAC member is someone who has contributed in the current calendar year.

Name of Campaign/Candidate _____

Date of the event _____ Time _____

Place of the event _____

Are you a current RxPAC contributor? (Circle) Yes No

If yes, one-time or recurring monthly contributor? (Circle)

If no, please consider joining. RxPAC needs your help. Join online at newyorkrxpac.org.

Would you like to attend the event? _____

How were you notified about the event? (Circle) Call Fax Email

Was a specific contribution requested? Amount \$ _____

What is the best phone number to reach you if we have any questions? _____

Please fax a copy of the invitation you received to 518-464-0618 or forward the email to staff@pssny.org. Thank you for your active participation in pharmacy's political action committee.

Working toward a brighter tomorrow for us all!

Leigh McConchie, **Chair**
Mohammed Taher, **Vice Chair**
Charles Catalano, **Treasurer**
Deanna Ennelo-Butler, **Secretary**

STATEMENT OF IDENTITY FOR LIMITED LIABILITY COMPANIES (LLCs)

INCLUDING PROFESSIONAL LIMITED LIABILITY COMPANIES (PLLCs)

NEW YORK STATE BOARD OF ELECTIONS
(Chapter 4 of the Laws of 2019)

A. LEGAL NAME OF LIMITED LIABILITY COMPANY:

For Acronyms (See instructions): _____

B. NAMES OF ALL DIRECT OWNERS OF LLC/PLLC (Attach additional sheets if necessary):

The sum of all the ownership interests must be 100%. If any direct owners are other LLCs/PLLCs, further disclosure is required in Section C to provide ownership information down to an individual (or non-LLC/PLLC) level.

Full Name: _____	Ownership Interest (%): _____
Full Name: _____	Ownership Interest (%): _____
Full Name: _____	Ownership Interest (%): _____
Full Name: _____	Ownership Interest (%): _____
Full Name: _____	Ownership Interest (%): _____

C. NAMES OF ALL INDIRECT OWNERS OF LLC/PLLC (Attach additional sheets if necessary):

Disclosed here are all individuals/entities with ownership interests in the above-named LLC/PLLC direct owners. This section is not required of LLCs/PLLCs whose direct owners are all individuals or other business entities.

LLC/PLLC in Section B: _____

Owner's Name: _____	Ownership Interest (%): _____
Owner's Name: _____	Ownership Interest (%): _____
Owner's Name: _____	Ownership Interest (%): _____

LLC/PLLC in Section B: _____

Owner's Name: _____	Ownership Interest (%): _____
Owner's Name: _____	Ownership Interest (%): _____
Owner's Name: _____	Ownership Interest (%): _____

The above information is true to the best of my knowledge and belief:

Signature of Authorized Representative

Date

Printed Name of Authorized Representative
Statement of Identity for LLCs/PLLCs (07/19)

**STATEMENT OF IDENTITY FOR
LIMITED LIABILITY COMPANIES (LLCs)
INCLUDING PROFESSIONAL LIMITED LIABILITY COMPANIES (PLLCs)**

INSTRUCTIONS

As a result of new legislation in 2019 (A.776/S.1101, signed into law January 24, 2019) amending Election Law §§14-116 & 14-120, Limited Liability Companies (LLCs) and Professional Limited Liability Companies (PLLCs) that make contributions to or expenditures for candidates or political committees now have a disclosure requirement with the New York State Board of Elections.

This new requirement applies to contributions and expenditures made on or after **January 31, 2019**.

By December 31st of each year, each Limited Liability Company (LLC), including a Professional Limited Liability Company (PLLC), which makes an expenditure or contribution shall file with the New York State Board of Elections, a **Statement of Identity** of all direct and indirect owners of the membership interests in the LLC/PLLC and the proportion of each direct or indirect member's ownership interest in the LLC/PLLC.

If an owner of the LLC/PLLC is another LLC/PLLC, the ownership must be further attributed down to an individual (or non-LLC/PLLC) level.

This form shall be completed in full and submitted to:

NYS Board of Elections
Attn: Compliance Unit
40 North Pearl Street, Suite 5
Albany, NY 12207

The form may also be accepted electronically:

- Email as an attachment to CFINFO@elections.ny.gov –OR–
- Fax to (518) 486-6627

Section A: Enter the legal name of the Limited Liability Company/Professional Limited Liability Company. If an acronym is used in the name of the committee (e.g. "NYSBOE" = "New York State Board of Elections"), please also spell out the acronym in the space provided.

Section B: Enter the full name of all members with direct ownership interest in the Limited Liability Company/Professional Limited Liability Company. Enter the percent (%) ownership interest each member has. The sum of all the ownership interests must be 100%. ***If any direct owners are other LLCs/PLLCs, further disclosure is required in Section C to provide ownership information down to an individual (or non-LLC/PLLC) level.*** Attach additional sheets of paper if required for complete disclosure.

Section C: Complete this section only if any owners disclosed in Section B are LLCs/PLLCs.

If any LLCs/PLLCs are disclosed in Section B as direct owners of the LLC/PLLC for which this form is prepared, the individual owners of this direct owner entity must be disclosed in Section C, as these individuals are indirect owners of the LLC/PLLC disclosed in Section A of this Statement of Identity. Attach additional sheets of paper if required for complete disclosure.