

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
New York State Hospital and Healthcare Associations' Federal PAC

ADDRESS (number and street) One Empire Drive
 Check if different than previously reported. (ACC)
Rensselaer NY 12144

2. **FEC IDENTIFICATION NUMBER** C00160259
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 09 03 2010 through 09 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Steven Kroll

Signature of Treasurer Electronically Filed by Mr. Steven Kroll Date 10 14 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
New York State Hospital and Healthcare Associations' Federal PAC

Report Covering the Period: From:

M	M
0	9

D	D
0	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		133970.73
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	38695.73									
(c) Total Receipts (from Line 19)	41450.00	109675.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	80145.73	243645.73								
7. Total Disbursements (from Line 31)	10500.00	174000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	69645.73	69645.73								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

New York State Hospital and Healthcare Associations' Federal PAC

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	27605.00	90355.00
(ii) Unitemized	8845.00	14320.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	36450.00	104675.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	36450.00	104675.00
12. Transfers From Affiliated/Other Party Committees	5000.00	5000.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	41450.00	109675.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	41450.00	109675.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	10000.00	168500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	5500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10500.00	174000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10500.00	174000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	36450.00	104675.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36450.00	104675.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)
Mr. William Allison

Mailing Address 310 Bay Drive

City State Zip Code
Massapequa NY 11758

FEC ID number of contributing federal political committee. **C**

Name of Employer: Healthcare Association of NYS
Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt: 09 / 28 / 2010
Transaction ID: SA11AI.14140
Amount of Each Receipt this Period: 1500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Mary Beth Bowen

Mailing Address 15 Valle Drive

City State Zip Code
Batavia NY 14020

FEC ID number of contributing federal political committee. **C**

Name of Employer: United Memorial Med. Ctr.
Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt: 09 / 28 / 2010
Transaction ID: SA11AI.14175
Amount of Each Receipt this Period: 350.00

C.

Full Name (Last, First, Middle Initial)
Dr. Bryan Bruno

Mailing Address 172 E. 4th Street

City State Zip Code
New York NY 10009

FEC ID number of contributing federal political committee. **C**

Name of Employer: Lenox Hill Hospital
Occupation: Act. Chmn, Dept. of Psychiatry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 09 / 16 / 2010
Transaction ID: SA11AI.14114
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► **2850.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
New York State Hospital and Healthcare Associations' Federal PAC

A.	Full Name (Last, First, Middle Initial) Mr. Angelo Calbone	Date of Receipt MM / DD / YYYY 09 / 15 / 2010
	Mailing Address 5300 Military Road	Transaction ID: SA11AI.14086
	City State Zip Code Lewiston NY 14052	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mt. St. Mary's Hospital Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Mr. Paul Connor	Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address 830 Deep Hole Drive	Transaction ID: SA11AI.14186
	City State Zip Code Mattituck NY 11952	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Eastern L.I. Hospital Hospital Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. Kevin Dahill	Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address 43 William Penn Drive	Transaction ID: SA11AI.14193
	City State Zip Code Stony Brook NY 11790	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Nassau-Suffolk Hospital Council Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1900.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 25
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Karen DeCorato

Mailing Address P.O. Box 381

City State Zip Code
Sussex NJ 07461

FEC ID number of contributing federal political committee. **C**

Name of Employer
New York Community Hospital

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2010

Transaction ID: SA11AI.14258

Amount of Each Receipt this Period
225.00

B.

Full Name (Last, First, Middle Initial)
Dr. Marty Ellington

Mailing Address 110 West 118 Street

City State Zip Code
New York NY 10026

FEC ID number of contributing federal political committee. **C**

Name of Employer
Lenox Hill Hospital

Occupation
Actg. Chmn, Dept. of Pediatrics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2010

Transaction ID: SA11AI.14278

Amount of Each Receipt this Period
1500.00

C.

Full Name (Last, First, Middle Initial)
Mr. David Felton

Mailing Address 26 Maple Avenue

City State Zip Code
Hamilton NY 13346

FEC ID number of contributing federal political committee. **C**

Name of Employer
Community Memorial Hospital

Occupation
Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2010

Transaction ID: SA11AI.14204

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2725.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
New York State Hospital and Healthcare Associations' Federal PAC

A.	Full Name (Last, First, Middle Initial) Ms. Kim Fine		Date of Receipt
	Mailing Address 35 Spice Mill Blvd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 15 / 2010
	City	State	Zip Code
	Clifton Park	NY	12065
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14087
Name of Employer Albany Medical Center		Occupation Sr. V.P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 350.00

B.	Full Name (Last, First, Middle Initial) Ms Barbara Folger		Date of Receipt
	Mailing Address 56 Court Knolle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 16 / 2010
	City	State	Zip Code
	New Hartford	NY	13413
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14103
Name of Employer Faxon-St. Luke's Health-care		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Ms Anne Fontaine		Date of Receipt
	Mailing Address 91 Columbia Heights		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 28 / 2010
	City	State	Zip Code
	Brooklyn	NY	11201
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14147
Name of Employer Brooklyn Hospital Center		Occupation Trustee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 600.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1200.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
New York State Hospital and Healthcare Associations' Federal PAC

A.	Full Name (Last, First, Middle Initial) Ms Judith Foster		Date of Receipt
	Mailing Address 10503 Quebec Head Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 28 / 2010
	City	State	Zip Code
	Clayton	NY	13624
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14197
Name of Employer Samaritan Medical Center		Occupation Board Member	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 350.00

B.	Full Name (Last, First, Middle Initial) Ms. Robin Frank		Date of Receipt
	Mailing Address One Empire Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 28 / 2010
	City	State	Zip Code
	Rensselaer	NY	12144
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14144
Name of Employer Healthcare Association of NYS		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Ms. Kathryn Frey		Date of Receipt
	Mailing Address 98 Cliff Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 28 / 2010
	City	State	Zip Code
	Port Jefferson	NY	11777
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14274
Name of Employer J.T. Mather Memorial Hospital		Occupation Board Member	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 600.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1450.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 25
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)
Dr. William Geary

Mailing Address 3285 Baker Street Ext.

City State Zip Code
Jamestown NY 14701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WCA Hospital Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2010

Transaction ID: SA11AI.14091

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Gladys George

Mailing Address 530 E. 86th Street

City State Zip Code
New York NY 10028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lenox Hill Hospital President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2010

Transaction ID: SA11AI.14097

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Mr. Peter Hamilton

Mailing Address P.O. Box 511

City State Zip Code
Delhi NY 13753

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bassett Healthcare Board Member

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2010

Transaction ID: SA11AI.14099

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 25
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)
Mr. George Hamlin

Mailing Address 47 Gibson Street

City State Zip Code
Canandaigua NY 14424

FEC ID number of contributing federal political committee. **C**

Name of Employer
Thompson Health

Occupation
Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2010

Transaction ID: SA11AI.14262

Amount of Each Receipt this Period
600.00

B.

Full Name (Last, First, Middle Initial)
Mr. Stephen Harwell

Mailing Address 16 Silver Lane

City State Zip Code
Burnt Hills NY 12027

FEC ID number of contributing federal political committee. **C**

Name of Employer
Healthcare Association of NYS

Occupation
Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2010

Transaction ID: SA11AI.14192

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Mr. James Humphrey

Mailing Address 9499 Mallory Road

City State Zip Code
New Hartford NY 13413

FEC ID number of contributing federal political committee. **C**

Name of Employer
Faxton-St. Luke's Health-care

Occupation
Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2010

Transaction ID: SA11AI.14105

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
New York State Hospital and Healthcare Associations' Federal PAC

A.	Full Name (Last, First, Middle Initial) Mr. Michael Innicki		Date of Receipt MM / DD / YYYY 09 / 28 / 2010		
	Mailing Address 7 Ashford Lane		Transaction ID: SA11AI.14142		
	City Schenectady	State NY	Zip Code 12309	Amount of Each Receipt this Period 600.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Healthcare Association of NYS	Occupation Vice President	Aggregate Year-to-Date 600.00		

B.	Full Name (Last, First, Middle Initial) Mr. John W. Johnson		Date of Receipt MM / DD / YYYY 09 / 16 / 2010		
	Mailing Address P.O. Box 115		Transaction ID: SA11AI.14116		
	City Malone	State NY	Zip Code 12953	Amount of Each Receipt this Period 600.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Alice Hyde Hospital	Occupation President/CEO	Aggregate Year-to-Date 600.00		

C.	Full Name (Last, First, Middle Initial) Mr. Laurence E. Kelly		Date of Receipt MM / DD / YYYY 09 / 16 / 2010		
	Mailing Address 99 East State Street		Transaction ID: SA11AI.14117		
	City Gloversville	State NY	Zip Code 12967	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Nathan Littauer Hospital	Occupation President & CEO	Aggregate Year-to-Date 350.00		

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 25
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial) Mr. Richard Ketcham		Date of Receipt MM / DD / YYYY 09 / 28 / 2010
Mailing Address 2612 Genesee Street, Front House		Transaction ID: SA11AI.14202
City Utica	State NY	Zip Code 13502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer St. Elizabeth Medical Center	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.

Full Name (Last, First, Middle Initial) Ms. Bernadette Kingham		Date of Receipt MM / DD / YYYY 09 / 28 / 2010
Mailing Address 170 W. 12th Street		Transaction ID: SA11AI.14138
City New York	State NY	Zip Code 10011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer St. Vincent's Catholic Medical Centers	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.

Full Name (Last, First, Middle Initial) Mr. Richard Kirby		Date of Receipt MM / DD / YYYY 09 / 28 / 2010
Mailing Address P.O. Box 235		Transaction ID: SA11AI.14203
City Hamilton	State NY	Zip Code 13346
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Community Memorial Hospital	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial) Ms. Martha Kodsy		Date of Receipt MM / DD / YYYY 09 / 28 / 2010
Mailing Address 241 Arrowhead Way		Transaction ID: SA11AI.14268
City Clinton	State NY	Zip Code 13323
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer St. Elizabeth Medical Center	Occupation Risk Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.

Full Name (Last, First, Middle Initial) Mr. Walter Koshykar		Date of Receipt MM / DD / YYYY 09 / 28 / 2010
Mailing Address 6 Elmwood Drive		Transaction ID: SA11AI.14154
City East Greenbush	State NY	Zip Code 12061
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Healthcare Association of NYS	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.

Full Name (Last, First, Middle Initial) Ms. Gloria Kupferman		Date of Receipt MM / DD / YYYY 09 / 28 / 2010
Mailing Address 3 Woods Way		Transaction ID: SA11AI.14143
City Clifton Park	State NY	Zip Code 12065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Healthcare Assn. of NYS	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
New York State Hospital and Healthcare Associations' Federal PAC

A.	Full Name (Last, First, Middle Initial) Mr. Cosmo LaCosta	Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address 96 S. State Road	Transaction ID: SA11AI.14199
	City State Zip Code Briarcliff Manor NY 10510	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation New York Hospital Queens Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Dr. Hai-Wen Ma	Date of Receipt MM / DD / YYYY 09 / 16 / 2010
	Mailing Address 12 Paddock Drive	Transaction ID: SA11AI.14095
	City State Zip Code Fort Salonga NY 11768	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation South Nassau Communities Hosp. Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Ms. Shirley Magana	Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address 2480 Collins Road	Transaction ID: SA11AI.14137
	City State Zip Code Corning NY 14830	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Corning Hospital Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	1300.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
New York State Hospital and Healthcare Associations' Federal PAC

A.	Full Name (Last, First, Middle Initial) Ms. Una Morrissey	Date of Receipt MM / DD / YYYY 09 / 16 / 2010
	Mailing Address 308 Wells Street	Transaction ID: SA11AI.14101
	City State Zip Code Westfield NJ 07090	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer New York Community Hospital Occupation Chief Nursing Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) Mr. Brian Murphy	Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address 3 Daisy Court	Transaction ID: SA11AI.14182
	City State Zip Code Northport NY 11768	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer North Shore-L.I. Jewish Health Occupation Trustee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. Michael Ogden	Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address 140 Burwell Street	Transaction ID: SA11AI.14178
	City State Zip Code Little Falls NY 13365	Amount of Each Receipt this Period 230.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Little Falls Hospital Occupation Health Care Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	705.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)
Mr. David Patak

Mailing Address 6 Fernwood Lane

City State Zip Code
Binghamton NY 13901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lourdes Hospital Administration

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2010

Transaction ID: SA11AI.14184

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Mary Ellen Plass

Mailing Address 18 Morningside Drive

City State Zip Code
Schenectady NY 12303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Albany Medical Center Sr. Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 16 / 2010

Transaction ID: SA11AI.14113

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)
Ms. Eileen Pronobis

Mailing Address 206 Hilson drive

City State Zip Code
Rome NY 13440

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Faxton-St. Luke's Health-care Executive Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 16 / 2010

Transaction ID: SA11AI.14106

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 25
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Carrie Pulaski

Mailing Address 6256 Addison Loomis

City State Zip Code
Cicero NY 13039

FEC ID number of contributing federal political committee. **C**

Name of Employer Oneida Healthcare Ctr. Occupation Chief Nursing Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2010

Transaction ID: SA11AI.14102

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. James Richter

Mailing Address 108 E. 82nd Street

City State Zip Code
New York NY 10028

FEC ID number of contributing federal political committee. **C**

Name of Employer Lenox Hill Hospital Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2010

Transaction ID: SA11AI.14096

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Ms. Lisa Rose

Mailing Address 28 Old Neck Road S.

City State Zip Code
Center Moriches NY 11934

FEC ID number of contributing federal political committee. **C**

Name of Employer Brookhaven Memorial Hospital Occupation Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2010

Transaction ID: SA11AI.14183

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
New York State Hospital and Healthcare Associations' Federal PAC

A.	Full Name (Last, First, Middle Initial) Dr. Alan Rosenberg		Date of Receipt MM / DD / YYYY 09 / 28 / 2010		
	Mailing Address 4 Steven Lane		Transaction ID: SA11AI.14264		
	City Great Neck	State NY	Zip Code 11024	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer North Shore-L.I. Jewish Health Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Mr. Philip P. Rosenthal		Date of Receipt MM / DD / YYYY 09 / 28 / 2010		
	Mailing Address 112 Southlawn Avenue		Transaction ID: SA11AI.14141		
	City Dobbs Ferry	State NY	Zip Code 10522	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lenox Hill Hhospital Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Operations Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) Mr. Robert L. Savage		Date of Receipt MM / DD / YYYY 09 / 16 / 2010		
	Mailing Address 105 Balsam Square		Transaction ID: SA11AI.14084		
	City Poughkeepsie	State NY	Zip Code 12601	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer St. Francis Hospital Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President & CEO Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Ms Dianne Shugrue

Mailing Address 1101 Nott Street

City State Zip Code
Schenectady NY 12308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Ellis Hospital Chief Operating Officer

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2010

Transaction ID: SA11AI.14136

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas Soja

Mailing Address 60 Dwight Avenue

City State Zip Code
Clinton NY 13323

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Faxton-St. Luke's Health-care Administration

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 16 / 2010

Transaction ID: SA11AI.14104

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Susan Tabickman

Mailing Address 333 E. 79th Street

City State Zip Code
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
New York Community Hospital Director Risk Management

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2010

Transaction ID: SA11AI.14260

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

825.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
New York State Hospital and Healthcare Associations' Federal PAC

A. Full Name (Last, First, Middle Initial)
Ms. Susan Van Meter

Mailing Address 4703 Warren Street, NW

City State Zip Code
Washington DC 20016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Healthcare Association of NYS Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2010

Transaction ID: SA11AI.14090

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Ms. Deborah Weymouth

Mailing Address 70 Howell Street

City State Zip Code
Canandaigua NY 14424

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Thompson Health CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2010

Transaction ID: SA11AI.14180

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **1850.00**

TOTAL This Period (last page this line number only) ► **27605.00**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 25
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
New York State Hospital and Healthcare Associations' Federal PAC

A. Full Name (Last, First, Middle Initial)
TEACHING HOSPITAL EDUCATION POLITICAL ACTION COMMITTEE (THEPAC)

Mailing Address 805 15TH STREET NW SUITE 500

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00360792

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 1 0

Transaction ID: SA12.14305

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 25

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

American Hospital Association PAC

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement
Transfer to Affiliated SSF

Candidate Name

008
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB22.14306

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)
SERRANO FOR CONGRESS

Mailing Address 1831 BAY STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name
SERRANO FOR CONGRESS

Office Sought: House
 Senate
 President
State: NY District: 16

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.14322

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00