

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

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

FOR LINE NUMBER: PAGE 23 / 34
(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)
Mr. David Polge

Mailing Address 1 Sewell Place

City State Zip Code
Walton NY 13856

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

Name of Employer Delaware Valley Hospital Occupation Chief Executive Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: SA11AI.14492

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Dr. Eric Poon

Mailing Address 28 East Broadway

City State Zip Code
New York NY 10002

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

Name of Employer New York Downtown Hospital Occupation Chairman, Pediatrics Service

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.14593

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Stewart Putnam

Mailing Address 10 Monteroy Road

City State Zip Code
Rochester NY 14618

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

Name of Employer Unity Health System Occupation Executive 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
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.14482

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ▶ **950.00**

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