



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

New York State Hospital and Healthcare Associations' Federal PAC

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="120420.78"/>	<input type="text" value="120420.78"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="36842.12"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="96075.00"/>	<input type="text" value="163550.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="132917.12"/>	<input type="text" value="283970.78"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30754.35"/>	<input type="text" value="181808.01"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="102162.77"/>	<input type="text" value="102162.77"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

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).....	76850.00	141100.00
(ii) Unitemized .....	19225.00	22450.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	96075.00	163550.00
(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) .....	96075.00	163550.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
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 Transfers (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))..... ▶	96075.00	163550.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	96075.00	163550.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	754.35	1808.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	754.35	1808.01
22. Transfers to Affiliated/Other Party Committees.....	30000.00	180000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	30754.35	181808.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30754.35	181808.01

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	96075.00	163550.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	96075.00	163550.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	754.35	1808.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	754.35	1808.01

**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 OF 50
<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. Mr. Eric Allyn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 56 State Street  
 City Skaneateles State NY Zip Code 13152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auburn Community Hospital Occupation Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 15 / 2012  
**Transaction ID : SA11Al.15980**  
 Amount of Each Receipt this Period 1000.00

**B. Dr. Shahriour Andaz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 Breeley Blvd.  
 City Melville State NY Zip Code 11747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Nassau Communities Hosp. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 10 / 2012  
**Transaction ID : SA11Al.15836**  
 Amount of Each Receipt this Period 1000.00

**C. Mr. John Arnold**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Healthy Way  
 City Oceanside State NY Zip Code 11572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Nassau Communities Hosp. Occupation Director of Safety  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 11 / 2012  
**Transaction ID : SA11Al.15863**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00  
**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 OF 50
	<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. Mr. Allan Atzrott**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Springview Lane

City Hopewell Jct. State NY Zip Code 12533

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

Name of Employer St. Luke's Cornwall Hospital Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
07 / 11 / 2012  
**Transaction ID : SA11Al.15855**

Amount of Each Receipt this Period  
500.00

**B. Mr. Alexander Balko**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 235

City Point Lookout State NY Zip Code 11569

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

Name of Employer South Nassau Communities Hosp. Occupation Director of Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
07 / 11 / 2012  
**Transaction ID : SA11Al.15872**

Amount of Each Receipt this Period  
600.00

**C. Mr. Mark Bogen**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 Elkland Road

City Melville State NY Zip Code 11747

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

Name of Employer South Nassau Communities Hosp. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
07 / 11 / 2012  
**Transaction ID : SA11Al.15865**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2100.00

**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 8 OF 50
<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. Ms. Laura Brannigan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Lewis Lane  
 City Syosset State NY Zip Code 11791  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jewish Guild for the Blind Occupation Assistant 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 Y Y  
 09 / 20 / 2012  
**Transaction ID : SA11AI.16070**  
 Amount of Each Receipt this Period  
**350.00**

**B. Mr. Joseph Burke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 503 S. 5th Street  
 City Lindenhurst State NY Zip Code 11757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Winthrop-University Hospital Occupation Vice President, Engineering & Facil.  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2012  
**Transaction ID : SA11AI.16235**  
 Amount of Each Receipt this Period  
**1000.00**

**C. Mr. Angelo Calbone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5300 Military Road  
 City Lewiston State NY Zip Code 14052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mt. St. Mary's Hospital Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2012  
**Transaction ID : SA11AI.15982**  
 Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2350.00</b>
<b>TOTAL</b> 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 OF 50
<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. Mr. Daniel Callahan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47 Roundtree Circle  
 City State Zip Code  
 Piermont NY 10968  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Jewish Guild for the Blind Director, Children's Vision Health  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2012  
**Transaction ID : SA11AI.16069**  
 Amount of Each Receipt this Period  
 350.00

**B. Ms. Anne Calvo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2360 Harrison avenue  
 City State Zip Code  
 Baldwin NY 11510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Winthrop-University Hospital Assistant Vice President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2012  
**Transaction ID : SA11AI.16261**  
 Amount of Each Receipt this Period  
 350.00

**C. Mr. James F. Campbell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 Second Street  
 City State Zip Code  
 Garden City NY 11530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Winthrop University Hospital Trustee  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2012  
**Transaction ID : SA11AI.16114**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1700.00
<b>TOTAL</b> 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 10 OF 50
	<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	<input type="checkbox"/> 17

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

**A. Ms Elizabeth Carnevale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 195-26 North Centre Ave.  
 City Rockville Ctr. State NY Zip Code 11570  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Nassau Communities Hosp. Occupation Assistant Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2012  
**Transaction ID : SA11AI.15870**  
 Amount of Each Receipt this Period  
 600.00

**B. Mr. John Carrigg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Sweet Briar Court  
 City Endwell State NY Zip Code 13760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United Health Services Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2012  
**Transaction ID : SA11AI.16011**  
 Amount of Each Receipt this Period  
 350.00

**C. Ms. Palmira Cataliotti**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 Manor Avenue  
 City Roslyn Heights State NY Zip Code 11577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Winthrop University Hospital Occupation Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2012  
**Transaction ID : SA11AI.16138**  
 Amount of Each Receipt this Period  
 350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> 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 11 OF 50
	<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. Dr. Eva Chalas**  
Full Name (Last, First, Middle Initial)

Mailing Address 259 First Street

City Mineola State NY Zip Code 11501

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

Name of Employer Winthrop University Hospital Occupation Vice President of OB/GYN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 20 / 2012  
**Transaction ID : SA11Al.16095**

Amount of Each Receipt this Period 1000.00

**B. Ms. Kathleen Ciccone**  
Full Name (Last, First, Middle Initial)

Mailing Address 429 Donna Joelle Drive

City Schenectady State NY Zip Code 12303

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 ▼ 350.00

Date of Receipt 09 / 20 / 2012  
**Transaction ID : SA11Al.16191**

Amount of Each Receipt this Period 350.00

**C. Ms Maureen Clancy**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 Stewart Avenue

City Garden City State NY Zip Code 11530

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

Name of Employer Winthrop University Hospital Occupation Board Member

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 20 / 2012  
**Transaction ID : SA11Al.16115**

Amount of Each Receipt this Period 600.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1950.00

**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 12 OF 50
<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. Ms. Jennifer Clark**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1812 Hendrickson Court

City N. Merrick	State NY	Zip Code 11566
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FEC ID number of contributing federal political committee. **C**

Name of Employer S. Nassau Communities Hosp.	Occupation Controller
---	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2012

**Transaction ID : SA11AI.15937**

Amount of Each Receipt this Period  
250.00

**B. Mr. Bob Cohen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 67-50 211 Street

City Bayside	State NY	Zip Code 11364
-----------------	-------------	-------------------

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

Name of Employer South Nassau Communities Hosp.	Occupation Administrative Director
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2012

**Transaction ID : SA11AI.15846**

Amount of Each Receipt this Period  
250.00

**C. Mr. Bruce Cohn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 72 Glenlawn Avenue

City Sea Cliff	State NY	Zip Code 11579
-------------------	-------------	-------------------

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

Name of Employer Winthrop University Hospital	Occupation Assistant Vice President
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

**Transaction ID : SA11AI.16139**

Amount of Each Receipt this Period  
350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> 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 13 OF 50
<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. Mr. John Collins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 117 W. Shore Drive

City Huntington	State NY	Zip Code 11743
--------------------	-------------	-------------------

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

Name of Employer Winthrop University Hospital	Occupation Chief Executive Officer
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

**Transaction ID : SA11AI.16137**

Amount of Each Receipt this Period  
1500.00

**B. Mr. Anthony Cooper**  
Full Name (Last, First, Middle Initial)  
Mailing Address 892 Upland Drive

City Elmira	State NY	Zip Code 14905
----------------	-------------	-------------------

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

Name of Employer Anot Ogden Medical Center	Occupation President/CEO
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2012

**Transaction ID : SA11AI.15984**

Amount of Each Receipt this Period  
1000.00

**C. Dr. Steven Corwin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1330 First Avenue

City New York	State NY	Zip Code 10021
------------------	-------------	-------------------

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

Name of Employer NewYork Presbyterian Hospital	Occupation Health Care Executive
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

**Transaction ID : SA11AI.15904**

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> 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 14 OF 50
<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**

Full Name (Last, First, Middle Initial) <b>A. Ms Joan Cusack-McGuirk</b>		Date of Receipt MM / DD / YYYY 07 / 11 / 2012 <b>Transaction ID : SA11AI.15854</b>
Mailing Address 49 Mine Hill Road		Amount of Each Receipt this Period 250.00
City Cornwall	State NY	Zip Code 12518
FEC ID number of contributing federal political committee. C		
Name of Employer St. Luke's Cornwall Hospital	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Richard Dal Col</b>		Date of Receipt MM / DD / YYYY 08 / 15 / 2012 <b>Transaction ID : SA11AI.15928</b>
Mailing Address 28 E. Ridge Road		Amount of Each Receipt this Period 1000.00
City Loudonville	State NY	Zip Code 12211
FEC ID number of contributing federal political committee. C		
Name of Employer CVPH Medical Center	Occupation Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Lloyd Darlow</b>		Date of Receipt MM / DD / YYYY 08 / 15 / 2012 <b>Transaction ID : SA11AI.15918</b>
Mailing Address 15 Whispering Pines Drive		Amount of Each Receipt this Period 250.00
City Ithaca	State NY	Zip Code 14850
FEC ID number of contributing federal political committee. C		
Name of Employer Cayuga Medical Center	Occupation VP, Clinical Integration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 OF 50
	<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. Ms. Wendy Darwell**  
Full Name (Last, First, Middle Initial)

Mailing Address 1383 Veterans Meml. Hwy.

City Hauppauge	State NY	Zip Code 11788
-------------------	-------------	-------------------

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

Name of Employer Nassau-Suffolk Hopsital Cncl.	Occupation Chief Operating Officer
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2012

**Transaction ID : SA11AI.15985**

Amount of Each Receipt this Period  
350.00

**B. Mr. Norman Dascher**  
Full Name (Last, First, Middle Initial)

Mailing Address 664 Truesdale Hill Road

City Lake George	State NY	Zip Code 12845
---------------------	-------------	-------------------

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

Name of Employer St. Peter's Health Partners	Occupation Health Care Executive
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2012

**Transaction ID : SA11AI.15838**

Amount of Each Receipt this Period  
1000.00

**C. Dr. Rajiv Datta**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Andera Court

City Muttontown	State NY	Zip Code 11791
--------------------	-------------	-------------------

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

Name of Employer South Nassau Communities Hosp.	Occupation Chief, Div. of Surgical Oncology
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2012

**Transaction ID : SA11AI.15842**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2350.00
<b>TOTAL</b> 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 OF 50
<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. Dr. Rajesh Dave**  
Full Name (Last, First, Middle Initial)  
Mailing Address 323 Foster Road

City Vestal	State NY	Zip Code 13850
----------------	-------------	-------------------

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

Name of Employer Unite Health Services Hospitals	Occupation Vice President
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

**Transaction ID : SA11AI.16087**

Amount of Each Receipt this Period  
250.00

**B. Mr. Edward R. DeLucie**  
Full Name (Last, First, Middle Initial)  
Mailing Address 23 Bismark Avenue

City Valley Stream	State NY	Zip Code 11581
-----------------------	-------------	-------------------

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

Name of Employer South Nassau Communities Hospital	Occupation Director of Pharmacy Services
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2012

**Transaction ID : SA11AI.15899**

Amount of Each Receipt this Period  
350.00

**C. Ms Mary Elizabeth Duffy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 70 Dubois Street

City Newburgh	State NY	Zip Code 12553
------------------	-------------	-------------------

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

Name of Employer St. Luke's Cornwall Hospital	Occupation Chief Financial Officer
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2012

**Transaction ID : SA11AI.15853**

Amount of Each Receipt this Period  
350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<b>TOTAL</b> 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 OF 50
<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. Dr. Linda Efferen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7 Dix Hills Court  
City Dix Hills State NY Zip Code 11746  
FEC ID number of contributing federal political committee. **C**  
Name of Employer South Nassau Communities Hosp. Occupation Chief Medical Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2012  
**Transaction ID : SA11AI.15841**  
Amount of Each Receipt this Period  
1000.00

**B. Mr. Charles Fahd**  
Full Name (Last, First, Middle Initial)  
Mailing Address 55 Westwood Drive  
City Massena State NY Zip Code 13662  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Massena Memorial Hospital Occupation Chief Executive Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 20 / 2012  
**Transaction ID : SA11AI.16110**  
Amount of Each Receipt this Period  
1000.00

**C. Ms. Linda Farchione**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4956 Wyffels Road  
City Canandaigua State NY Zip Code 14424  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Thompson Health Occupation Healthcare Consultant  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2012  
**Transaction ID : SA11AI.15901**  
Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2350.00  
**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 18 OF 50
<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. Mr. Eli Feldman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Old Scots Road  
 City Marlboro State NY Zip Code 07746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Metropolitan Jewish Hospital Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2012  
**Transaction ID : SA11Al.15906**  
 Amount of Each Receipt this Period  
 1500.00

**B. Mr. Jeffry Foltz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 Battle Avenue  
 City White Plains State NY Zip Code 10606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Joseph's Medical Ctr. Occupation Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2012  
**Transaction ID : SA11Al.15976**  
 Amount of Each Receipt this Period  
 350.00

**C. Ms Judith Foster**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10503 Quebec Head Road  
 City Clayton State NY Zip Code 13624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Samaritan Medical Center Occupation Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2012  
**Transaction ID : SA11Al.15946**  
 Amount of Each Receipt this Period  
 350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2200.00
<b>TOTAL</b> 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 19 OF 50
	<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. Ms. Maxine Frank**  
Full Name (Last, First, Middle Initial)  
Mailing Address 330 E. 75 Street

City New York	State NY	Zip Code 10021
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FEC ID number of contributing federal political committee. **C**

Name of Employer New York Hospital Queens	Occupation General Counsel
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2012

**Transaction ID : SA11AI.16013**

Amount of Each Receipt this Period  

600.00
--------

**B. Ms. Maureen Gaffney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 30 Pilgrim Lane

City Westbury	State NY	Zip Code 11590
------------------	-------------	-------------------

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

Name of Employer Winthrp University Hospital	Occupation Senior Vice President
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

**Transaction ID : SA11AI.16091**

Amount of Each Receipt this Period  

600.00
--------

**C. Mr. John Galati**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19 Wild Berry Lane

City Pittsford	State NY	Zip Code 14534
-------------------	-------------	-------------------

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

Name of Employer Clifton Springs Hospital & Clinic	Occupation Chief Executive Officer
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

**Transaction ID : SA11AI.16028**

Amount of Each Receipt this Period  

350.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1550.00</b>
<b>TOTAL</b> 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 20 OF 50
	<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	<input type="checkbox"/> 17

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

**A. Mr. Paul Giordino**  
Full Name (Last, First, Middle Initial)

Mailing Address 369 Columbus Avenue

City W. Babylon State NY Zip Code 11704

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

Name of Employer South Nassau Communities Hosp. Occupation Assistant Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
07 / 26 / 2012  
**Transaction ID : SA11AI.15890**

Amount of Each Receipt this Period  
400.00

**B. Mr. Victor Giulianelli**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 Lindbergh Avenue

City Amsterdam State NY Zip Code 12010

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

Name of Employer St. Mary's Hospital Occupation Health Care Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
09 / 20 / 2012  
**Transaction ID : SA11AI.16065**

Amount of Each Receipt this Period  
600.00

**C. Ms Mary Godfrey**  
Full Name (Last, First, Middle Initial)

Mailing Address 350 Kenmore Road

City Douglas Manor State NY Zip Code 11363

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

Name of Employer New York Hospital Queens Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
08 / 29 / 2012  
**Transaction ID : SA11AI.16018**

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1350.00

**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 21 OF 50
	<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. Mr. Steven I. Goldstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Chipmunk Trail  
 City Pittsford State NY Zip Code 14534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Strong Health Occupation General Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2012  
**Transaction ID : SA11AI.15903**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr. Irving Gomolin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 126 Grace Street  
 City Plainview State NY Zip Code 11803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Winthrop-University Hospital Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2012  
**Transaction ID : SA11AI.16264**  
 Amount of Each Receipt this Period  
 600.00

**C. Mr. Robert Gomulka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4021 Drexel Drive  
 City Vestal State NY Zip Code 13850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United Health Services Occupation Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2012  
**Transaction ID : SA11AI.16088**  
 Amount of Each Receipt this Period  
 350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1950.00
<b>TOTAL</b> 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 22 OF 50
	<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. Dr. Peter Gordon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 90 West Street  
City New Berlin State NY Zip Code 13411  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Chenango Memorial Hospital Occupation Emergency Dept. Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 20 / 2012  
**Transaction ID : SA11AI.16229**  
Amount of Each Receipt this Period  
600.00

**B. Mr. Alan Guerci**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 Port Washington Blvd.  
City Roslyn State NY Zip Code 11579  
FEC ID number of contributing federal political committee. **C**  
Name of Employer St. Francis Hospital Occupation Chief Executive Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 20 / 2012  
**Transaction ID : SA11AI.16090**  
Amount of Each Receipt this Period  
1000.00

**C. Mr. Gerard Haas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 180 Davenport Farm Lane South  
City Stamford State CT Zip Code 06903  
FEC ID number of contributing federal political committee. **C**  
Name of Employer South Nassau Communities Hospital Occupation Chief Financial Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2012  
**Transaction ID : SA11AI.15840**  
Amount of Each Receipt this Period  
600.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2200.00  
**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 23 OF 50
	<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. Ms. Catherine Halakan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1081 Manas Drive  
 City Schenectady State NY Zip Code 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Albany Medical Center Occupation 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 Y Y  
 08 / 29 / 2012  
**Transaction ID : SA11AI.16015**  
 Amount of Each Receipt this Period  
 350.00

**B. Mr. Peter Hamilton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 511  
 City Delhi State NY Zip Code 13753  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bassett Healthcare Occupation Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2012  
**Transaction ID : SA11AI.15945**  
 Amount of Each Receipt this Period  
 350.00

**C. Ms. Eileen Hanley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 77 Seventh Avenue  
 City New York State NY Zip Code 10011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jewish Guild for the Blind Occupation 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 Y Y  
 09 / 20 / 2012  
**Transaction ID : SA11AI.16068**  
 Amount of Each Receipt this Period  
 350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> 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 24 OF 50
	<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. Mr. Richard Hawks**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6475 St. Rte. 21

City Naples	State NY	Zip Code 14512
----------------	-------------	-------------------

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

Name of Employer Thompson Health	Occupation Trustee
-------------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2012

**Transaction ID : SA11AI.15894**

Amount of Each Receipt this Period  
1000.00

**B. Dr. Eliot Heisler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 71 Bayview Avenue

City Great Neck	State NY	Zip Code 11021
--------------------	-------------	-------------------

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

Name of Employer New York Hospital Queens	Occupation Dentist
--	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

**Transaction ID : SA11AI.16039**

Amount of Each Receipt this Period  
250.00

**C. Ms. Susan Holliday**  
Full Name (Last, First, Middle Initial)  
Mailing Address 70 Lanning Road

City Honeoye Falls	State NY	Zip Code 14472
-----------------------	-------------	-------------------

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

Name of Employer Univ. Rochester Med. Ctr.	Occupation Publisher
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

**Transaction ID : SA11AI.16064**

Amount of Each Receipt this Period  
350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> 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 25 OF 50
<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. Dr. Scott Ippolito**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Gorham Lane  
 City Dix Hills State NY Zip Code 11746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Nassau Communities Hosp. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 11 / 2012**  
**Transaction ID : SA11AI.15866**  
 Amount of Each Receipt this Period **1000.00**

**B. Mr. Daniel Ireland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6994 Tripp Road  
 City Byron State NY Zip Code 14422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United Memorial Medical Ctr. Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : SA11AI.16054**  
 Amount of Each Receipt this Period **350.00**

**C. Dr. Douglas Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 Cranston Raod  
 City Pittsford State NY Zip Code 14534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rochester General Hospital Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **08 / 15 / 2012**  
**Transaction ID : SA11AI.15960**  
 Amount of Each Receipt this Period **350.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1700.00**  
**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 26 OF 50
	<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. Dr. Lawrence Kanner**  
Full Name (Last, First, Middle Initial)

Mailing Address 44 Elm Entrance Road

City Roslyn Heights State NY Zip Code 11577

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

Name of Employer S. Nassau Communities Hosp. Occupation Director, Electrophysiology

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
07 / 11 / 2012  
**Transaction ID : SA11AI.15861**

Amount of Each Receipt this Period  
1000.00

**B. Ms. Nancy Karch**  
Full Name (Last, First, Middle Initial)

Mailing Address 120 Mt. Holly Road

City Katonah State NY Zip Code 10536

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

Name of Employer Northern Westchester Hospital Occupation Trustee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
08 / 15 / 2012  
**Transaction ID : SA11AI.15939**

Amount of Each Receipt this Period  
250.00

**C. Ms Barbara Kleine**  
Full Name (Last, First, Middle Initial)

Mailing Address 109 Fig Drive

City Dix Hills State NY Zip Code 11746

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

Name of Employer Winthrop University Hospital Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
09 / 20 / 2012  
**Transaction ID : SA11AI.16263**

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: (check only one)	PAGE 27 OF 50
	<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	<input type="checkbox"/> 17

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

**A. Dr. Robert Kramer**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 Hidden Pond Road

City Muttontown State NY Zip Code 11545

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

Name of Employer South Nassau Communities Hosp. Occupation Assistant Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 10 / 2012  
**Transaction ID : SA11AI.15835**

Amount of Each Receipt this Period 600.00

**B. Dr. Joshua Kugler**  
Full Name (Last, First, Middle Initial)

Mailing Address 46 Chestnut Lane

City Woodbury State NY Zip Code 11797

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

Name of Employer South Nassau Communities Hosp. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 26 / 2012  
**Transaction ID : SA11AI.15898**

Amount of Each Receipt this Period 600.00

**C. Mr. Joseph Lamantia**  
Full Name (Last, First, Middle Initial)

Mailing Address 80 Tulipwood Drive

City Commack State NY Zip Code 11725

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

Name of Employer South Nassau Communities Hosp. Occupation Hospital Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 20 / 2012  
**Transaction ID : SA11AI.16173**

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2200.00

**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 28 OF 50
	<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. Mr. Drake Lamén**  
Full Name (Last, First, Middle Initial)  
Mailing Address 418 Quaquaga Road  
City Binghamton State NY Zip Code 13904  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Chenango Memorial Hospital Occupation Vice President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 350.00

Date of Receipt 09 / 20 / 2012  
**Transaction ID : SA11Al.16196**  
Amount of Each Receipt this Period 350.00

**B. Ms. Debora LeBarron**  
Full Name (Last, First, Middle Initial)  
Mailing Address 31 Brod Acres Road  
City Poestenkill State NY Zip Code 12140  
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 600.00

Date of Receipt 08 / 15 / 2012  
**Transaction ID : SA11Al.15917**  
Amount of Each Receipt this Period 600.00

**C. Dr. Steven Lomasky**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13 Grace Avenue  
City Merrick State NY Zip Code 11566  
FEC ID number of contributing federal political committee. **C**  
Name of Employer South Nassau Communities Hosp. Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 07 / 11 / 2012  
**Transaction ID : SA11Al.15881**  
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: (check only one)	PAGE 29 OF 50
	<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. Mr. Anthony Mahler**  
Full Name (Last, First, Middle Initial)

Mailing Address 4661 Palisade Avenue

City State Zip Code  
Bronx NY 10471

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

Name of Employer Occupation  
Westchester Medical Center Sr. Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**08 / 31 / 2012**

**Transaction ID : SA11AI.16051**

Amount of Each Receipt this Period  
**350.00**

**B. Dr. John McCabe**  
Full Name (Last, First, Middle Initial)

Mailing Address 750 E. Adams Street

City State Zip Code  
Syracuse NY 13210

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

Name of Employer Occupation  
Upstate University Hospital Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**07 / 26 / 2012**

**Transaction ID : SA11AI.15893**

Amount of Each Receipt this Period  
**1000.00**

**C. Mr. Robert McLeod**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Empire Drive

City State Zip Code  
Rensselaer NY 12208

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

Name of Employer Occupation  
Healthcare Assn. of NYS Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**08 / 31 / 2012**

**Transaction ID : SA11AI.16048**

Amount of Each Receipt this Period  
**350.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1700.00</b>
<b>TOTAL</b> 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 30 OF 50
<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. Mr. John Mertz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4 Rose Lane  
City Plainview State NY Zip Code 11803  
FEC ID number of contributing federal political committee. **C**  
Name of Employer South Nassau Communities Hospital Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2012  
**Transaction ID : SA11AI.15876**  
Amount of Each Receipt this Period  
350.00

**B. Ms. Heidi Mix**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6 West Hampton  
City Genesee State NY Zip Code 14454  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Rochester General Health Sys. Occupation System Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2012  
**Transaction ID : SA11AI.15958**  
Amount of Each Receipt this Period  
350.00

**C. Mr. Isaac A. Morris**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2867 Outlet Road  
City Clifton Springs State NY Zip Code 14432  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Clifton Springs Hospital & Clinic Occupation Board Member  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2012  
**Transaction ID : SA11AI.15908**  
Amount of Each Receipt this Period  
1600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2300.00
<b>TOTAL</b> 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 31 OF 50
	<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. Ms. Kathleen Morse**  
Full Name (Last, First, Middle Initial)  
Mailing Address 450 Oyster Bay Road  
City Locust Valley State NY Zip Code 11560  
FEC ID number of contributing federal political committee. **C**  
Name of Employer South Nassau Communities Hosp. Occupation Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2012  
**Transaction ID : SA11AI.15834**  
Amount of Each Receipt this Period  
250.00

**B. Mr. Robert Naldi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4802 Tenth Avenue  
City Brooklyn State NY Zip Code 11219  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Maimonides Medical Center Occupation Chief Financial Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2012  
**Transaction ID : SA11AI.15931**  
Amount of Each Receipt this Period  
1000.00

**C. Ms. Elizabeth Nardone**  
Full Name (Last, First, Middle Initial)  
Mailing Address 101 Split Oak Drive  
City East Norwich State NY Zip Code 11732  
FEC ID number of contributing federal political committee. **C**  
Name of Employer South Nassau Communities Hosp. Occupation V.P., Development  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2012  
**Transaction ID : SA11AI.15871**  
Amount of Each Receipt this Period  
600.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1850.00  
**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 32 OF 50
	<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. Dr. Michael Niederman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Verity Lane  
 City Roslyn State NY Zip Code 11576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Winthrop University Hospital Occupation Chairman, Dept. of Medicine  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt **09 / 20 / 2012**  
**Transaction ID : SA11AI.16112**  
 Amount of Each Receipt this Period **600.00**

**B. Mr. Eric Niehaus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 48 Bobwhite Drive  
 City Glenmont State NY Zip Code 12077  
 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 **350.00**

Date of Receipt **08 / 29 / 2012**  
**Transaction ID : SA11AI.15992**  
 Amount of Each Receipt this Period **350.00**

**C. Mr. John Nigro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 W. Cobblehill Road  
 City Loudonville State NY Zip Code 12211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Albany Medical Center Occupation Trustee  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt **09 / 20 / 2012**  
**Transaction ID : SA11AI.16066**  
 Amount of Each Receipt this Period **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 33 OF 50
<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. Mr. Leonard Olivieri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 Crimson Woods Cove  
 City Rochester State NY Zip Code 14626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rochester General Hospital Occupation Business Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2012  
**Transaction ID : SA11AI.16221**  
 Amount of Each Receipt this Period  
 600.00

**B. Mr. Douglas Osborn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3897 Chili Avenue  
 City Churchville State NY Zip Code 14428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CVPH Medical Center Occupation Program Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2012  
**Transaction ID : SA11AI.16006**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Andrew Pallas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 Long Acre Lane  
 City Dix Hills State NY Zip Code 11746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Joseph Hospital Occupation Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2012  
**Transaction ID : SA11AI.15947**  
 Amount of Each Receipt this Period  
 600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1450.00
<b>TOTAL</b> 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 34 OF 50
	<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. Ms. Amy Pollard**  
Full Name (Last, First, Middle Initial)

Mailing Address R.R. 2, Box 96

City Millerton State PA Zip Code 16936

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

Name of Employer St. Joseph's Hospital Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 20 / 2012  
**Transaction ID : SA11AI.16123**

Amount of Each Receipt this Period 350.00

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

Mailing Address 206 Hilson drive

City Rome State NY Zip Code 13440

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 20 / 2012  
**Transaction ID : SA11AI.16194**

Amount of Each Receipt this Period 250.00

**C. Mr. Henry Pupke**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 Cedar Place

City Garden City State NY Zip Code 11530

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

Name of Employer South Nassau Communities Hosp. Occupation Board Member

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 11 / 2012  
**Transaction ID : SA11AI.15877**

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)..... ▶

**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 35 OF 50
<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. Mr. Thomas Quinn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 305 DeWitt Road  
 City Syracuse State NY Zip Code 13214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Community General Hospital Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 20 / 2012**  
**Transaction ID : SA11AI.16136**  
 Amount of Each Receipt this Period **250.00**

**B. Ms. Mary Quinones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 62 71st Street  
 City Brooklyn State NY Zip Code 11209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lutheran Medical Center Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 15 / 2012**  
**Transaction ID : SA11AI.15979**  
 Amount of Each Receipt this Period **1000.00**

**C. Ms. Joyce Rafferty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 75 Beekman Street  
 City Plattsburgh State NY Zip Code 12901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Champlain Valley Physician's Hospital Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 15 / 2012**  
**Transaction ID : SA11AI.15927**  
 Amount of Each Receipt this Period **1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2250.00</b>
<b>TOTAL</b> 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 36 OF 50
	<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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Ruth Ragusa</b>			Date of Receipt
Mailing Address 1 Healthy Way			<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.15873</b>
Oceanside	NY	11572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="600.00"/>
Name of Employer	Occupation		
South Nassau Communities Hospital	Vice President		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mr. Abdool Razack</b>			Date of Receipt
Mailing Address 42 Carolyn Avenue			<input type="text" value="07"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.15897</b>
Valley Stream	NY	11580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
South Nassau Communities Hospital	Patient Accounts Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Ms. Veronica Renken</b>			Date of Receipt
Mailing Address 259 First Street			<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.16116</b>
Mineola	NY	11501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="600.00"/>
Name of Employer	Occupation		
Winthrop University Hospital	Board Member		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

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

**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 37 OF 50
	<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. Mr. Nicholas Rosato**  
Full Name (Last, First, Middle Initial)

Mailing Address 81 Eton Road

City Garden City State NY Zip Code 11530

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

Name of Employer Winthrop University Hospital Occupation Board Member

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 20 / 2012

**Transaction ID : SA11AI.16117**

Amount of Each Receipt this Period  
350.00

**B. Mr. Richard Rosenhagen**  
Full Name (Last, First, Middle Initial)

Mailing Address 355 Connecticut Avenue

City Massapequa Park State NY Zip Code 11762

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

Name of Employer Good Samaritan Hosp. Med. Ctr. Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 11 / 2012

**Transaction ID : SA11AI.15862**

Amount of Each Receipt this Period  
600.00

**C. Mr. Philip P. Rosenthal**  
Full Name (Last, First, Middle Initial)

Mailing Address 112 Southlawn Avenue

City Dobbs Ferry State NY Zip Code 10522

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

Name of Employer Jewish Guild for the Blind Occupation Chief Operating Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 20 / 2012

**Transaction ID : SA11AI.16067**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1950.00
<b>TOTAL</b> 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 38 OF 50
<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. Mr. Robert S. Ross**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 Tondo Circle  
 City State Zip Code  
 Harriman NY 10926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St. Luke's Cornwall Hospital Chief Operating Officer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2012  
**Transaction ID : SA11AI.15856**  
 Amount of Each Receipt this Period  
 350.00

**B. Mr. Matthew Salanger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33-57 Harrison Street  
 City State Zip Code  
 Johnson City NY 13790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United Health Services Hosps. Chief Executive Officer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2012  
**Transaction ID : SA11AI.16012**  
 Amount of Each Receipt this Period  
 600.00

**C. Ms Elizabeth Schiefke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 Cherrywood Drive  
 City State Zip Code  
 E. Northport NY 11731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 South Nassau Communities Hosp. Director, Materials Management  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2012  
**Transaction ID : SA11AI.15860**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> 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 39 OF 50
	<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. Mr. Marc Schoell**  
Full Name (Last, First, Middle Initial)

Mailing Address 19 Lakeridge Drive South

City Orchard Park State NY Zip Code 14127

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

Name of Employer United Memorial Medical Center Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2012  
**Transaction ID : SA11AI.16055**

Amount of Each Receipt this Period  
 1000.00

**B. Mr. Anthony Scibelli**  
Full Name (Last, First, Middle Initial)

Mailing Address 3429 South Street

City Clinton State NY Zip Code 13323

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

Name of Employer Faxton-St. Lukes Healthcare Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2012  
**Transaction ID : SA11AI.16195**

Amount of Each Receipt this Period  
 350.00

**C. Dr. Jonathan Singer**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 North Court

City Port Washington State NY Zip Code 11050

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

Name of Employer South Nassau Communities Hosp. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2012  
**Transaction ID : SA11AI.15867**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2350.00
<b>TOTAL</b> 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 40 OF 50
	<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. Ms. Adell Smith**  
Full Name (Last, First, Middle Initial)  
Mailing Address 315 Quail Street  
City Albany State NY Zip Code 12208  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Healthcare Association of NYS Occupation Executive Assistant/Supervisor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.00**

Date of Receipt **08 / 15 / 2012**  
**Transaction ID : SA11AI.15957**  
Amount of Each Receipt this Period **350.00**

**B. Mr. John Spicer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16 Guion Place  
City New Rochelle State NY Zip Code 10802  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sound Shore Health System Occupation Chief Executive Officer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1500.00**

Date of Receipt **07 / 11 / 2012**  
**Transaction ID : SA11AI.15883**  
Amount of Each Receipt this Period **1500.00**

**C. Dr. Mark Stecker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7 St. James Street, N.  
City Garden City State NY Zip Code 11530  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Winthrop-University Hospital Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt **09 / 20 / 2012**  
**Transaction ID : SA11AI.16216**  
Amount of Each Receipt this Period **600.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2450.00**  
**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 41 OF 50
	<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. Ms. Chelsi Stevens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2200 N. Westmoreland Street  
 City Arlington State VA Zip Code 22213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Healthcare Assn. of NYS Occupation Director, Federal Relations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : SA11AI.16031**  
 Amount of Each Receipt this Period **350.00**

**B. Mr. Charles Strain**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 151 Hampton Road  
 City Garden City State NY Zip Code 11530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Winthrop University Hospital Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt **09 / 20 / 2012**  
**Transaction ID : SA11AI.16131**  
 Amount of Each Receipt this Period **1500.00**

**C. Dr. Howard Sussman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Candy Lane  
 City East Hills State NY Zip Code 11577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Joseph Hospital Occupation Chief Medical Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : SA11AI.16021**  
 Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2100.00**  
**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 42 OF 50
	<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. Mr. Paul Sweet**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 Edgar Circle  
City Orchard Park State NY Zip Code 14127  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Western NY Healthcare Assn. Occupation Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2012  
**Transaction ID : SA11AI.15944**  
Amount of Each Receipt this Period  
1000.00

**B. Ms. Anne Taylor**  
Full Name (Last, First, Middle Initial)  
Mailing Address 520 E. 86 Street  
City New York State NY Zip Code 10028  
FEC ID number of contributing federal political committee. **C**  
Name of Employer New York Hospital Queens Occupation Trustee  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2012  
**Transaction ID : SA11AI.16033**  
Amount of Each Receipt this Period  
350.00

**C. Ms Debra Teitelbaum**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1349 Luddington Road  
City East Meadow State NY Zip Code 11554  
FEC ID number of contributing federal political committee. **C**  
Name of Employer South Nassau Communities Hosp. Occupation Assistant Controller  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2012  
**Transaction ID : SA11AI.15847**  
Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> 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 43 OF 50
<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. Mr. Hugh Thomas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 39 Creekside Lane  
 City Rochester State NY Zip Code 14618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ViaHealth Occupation Senior 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 Y Y  
 08 / 29 / 2012  
**Transaction ID : SA11AI.16016**  
 Amount of Each Receipt this Period  
 350.00

**B. Ms. Wanda Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7753 Rolling Ridge Drive  
 City Manlius State NY Zip Code 13104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Upstate Medical University Occupation Senior 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 Y Y  
 09 / 20 / 2012  
**Transaction ID : SA11AI.16135**  
 Amount of Each Receipt this Period  
 350.00

**C. Mr. Edward Travaglianti**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 EAB Plaza  
 City Uniondale State NY Zip Code 11555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Citibank Commercial Markets Occupation Banker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2012  
**Transaction ID : SA11AI.16132**  
 Amount of Each Receipt this Period  
 600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> 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 44 OF 50
	<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. Mr. Michael Tretola**  
Full Name (Last, First, Middle Initial)

Mailing Address 270 31st Street

City Lindenhurst State NY Zip Code 11757

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

Name of Employer New York Hospital Queens Occupation Sr. Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2012  
**Transaction ID : SA11AI.16041**

Amount of Each Receipt this Period  
 350.00

**B. Mr. Andrew E. Triolo**  
Full Name (Last, First, Middle Initial)

Mailing Address 346 Pine Street

City S. Hempstead State NY Zip Code 11550

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

Name of Employer South Nassau Communities Hospital Occupation Assistant Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2012  
**Transaction ID : SA11AI.15874**

Amount of Each Receipt this Period  
 600.00

**C. Mr. William Ulrich**  
Full Name (Last, First, Middle Initial)

Mailing Address One Healthy Way

City Oceanside State NY Zip Code 11572

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

Name of Employer South Nassau Communities Hospital Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2012  
**Transaction ID : SA11AI.15868**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1950.00

**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 45 OF 50
<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. Ms. Susan Van Meter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4703 Warren Street, NW  
 City Washington State DC Zip Code 20016  
 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 **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 31 / 2012**  
**Transaction ID : SA11AI.16023**  
 Amount of Each Receipt this Period  
**1000.00**

**B. Dr. Steven Walerstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 506 Sixth Street  
 City Brooklyn State NY Zip Code 11215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Methodist Hospital Occupation Vice Chairman, Dept. of Medicine  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 20 / 2012**  
**Transaction ID : SA11AI.16150**  
 Amount of Each Receipt this Period  
**250.00**

**C. Mr. Dennis Whalen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 888  
 City Coeymans State NY Zip Code 12045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Healthcare Assn. of NYS Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 31 / 2012**  
**Transaction ID : SA11AI.15907**  
 Amount of Each Receipt this Period  
**1500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2750.00</b>
<b>TOTAL</b> 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 46 OF 50
	<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. Ms. Ronette Wiley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 848  
 City Richfield Springs State NY Zip Code 13439  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bassett Healthhcare Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 20 / 2012**  
**Transaction ID : SA11Al.16154**  
 Amount of Each Receipt this Period  
**350.00**

**B. Ms. Althea Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 67 Prairie Drive  
 City North Babylon State NY Zip Code 11703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Nassau Communities Hosp. Occupation Administrative Director  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 15 / 2012**  
**Transaction ID : SA11Al.15910**  
 Amount of Each Receipt this Period  
**250.00**

**C. Ms. Cathleen Wright**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4163 Bain Pkwy.  
 City Blasdell State NY Zip Code 14219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Healthcare Assn. of NYS Occupation Project Manager  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 29 / 2012**  
**Transaction ID : SA11Al.15994**  
 Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **850.00**  
**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 47 OF 50
	<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. Dr. Susan Wu**  
Full Name (Last, First, Middle Initial)

Mailing Address 2775 Lee Place

City Bellmore State NY Zip Code 11710

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

Name of Employer South Nassau Communities Hosp. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2012  
**Transaction ID : SA11AI.15864**

Amount of Each Receipt this Period  
 1000.00

**B. Mr. Joshua Yedvab**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Maplewood Lane

City Roslyn State NY Zip Code 11576

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

Name of Employer South Nassau Communities Hosp. Occupation Network Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2012  
**Transaction ID : SA11AI.15875**

Amount of Each Receipt this Period  
 600.00

**C.**  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	76850.00

**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)

<input checked="" type="checkbox"/> 21b	<input 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**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 2211 N. First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Credit Card fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.15885**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 2211 N. First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.15900**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 2211 N. First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Monthly Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.15987**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**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)

<input checked="" type="checkbox"/> 21b	<input 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**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 2211 N. First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2012

**Transaction ID : SB21B.15989**

Amount of Each Disbursement this Period

220.08

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 2211 N. First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Credit card fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2012

**Transaction ID : SB21B.16056**

Amount of Each Disbursement this Period

178.24

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

398.32

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

754.35

**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)

<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**

Full Name (Last, First, Middle Initial)

**A. 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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**008**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB22.15884**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. 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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**008**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB22.16058**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. 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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**008**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB22.16060**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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