

**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 88                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

NAME OF COMMITTEE (In Full)  
**Healthcare Association of New York State and Allied Associations' Federal PAC (HANYS Federal PAC)**

|   |                                     |                   |  |
|---|-------------------------------------|-------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. David Cohen</b>  |                                     |                   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 13 / 2013<br><b>Transaction ID : SA11AI.17518</b> |
| Mailing Address 80 East End Avenue  |                                     |                   | Amount of Each Receipt this Period<br>1000.00  |
| City<br>New York  | State<br>NY                         | Zip Code<br>10028 |  |
| FEC ID number of contributing federal political committee.<br>C   |                                     |                   |  |
| Name of Employer<br>Maimonides Medical Ctr.   | Occupation<br>Sr. Vice President    |                   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |                   |  |

|   |                                    |                   |  |
|---|------------------------------------|-------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Dr. Todd Cohen</b>   |                                    |                   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 15 / 2013<br><b>Transaction ID : SA11AI.17434</b> |
| Mailing Address 49 Crescent Road  |                                    |                   | Amount of Each Receipt this Period<br>350.00   |
| City<br>Port Washington   | State<br>NY                        | Zip Code<br>11050 |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |                   |  |
| Name of Employer<br>Winthrop University Hospital  | Occupation<br>Physician            |                   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00 |                   |  |

|   |  |                   |  |
|---|--|-------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Bruce Cohn</b>   |  |                   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 15 / 2013<br><b>Transaction ID : SA11AI.17455</b> |
| Mailing Address 72 Glenlawn Avenue  |  |                   | Amount of Each Receipt this Period<br>350.00   |
| City<br>Sea Cliff   | State<br>NY                            | Zip Code<br>11579 |  |
| FEC ID number of contributing federal political committee.<br>C   |  |                   |  |
| Name of Employer<br>Winthrop University Hospital  | Occupation<br>Assistant Vice President |                   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00     |                   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1700.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |