

# 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 / 30
	<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)  
Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Diane P Corrigan	Date of Receipt MM / DD / YYYY 07 / 08 / 2009
	Mailing Address 399 South 34th Street, 21st floor	<b>Transaction ID:</b> 17342817
	City Philadelphia State PA Zip Code 19104-4316	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer University of Pennsylvania Health Syst Occupation Director, Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Brian L. Strom	Date of Receipt MM / DD / YYYY 07 / 08 / 2009
	Mailing Address 332 Hidden River Road	<b>Transaction ID:</b> 17342821
	City Narberth State PA Zip Code 19072-1111	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Hospital of the University of Pennsylv Occupation Prof. of Medicine Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Michele A. Fletcher	Date of Receipt MM / DD / YYYY 07 / 08 / 2009
	Mailing Address 54 Berkshire Drive	<b>Transaction ID:</b> 17342823
	City Sewell State NJ Zip Code 08080-3103	Amount of Each Receipt this Period 262.50
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer University of Pennsylvania Health Syst Occupation Director-Compensation & Benefits Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 262.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1012.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	