

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)

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NAME OF COMMITTEE (In Full)

The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Jennings, William, M., Mr., Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1252 Van Steffy Avenue City Wyomissing State PA Zip Code 19610-2446 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Reading Hospital Occupation (for Individual) President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00			Date of Receipt M M / D D / Y Y Y Y Y 05 / 21 / 2019 Transaction ID : 25019209 Amount of Each Receipt this Period 800.00 <input type="checkbox"/> Memo Item 2019 Contribution
B. Spallucci, Maryanne, , Ms., Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 6 Morgan Lane City Media State PA Zip Code 19063-2221 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) St. Mary Medical Center Occupation (for Individual) Vice President, Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 05 / 23 / 2019 Transaction ID : 25019222 Amount of Each Receipt this Period 400.00 <input type="checkbox"/> Memo Item 2019 Contribution
C. True, Tina, L., Ms., Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 2280 Forest Hills Drive City Harrisburg State PA Zip Code 17112-1004 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn Occupation (for Individual) Senior Vice President, Bus. Dev. and O Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00			Date of Receipt M M / D D / Y Y Y Y Y 05 / 24 / 2019 Transaction ID : 25019229 Amount of Each Receipt this Period 800.00 <input type="checkbox"/> Memo Item 2019 Contribution
SUBTOTAL of Receipts This Page (optional)..... ▶			2000.00
TOTAL This Period (last page this line number only)..... ▶			