

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

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

FOR LINE NUMBER: PAGE 27 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Association of New York State and Allied Associations' Federal PAC (HANYS Federal PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Summers, Paul, , Mr.,

Mailing Address 186 County Highway 47

City
OneontaState
NYZip Code
13820FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UHS Delaware Valley HospitalOccupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2018

Transaction ID : SA11AI.24857

Amount of Each Receipt this Period

210.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Summers, Paul, , Mr.,

Mailing Address 186 County Highway 47

City
OneontaState
NYZip Code
13820FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UHS Delaware Valley HospitalOccupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2018

Transaction ID : SA11AI.24858

Amount of Each Receipt this Period

122.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Triolo, Andrew E., , Mr.,

Mailing Address 73 Hollins Lane

City
East IslipState
NYZip Code
11730FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
South Nassau Communities Hosp.Occupation (for Individual)
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 27 / 2018

Transaction ID : SA11AI.24734

Amount of Each Receipt this Period

210.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

542.50

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