

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

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

FOR LINE NUMBER: PAGE 6 / 7
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Teaching Hospital Education PAC

Full Name (Last, First, Middle Initial) A. Helen Mark		Date of Receipt M / D / Y 05 / 20 / 2004
Mailing Address 3777 Independence Avenue		Transaction ID: SA11A1.4729
City Bronx	State NY	Zip Code 10463
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer New York Presbyterian Hospital	Occupation Hospital Administrator	Contribution to THEPAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Robert G. Scott		Date of Receipt M / D / Y 05 / 08 / 2004
Mailing Address 33 East 70th Street		Transaction ID: SA11A1.4727
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Morgan Stanley	Occupation Advisory Director	Contribution to THEPAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Robert S. Voland		Date of Receipt M / D / Y 05 / 01 / 2004
Mailing Address 150 East 89th Street Apartment 8B		Transaction ID: SA11A1.4723
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer New York Presbyterian Hospital	Occupation Senior Vice President	Contribution to THEPAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	2250.00