

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 11 OF 18

☒ 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. Mancino, Joseph, , Mr.,

Mailing Address 109 Tanners Pond Road

City
Garden City

State
NY

Zip Code
11530

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NYU Winthrop Hospital

Occupation (for Individual)
Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2018

Transaction ID : SA11AI.25231

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

B. Naldi, Robert, , Mr.,

Mailing Address 4802 Tenth Avenue

City
Brooklyn

State
NY

Zip Code
11219

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maimonides Medical Center

Occupation (for Individual)
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2018

Transaction ID : SA11AI.25236

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

C. Pallas, Andrew, , Mr.,

Mailing Address 19 Long Acre Lane

City
Dix Hills

State
NY

Zip Code
11746

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St. Joseph Hospital

Occupation (for Individual)
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 16 / 2018

Transaction ID : SA11AI.25412

Amount of Each Receipt this Period

262.50

☐ Memo Item

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

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

962.50