

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

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

FOR LINE NUMBER: PAGE 7 OF 67
(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. Armstrong, William, , Mr.,

Mailing Address 63-02 75th Street

City
Middle Village

State
NY

Zip Code
11379

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Catholic Health Services of LI

Occupation (for Individual)
Sr. Vice President of Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2017

Transaction ID : SA11AI.22751

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

B. Balko, Alex, , Mr.,

Mailing Address P.O. Box 235

City
Point Lookout

State
NY

Zip Code
11569

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
South Nassau Communities Hosp.

Occupation (for Individual)
Director of Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2017

Transaction ID : SA11AI.23520

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Belair, Patricia, , Ms.,

Mailing Address 76 West 86 Street

City
New York

State
NY

Zip Code
10024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SBH Health System

Occupation (for Individual)
Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 06 / 2017

Transaction ID : SA11AI.22486

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

900.00