

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

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

FOR LINE NUMBER: PAGE 37 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)

A. Naldi, Robert, , Mr., Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2017 Transaction ID : SA11AI.23415 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item
B. Niehaus, Eric, , Mr., Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 48 Bobwhite Drive City Glenmont State NY Zip Code 12077 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Healthcare Association of NYS Occupation (for Individual) Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 10 / 2017 Transaction ID : SA11AI.23577 Amount of Each Receipt this Period 300.00 <input type="checkbox"/> Memo Item
C. Nigro, Emil, , Dr., Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 25 Raymond Road City North Salem State NY Zip Code 10560 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Phelps Memorial Hospital Occupation (for Individual) Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 18 / 2017 Transaction ID : SA11AI.22984 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			1300.00
TOTAL This Period (last page this line number only)..... ▶			