

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)

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☒ 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. Shattes, Wayne, , Mr.,

Mailing Address 23 Eastwood Road

City
Miller Place

State
NY

Zip Code
11764

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
J.T. Mather Memorial Hospital

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2017

Transaction ID : SA11AI.23645

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Simon, Maxine, , Ms.,

Mailing Address 211-35 23rd Avenue

City
Bayside

State
NY

Zip Code
11360

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NYU Langone Med. Ctr.

Occupation (for Individual)
Chief Regulatory Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2017

Transaction ID : SA11AI.23427

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Smith, Thomas, , Mr.,

Mailing Address 51 E. 90 Street

City
New York

State
NY

Zip Code
10128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maimonides Medical Center

Occupation (for Individual)
Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.23546

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)..... ►

1050.00