

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

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

FOR LINE NUMBER: PAGE 25 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. Hagan, Francis, , Mr.,

Mailing Address 15 Tennyson Street

City
Hartsdale

State
NY

Zip Code
10530

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St. Joseph's Medical Center

Occupation (for Individual)
Senior 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 Y
10 / 11 / 2019

Transaction ID : SA11AI.26557

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Healy, William, , Dr.,

Mailing Address 196 E. Main Street

City
Huntington

State
NY

Zip Code
11743

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northwell Health

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 19 / 2019

Transaction ID : SA11AI.25971

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

C. Heider, Travis, , Mr.,

Mailing Address 275 Viennawood Drive

City
Rochester

State
NY

Zip Code
14618

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pandion Healthcare: Educ&Advoc

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2019

Transaction ID : SA11AI.27052

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

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

1000.00