

**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 35 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Minkoff, Jay, B., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2132 Race Street

City Philadelphia	State PA	Zip Code 19103-1025
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Albert Einstein Healthcare Network	Occupation (for Individual) Trustee
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2021

Transaction ID : 26173119

Amount of Each Receipt this Period
400.00

Memo Item

2021 Contribution

B. Rottinghaus, David, M., Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 112 Lyndhurst CirIce

City Wexford	State PA	Zip Code 15090-8864
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Butler Health System	Occupation (for Individual) CMO
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2021

Transaction ID : 26173121

Amount of Each Receipt this Period
800.00

Memo Item

2021 Contribution

C. Lutz, Roger, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 315 Lakewood Dr

City Butler	State PA	Zip Code 16001-1636
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Butler Memorial Hospital	Occupation (for Individual) CIO
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2021

Transaction ID : 26173124

Amount of Each Receipt this Period
400.00

Memo Item

2021 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
TOTAL This Period (last page this line number only).....▶	