

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 31
	<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)
Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

A. Full Name (Last, First, Middle Initial)
Dr. Michael H. Bleshman, MD

Mailing Address 1801 Blackberry Lane

City Gladwyne State PA Zip Code 19035-1101

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Pennsylvania Health Syst Occupation Clinical Professor & Vice Chair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 0 6

Transaction ID: 12470403

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Brian L. Strom

Mailing Address 332 Hidden River Road

City Narberth State PA Zip Code 19072-1111

FEC ID number of contributing federal political committee. **C**

Name of Employer Hospital of the University of Pennsylv Occupation Prof. of Medicine

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 0 6

Transaction ID: 12470421

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Stuart L. Fine, MD

Mailing Address 914 Sorrell Lane

City Bryn Mawr State PA Zip Code 19010-1927

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Pennsylvania Health Syst Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 12470657

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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