

# **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)

**Magellan Health Services, Inc. Employee Committee for Good Government**

Full Name (Last, First, Middle Initial)

**A. Arthur S. Hennig**

Mailing Address 13 Tallwood Road

City

Farmington

State

CT

Zip Code

06032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Magellan Health Services

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 31 / 2013

Transaction ID : SA11AI.6430

Amount of Each Receipt this Period

50.00

Payroll deduction - \$25 twice monthly

Full Name (Last, First, Middle Initial)

**B. Patricia Howard**

Mailing Address 199 Pomeroy Road  
3rd Floor

City

Parsippany

State

NJ

Zip Code

07054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Magellan Health Services

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 31 / 2013

Transaction ID : SA11AI.6473

Amount of Each Receipt this Period

100.00

Payroll deduction - \$50 twice monthly

Full Name (Last, First, Middle Initial)

**C. Anthony M. Kotin**

Mailing Address 6 Andrew Drive

City

Canton

State

CT

Zip Code

06019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Magellan Health Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / 22 / 2013

Transaction ID : SA11AI.6419

Amount of Each Receipt this Period

5000.00

Contribution

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

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

5150.00