

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 46
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Maurice Hinchey

A. Full Name (Last, First, Middle Initial)
Crystal Run Healthcare LLP

Mailing Address 155 Crystal Run Road

City Middletown State NY Zip Code 10941

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2011

Transaction ID : C8296234

Amount of Each Receipt this Period
 1000.00

PARTNERSHIP--partners below if itemized

B. Full Name (Last, First, Middle Initial)
Hal Teitelbaum MD

Mailing Address 212 Pilgrim Corners Road

City Middletown State NY Zip Code 10940

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

Name of Employer Occupation
 Crystal Run Healthcare Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2011

Transaction ID : C8296237

Amount of Each Receipt this Period
 1000.00

[MEMO ITEM]
*

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

9393.00