

# Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

|   |                          |           |                         |                          |                                    |                         |  |  |                              |                                     |                   |                    |
|---|--------------------------|-----------|-------------------------|--------------------------|------------------------------------|-------------------------|--|--|------------------------------|-------------------------------------|-------------------|--------------------|
| <b>Filer Identification Number :</b>  |                          | 7900364   |                         | <b>Report Filed By :</b> |                                    | <b>CANDIDATE</b>        |  | <b>COMMITTEE</b> <input checked="" type="checkbox"/> |                              | <b>LOBBYIST</b>                     |                   |                    |
| <b>Name of Filing Committee, Candidate or Lobbyist:</b> Hospital & Healthsystem Assoc of PA PAC (HAPAC) |                          |           |                         |                          |                                    |                         |  |  |                              |                                     |                   |                    |
| <b>Street Address:</b> 4750 Lindle Road   |                          |           |                         |                          |                                    |                         |  |  |                              |                                     |                   |                    |
| <b>City:</b> Harrisburg   |                          |           |                         |                          |                                    | <b>State:</b> PA        |  |  | <b>Zip Code:</b> 17105       |                                     |                   |                    |
| <b>TYPE OF REPORT</b><br><br>(place X to the right of report type)                                      | 6TH TUESDAY PRE-PRIMARY  | 1.        | 2ND FRIDAY PRE-PRIMARY  | 2.                       | 30 DAY POST-PRIMARY                | 3.                      | AMENDMENT REPORT?                                | Yes  | No                           | <input checked="" type="checkbox"/> |                   |                    |
|   | 6TH TUESDAY PRE-ELECTION | 4.        | 2ND FRIDAY PRE-ELECTION | 5.X                      | 30 DAY POST-ELECTION               | 6.                      | TERMINATION REPORT?                              | Yes  | No                           | <input checked="" type="checkbox"/> |                   |                    |
|   | ANNUAL REPORT            | 7.        | Year 2014               |                          | <b>FILING METHOD ( ) CHECK ONE</b> |                         | <b>PAPER</b> <input checked="" type="checkbox"/> | <b>DISKETTE</b>                                      |                              |                                     |                   |                    |
| <b>Name of Office Sought by Candidate:</b>  |                          |           |                         |                          |                                    | <b>DATE OF ELECTION</b> |  |  | <b>District Number</b>       | <b>Office Code</b>                  | <b>Party Code</b> | <b>County Code</b> |
|   |                          |           |                         |                          |                                    | <b>MO</b>               | <b>DAY</b>                                       | <b>YEAR</b>  |                              |                                     |                   |                    |
|   |                          |           |                         |                          |                                    | 11                      | 4  | 2014   |                              |                                     |                   |                    |
|   |                          |           |                         |                          |                                    |                         |  |  | (SEE INSTRUCTIONS FOR CODES) |                                     |                   |                    |
| <b>Summary of Receipts and Expenditures from:</b>   |                          | <b>MO</b> | <b>DAY</b>              | <b>YEAR</b>              | <b>TO</b>                          | <b>MO</b>               | <b>DAY</b>                                       | <b>YEAR</b>  | <b>FOR OFFICE USE ONLY</b>   |                                     |                   |                    |
|   |                          | 9         | 16                      | 2014                     |                                    | 10                      | 20   | 2014   |                              |                                     |                   |                    |
| <b>A. Amount Brought Forward From Last Report</b>   |                          |           |                         |                          |                                    | \$ 88,652.98            |  |  |                              |                                     |                   |                    |
| <b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>                                   |                          |           |                         |                          |                                    | \$ 7,220.47             |  |  |                              |                                     |                   |                    |
| <b>C. Total Funds Available (Sum Of Lines A and B)</b>  |                          |           |                         |                          |                                    | \$ 95,873.45            |  |  |                              |                                     |                   |                    |
| <b>D. Total Expenditures (From Schedule III)</b>  |                          |           |                         |                          |                                    | \$ 31,022.06            |  |  |                              |                                     |                   |                    |
| <b>E. Ending Cash Balance (Subtract Line D From Line C)</b>   |                          |           |                         |                          |                                    | \$ 64,851.39            |  |  |                              |                                     |                   |                    |
| <b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>                                    |                          |           |                         |                          |                                    | \$ 0.00                 |  |  |                              |                                     |                   |                    |
| <b>G. Unpaid Debts And Obligations (From Schedule IV)</b>   |                          |           |                         |                          |                                    | \$ 0.00                 |  |  |                              |                                     |                   |                    |

## AFFIDAVIT SECTION

**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Signature

Printed Name

My Commission Expires

Email

MO DAY YR

Area Code Daytime Telephone Number

**Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.**

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
**Detailed Summary Page**

|   |  |
|---|--|
| <b>Name of Filing Committee or Candidate</b>    | <b>Reporting Period</b>                      |
| Hospital & Healthsystem Assoc of PA PAC (HAPAC) | From: <u>9/16/2014</u> To: <u>10/20/2014</u> |

|  |           |
|--|-----------|
| <b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b> |           |
| <b>TOTAL for the Reporting Period (1)</b>                                      | \$ 341.96 |

|  |             |
|--|-------------|
| <b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b> |             |
| <b>Contributions Received From Political Committees (Part A)</b>                 | \$ 0.00     |
| <b>All Other Contributions (Part B)</b>  | \$ 2,347.33 |
| <b>TOTAL for the Reporting Period (2)</b>  | \$ 2,347.33 |

|   |             |
|---|-------------|
| <b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b> |             |
| <b>Contributions Received From Political Committees (Part C)</b>        | \$ 0.00     |
| <b>All Other Contributions (Part D)</b>                                 | \$ 3,515.00 |
| <b>TOTAL for the Reporting Period (3)</b>                               | \$ 3,515.00 |

|  |             |
|--|-------------|
| <b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b> |             |
| <b>TOTAL for the Reporting Period (4)</b>  | \$ 1,016.18 |

|   |             |
|---|-------------|
| <b>Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)</b> | \$ 7,220.47 |
|---|-------------|

| <div> <div> PART A</div> <div> CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</div> <div> \$50.01 TO \$250.00</div> <div> Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.</div> </div> |       |                   |  |                  |        |      |                               |
|---|-------|-------------------|--|------------------|--------|------|-------------------------------|
| Name of Filing Committee or Candidate   |       |                   |  | Reporting Period |        |      |                               |
|   |       |                   |  | From:            | To:    |      |                               |
|   |       |                   |  | DATE             | AMOUNT |      |                               |
| Full Name of Contributing Committee   |       |                   |  | MO               | DAY    | YEAR | <div>\$</div> <div>0.00</div> |
| Mailing Address   |       |                   |  |                  |        |      |                               |
| City  | State | Zip Code (Plus 4) |  |                  |        |      |                               |

**Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.**

|                   |      |
|-------------------|------|
| <b>PAGE TOTAL</b> |      |
| \$                | 0.00 |

**PART B**  
**ALL OTHER CONTRIBUTIONS**

**\$50.01 TO \$250.00**

**Use this Part to itemize all other contributions with an aggregate value from  
\$50.01 to \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part A)**

|   |                    |                                       |  |   |            |               |           |
|---|--------------------|---------------------------------------|--|---|------------|---------------|-----------|
| <b>Name of Filing Committee or Candidate</b><br>Hospital & Healthsystem Assoc of PA PAC (HAPAC) |                    |                                       |  | <b>Reporting Period</b><br><b>From:</b> <u>9/16/2014</u> <b>To:</b> <u>10/20/2014</u> |            |               |           |
|   |                    |                                       |  | <b>DATE</b>   |            | <b>AMOUNT</b> |           |
| <b>Full Name of Contributor</b><br>Andrew Harris  |                    |                                       |  | <b>MO</b>   | <b>DAY</b> | <b>YEAR</b>   | \$ 100.00 |
| <b>Mailing Address</b> 3821 Buck Hill Circle  |                    |                                       |  | 10  | 17         | 2014          |           |
| <b>City</b> Schnecksville   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>180783540 |  |   |            |               |           |
| <b>Full Name of Contributor</b><br>Ms. Angela E. Gochenaur                                      |                    |                                       |  | <b>MO</b>   | <b>DAY</b> | <b>YEAR</b>   | \$ 17.50  |
| <b>Mailing Address</b> 231 E. Market St   |                    |                                       |  | 10  | 15         | 2014          |           |
| <b>City</b> Marietta  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>175471533 |  |   |            |               |           |
| <b>Full Name of Contributor</b><br>Ms. Sue Stewart  |                    |                                       |  | <b>MO</b>   | <b>DAY</b> | <b>YEAR</b>   | \$ 9.63   |
| <b>Mailing Address</b> 792 Garriston Road   |                    |                                       |  | 10  | 15         | 2014          |           |
| <b>City</b> Lewisberry  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>173399641 |  |   |            |               |           |
| <b>Full Name of Contributor</b><br>Ms. Julie Kissinger  |                    |                                       |  | <b>MO</b>   | <b>DAY</b> | <b>YEAR</b>   | \$ 14.48  |
| <b>Mailing Address</b> 1013 Tiverton Road   |                    |                                       |  | 10  | 15         | 2014          |           |
| <b>City</b> Mechanicsburg   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>170507699 |  |   |            |               |           |
| <b>Full Name of Contributor</b><br>Joseph Thaner  |                    |                                       |  | <b>MO</b>   | <b>DAY</b> | <b>YEAR</b>   | \$ 82.50  |
| <b>Mailing Address</b> 937 East End Ave   |                    |                                       |  | 10  | 15         | 2014          |           |
| <b>City</b> Pittsburgh  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>152213429 |  |   |            |               |           |
| <b>Full Name of Contributor</b><br>Mr. Anthony Mastropietro                                     |                    |                                       |  | <b>MO</b>   | <b>DAY</b> | <b>YEAR</b>   | \$ 150.00 |
| <b>Mailing Address</b> 1300 Vickery Lane  |                    |                                       |  | 10  | 15         | 2014          |           |
| <b>City</b> Lancaster   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>176014599 |  |   |            |               |           |

|   |          |                             |    |     |      |           |
|---|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributor<br>Mrs. LuAnn Trainer      |          |                             | MO | DAY | YEAR | \$ 82.50  |
| Mailing Address 106 Muirfield Court                 |          |                             | 10 | 15  | 2014 |           |
| City Moorestown                                     | State NJ | Zip Code (Plus 4) 080573954 |    |     |      |           |
| Full Name of Contributor<br>Lawrence S. Reichlin    |          |                             | MO | DAY | YEAR | \$ 137.50 |
| Mailing Address 501 Craig Lane                      |          |                             | 10 | 15  | 2014 |           |
| City Villanova                                      | State PA | Zip Code (Plus 4) 190851902 |    |     |      |           |
| Full Name of Contributor<br>Mr. Gary A Baker        |          |                             | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address One Hospital Drive                  |          |                             | 10 | 15  | 2014 |           |
| City Towanda  | State PA | Zip Code (Plus 4) 188489710 |    |     |      |           |
| Full Name of Contributor<br>Mr. H. Hank Simms MD    |          |                             | MO | DAY | YEAR | \$ 192.50 |
| Mailing Address 1823 Old Gulph Rd                   |          |                             | 10 | 8   | 2014 |           |
| City Villanova                                      | State PA | Zip Code (Plus 4) 190852028 |    |     |      |           |
| Full Name of Contributor<br>Ms. Tina Jones          |          |                             | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 100 Belle Dr                        |          |                             | 10 | 8   | 2014 |           |
| City Roaring Brook Twp                              | State PA | Zip Code (Plus 4) 184449383 |    |     |      |           |
| Full Name of Contributor<br>Ms. Sherry Watts        |          |                             | MO | DAY | YEAR | \$ 55.00  |
| Mailing Address 840 Sones Road                      |          |                             | 10 | 8   | 2014 |           |
| City Muncy  | State PA | Zip Code (Plus 4) 177567563 |    |     |      |           |
| Full Name of Contributor<br>Dr. Carl Chudnofsky MD  |          |                             | MO | DAY | YEAR | \$ 82.50  |
| Mailing Address 208 Edenton Place                   |          |                             | 10 | 8   | 2014 |           |
| City Villanova                                      | State PA | Zip Code (Plus 4) 190851452 |    |     |      |           |
| Full Name of Contributor<br>Mrs. Patricia Modafferi |          |                             | MO | DAY | YEAR | \$ 192.50 |
| Mailing Address 1301 Powell Street                  |          |                             | 10 | 8   | 2014 |           |
| City Norristown                                     | State PA | Zip Code (Plus 4) 194013378 |    |     |      |           |
| Full Name of Contributor<br>Ms. Angela E. Gochenaur |          |                             | MO | DAY | YEAR | \$ 17.50  |
| Mailing Address 231 E. Market St                    |          |                             | 9  | 30  | 2014 |           |
| City Marietta                                       | State PA | Zip Code (Plus 4) 175471533 |    |     |      |           |

|   |          |                             |    |     |      |           |
|---|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributor<br>Ms. Sue Stewart         |          |                             | MO | DAY | YEAR | \$ 9.63   |
| Mailing Address 792 Garriston Road                  |          |                             | 9  | 30  | 2014 |           |
| City Lewisberry                                     | State PA | Zip Code (Plus 4) 173399641 |    |     |      |           |
| Full Name of Contributor<br>Ms. Julie Kissinger     |          |                             | MO | DAY | YEAR | \$ 14.48  |
| Mailing Address 1013 Tiverton Road                  |          |                             | 9  | 30  | 2014 |           |
| City Mechanicsburg                                  | State PA | Zip Code (Plus 4) 170507699 |    |     |      |           |
| Full Name of Contributor<br>Ms. Angela E. Gochenaur |          |                             | MO | DAY | YEAR | \$ 17.50  |
| Mailing Address 231 E. Market St                    |          |                             | 9  | 16  | 2014 |           |
| City Marietta                                       | State PA | Zip Code (Plus 4) 175471533 |    |     |      |           |
| Full Name of Contributor<br>Ms. Sue Stewart         |          |                             | MO | DAY | YEAR | \$ 9.63   |
| Mailing Address 792 Garriston Road                  |          |                             | 9  | 16  | 2014 |           |
| City Lewisberry                                     | State PA | Zip Code (Plus 4) 173399641 |    |     |      |           |
| Full Name of Contributor<br>Ms. Julie Kissinger     |          |                             | MO | DAY | YEAR | \$ 14.48  |
| Mailing Address 1013 Tiverton Road                  |          |                             | 9  | 16  | 2014 |           |
| City Mechanicsburg                                  | State PA | Zip Code (Plus 4) 170507699 |    |     |      |           |
| Full Name of Contributor<br>Diana L. Whittaker      |          |                             | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 473 Timberland Trail                |          |                             | 9  | 29  | 2014 |           |
| City New Castle                                     | State PA | Zip Code (Plus 4) 161023602 |    |     |      |           |
| Full Name of Contributor<br>Tom Kerchinski Sr.      |          |                             | MO | DAY | YEAR | \$ 150.00 |
| Mailing Address 4750 Lindle Road                    |          |                             | 9  | 25  | 2014 |           |
| City Harrisburg                                     | State PA | Zip Code (Plus 4) 171112428 |    |     |      |           |
| Full Name of Contributor<br>Michelle A. Reaser      |          |                             | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 311 Kentucky Ave                    |          |                             | 9  | 23  | 2014 |           |
| City Sinking Spring                                 | State PA | Zip Code (Plus 4) 196089386 |    |     |      |           |
| Full Name of Contributor<br>Mr. Melvin D. Rex       |          |                             | MO | DAY | YEAR | \$ 55.00  |
| Mailing Address 2380 Mill Grove Road                |          |                             | 9  | 23  | 2014 |           |
| City Pittsburgh                                     | State PA | Zip Code (Plus 4) 15241     |    |     |      |           |

|                                    |          |                             |    |     |      |           |
|------------------------------------|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributor           |          |                             | MO | DAY | YEAR | \$ 137.50 |
| Ms. Suzanne Kornblatt              |          |                             | 9  | 19  | 2014 |           |
| Mailing Address 567 Linda Lane     |          |                             |    |     |      |           |
| City Woodmere                      | State NY | Zip Code (Plus 4) 115981524 |    |     |      |           |
| Full Name of Contributor           |          |                             | MO | DAY | YEAR | \$ 55.00  |
| Ms. Penny Rezet                    |          |                             | 9  | 19  | 2014 |           |
| Mailing Address 1011 W Cliveden St |          |                             |    |     |      |           |
| City Philadelphia                  | State PA | Zip Code (Plus 4) 191193702 |    |     |      |           |
| Full Name of Contributor           |          |                             | MO | DAY | YEAR | \$ 25.00  |
| Ms. Sue Stewart                    |          |                             | 9  | 17  | 2014 |           |
| Mailing Address 792 Garriston Road |          |                             |    |     |      |           |
| City Lewisberry                    | State PA | Zip Code (Plus 4) 173399641 |    |     |      |           |
| Full Name of Contributor           |          |                             | MO | DAY | YEAR | \$ 25.00  |
| Ms. Julie Kissinger                |          |                             | 9  | 17  | 2014 |           |
| Mailing Address 1013 Tiverton Road |          |                             |    |     |      |           |
| City Mechanicsburg                 | State PA | Zip Code (Plus 4) 170507699 |    |     |      |           |

**PAGE TOTAL**

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

\$ 2,347.33

**PART C**

# Contributions Received From Political Committees

## OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

|                                       |                  |     |
|---------------------------------------|------------------|-----|
| Name of Filing Committee or Candidate | Reporting Period |     |
|                                       | From:            | To: |

|                                     |       |                   | DATE |     |      | AMOUNT |      |
|-------------------------------------|-------|-------------------|------|-----|------|--------|------|
| Full Name of Contributing Committee |       |                   | MO   | DAY | YEAR | \$     | 0.00 |
| Mailing Address                     |       |                   |      |     |      |        |      |
| City                                | State | Zip Code (Plus 4) |      |     |      |        |      |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 0.00           |



**PART D**  
**ALL OTHER CONTRIBUTIONS**  
**OVER \$250.00**

**Use this Part to itemize all other contributions with an aggregate value of  
over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C.)**

|   |  |
|---|--|
| <b>Name of Filing Committee or Candidate</b>    | <b>Reporting Period</b>                                    |
| Hospital & Healthsystem Assoc of PA PAC (HAPAC) | <b>From:</b> <u>9/16/2014</u> <b>To:</b> <u>10/20/2014</u> |

|   |                    |                                       |                           | DATE                                       | AMOUNT             |      |                                       |
|---|--------------------|---------------------------------------|---------------------------|--|--------------------|------|---------------------------------------|
| <b>Full Name of Contributor</b><br>Mr. Scott A. Bishop  |                    |                                       |                           | MO   | DAY                | YEAR | \$ 55.00                              |
| <b>Mailing Address</b> 3133 Windsor Drive   |                    |                                       |                           |  |                    |      |                                       |
| <b>City</b> Landisville   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>175381366 |                           |  |                    |      |                                       |
| <b>Employer Name</b> Hospital and Healthsystem Assn of Pennsylvania                                 |                    |                                       |                           | <b>Occupation</b> Sr. VP State Legislation |                    |      |                                       |
| <b>Employer Mailing Address/Principal Place of Business</b><br>4750 Lindle RoadPost Office Box 8600 |                    |                                       | <b>City</b><br>Harrisburg |  | <b>State</b><br>PA |      | <b>Zip Code (Plus 4)</b><br>171112451 |
| <b>Full Name of Contributor</b><br>Joseph B. Banko Jr.  |                    |                                       |                           | MO   | DAY                | YEAR | \$ 275.00                             |
| <b>Mailing Address</b> 241 Vee Lynn Drive   |                    |                                       |                           |  |                    |      |                                       |
| <b>City</b> Pittsburgh  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>152281150 |                           |  |                    |      |                                       |
| <b>Employer Name</b> retired  |                    |                                       |                           | <b>Occupation</b> retired                  |                    |      |                                       |
| <b>Employer Mailing Address/Principal Place of Business</b>   |                    |                                       | <b>City</b>               |  | <b>State</b>       |      | <b>Zip Code (Plus 4)</b>              |
| <b>Full Name of Contributor</b><br>Mr. Jay B. Minkoff   |                    |                                       |                           | MO   | DAY                | YEAR | \$ 275.00                             |
| <b>Mailing Address</b> 262 Indian Creek Road  |                    |                                       |                           |  |                    |      |                                       |
| <b>City</b> Wynnewood   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>190963404 |                           |  |                    |      |                                       |
| <b>Employer Name</b> First Flavor Inc   |                    |                                       |                           | <b>Occupation</b> CEO                      |                    |      |                                       |
| <b>Employer Mailing Address/Principal Place of Business</b><br>262 Indian Creek Road                |                    |                                       | <b>City</b><br>Wynnewood  |  | <b>State</b><br>PA |      | <b>Zip Code (Plus 4)</b><br>190963404 |
| <b>Full Name of Contributor</b><br>Mr. Scott A. Bishop  |                    |                                       |                           | MO   | DAY                | YEAR | \$ 55.00                              |
| <b>Mailing Address</b> 3133 Windsor Drive   |                    |                                       |                           |  |                    |      |                                       |
| <b>City</b> Landisville   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>175381366 |                           |  |                    |      |                                       |
| <b>Employer Name</b> Hospital and Healthsystem Assn of Pennsylvania                                 |                    |                                       |                           | <b>Occupation</b> Sr. VP State Legislation |                    |      |                                       |
| <b>Employer Mailing Address/Principal Place of Business</b><br>4750 Lindle RoadPost Office Box 8600 |                    |                                       | <b>City</b><br>Harrisburg |  | <b>State</b><br>PA |      | <b>Zip Code (Plus 4)</b><br>171112451 |

|   |                    |                                       |                         |                       |                    |                                       |                    |
|---|--------------------|---------------------------------------|-------------------------|-----------------------|--------------------|---------------------------------------|--------------------|
| <b>Full Name of Contributor</b><br>Kenneth Wood DO                                      |                    |                                       |                         | <b>MO</b>             | <b>DAY</b>         | <b>YEAR</b>                           | <b>\$</b> 1,000.00 |
| <b>Mailing Address</b> 10 Penny Lane  |                    |                                       |                         | 9                     | 29                 | 2014                                  |                    |
| <b>City</b> Danville  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>178218483 |                         |                       |                    |                                       |                    |
| <b>Employer Name</b> Geisinger Medical Center   |                    |                                       |                         | <b>Occupation</b> CFO |                    |                                       |                    |
| <b>Employer Mailing Address/Principal Place of Business</b><br>100 North Academy Avenue |                    |                                       | <b>City</b><br>Danville |                       | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>178222201 |                    |

  

|   |                    |                                       |                          |                             |                    |                                       |                  |
|---|--------------------|---------------------------------------|--------------------------|-----------------------------|--------------------|---------------------------------------|------------------|
| <b>Full Name of Contributor</b><br>Ms. Andrea F Gilbert FACHE                             |                    |                                       |                          | <b>MO</b>                   | <b>DAY</b>         | <b>YEAR</b>                           | <b>\$</b> 550.00 |
| <b>Mailing Address</b> 722 Clarendon Rd   |                    |                                       |                          | 9                           | 29                 | 2014                                  |                  |
| <b>City</b> Penn Valley   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>190721519 |                          |                             |                    |                                       |                  |
| <b>Employer Name</b> Bryn Mawr Hospital   |                    |                                       |                          | <b>Occupation</b> President |                    |                                       |                  |
| <b>Employer Mailing Address/Principal Place of Business</b><br>130 South Bryn Mawr Avenue |                    |                                       | <b>City</b><br>Bryn Mawr |                             | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>190103160 |                  |

  

|   |                    |                                       |                         |  |                    |                                       |                    |
|---|--------------------|---------------------------------------|-------------------------|--|--------------------|---------------------------------------|--------------------|
| <b>Full Name of Contributor</b><br>Mr. Frank J Trembulak                                |                    |                                       |                         | <b>MO</b>                                  | <b>DAY</b>         | <b>YEAR</b>                           | <b>\$</b> 1,000.00 |
| <b>Mailing Address</b> 100 North Academy Avenue   |                    |                                       |                         | 9  | 23                 | 2014                                  |                    |
| <b>City</b> Danville  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>178229800 |                         |  |                    |                                       |                    |
| <b>Employer Name</b> Geisinger Medical Center   |                    |                                       |                         | <b>Occupation</b> Executive Vice President |                    |                                       |                    |
| <b>Employer Mailing Address/Principal Place of Business</b><br>100 North Academy Avenue |                    |                                       | <b>City</b><br>Danville |  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>178222201 |                    |

  

|   |                    |                                       |                           |  |                    |                                       |                 |
|---|--------------------|---------------------------------------|---------------------------|--|--------------------|---------------------------------------|-----------------|
| <b>Full Name of Contributor</b><br>Mr. Scott A. Bishop  |                    |                                       |                           | <b>MO</b>                                  | <b>DAY</b>         | <b>YEAR</b>                           | <b>\$</b> 55.00 |
| <b>Mailing Address</b> 3133 Windsor Drive   |                    |                                       |                           | 9  | 16                 | 2014                                  |                 |
| <b>City</b> Landisville   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>175381366 |                           |  |                    |                                       |                 |
| <b>Employer Name</b> Hospital and Healthsystem Assn of Pennsylvania                                 |                    |                                       |                           | <b>Occupation</b> Sr. VP State Legislation |                    |                                       |                 |
| <b>Employer Mailing Address/Principal Place of Business</b><br>4750 Lindle RoadPost Office Box 8600 |                    |                                       | <b>City</b><br>Harrisburg |  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>171112451 |                 |

  

|   |                    |                                       |                           |  |                    |                                       |                  |
|---|--------------------|---------------------------------------|---------------------------|--|--------------------|---------------------------------------|------------------|
| <b>Full Name of Contributor</b><br>Mr. Scott A. Bishop  |                    |                                       |                           | <b>MO</b>                                  | <b>DAY</b>         | <b>YEAR</b>                           | <b>\$</b> 250.00 |
| <b>Mailing Address</b> 3133 Windsor Drive   |                    |                                       |                           | 9  | 17                 | 2014                                  |                  |
| <b>City</b> Landisville   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>175381366 |                           |  |                    |                                       |                  |
| <b>Employer Name</b> Hospital and Healthsystem Assn of Pennsylvania                                 |                    |                                       |                           | <b>Occupation</b> Sr. VP State Legislation |                    |                                       |                  |
| <b>Employer Mailing Address/Principal Place of Business</b><br>4750 Lindle RoadPost Office Box 8600 |                    |                                       | <b>City</b><br>Harrisburg |  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>171112451 |                  |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PAGE TOTAL****\$** 3,515.00

## PART E OTHER RECEIPTS

### REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

**Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.**

|   |   |
|---|---|
| <b>Name of Filing Committee or Candidate</b><br><br>Hospital & Healthsystem Assoc of PA PAC (HAPAC) | <b>Reporting Period</b><br><br><b>From:</b> <u>9/16/2014</u> <b>To:</b> <u>10/20/2014</u> |
|---|---|

|   |    |     | DATE |         |  | AMOUNT |
|---|----|-----|------|---------|--|--------|
| Full Name   | MO | DAY | YEAR |         |  |        |
| Metro Bank  |    |     |      | \$ 4.77 |  |        |
| <b>Mailing Address</b> 3801 Paxton St                                 | 9  | 30  | 2014 |         |  |        |
| <b>City</b> Harrisburg <b>State</b> PA <b>Zip Code (Plus 4)</b> 17111 |    |     |      |         |  |        |
| <b>Receipt Description</b> Sept interest income                       |    |     |      |         |  |        |

| Full Name   | MO | DAY | YEAR |          |  |  |
|---|----|-----|------|----------|--|--|
| Metro Bank  |    |     |      | \$ 11.41 |  |  |
| <b>Mailing Address</b> 3801 Paxton St                                 | 9  | 30  | 2014 |          |  |  |
| <b>City</b> Harrisburg <b>State</b> PA <b>Zip Code (Plus 4)</b> 17111 |    |     |      |          |  |  |
| <b>Receipt Description</b> Sept interest income                       |    |     |      |          |  |  |

| Full Name   | MO | DAY | YEAR |             |  |  |
|---|----|-----|------|-------------|--|--|
| Williams for Senate   |    |     |      | \$ 1,000.00 |  |  |
| <b>Mailing Address</b> P.O. Box 6313                                    | 10 | 10  | 2014 |             |  |  |
| <b>City</b> Philadelphia <b>State</b> PA <b>Zip Code (Plus 4)</b> 19139 |    |     |      |             |  |  |
| <b>Receipt Description</b> Void - Williams for Senate                   |    |     |      |             |  |  |

**Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.**

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 1,016.18       |

## SCHEDULE II

**IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS  
DURING THE REPORTING PERIOD.**

**Detailed Summary Page**

|  |  |  |      |
|--|--|--|------|
| <b>Name of Filing Committee or Candidate</b>   |  | <b>Reporting Period</b>                      |      |
| Hospital & Healthsystem Assoc of PA PAC (HAPAC)  |  | From: <u>9/16/2014</u> To: <u>10/20/2014</u> |      |
| <b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>   |  |  |      |
| TOTAL for the Reporting Period (1)   |  | \$   | 0.00 |
| <b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>  |  |  |      |
| TOTAL for the Reporting Period (2)   |  | \$   | 0.00 |
| <b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>  |  |  |      |
| TOTAL for the Reporting Period (3)   |  | \$   | 0.00 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.) |  | \$   | 0.00 |

**SCHEDULE II**  
**PART F**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OF \$50.01 TO \$250.00**

|                                       |  |
|---------------------------------------|--|
| Name of Filing Committee or Candidate | Reporting Period<br><br>From: <span style="float: right;">To:</span> |
|---------------------------------------|--|

|   |       |                   | DATE |     |      | AMOUNT                           |
|---|-------|-------------------|------|-----|------|----------------------------------|
| Full Name of Contributor  |       |                   | MO   | DAY | YEAR | \$ 0.00                          |
| Mailing Address   |       |                   |      |     |      |                                  |
| City  | State | Zip Code (Plus 4) |      |     |      |                                  |
| Description of Contribution:  |       |                   |      |     |      |                                  |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2. |       |                   |      |     |      | <b>PAGE TOTAL</b><br><br>\$ 0.00 |

**SCHEDULE II**  
**PART G**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OVER \$250.00**

|                                       |                  |
|---------------------------------------|------------------|
| Name of Filing Committee or Candidate | Reporting Period |
|                                       | From: To:        |

|   |       |                  |       | DATE             |     | AMOUNT                      |         |
|---|-------|------------------|-------|------------------|-----|-----------------------------|---------|
| Full Name of Contributor  |       |                  |       | MO               | DAY | YEAR                        | \$ 0.00 |
| Mailing Address   |       |                  |       |                  |     |                             |         |
| City  | State | Zip Code(Plus 4) |       |                  |     |                             |         |
| Employer of Contributor   |       |                  |       | Occupation       |     |                             |         |
| Employer Mailing Address/Principal Place of Business  |       | City             | State | Zip Code(Plus 4) |     | Description of Contribution |         |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. |       |                  |       |                  |     | PAGE TOTAL<br>0.00          |         |

# SCHEDULE III STATEMENT OF EXPENDITURES

|   |   |
|---|---|
| <b>Name of Filing Committee or Candidate</b>    | <b>Reporting Period</b>                     |
| Hospital & Healthsystem Assoc of PA PAC (HAPAC) | From <u>9/16/2014</u> To: <u>10/20/2014</u> |

| DATE  |          |                             |  | AMOUNT |
|---|----------|-----------------------------|--|--------|
| To Whom Paid  |          |                             |  |        |
| Friends of Lisa Boscola                             |          |                             |  |        |
| Mailing Address P.O. Box 1294                       |          |                             |  |        |
| City Bethlehem                                      | State PA | Zip Code (Plus 4) 18016     |  |        |
| Description of Expenditure                          |          |                             |  |        |
| Lisa Boscola, STATE SENATE 18th PA                  |          |                             |  |        |
| To Whom Paid  |          |                             |  |        |
| House Democratic Campaign Cte                       |          |                             |  |        |
| Mailing Address P.O. Box 555 Federal Square Station |          |                             |  |        |
| City Harrisburg                                     | State PA | Zip Code (Plus 4) 171080555 |  |        |
| Description of Expenditure                          |          |                             |  |        |
| HDCC RECEPTION 9/16/14                              |          |                             |  |        |
| To Whom Paid  |          |                             |  |        |
| Senate Republican Campaign Committee                |          |                             |  |        |
| Mailing Address P.O. Box 792 Federal Square Station |          |                             |  |        |
| City Harrisburg                                     | State PA | Zip Code (Plus 4) 17108     |  |        |
| Description of Expenditure                          |          |                             |  |        |
| SRCC RECEPTION 9/15/14                              |          |                             |  |        |
| To Whom Paid  |          |                             |  |        |
| Friends of Mike Turzai                              |          |                             |  |        |
| Mailing Address P.O. Box 721                        |          |                             |  |        |
| City Wexford  | State PA | Zip Code (Plus 4) 15090     |  |        |
| Description of Expenditure                          |          |                             |  |        |
| Michael Turzai, STATE HOUSE 28th PA                 |          |                             |  |        |
| To Whom Paid  |          |                             |  |        |
| Markosek for State Legislature Committee            |          |                             |  |        |
| Mailing Address 207 Glenwood Drive                  |          |                             |  |        |
| City Monroeville                                    | State PA | Zip Code (Plus 4) 15146     |  |        |
| Description of Expenditure                          |          |                             |  |        |
| Joseph Markosek, STATE HOUSE 25th PA                |          |                             |  |        |
| To Whom Paid  |          |                             |  |        |
| Citizens for John Yudichak (Senate)                 |          |                             |  |        |
| Mailing Address P.O. Box 545                        |          |                             |  |        |
| City Harrisburg                                     | State PA | Zip Code (Plus 4) 17108     |  |        |
| Description of Expenditure                          |          |                             |  |        |
| John Yudichak, STATE SENATE 14th PA                 |          |                             |  |        |

|                                      |          |                         |  |     |      |             |
|--------------------------------------|----------|-------------------------|--|-----|------|-------------|
| To Whom Paid                         |          |                         | MO   | DAY | YEAR | \$ 500.00   |
| Friends of Mike Schlossberg          |          |                         |  |     |      |             |
| Mailing Address P.O. Box 391         |          |                         | 9  | 26  | 2014 |             |
| City Harrisburg                      | State PA | Zip Code (Plus 4) 17108 | Description of Expenditure Michael Schlossberg, STATE HOUSE 132nd PA |     |      |             |
| To Whom Paid                         |          |                         | MO   | DAY | YEAR | \$ 39.54    |
| Metro Bank                           |          |                         |  |     |      |             |
| Mailing Address 3801 Paxton St       |          |                         | 10   | 1   | 2014 |             |
| City Harrisburg                      | State PA | Zip Code (Plus 4) 17111 | Description of Expenditure Bank fees                                 |     |      |             |
| To Whom Paid                         |          |                         | MO   | DAY | YEAR | \$ 34.61    |
| Metro Bank                           |          |                         |  |     |      |             |
| Mailing Address 3801 Paxton St       |          |                         | 10   | 1   | 2014 |             |
| City Harrisburg                      | State PA | Zip Code (Plus 4) 17111 | Description of Expenditure bank fees                                 |     |      |             |
| To Whom Paid                         |          |                         | MO   | DAY | YEAR | \$ 64.45    |
| Metro Bank                           |          |                         |  |     |      |             |
| Mailing Address 3801 Paxton St       |          |                         | 10   | 2   | 2014 |             |
| City Harrisburg                      | State PA | Zip Code (Plus 4) 17111 | Description of Expenditure Bank fees-authorize.net                   |     |      |             |
| To Whom Paid                         |          |                         | MO   | DAY | YEAR | \$ 500.00   |
| Friends of Steve Barrar              |          |                         |  |     |      |             |
| Mailing Address P.O. Box 545         |          |                         | 10   | 10  | 2014 |             |
| City Harrisburg                      | State PA | Zip Code (Plus 4) 17108 | Description of Expenditure Stephen Barrar, STATE HOUSE 160th PA      |     |      |             |
| To Whom Paid                         |          |                         | MO   | DAY | YEAR | \$ 500.00   |
| Kerry Benninghoff for Rep. Cte.      |          |                         |  |     |      |             |
| Mailing Address 723 E. Bishop Street |          |                         | 10   | 10  | 2014 |             |
| City Bellefonte                      | State PA | Zip Code (Plus 4) 16823 | Description of Expenditure Kerry Benninghoff, STATE HOUSE 171st PA   |     |      |             |
| To Whom Paid                         |          |                         | MO   | DAY | YEAR | \$ 2,500.00 |
| Friends of Mike Turzai               |          |                         |  |     |      |             |
| Mailing Address P.O. Box 721         |          |                         | 10   | 10  | 2014 |             |
| City Wexford                         | State PA | Zip Code (Plus 4) 15090 | Description of Expenditure Michael Turzai, STATE HOUSE 28th PA       |     |      |             |
| To Whom Paid                         |          |                         | MO   | DAY | YEAR | \$ 500.00   |
| Vote to Elect Vance (Senate)         |          |                         |  |     |      |             |
| Mailing Address P.O. Box 652         |          |                         | 10   | 10  | 2014 |             |
| City Camp Hill                       | State PA | Zip Code (Plus 4) 17011 | Description of Expenditure Patricia Vance, STATE SENATE 31st PA      |     |      |             |



|   |                    |                                   |  |            |             |                  |
|---|--------------------|-----------------------------------|--|------------|-------------|------------------|
| <b>To Whom Paid</b><br>Sue Stewart        |                    |                                   | <b>MO</b>  | <b>DAY</b> | <b>YEAR</b> | <b>\$</b> 308.46 |
| <b>Mailing Address</b> 792 Garriston Road |                    |                                   | 10   | 10         | 2014        |                  |
| <b>City</b> Lewisberry                    | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17339 | <b>Description of Expenditure</b><br>Sue Stewart-Benninghoff Event-Venue Costs<br>10/6/14 / \$308.46 Allocated To Kerry Benninghoff<br>for Rep. Cte. |            |             |                  |

  

|   |                    |                                   |   |            |             |                    |
|---|--------------------|-----------------------------------|---|------------|-------------|--------------------|
| <b>To Whom Paid</b><br>Tom Corbett for Governor |                    |                                   | <b>MO</b>   | <b>DAY</b> | <b>YEAR</b> | <b>\$</b> 1,500.00 |
| <b>Mailing Address</b> P.O. Box 1145            |                    |                                   | 10  | 10         | 2014        |                    |
| <b>City</b> Harrisburg                          | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17108 | <b>Description of Expenditure</b><br>Tom Corbett, GOVERNOR PA |            |             |                    |

  

|   |                    |                                   |   |            |             |                    |
|---|--------------------|-----------------------------------|---|------------|-------------|--------------------|
| <b>To Whom Paid</b><br>Tom Corbett for Governor |                    |                                   | <b>MO</b>   | <b>DAY</b> | <b>YEAR</b> | <b>\$</b> 7,500.00 |
| <b>Mailing Address</b> P.O. Box 1145            |                    |                                   | 10  | 10         | 2014        |                    |
| <b>City</b> Harrisburg                          | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17108 | <b>Description of Expenditure</b><br>Tom Corbett, GOVERNOR PA |            |             |                    |

  

|   |                    |                                   |  |            |             |                  |
|---|--------------------|-----------------------------------|--|------------|-------------|------------------|
| <b>To Whom Paid</b><br>Citizens to Reelect Bryan Barbin |                    |                                   | <b>MO</b>  | <b>DAY</b> | <b>YEAR</b> | <b>\$</b> 500.00 |
| <b>Mailing Address</b> 206 Main Street                  |                    |                                   | 10   | 10         | 2014        |                  |
| <b>City</b> Johnstown                                   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15901 | <b>Description of Expenditure</b><br>Bryan Barbin, STATE HOUSE 71st PA |            |             |                  |

  

|  |                    |                                   |   |            |             |                  |
|--|--------------------|-----------------------------------|---|------------|-------------|------------------|
| <b>To Whom Paid</b><br>Friends of Warren Kampf |                    |                                   | <b>MO</b>   | <b>DAY</b> | <b>YEAR</b> | <b>\$</b> 275.00 |
| <b>Mailing Address</b> 14 Calvert Circle       |                    |                                   | 10  | 10         | 2014        |                  |
| <b>City</b> Paoli                              | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19301 | <b>Description of Expenditure</b><br>Warren Kampf, STATE HOUSE 157th PA |            |             |                  |

  

|  |                    |                                   |  |            |             |                    |
|--|--------------------|-----------------------------------|--|------------|-------------|--------------------|
| <b>To Whom Paid</b><br>Williams for Senate |                    |                                   | <b>MO</b>  | <b>DAY</b> | <b>YEAR</b> | <b>\$</b> 1,000.00 |
| <b>Mailing Address</b> P.O. Box 6313       |                    |                                   | 10   | 10         | 2014        |                    |
| <b>City</b> Philadelphia                   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19139 | <b>Description of Expenditure</b><br>Anthony Williams, STATE SENATE 8th PA |            |             |                    |

  

|  |                    |                                   |  |            |             |                    |
|--|--------------------|-----------------------------------|--|------------|-------------|--------------------|
| <b>To Whom Paid</b><br>Williams for Senate |                    |                                   | <b>MO</b>  | <b>DAY</b> | <b>YEAR</b> | <b>\$</b> 1,000.00 |
| <b>Mailing Address</b> P.O. Box 6313       |                    |                                   | 10   | 10         | 2014        |                    |
| <b>City</b> Philadelphia                   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19139 | <b>Description of Expenditure</b><br>Anthony Williams, STATE SENATE 8th PA |            |             |                    |

  

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| <b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b> |  |  |  |  |  | <b>PAGE TOTAL</b><br><b>\$</b> 31,022.06 |
|--|--|--|--|--|--|--|

