

Campaign Finance Report

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

Filer Identification Number :		7900364		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: HEALTH ALLIANCE POLITICAL ACTION COMMITTEE												
Street Address: 4750 LINDLE RD PO BX 8600												
City: HARRISBURG						State: PA			Zip Code: 17105-8600			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1. <input checked="" type="checkbox"/>	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.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2000	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR				
						11	7	2000				
									(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		1	1	1		2	14	2000				
A. Amount Brought Forward From Last Report						\$ 24,766.05						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 1,748.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 26,514.05						
D. Total Expenditures (From Schedule III)						\$ 8,365.00						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 18,149.05						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 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

Printed Name

Signature

Email

My Commission Expires

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

Name of Filing Committee or Candidate	Reporting Period
HEALTH ALLIANCE POLITICAL ACTION COMMITTEE	From: To: <u>2/14/2000</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 988.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 360.00
TOTAL for the Reporting Period (2)	\$ 360.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 400.00
TOTAL for the Reporting Period (3)	\$ 400.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

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.)	\$ 1,748.00
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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)**

Name of Filing Committee or Candidate	Reporting Period
HEALTH ALLIANCE POLITICAL ACTION COMMITTEE	From: To: <u>2/14/2000</u>

				DATE			AMOUNT
Full Name of Contributor GEORGE VALKO MD				MO 1	DAY 19	YEAR 2000	\$ 80.00
Mailing Address 111 SOUTH 11TH STREET							
City PHILADELPHIA		State PA	Zip Code (Plus 4) 191075096				
Full Name of Contributor JAMES COLLINS				MO 1	DAY 19	YEAR 2000	\$ 200.00
Mailing Address 4800 FRINDSHIP AVENUE							
City PITTSBURGH		State PA	Zip Code (Plus 4) 152241722				
Full Name of Contributor TERESA FEDELE				MO 1	DAY 19	YEAR 2000	\$ 80.00
Mailing Address 100 SOUTH JACKSON AVENUE							
City PITTSBURGH		State PA	Zip Code (Plus 4) 152023428				

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

PAGE TOTAL
\$ 360.00

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.

PAGE TOTAL
\$ 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.)**

Name of Filing Committee or Candidate HEALTH ALLIANCE POLITICAL ACTION COMMITTEE	Reporting Period From: To: <u>2/14/2000</u>
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				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
LORETTA MC LAUGHLIN							\$ 400.00
Mailing Address 1513 RACE STREET				1	19	2000	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19102					
Employer Name MAGEE REHABILITATION HOSP				Occupation EXEC VP& CHIEF OPER\$\$\$			
Employer Mailing Address/Principal Place of Business 1513 RACE STREET			City PHILADELPHIA	State PA	Zip Code (Plus 4) 19102		

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

PAGE TOTAL
\$ 400.00

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.

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

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

PAGE TOTAL
\$ 0.00

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

Name of Filing Committee or Candidate		Reporting Period	
HEALTH ALLIANCE POLITICAL ACTION COMMITTEE		From:	To: <u>2/14/2000</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
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 From: To:
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			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.						PAGE TOTAL \$ 0.00

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
HEALTH ALLIANCE POLITICAL ACTION COMMITTEE	From To: <u>2/14/2000</u>

				DATE	AMOUNT		
To Whom Paid REELECT CORNELL COMMITTEE				MO	DAY	YEAR	\$ 500.00
Mailing Address 255 EAST MONTGOMERY AVENUE				1	10	2000	
City HATBORO	State PA	Zip Code (Plus 4) 19040	Description of Expenditure ROY CORNELL STATE HOUSE REP 152ND PA				
To Whom Paid WALKO FOR STATE LEGISLATOR				MO	DAY	YEAR	\$ 150.00
Mailing Address 97 WATSON BOULEVARD				1	10	2000	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15214	Description of Expenditure DON WALKO STATE HOUSE REP 20TH PA				
To Whom Paid FRIENDS OF SUSAN LAUGHLIN COMMITTEE				MO	DAY	YEAR	\$ 250.00
Mailing Address 1305 SAMPSON STREET				1	10	2000	
City CONWAY	State PA	Zip Code (Plus 4) 15027	Description of Expenditure SUSAN LAUGHLIN STATE HOUSE REP 16TH PA				
To Whom Paid FRED A TRELLO FOR STATE REPRESENTATIVE				MO	DAY	YEAR	\$ 300.00
Mailing Address 1719 VANCE AVENUE				1	10	2000	
City CORAOPOLIS	State PA	Zip Code (Plus 4) 15108	Description of Expenditure FRED TRELLO STATE HOUSE REP 45TH PA				
To Whom Paid CTE TO REELECT ROD WILT				MO	DAY	YEAR	\$ 175.00
Mailing Address PO BOX 545				1	10	2000	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure ROD WILT STATE HOUSE REP 17TH PA				
To Whom Paid COMMITTEE TO ELECT CHRIS ROSS				MO	DAY	YEAR	\$ 200.00
Mailing Address PO BOX 11787				1	10	2000	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CHRIS ROSS STATE HOUSE REP 158TH PA				

To Whom Paid			MO	DAY	YEAR	\$ 250.00
JAY COSTA FOR STATE SENATE						
Mailing Address 317 NEWPORT ROAD			1	10	2000	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15221	Description of Expenditure JAY COSTA STATE SENATE 43RD PA			

To Whom Paid			MO	DAY	YEAR	\$ 250.00
COMMITTEE TO REELECT NICK COLAFELLA						
Mailing Address 111 SHADYSIDE DRIVE			1	10	2000	
City ALIQUIPPA	State PA	Zip Code (Plus 4) 15001	Description of Expenditure NICHOLAS COLAFELLA STATE HOUSE REP 15TH PA			

To Whom Paid			MO	DAY	YEAR	\$ 250.00
FRIENDS OF JIM RHOADES COMMITTEE						
Mailing Address PO BOX 792			1	10	2000	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure JAMES RHOADES STATE SENATE 29TH PA			

To Whom Paid			MO	DAY	YEAR	\$ 1,470.00
PA ASSN OF REHAB FACILITIES						
Mailing Address 2400 PARK DRIVE			1	10	2000	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110	Description of Expenditure PAC TO PAC TRANSFER			

To Whom Paid			MO	DAY	YEAR	\$ 250.00
JAY COSTA FOR STATE SENTAE						
Mailing Address 314 NEWPORT ROAD			1	18	2000	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15221	Description of Expenditure JAY COSTA STATE SENATE 43RD PA			

To Whom Paid			MO	DAY	YEAR	\$ 200.00
FRIENDS FOR DENNIS LEH						
Mailing Address PO BOX 545			1	21	2000	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure DENNIS LEH STATE HOUSE REP 130TH PA			

To Whom Paid			MO	DAY	YEAR	\$ 1,000.00
TILGHMAN FOR STATE SENATOR						
Mailing Address BOX 792 FEDERAL SQUARE STATION			1	21	2000	
City HARRISBURG	State PA	Zip Code (Plus 4) 171081731	Description of Expenditure RICHARD TILGHMAN STATE SENATE 17TH PA			

To Whom Paid			MO	DAY	YEAR	\$ 100.00
REELECT WM W "BILL" RIEGER						
Mailing Address 1141 RISING SUN AVENUE			1	21	2000	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19140	Description of Expenditure WILLIAM RIEGER STATE HOUSE REP 179TH PA			

To Whom Paid			MO	DAY	YEAR	\$ 70.00
FRIENDS OF CHUCK MCILHINNEY			1	21	2000	
Mailing Address PO BOX 2014			1	21	2000	\$ 250.00
City DOYLESTOWN	State PA	Zip Code (Plus 4) 18901	Description of Expenditure CHARLES MCILHIINNEY STATE HOUSE REP 143RD PA			

To Whom Paid			MO	DAY	YEAR	\$ 250.00
RAY BUNT FOR LEGISLATURE COMMITTEE			1	21	2000	
Mailing Address 222 FULMER ROAD			1	21	2000	\$ 250.00
City SPRING MOUNT	State PA	Zip Code (Plus 4) 19478	Description of Expenditure RAYMOND BUNT STATE HOUSE REP 147TH PA			

To Whom Paid			MO	DAY	YEAR	\$ 250.00
CITIZENS FOR HUGHES			1	21	2000	
Mailing Address PO BOX 13031			1	21	2000	\$ 250.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19101	Description of Expenditure VINCENT HUGHES STATE SENATE 7TH PA			

To Whom Paid			MO	DAY	YEAR	\$ 250.00
FRIENDS OF BOB ALLEN			1	21	2000	
Mailing Address PO BOX 545			1	21	2000	\$ 250.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure BOB ALLEN STATE HOUSE RE 125TH PA			

To Whom Paid			MO	DAY	YEAR	\$ 1,000.00
HRCC 2000			1	21	2000	
Mailing Address PO BOX 11787			1	21	2000	\$ 1,000.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure RECEPTION 2/14/2000			

To Whom Paid			MO	DAY	YEAR	\$ 250.00
DAN FRANKEL FOR THE 23RD DISTRICT CTE			2	21	2000	
Mailing Address PO BOX 81594			2	21	2000	\$ 250.00
City PITTSBURGH	State PA	Zip Code (Plus 4) 15217	Description of Expenditure DAN FRANKEL STATE HOUSE REP 23 RD PA			

To Whom Paid			MO	DAY	YEAR	\$ 300.00
FRIENDS OF TIM MURPHY			2	3	2000	
Mailing Address PO BOX 792			2	3	2000	\$ 300.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure TIM MURPHY STATE SENATE 37TH PA			

To Whom Paid			MO	DAY	YEAR	\$ 250.00
CITIZENS FOR RON BUXTON			2	3	2000	
Mailing Address PO BOX 11781			2	3	2000	\$ 250.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure RONALD BUXTON STATE HOUSE RE 103RD PA			

To Whom Paid FRIENDS OF ITALO CAPPABIANCA			MO	DAY	YEAR	\$ 200.00
Mailing Address 3924 ELIOT ROAD			2	9	2000	
City ERIE	State PA	Zip Code (Plus 4) 16508	Description of Expenditure ITALO CAPPABIANCA STATE HOUSE REP 2ND PA			

To Whom Paid COMMITTEE FOR KARL BOYES			MO	DAY	YEAR	\$ 200.00
Mailing Address PO BOX 426			2	9	2000	
City ERIE	State PA	Zip Code (Plus 4) 16512	Description of Expenditure KARL BOYES STATE HOUSE RE 3RD PA			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 8,365.00

