

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 ✓		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: HEALTH ALLIANCE POLITICAL ACTION COMMITTEE												
Street Address:												
City: HARRISBURG						State: PA		Zip Code: 17105-8600				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	✓		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	✓		
	ANNUAL REPORT	7.	Year 2000	FILING METHOD () CHECK ONE			PAPER ✓	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
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Full Name of Contributor	MO	DAY	YEAR	\$ 80.00
TERESA FEDELE				
Mailing Address				
City PITTSBURGH	State	Zip Code (Plus 4)	1 19 2000	
	PA	152023428		

Full Name of Contributor	MO	DAY	YEAR	\$ 200.00
JAMES COLLINS				
Mailing Address				
City PITTSBURGH	State	Zip Code (Plus 4)	1 19 2000	
	PA	152241722		

Full Name of Contributor	MO	DAY	YEAR	\$ 80.00
GEORGE VALKO MD				
Mailing Address				
City PHILADELPHIA	State	Zip Code (Plus 4)	1 19 2000	
	PA	191075096		

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	1	19	2000	\$ 400.00
Mailing Address				
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		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				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				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				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				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				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				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			1	10	2000	
City	PITTSBURGH	State	Zip Code (Plus 4)	Description of Expenditure		
	PA		15221	JAY COSTA STATE SENATE 43RD PA		
To Whom Paid			MO	DAY	YEAR	\$ 250.00
COMMITTEE TO REELECT NICK COLAFELLA						
Mailing Address			1	10	2000	
City	ALIQUIPPA	State	Zip Code (Plus 4)	Description of Expenditure		
	PA		15001	NICHOLAS COLAFELLA STATE HOUSE REP 15TH PA		
To Whom Paid			MO	DAY	YEAR	\$ 250.00
FRIENDS OF JIM RHOADES COMMITTEE						
Mailing Address			1	10	2000	
City	HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure		
	PA		17108	JAMES RHOADES STATE SENATE 29TH PA		
To Whom Paid			MO	DAY	YEAR	\$ 1,470.00
PA ASSN OF REHAB FACILITIES						
Mailing Address			1	10	2000	
City	HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure		
	PA		17110	PAC TO PAC TRANSFER		
To Whom Paid			MO	DAY	YEAR	\$ 250.00
JAY COSTA FOR STATE SENTAE						
Mailing Address			1	18	2000	
City	PITTSBURGH	State	Zip Code (Plus 4)	Description of Expenditure		
	PA		15221	JAY COSTA STATE SENATE 43RD PA		
To Whom Paid			MO	DAY	YEAR	\$ 200.00
FRIENDS FOR DENNIS LEH						
Mailing Address			1	21	2000	
City	HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure		
	PA		17108	DENNIS LEH STATE HOUSE REP 130TH PA		
To Whom Paid			MO	DAY	YEAR	\$ 1,000.00
TILGHMAN FOR STATE SENATOR						
Mailing Address			1	21	2000	
City	HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure		
	PA		171081731	RICHARD TILGHMAN STATE SENATE 17TH PA		
To Whom Paid			MO	DAY	YEAR	\$ 100.00
REELECT WM W "BILL" RIEGER						
Mailing Address			1	21	2000	
City	PHILADELPHIA	State	Zip Code (Plus 4)	Description of Expenditure		
	PA		19140	WILLIAM RIEGER STATE HOUSE REP 179TH PA		

To Whom Paid			MO	DAY	YEAR	\$ 70.00	
FRIENDS OF CHUCK MCILHINNEY							
Mailing Address			1	21	2000		
City	DOYLESTOWN	State	Zip Code (Plus 4)				Description of Expenditure
		PA	18901				CHARLES MCILHIINNEY STATE HOUSE REP 143RD PA
To Whom Paid			MO	DAY	YEAR	\$ 250.00	
RAY BUNT FOR LEGISLATURE COMMITTEE							
Mailing Address			1	21	2000		
City	SPRING MOUNT	State	Zip Code (Plus 4)				Description of Expenditure
		PA	19478				RAYMOND BUNT STATE HOUSE REP 147TH PA
To Whom Paid			MO	DAY	YEAR	\$ 250.00	
CITIZENS FOR HUGHES							
Mailing Address			1	21	2000		
City	PHILADELPHIA	State	Zip Code (Plus 4)				Description of Expenditure
		PA	19101				VINCENT HUGHES STATE SENATE 7TH PA
To Whom Paid			MO	DAY	YEAR	\$ 250.00	
FRIENDS OF BOB ALLEN							
Mailing Address			1	21	2000		
City	HARRISBURG	State	Zip Code (Plus 4)				Description of Expenditure
		PA	17108				BOB ALLEN STATE HOUSE RE 125TH PA
To Whom Paid			MO	DAY	YEAR	\$ 1,000.00	
HRCC 2000							
Mailing Address			1	21	2000		
City	HARRISBURG	State	Zip Code (Plus 4)				Description of Expenditure
		PA	17108				RECEPTION 2/14/2000
To Whom Paid			MO	DAY	YEAR	\$ 250.00	
DAN FRANKEL FOR THE 23RD DISTRICT CTE							
Mailing Address			2	21	2000		
City	PITTSBURGH	State	Zip Code (Plus 4)				Description of Expenditure
		PA	15217				DAN FRANKEL STATE HOUSE REP 23 RD PA
To Whom Paid			MO	DAY	YEAR	\$ 300.00	
FRIENDS OF TIM MURPHY							
Mailing Address			2	3	2000		
City	HARRISBURG	State	Zip Code (Plus 4)				Description of Expenditure
		PA	17108				TIM MURPHY STATE SENATE 37TH PA
To Whom Paid			MO	DAY	YEAR	\$ 250.00	
CITIZENS FOR RON BUXTON							
Mailing Address			2	3	2000		
City	HARRISBURG	State	Zip Code (Plus 4)				Description of Expenditure
		PA	17108				RONALD BUXTON STATE HOUSE RE 103RD PA

To Whom Paid FRIENDS OF ITALO CAPPABIANCA			MO	DAY	YEAR	\$ 200.00
Mailing Address			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			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

