

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.	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. X	Year 2002		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	5	2002				
									(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		1	1	1		12	31	2002				
A. Amount Brought Forward From Last Report						\$ 11,237.47						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 10,334.55						
C. Total Funds Available (Sum Of Lines A and B)						\$ 21,572.02						
D. Total Expenditures (From Schedule III)						\$ 1,741.01						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 19,831.01						
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>12/31/2002</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 949.11

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)	\$ 5,315.00
TOTAL for the Reporting Period (2)	\$ 5,315.00

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)	\$ 4,050.00
TOTAL for the Reporting Period (3)	\$ 4,050.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 20.44

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.)	\$ 10,334.55
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Name of Filing Committee or Candidate	Reporting Period
	From: To:

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

PAGE TOTAL	
\$	0.00

Full Name of Contributor BROOKE WILLIAMS			MO	DAY	YEAR	\$ 100.00
Mailing Address 2555 WHITEHORSE ROAD			12	12	2002	
City BERWYN	State PA	Zip Code (Plus 4) 19312				
Full Name of Contributor LOUISE HAVENS			MO	DAY	YEAR	\$ 180.00
Mailing Address 100 LANCASTER AVE			12	12	2002	
City WYNNEWOOD	State PA	Zip Code (Plus 4) 19096				
Full Name of Contributor RAYMOND GREENE			MO	DAY	YEAR	\$ 90.00
Mailing Address 740 EAST STATE STREET			12	5	2002	
City SHARON	State PA	Zip Code (Plus 4) 161463395				
Full Name of Contributor ELAINE ABRUZZO			MO	DAY	YEAR	\$ 100.00
Mailing Address 465 ROLLING ROAD			12	31	2002	
City ROSEMONT	State PA	Zip Code (Plus 4) 19010				
Full Name of Contributor BRIAN CORBETT ESQ.			MO	DAY	YEAR	\$ 225.00
Mailing Address 130 SOUTH BRYN MAWR AVENUE			12	12	2002	
City BRYN MAWR	State PA	Zip Code (Plus 4) 190103143				
Full Name of Contributor GERALD MEYER			MO	DAY	YEAR	\$ 90.00
Mailing Address 111 SOUTH 11TH STREET			12	31	2002	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191075096				
Full Name of Contributor STEPHEN STADLER			MO	DAY	YEAR	\$ 90.00
Mailing Address 111 SOUTH 11TH STREET			12	31	2002	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191075096				
Full Name of Contributor C. SCOTT CAMPBELL			MO	DAY	YEAR	\$ 90.00
Mailing Address 250 COLLEGE AVENUE P.O. BOX 3434			12	2	2002	
City LANCASTER	State PA	Zip Code (Plus 4) 176043434				
Full Name of Contributor ROGER DANIELS			MO	DAY	YEAR	\$ 90.00
Mailing Address 259 RADNOR-CHESTER ROAD SUITE 290			12	31	2002	
City RADNOR	State PA	Zip Code (Plus 4) 190875288				

Full Name of Contributor JOHN GRIFFITH MD			MO	DAY	YEAR	\$ 90.00
Mailing Address 111 SOUTH 11TH STREET			12	31	2002	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191075084				
Full Name of Contributor LANA CRAWFORD			MO	DAY	YEAR	\$ 90.00
Mailing Address 1400 WAVERLY ROAD V-24			12	12	2002	
City GLADWYNE	State PA	Zip Code (Plus 4) 19035				
Full Name of Contributor PEGGY MASON			MO	DAY	YEAR	\$ 180.00
Mailing Address 788 GRUBBS MILL ROAD			12	12	2002	
City BERWYN	State PA	Zip Code (Plus 4) 19312				
Full Name of Contributor KIMBERLY RUSNACK			MO	DAY	YEAR	\$ 90.00
Mailing Address 490 KERRWOOD DRIVE			12	2	2002	
City HERMITAGE	State PA	Zip Code (Plus 4) 16148				
Full Name of Contributor MARY RUSSELL			MO	DAY	YEAR	\$ 90.00
Mailing Address 3705 FIFTH AVENUE			12	23	2002	
City PITTSBURGH	State PA	Zip Code (Plus 4) 152132583				
Full Name of Contributor JOANN NARDUZZI M.D.			MO	DAY	YEAR	\$ 225.00
Mailing Address THE MERCY HOSPITAL OF PITTSBUR 1400 LOCUST STREET			12	16	2002	
City PITTSBURGH	State PA	Zip Code (Plus 4) 152195166				
Full Name of Contributor CARMHIEL BROWN			MO	DAY	YEAR	\$ 225.00
Mailing Address 259 RADNOR-CHESTER ROAD SUITE 290			12	31	2002	
City RADNOR	State PA	Zip Code (Plus 4) 190875288				
Full Name of Contributor STEPHEN TRANQUILLO			MO	DAY	YEAR	\$ 90.00
Mailing Address 130 SOUTH 9TH STREET			12	31	2002	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19107				
Full Name of Contributor ANDREW NATHANS			MO	DAY	YEAR	\$ 225.00
Mailing Address 2301 SOUTH BROAD STREET			12	31	2002	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191483594				

Full Name of Contributor ELLIOT SUSSMAN MD			MO	DAY	YEAR	\$ 225.00
Mailing Address PO BOX 689			12	23	2002	
City ALLENTOWN	State PA	Zip Code (Plus 4) 181051556				
Full Name of Contributor MIRIAM SCHWED			MO	DAY	YEAR	\$ 90.00
Mailing Address 111 SOUTH 11TH STREET			12	31	2002	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191075084				
Full Name of Contributor DOUGLAS MACMASTER JR., ESQ.			MO	DAY	YEAR	\$ 180.00
Mailing Address FIVE MORRIS ROAD			12	31	2002	
City AMBLER	State PA	Zip Code (Plus 4) 19002				
Full Name of Contributor AL KURTZ			MO	DAY	YEAR	\$ 90.00
Mailing Address 111 SOUTH 11TH STREET			12	31	2002	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191075084				
Full Name of Contributor BARRY GOLDBERG			MO	DAY	YEAR	\$ 90.00
Mailing Address 111 SOUTH 11TH STREET			12	31	2002	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191075084				
Full Name of Contributor THEODORE CHRISTOPHER			MO	DAY	YEAR	\$ 90.00
Mailing Address 111 SOUTH 11TH STREET			12	31	2002	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191075084				
Full Name of Contributor IRA BRIND ESQ.			MO	DAY	YEAR	\$ 225.00
Mailing Address BRIND-LINDSAY & CO., INC. 1926 ARCH STREET			12	31	2002	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191031444				
Full Name of Contributor STEPHEN WOLFE			MO	DAY	YEAR	\$ 225.00
Mailing Address PO BOX 788 HOSPITAL ROAD			12	16	2002	
City INDIANA	State PA	Zip Code (Plus 4) 157010788				
Full Name of Contributor REBECCA O'SHEA			MO	DAY	YEAR	\$ 90.00
Mailing Address 111 SOUTH 11TH STREET SUITE 7480			12	31	2002	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191074824				

Full Name of Contributor JOHN SULLIVAN				MO	DAY	YEAR	\$ 225.00
Mailing Address 111 SOUTH 11TH STREET				12	31	2002	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191075084					
Full Name of Contributor THERESA KARTER RN				MO	DAY	YEAR	\$ 90.00
Mailing Address 2301 SOUTH BROAD STREET				12	31	2002	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191483594					
Full Name of Contributor EILEEN MCANALLY				MO	DAY	YEAR	\$ 225.00
Mailing Address 130 SOUTH BRYN MAWR AVENUE				12	12	2002	
City BRYN MAWR	State PA	Zip Code (Plus 4) 190103160					
Full Name of Contributor JANET BURNHAM				MO	DAY	YEAR	\$ 225.00
Mailing Address 111 S 11TH STREET #2210 N. GIBBON				12	31	2002	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191074824					
Full Name of Contributor SHARON MILLINGHAUSEN				MO	DAY	YEAR	\$ 90.00
Mailing Address 11TH & WALNUT STREET ROOM 2210 GIBBON				12	31	2002	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19107					
Full Name of Contributor IRMA GOERTZEN				MO	DAY	YEAR	\$ 225.00
Mailing Address 300 HALKET STREET				12	23	2002	
City PITTSBURGH	State PA	Zip Code (Plus 4) 152133180					

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

PAGE TOTAL

\$ 5,315.00

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>12/31/2002</u>
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				DATE		AMOUNT	
Full Name of Contributor SHERRY JOSUE				MO	DAY	YEAR	\$ 900.00
Mailing Address 6 RED FOX ST.							
City BURLINGTON	State NJ	Zip Code (Plus 4) 08016					
Employer Name JEFFERSON HEALTH SYSTEM				Occupation REGISTERED NURSE			
Employer Mailing Address/Principal Place of Business 6 RED FOX ST.			City BURLINGTON		State NJ		Zip Code (Plus 4) 08016
Full Name of Contributor JAMES ROBINSON				MO	DAY	YEAR	\$ 450.00
Mailing Address 2301 SOUTH BROAD STREET							
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191483594					
Employer Name METHODIST HOSPITAL DIVISION-TJUH				Occupation CHIEF ADMINISTRATIVE OFCR			
Employer Mailing Address/Principal Place of Business 2301 SOUTH BROAD STREET			City PHILADELPHIA		State PA		Zip Code (Plus 4) 191483594
Full Name of Contributor ALAN BRECHBILL				MO	DAY	YEAR	\$ 450.00
Mailing Address 111 SOUTH 11TH STREET							
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191075084					
Employer Name THOMAS JEFFERSON UNIVERSITY HOSPITAL				Occupation EXECUTIVE VP AND COO			
Employer Mailing Address/Principal Place of Business 111 SOUTH 11TH STREET			City PHILADELPHIA		State PA		Zip Code (Plus 4) 191075084
Full Name of Contributor IAN RAWSON PH.D.				MO	DAY	YEAR	\$ 900.00
Mailing Address 500 COMMONWEALTH DRIVE							
City WARRENDALE	State PA	Zip Code (Plus 4) 150867516					
Employer Name HOSPITAL COUNCIL OF WESTERN PA				Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business 500 COMMONWEALTH DRIVE			City WARRENDALE		State PA		Zip Code (Plus 4) 150867516

Full Name of Contributor VICTOR JOHNSON			MO 12	DAY 16	YEAR 2002	\$ 450.00
Mailing Address JCI DATA PROCESSING, INC. 200 SOUTH ROUTE 130						
City CINNAMINSON	State NJ	Zip Code (Plus 4)				
Employer Name JEFFERSON HEALTH SYSTEM			Occupation CHAIRMAN OF THE BOARD			
Employer Mailing Address/Principal Place of Business JCI DATA PROCESSING, INC.200 SOUTH ROUTE 130		City CINNAMINSON	State NJ	Zip Code (Plus 4)		
Full Name of Contributor THOMAS LEWIS			MO 12	DAY 31	YEAR 2002	\$ 900.00
Mailing Address 111 SOUTH 11TH STREET GIBBON BUILDING, SUITE 2210						
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191075096				
Employer Name THOMAS JEFFERSON UNIVERSITY HOSPITAL			Occupation PRESIDENT & CEO			
Employer Mailing Address/Principal Place of Business 111 SOUTH 11TH STREETGIBBON BUILDING, SUITE 2210		City PHILADELPHIA	State PA	Zip Code (Plus 4) 191075096		

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

PAGE TOTAL
\$ 4,050.00

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>12/31/2002</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

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 0.00	

