

# 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> HEALTH ALLIANCE PAC (HOSP ASSN)												
<b>Street Address:</b> 4750 LINDLE RD PO BX 8600												
<b>City:</b> HARRISBURG						<b>State:</b> PA			<b>Zip Code:</b> 17105-8600			
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2003	<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	2003				
<b>Summary of Receipts and Expenditures from:</b>						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
						1	1	1				<b>TO</b>
<b>A. Amount Brought Forward From Last Report</b>						\$ 10,830.26						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 3,251.33						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 14,081.59						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 555.66						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 13,525.93						
<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

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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
HEALTH ALLIANCE PAC (HOSP ASSN)	<b>From:</b> <b>To:</b> <u>6/9/2003</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 752.95

<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>	\$ 1,495.68
<b>TOTAL for the Reporting Period (2)</b>	\$ 1,495.68

<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>	\$ 1,000.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 1,000.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 2.70

<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>	\$ 3,251.33
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<b>PART A</b> <b>CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</b> <b>\$50.01 TO \$250.00</b> <b>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.</b>							
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 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>	<b>Reporting Period</b>
HEALTH ALLIANCE PAC (HOSP ASSN)	<b>From:</b> <b>To:</b> <u>6/9/2003</u>

<b>DATE</b>	<b>AMOUNT</b>
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<b>Full Name of Contributor</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 75.00
MIKE EGAN				
<b>Mailing Address</b> RR 1 BOX 66A				
<b>City</b> TIOGA	<b>State</b>	<b>Zip Code (Plus 4)</b>	6 6 2003	
	PA	16946		

<b>Full Name of Contributor</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 125.00
ROBERT WILSON				
<b>Mailing Address</b> HEALTHPLEX PAVILION II 100 WEST SPROUL ROAD				
<b>City</b> SPRINGFIELD	<b>State</b>	<b>Zip Code (Plus 4)</b>	6 6 2003	
	PA	190642027		

<b>Full Name of Contributor</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 125.00
DAVID ARSHT DO				
<b>Mailing Address</b> 196 W. SPROUL ROAD SUITE 103				
<b>City</b> SPRINGFIELD	<b>State</b>	<b>Zip Code (Plus 4)</b>	6 6 2003	
	PA	19064		

<b>Full Name of Contributor</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 55.55
BARBARA TERRY				
<b>Mailing Address</b> 4750 LINDLE ROAD P.O. BOX 8600				
<b>City</b> HARRISBURG	<b>State</b>	<b>Zip Code (Plus 4)</b>	6 6 2003	
	PA	171058600		

<b>Full Name of Contributor</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 125.00
THOMAS OWLETT ESQ.				
<b>Mailing Address</b> OWLETT & LEWIS PO BOX 878				
<b>City</b> WELLSBORO	<b>State</b>	<b>Zip Code (Plus 4)</b>	6 6 2003	
	PA	16901		

<b>Full Name of Contributor</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 150.00
MARYANNE SPALLUCCI				
<b>Mailing Address</b> HEALTHPLEX PAVILION II 100 WEST SPROUL ROAD				
<b>City</b> SPRINGFIELD	<b>State</b>	<b>Zip Code (Plus 4)</b>	6 6 2003	
	PA	190642027		

Full Name of Contributor GWENDOLYN SMITH			MO	DAY	YEAR	\$ 125.00
Mailing Address 190 WEST SPROUL ROAD			6	6	2003	
City SPRINGFIELD	State PA	Zip Code (Plus 4) 190642097				
Full Name of Contributor CRAIG LITCHFIELD			MO	DAY	YEAR	\$ 100.00
Mailing Address CITIZENS & NORTHERN BANK PO BOX 58			6	6	2003	
City WELLSBORO	State PA	Zip Code (Plus 4) 169010058				
Full Name of Contributor LYNN LEIGHTON			MO	DAY	YEAR	\$ 62.50
Mailing Address 4750 LINDLE ROAD P.O. BOX 8600			6	6	2003	
City HARRISBURG	State PA	Zip Code (Plus 4) 171112428				
Full Name of Contributor JAMES REDMOND			MO	DAY	YEAR	\$ 52.63
Mailing Address 4750 LINDLE ROAD P.O. BOX 8600			6	6	2003	
City HARRISBURG	State PA	Zip Code (Plus 4) 171058600				
Full Name of Contributor PETER GUZZETTI			MO	DAY	YEAR	\$ 125.00
Mailing Address 175 EAST CHESTER PIKE			6	6	2003	
City RIDLEY PARK	State PA	Zip Code (Plus 4) 190782212				
Full Name of Contributor JAMES CLARK MD			MO	DAY	YEAR	\$ 125.00
Mailing Address PO BOX 1, SUITE 302 ONE MEDICAL CENTER BLVD			6	6	2003	
City UPLAND	State PA	Zip Code (Plus 4) 19013				
Full Name of Contributor JAY LEATHERMAN CHE			MO	DAY	YEAR	\$ 125.00
Mailing Address 32-36 CENTRAL AVENUE			6	6	2003	
City WELLSBORO	State PA	Zip Code (Plus 4) 169011899				
Full Name of Contributor RICHARD BENNETT CPA			MO	DAY	YEAR	\$ 125.00
Mailing Address HEALTHPLEX PAVILION II 100 WEST SPROUT ROAD			6	6	2003	
City SPRINGFIELD	State PA	Zip Code (Plus 4) 190642027				

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

**PAGE TOTAL**

\$ 1,495.68

## 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>  HEALTH ALLIANCE PAC (HOSP ASSN)	<b>Reporting Period</b>  <b>From:</b> <b>To:</b> <u>6/9/2003</u>
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				DATE	AMOUNT
<b>Full Name of Contributor</b> JAN FISHER				<b>MO</b>	<b>DAY</b>
<b>Mailing Address</b> 32-36 CENTRAL AVENUE				6	6
<b>City</b> WELLSBORO	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 169011899		YEAR	2003
				\$ 500.00	
<b>Employer Name</b> SOLDIERS AND SAILORS MEMORIAL HOSPITAL				<b>Occupation</b> PRESIDENT & CHIEF EXECUTI	
<b>Employer Mailing Address/Principal Place of Business</b> 32-36 CENTRAL AVENUE				<b>City</b> WELLSBORO	<b>State</b> PA
				<b>Zip Code (Plus 4)</b> 169011899	
<b>Full Name of Contributor</b> RONALD BUTLER CHE				<b>MO</b>	<b>DAY</b>
<b>Mailing Address</b> 22 WALNUT STREET				6	6
<b>City</b> WELLSBORO	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 169011550		YEAR	2003
				\$ 500.00	
<b>Employer Name</b> LAUREL HEALTH SYSTEM				<b>Occupation</b> PRESIDENT & CEO	
<b>Employer Mailing Address/Principal Place of Business</b> 22 WALNUT STREET				<b>City</b> WELLSBORO	<b>State</b> PA
				<b>Zip Code (Plus 4)</b> 169011550	

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

<b>PAGE TOTAL</b>
\$ 1,000.00

## 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>  HEALTH ALLIANCE PAC (HOSP ASSN)	<b>Reporting Period</b>  <b>From:</b> <b>To:</b> <u>6/9/2003</u>
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				DATE		AMOUNT	
Full Name				MO	DAY	YEAR	\$ 2.70
PNC BANK							
Mailing Address P.O. BOX 8874							
City CAMP HILL		State PA	Zip Code (Plus 4) 170018874				
Receipt Description MAY 2003 INTEREST INCOME							

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

<b>PAGE TOTAL</b>
\$ 2.70



## 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>	
HEALTH ALLIANCE PAC (HOSP ASSN)		<b>From:</b>	<b>To:</b> <u>6/9/2003</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 RECEIVED - 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  From: <span style="float: right;">To:</span>
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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.						<b>PAGE TOTAL</b>  \$ 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	

**SCHEDULE III**  
**STATEMENT OF EXPENDITURES**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
HEALTH ALLIANCE PAC (HOSP ASSN)	<b>From</b> <b>To:</b> <u>6/9/2003</u>

			DATE			AMOUNT	
To Whom Paid			MO	DAY	YEAR		
PNC BANK							
Mailing Address P.O. BOX 8874			6	6	2003	\$ 55.66	
City HARRISBURG	State PA	Zip Code (Plus 4) 17001	Description of Expenditure MAY 2003 BANK FEES				
To Whom Paid			MO	DAY	YEAR		
DEMOCRATIC STATE SENATE CAMPAIGN CTE.							
Mailing Address P.O. BOX 3792			6	3	2003	\$ 500.00	
City HARRISBURG	State PA	Zip Code (Plus 4) 17105	Description of Expenditure DSSCC RECEPTION 6/12/03				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL	
						\$ 555.66	

