

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 PAC (HOSP ASSN)											
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.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-PRIMARY	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2003	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	4	2003	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		1	1	1		6	9	2003			
A. Amount Brought Forward From Last Report					\$ 10,830.26						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 3,251.33						
C. Total Funds Available (Sum Of Lines A and B)					\$ 14,081.59						
D. Total Expenditures (From Schedule III)					\$ 555.66						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 13,525.93						
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 PAC (HOSP ASSN)	From: To: <u>6/9/2003</u>

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

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)	\$ 1,495.68
TOTAL for the Reporting Period (2)	\$ 1,495.68

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)	\$ 1,000.00
TOTAL for the Reporting Period (3)	\$ 1,000.00

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

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.)	\$ 3,251.33
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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 HEALTH ALLIANCE PAC (HOSP ASSN)				Reporting Period From: To: <u>6/9/2003</u>			
				DATE		AMOUNT	

Full Name of Contributor MIKE EGAN			MO	DAY	YEAR	\$ 75.00
Mailing Address			6	6	2003	
City TIOGA	State PA	Zip Code (Plus 4) 16946				

Full Name of Contributor ROBERT WILSON			MO	DAY	YEAR	\$ 125.00
Mailing Address			6	6	2003	
City SPRINGFIELD	State PA	Zip Code (Plus 4) 190642027				

Full Name of Contributor DAVID ARSHT DO			MO	DAY	YEAR	\$ 125.00
Mailing Address			6	6	2003	
City SPRINGFIELD	State PA	Zip Code (Plus 4) 19064				

Full Name of Contributor BARBARA TERRY			MO	DAY	YEAR	\$ 55.55
Mailing Address			6	6	2003	
City HARRISBURG	State PA	Zip Code (Plus 4) 171058600				

Full Name of Contributor THOMAS OWLETT ESQ.			MO	DAY	YEAR	\$ 125.00
Mailing Address			6	6	2003	
City WELLSBORO	State PA	Zip Code (Plus 4) 16901				

Full Name of Contributor MARYANNE SPALLUCCI			MO	DAY	YEAR	\$ 150.00
Mailing Address			6	6	2003	
City SPRINGFIELD	State PA	Zip Code (Plus 4) 190642027				

Full Name of Contributor GWENDOLYN SMITH			MO	DAY	YEAR	\$ 125.00
Mailing Address			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			6	6	2003	
City	WELLSBORO	State PA				
Full Name of Contributor LYNN LEIGHTON			MO	DAY	YEAR	\$ 62.50
Mailing Address			6	6	2003	
City	HARRISBURG	State PA				
Full Name of Contributor JAMES REDMOND			MO	DAY	YEAR	\$ 52.63
Mailing Address			6	6	2003	
City	HARRISBURG	State PA				
Full Name of Contributor PETER GUZZETTI			MO	DAY	YEAR	\$ 125.00
Mailing Address			6	6	2003	
City	RIDLEY PARK	State PA				
Full Name of Contributor JAMES CLARK MD			MO	DAY	YEAR	\$ 125.00
Mailing Address			6	6	2003	
City	UPLAND	State PA				
Full Name of Contributor JAY LEATHERMAN CHE			MO	DAY	YEAR	\$ 125.00
Mailing Address			6	6	2003	
City	WELLSBORO	State PA				
Full Name of Contributor RICHARD BENNETT CPA			MO	DAY	YEAR	\$ 125.00
Mailing Address			6	6	2003	
City	SPRINGFIELD	State PA				

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.

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 PAC (HOSP ASSN)	Reporting Period From: To: <u>6/9/2003</u>
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				DATE	AMOUNT		
Full Name of Contributor JAN FISHER				MO	DAY	YEAR	\$ 500.00
Mailing Address				6	6	2003	
City WELLSBORO	State PA	Zip Code (Plus 4) 169011899					
Employer Name SOLDIERS AND SAILORS MEMORIAL HOSPITAL				Occupation PRESIDENT & CHIEF EXECUTI			
Employer Mailing Address/Principal Place of Business			City WELLSBORO		State PA	Zip Code (Plus 4) 169011899	

Full Name of Contributor RONALD BUTLER CHE				MO	DAY	YEAR	\$ 500.00
Mailing Address				6	6	2003	
City WELLSBORO	State PA	Zip Code (Plus 4) 169011550					
Employer Name LAUREL HEALTH SYSTEM				Occupation PRESIDENT & CEO			
Employer Mailing Address/Principal Place of Business			City WELLSBORO		State PA	Zip Code (Plus 4) 169011550	

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

PAGE TOTAL \$ 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.

Name of Filing Committee or Candidate HEALTH ALLIANCE PAC (HOSP ASSN)	Reporting Period From: To: <u>6/9/2003</u>
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				DATE	AMOUNT		
Full Name PNC BANK				MO	DAY	YEAR	\$ 2.70
Mailing Address				6	6	2003	
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.

PAGE TOTAL
\$ 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

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

