

# 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.X	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 2004	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	2	2004	(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		1	1	1	TO	4	12	2004			
A. Amount Brought Forward From Last Report				\$		30,132.48					
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		8,511.61					
C. Total Funds Available (Sum Of Lines A and B)				\$		38,644.09					
D. Total Expenditures (From Schedule III)				\$		9,882.72					
E. Ending Cash Balance (Subtract Line D From Line C)				\$		28,761.37					
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  
 My Commission Expires \_\_\_\_\_  
 MO DAY YR

\_\_\_\_\_  
 Signature of Person Submitting Report  
 \_\_\_\_\_  
 Printed Name  
 \_\_\_\_\_  
 Email  
 \_\_\_\_\_  
 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  
 My Commission Expires \_\_\_\_\_  
 MO DAY YR

\_\_\_\_\_  
 Signature of Candidate  
 \_\_\_\_\_  
 Printed Name  
 \_\_\_\_\_  
 Email  
 \_\_\_\_\_  
 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>4/12/2004</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>		
	<b>TOTAL for the Reporting Period</b>	(1) \$ 555.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>		
Contributions Received From Political Committees (Part A)		\$ 0.00
All Other Contributions (Part B)		\$ 2,000.00
	<b>TOTAL for the Reporting Period</b>	(2) \$ 2,000.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>		
Contributions Received From Political Committees (Part C)		\$ 0.00
All Other Contributions (Part D)		\$ 5,950.00
	<b>TOTAL for the Reporting Period</b>	(3) \$ 5,950.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>		
	<b>TOTAL for the Reporting Period</b>	(4) \$ 6.61

<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>		\$ 8,511.61
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## PART A CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

**\$50.01 TO \$250.00**

**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</b>	<b>Reporting Period</b>
	<b>From:</b> _____ <b>To:</b> _____
<b>DATE</b> <span style="float: right;"><b>AMOUNT</b></span>	

Full Name of Contributing Committee	MO	DAY	YEAR	
<b>Mailing Address</b>				\$ 0.00
<b>City</b>				
<b>State</b>				
<b>Zip Code (Plus 4)</b>				

**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>4/12/2004</u>

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
MS. KATHLEEN C. MEBUS							
Mailing Address							\$ 125.00
City	State	Zip Code (Plus 4)					
HARRISBURG	PA	171112451	3	30	2004		
MS. KENDRIA KURTZ MCWILLIAMS							
Mailing Address							\$ 250.00
City	State	Zip Code (Plus 4)					
EAGLEVILLE	PA	194031829	3	30	2004		
MR. MARTIN J CICCOCIOPPO							
Mailing Address							\$ 250.00
City	State	Zip Code (Plus 4)					
HARRISBURG	PA	171112451	3	30	2004		
MR GERALD OETZEL							
Mailing Address							\$ 100.00
City	State	Zip Code (Plus 4)					
PHILADELPHIA	PA	191112442	3	30	2004		
MR. GARRY SCHEIB							
Mailing Address							\$ 100.00
City	State	Zip Code (Plus 4)					
PHILADELPHIA	PA	191044206	3	30	2004		
MR. C J URTAUB							
Mailing Address							\$ 150.00
City	State	Zip Code (Plus 4)					
SCRANTON	PA	185101624	3	30	2004		
DR. ELLIOT J. SUSSMAN M.D.							
Mailing Address							\$ 250.00
City	State	Zip Code (Plus 4)					
ALLENTOWN	PA	181036248	3	30	2004		

<b>Full Name of Contributor</b> MR. JOSEPH SEBASTIANELLI			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 75.00
<b>Mailing Address</b>			4	6	2004	
<b>City</b> RADNOR	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190875240				
<b>Full Name of Contributor</b> MS. SUSAN HUNTSBERGER			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 75.00
<b>Mailing Address</b>			4	6	2004	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171112451				
<b>Full Name of Contributor</b> MS. ANITA COLON			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 150.00
<b>Mailing Address</b>			4	6	2004	
<b>City</b> WOODLYN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190941119				
<b>Full Name of Contributor</b> TODD A. SHAMASH			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 75.00
<b>Mailing Address</b>			4	6	2004	
<b>City</b> WAYNE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190875240				
<b>Full Name of Contributor</b> MR. TIMOTHY L. OHRUM			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b>			4	8	2004	
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 152124523				
<b>Full Name of Contributor</b> MS. LYNN LEIGHTON			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 75.00
<b>Mailing Address</b>			4	8	2004	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171112451				
<b>Full Name of Contributor</b> ANNE E. FULTZ			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 75.00
<b>Mailing Address</b>			4	8	2004	
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191074518				

PAGE TOTAL

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

\$ 2,000.00

**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: <span style="margin-left: 100px;">To:</span>

	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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>4/12/2004</u>
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				DATE	AMOUNT		
<b>Full Name of Contributor</b> MR. STUART H. FINE				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b>				3	30	2004	
<b>City</b> SELLERSVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 189601587					
<b>Employer Name</b> GRAND VIEW HOSPITAL				<b>Occupation</b> CHIEF EXECUTIVE OFFICER			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> SELLERSVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 189601587		
<b>Full Name of Contributor</b> MR. CHARLES B. SULLIVAN				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 200.00
<b>Mailing Address</b>				3	30	2004	
<b>City</b> READING	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 196121428					
<b>Employer Name</b> READING HOSPITAL AND MEDICAL CENTER				<b>Occupation</b> PRESIDENT & CHIEF EXECUTI			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> READING	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 196111428		
<b>Full Name of Contributor</b> MR. RICHARD REIF				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>				3	30	2004	
<b>City</b> DOYLESTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 189012597					
<b>Employer Name</b> DOYLESTOWN HOSPITAL				<b>Occupation</b> PRESIDENT & CEO			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> DOYLESTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 189012597		
<b>Full Name of Contributor</b> MR. JAMES M. REDMOND				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>				3	30	2004	
<b>City</b> MECHANICSBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170507687					
<b>Employer Name</b> HOSPITAL & HEALTHSYSTEM ASSN OF PENNSYLVANIA, THE				<b>Occupation</b> SR. VICE PRESIDENT, LEGIS			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171112451		

<b>Full Name of Contributor</b> MS. PAULA BUSSARD				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>				3	30	2004	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171112451					
<b>Employer Name</b> HOSPITAL & HEALTHSYSTEM ASSN. OF PENNSYLVANIA				<b>Occupation</b> SENIOR VP, POLICY & REGUL			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171112451		
<b>Full Name of Contributor</b> MR. RICHARD L. JONES JR., FACHE				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>				3	30	2004	
<b>City</b> ABINGTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190013788					
<b>Employer Name</b> ABINGTON MEMORIAL HOSPITAL				<b>Occupation</b> PRESIDENT & CHIEF EXECUTI			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> ABINGTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190013788		
<b>Full Name of Contributor</b> DAVID F. SIMON				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b>				3	30	2004	
<b>City</b> WAYNE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190875240					
<b>Employer Name</b> JEFFERSON HEALTH SYSTEM				<b>Occupation</b> SR. VICE PRESIDENT & GENE			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> WAYNE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190875240		
<b>Full Name of Contributor</b> MR. MICHAEL A. SUCHANICK				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>				4	6	2004	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171112428					
<b>Employer Name</b> HOSPITAL & HEALTHSYSTEM ASSN OF PENNSYLVANIA, THE				<b>Occupation</b> CHIEF OPERATING OFFICER			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171112451		
<b>Full Name of Contributor</b> DR. JOHN R. COMBES MD				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>				4	6	2004	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171103573					
<b>Employer Name</b> HOSPITAL & HEALTHSYSTEM ASSN OF PENNSYLVANIA, THE				<b>Occupation</b> SENIOR MEDICAL ADVISOR			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171112451		
<b>Full Name of Contributor</b> DR. IAN G. RAWSON PH.D., CHE				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>				4	6	2004	
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 152171837					
<b>Employer Name</b> HOSPITAL COUNCIL OF WESTERN PA				<b>Occupation</b> PRESIDENT			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> WARRENDALE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 150867513		



<b>Full Name of Contributor</b> MR. CHARLES B. SULLIVAN			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b>			4	8	2004	
<b>City</b> READING	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 196121428				
<b>Employer Name</b> READING HOSPITAL AND MEDICAL CENTER			<b>Occupation</b> PRESIDENT & CHIEF EXECUTI			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b> READING	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 196111428		

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

<b>PAGE TOTAL</b>
\$ 5,950.00

**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> <span style="float: right;"><b>To:</b> <u>4/12/2004</u></span>
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				DATE	AMOUNT		
Full Name				MO	DAY	YEAR	\$
PNC BANK				4	6	2004	6.61
Mailing Address	City	State	Zip Code (Plus 4)				
	CAMP HILL	PA	170018874				
<b>Receipt Description</b> MARCH 2004 INTEREST INCOME							

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

<b>PAGE TOTAL</b>
\$            6.61

## 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>  HEALTH ALLIANCE PAC (HOSP ASSN)	<b>Reporting Period</b>  From: To: <u>4/12/2004</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
<b>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.)</b>		\$ 0.00

**SCHEDULE II  
PART F  
IN-KIND CONTRIBUTIONS RECEIVED  
VALUE OF \$50.01 TO \$250.00**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> <span style="float: right;"><b>To:</b></span>

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
<b>Mailing Address</b>				\$ 0.00
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>		
<b>Description of Contribution:</b>				
<b>Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.</b>				<b>PAGE TOTAL</b> \$ 0.00

**SCHEDULE II  
PART G  
IN-KIND CONTRIBUTIONS RECEIVED  
VALUE OVER \$250.00**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>  From: _____ To: _____
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
<b>Mailing Address</b>					\$ 0.00
<b>City</b>	<b>State</b>	<b>Zip Code(Plus 4)</b>			
<b>Employer of Contributor</b>				<b>Occupation</b>	
<b>Employer Mailing Address/Principal Place of Business</b>	<b>City</b>	<b>State</b>	<b>Zip Code(Plus 4)</b>	<b>Description of Contribution</b>	
<b>Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.</b>					<b>PAGE TOTAL</b> 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>4/12/2004</u>

				DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR		
FRIENDS OF STEVE BARRAR	3	26	2004	\$	200.00
<b>Mailing Address</b>					
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Description of Expenditure</b> STEPHEN BARRAR, STATE HOUSE 160TH PA		
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>		
FRIENDS OF VINCE BIANCUCCI	3	26	2004	\$	200.00
<b>Mailing Address</b>					
<b>City</b> ALIQUIPPA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15001	<b>Description of Expenditure</b> VINCENT BIANCUCCI, STATE HOUSE 15TH PA		
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>		
FRIENDS OF JIM RHOADES COMMITTEE	3	26	2004	\$	400.00
<b>Mailing Address</b>					
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Description of Expenditure</b> JAMES RHOADES, STATE SENATE 29TH PA		
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>		
HOUSE DEMOCRATIC CAMPAIGN CTE	3	26	2004	\$	500.00
<b>Mailing Address</b>					
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171080555	<b>Description of Expenditure</b> HDCC 3/22/04 RECEPTION		
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>		
FRIENDS OF GEORGE KENNEY	3	26	2004	\$	500.00
<b>Mailing Address</b>					
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19116	<b>Description of Expenditure</b> GEORGE KENNEY, STATE HOUSE 170TH PA		
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>		
LEVDANSKY FOR LEGISLATURE	3	26	2004	\$	500.00
<b>Mailing Address</b>					
<b>City</b> ELIZABETH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15037	<b>Description of Expenditure</b> DAVID LEVDANSKY, STATE HOUSE 39TH PA		

<b>To Whom Paid</b> MIKE STURLA FOR STATE REPRESENTATIVE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b>			3	26	2004	
<b>City</b> LANCASTER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17608	<b>Description of Expenditure</b> P. STURLA, STATE HOUSE 96TH PA			
<b>To Whom Paid</b> CITIZENS FOR JAKE WHEATLEY			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 200.00
<b>Mailing Address</b>			3	26	2004	
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15219	<b>Description of Expenditure</b> JAKE WHEATLEY, STATE HOUSE 19TH PA			
<b>To Whom Paid</b> FRIENDS OF JEFF PICCOLA			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 3,000.00
<b>Mailing Address</b>			3	26	2004	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Description of Expenditure</b> JEFFREY PICCOLA, STATE SENATE 15TH PA			
<b>To Whom Paid</b> FRIENDS FOR DENNIS LEH			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 300.00
<b>Mailing Address</b>			3	26	2004	
<b>City</b> DOUGLASSVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19518	<b>Description of Expenditure</b> DENNIS LEH, STATE HOUSE 130TH PA			
<b>To Whom Paid</b> FRIENDS TO ELECT NAILOR			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 150.00
<b>Mailing Address</b>			3	26	2004	
<b>City</b> MECHANICSBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17055	<b>Description of Expenditure</b> JERRY NAILOR, STATE HOUSE 88TH PA			
<b>To Whom Paid</b> PEOPLE FOR NICKOL			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>			3	26	2004	
<b>City</b> GLEN ROCKS	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17327	<b>Description of Expenditure</b> STEVEN NICKOL, STATE HOUSE 193RD PA			
<b>To Whom Paid</b> HARRIS FOR REPRESENTATIVE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b>			3	26	2004	
<b>City</b> MIFFLINTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17059	<b>Description of Expenditure</b> ADAM HARRIS, STATE HOUSE 82ND PA			
<b>To Whom Paid</b> PNC BANK			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 32.72
<b>Mailing Address</b>			4	6	2004	
<b>City</b> CAMP HILL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170018874	<b>Description of Expenditure</b> MARCH 2004 BANK FEES			

<b>To Whom Paid</b> FRIENDS OF BOB FLICK			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 300.00
<b>Mailing Address</b>			4	8	2004	
<b>City</b> DEVON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19333	<b>Description of Expenditure</b> ROBERT FLICK, STATE HOUSE 167TH PA			
<b>To Whom Paid</b> FRIENDS OF BILL ADOLPH, JR.			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 300.00
<b>Mailing Address</b>			4	8	2004	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Description of Expenditure</b> WILLIAM ADOLPH, STATE HOUSE 165TH PA			
<b>To Whom Paid</b> ARMSTRONG FOR SENATE COMMITTEE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 350.00
<b>Mailing Address</b>			4	8	2004	
<b>City</b> REFTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17568	<b>Description of Expenditure</b> GIBSON ARMSTRONG, STATE SENATE 13RD PA			
<b>To Whom Paid</b> COMMITTEE TO ELECT JEFF HABAY			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 300.00
<b>Mailing Address</b>			4	8	2004	
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15215	<b>Description of Expenditure</b> JEFFREY HABAY, STATE HOUSE 30TH PA			
<b>To Whom Paid</b> COMMITTEE TO RE-ELECT JOHN TAYLOR			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b>			4	8	2004	
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19107	<b>Description of Expenditure</b> JOHN TAYLOR, STATE HOUSE 177TH PA			
<b>To Whom Paid</b> COMMITTEE TO RE-ELECT JOHN TAYLOR			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>			4	8	2004	
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19107	<b>Description of Expenditure</b> JOHN TAYLOR, STATE HOUSE 177TH PA			
<b>To Whom Paid</b> COMMITTEE TO ELECT JOHN WOZNIAK			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 300.00
<b>Mailing Address</b>			4	8	2004	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Description of Expenditure</b> JOHN WOZNIAK, STATE SENATE 35TH PA			
<b>To Whom Paid</b> FRIENDS OF EUENE MCGILL			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 200.00
<b>Mailing Address</b>			4	8	2004	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Description of Expenditure</b> EUGENE MCGILL, STATE HOUSE 151ST PA			



<b>To Whom Paid</b> FRIENDS OF SCOTT PETRI			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 300.00
<b>Mailing Address</b>			4	8	2004	
<b>City</b> RICHBORO	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18954	<b>Description of Expenditure</b> SCOTT PETRI, STATE HOUSE 178TH PA			
<b>To Whom Paid</b> THE COMMITTEE TO ELECT KELLY LEWIS			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b>			4	8	2004	
<b>City</b> DELAWARE WATER GAP	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 183270474	<b>Description of Expenditure</b> KELLY LEWIS, STATE HOUSE 189TH PA			
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b> \$ 9,882.72

