### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Filer Identificati<br>Number :           |                                     | Report CANDIDATE COMMI |                       |       | 1ITTEE | <b>✓</b> | LOBE               | SYIST                  |   |         |          |            |                    |                |              |           |                |
|--|-------------------------------------|------------------------|-----------------------|-------|--------|----------|--------------------|------------------------|---|---------|----------|------------|--------------------|----------------|--------------|-----------|----------------|
| Name of Filing C                         | Committee, Candi                    | date or L              | obbyist:              |       | HOS    | SPIT     | AL &               | HEALT                  | HS\   | YSTEM   | 1 ASS    | OC OF      | PA PAC             | (HAPA          | C)           |           |                |
| Street Address:                          | 4750 LINDL                          | E RD PO                | BX 8600               |       |        |          |                    |                        |   |         |          |            |                    |                |              |           |                |
| City:                                    | HARRISBUR                           | G                      |                       |       |        |          |                    | State:                 |   | PA      |          |            | Zip Cod            | le: 17         | 7105-8       | 600       |                |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY          | 1.                     | 2ND FRIDAY<br>PRIMARY | PRE   | -      | 2.       | 30 DA<br>PRIMA     |                        | P   | OST-    | 3.       |            | AMENDM<br>REPORT?  |                | Yes          | No        | <b>~</b>       |
| (place X to<br>the right of              | X to PRE-ELECTION ELECTION ELECTION |                        |                       |       |        |          | TERMINA<br>REPORT? |                        | Yes   | No      | <b>~</b> |            |                    |                |              |           |                |
| report type)                             | ANNUAL REPOR                        | <b>T</b> 7.            | <b>Year</b> 2004      |       |        |          |                    | IG MET                 |   |         |          |            | PAPER              |                | $\checkmark$ | DISKE     | TTE            |
| Name of Office S                         | Cought by Candid                    | ate:                   | •                     |       |        |          |                    | DATE                   | OI  | F ELE   | CTIO     | N          | District<br>Number | Office<br>Code | Par          | ty Code   | County<br>Code |
|  |                                     |                        |                       |       |        |          |                    | МО                     |   | DAY     | YE       | AR         | Number             | Code           |              |           | code           |
|  |                                     |                        |                       |       |        |          |                    |                        | 11  |         | 2        | 2004       |                    | (SEE IN        | STRUCTIO     | ONS FOR C | ODES)          |
|  | Receipts and                        | МО                     | DAY Y                 | EAR   |        |          |                    | МО                     |   | DAY     | YE       | AR         | FO                 | R OFFI         | CE USE       | ONLY      |                |
| Expenditures                             | 5 Trom:                             |                        | 1 1                   |       | 1      | Т        | 0                  |                        | 10  | ]       | 18       | 2004       |                    |                |              |           |                |
| A. Amount Bro                            | ught Forward Fro                    | m Last R               | eport                 |       |        |          | \$                 |                        |   |         | 54,2     | 256.47     |                    |                |              |           |                |
| B. Total Monet                           | ary Contributions                   | And Rec                | eipts (From S         | che   | dule   | e I)     | \$                 |                        |   |         | 34,3     | 348.19     |                    |                |              |           |                |
| C. Total Funds                           | Available (Sum (                    | of Lines A             | and B)                |       |        |          | \$                 |                        |   |         | 88,6     | 504.66     |                    |                |              |           |                |
| D. Total Expend                          | ditures (From Sc                    | hedule II              | I)                    |       |        |          | \$                 |                        |   |         | 33,2     | 10.71      |                    |                |              |           |                |
| E. Ending Cash                           | Balance (Subtra                     | ct Line D              | From Line C)          |       |        |          | \$                 |                        |   |         | 55,3     | 93.95      |                    |                |              |           |                |
| F. Value Of In-                          | Kind Contribution                   | ns Receiv              | ed (From Sch          | edu   | le II  | [)       | \$                 |                        |   |         |          | 0.00       |                    |                |              |           |                |
| G. Unpaid Debt                           | s And Obligation                    | s (From S              | Schedule IV)          |       |        |          | \$                 |                        |   |         |          | 0.00       |                    |                | 1            |           |                |
|  |                                     |                        | F                     | ٩FF   | IDA    | ٩VI      | T SE               | CTIO                   | N   |         |          |            |                    |                |              |           |                |
| PART I - If this is                      | s a Committee re                    | port, trea             | surer sign he         | re. I | [f th  | is is    | a Car              | ndidate                | re  | port, c | andi     | date sig   | ın here.           |                |              |           |                |
| I swear (or affirm) correct and comple   | ) that this report, in<br>ete.      | cluding the            | attached sched        | dules | file   | d on     | paper              | or by ele              | ectr  | onic me | edium    | , are to t | he best o          | my kno         | wledge       | and belie | f , true       |
| Sworn to and subs                        | cribed before me th                 | is                     | 20                    |       |        |          |                    |                        | -   |         | s        | ignature   | of Perso           | 1 Submit       | ting Rep     | ort       |                |
|  |                                     |                        |                       |       |        |          | <b>-</b><br>-      |                        | -   |         |          |            | Prin               | ted Name       | e            |           |                |
| My Commission Ex                         | Signat<br>cpires                    | ure                    |                       |       |        |          |                    |                        | _   |         |          |            | Emai               | ı              |              |           |                |
|  | мо                                  | D                      | AY                    | YR    |        |          | _                  |                        | -   | Are     | ea Cod   | le         | Daytim             | e Telepi       | none Nu      | mber      |                |
| Part II- If this is                      | a report of a ca                    | ndidate's              | authorized Co         | omn   | nitte  | e, C     | andid              | ate sha                | hall sign here.   |         |          |            |                    |                |              |           |                |
| I swear (or affirm)<br>No 320) as amende |                                     | my knowl               | edge and belief       | this  | polit  | tical    | comm               | ittee ha               | has not violated any provisions of the act of June 3,1937 (P.L. 1333, |         |          |            |                    | 1333,          |              |           |                |
| Sworn to and subsc                       |                                     | s                      |                       |       |        |          |                    | Signature of Candidate |   |         |          |            |                    |                |              |           |                |
|  | day of                              |                        | _ 20                  |       |        |          | _                  |                        |   |         |          |            | Dui                | d Nav          |              |           |                |
|  | Signature                           | ,                      |                       |       |        |          | -                  |                        |   |         |          |            | Printe             | d Name         |              |           |                |
| My Commission Exp                        | -                                   | -                      |                       |       |        |          |                    |                        | -   |         |          |            | Ema                | il             |              |           |                |
|  | МО                                  | D                      | AY                    | YR    |        |          | -                  |                        |   | Area    | Code     |            | Da                 | ytime T        | elephon      | e Numbe   | er             |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting Period |     |            |
|--|------------------|-----|------------|
| HOSPITAL & HEALTHSYSTEM ASSOC OF PA PAC (HAPAC)  | From:            | To: | 10/18/2004 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |                  |     |            |
| TOTAL for the Reporting  | g Period (1)     | \$  | 1,641.00   |
| 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)   |                  | \$  | 16,578.07  |
| TOTAL for the Reporting  | g Period (2)     | \$  | 16,578.07  |
| 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)   |                  | \$  | 15,950.00  |
| TOTAL for the Reporting  | g Period (3)     | \$  | 15,950.00  |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |                  |     |            |
| TOTAL for the Reporting  | g Period (4)     | \$  | 179.12     |
|  |                  |     |            |
| Total Monetary Contributions and Receipts During this Reporting Period (Add at totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa |                  | \$  | 34,348.19  |

#### **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.

| Name of Filing Commit     | tee or Candidate |     |                   | Reporting | Period |      |    |        |
|---------------------------|------------------|-----|-------------------|-----------|--------|------|----|--------|
|                           |                  |     |                   | From:     |        | То   | •  |        |
|                           |                  |     | •                 |           | DATE   |      |    | AMOUNT |
| Full Name of Contributing | g Committee      |     |                   | мо        | DAY    | YEAR |    |        |
| Mailing Address           |                  |     |                   |           |        |      | \$ | 0.00   |
| City                      | St               | ate | Zip Code (Plus 4) |           |        |      |    |        |

PAGE TOTAL
0.00

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

### 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 Car                       | ndidate              |                  | Reporting F | Period   |          |                   |        |
|---|----------------------|------------------|-------------|----------|----------|-------------------|--------|
| HOSPITAL & HEALTHSYSTEM AS                            | SSOC OF PA PAC (HAPA | AC)              | From:       |          | To       | <u>10/18/2004</u> |        |
|   |                      |                  |             | DATE     |          |                   | AMOUNT |
| Full Name of Contributor                              |                      |                  | МО          | DAY      | YEAR     |                   |        |
| MR. PATRICK O'DONNELL CPA, FF                         | IFMA                 |                  |             |          |          |                   |        |
| Mailing Address 112 NORTH 7                           | TH STREET            |                  |             |          |          | \$                | 200.00 |
| <b>City</b> CHAMBERSBURG                              | State                | Zip Code (Plus 4 | 9           | 14       | 2004     |                   |        |
|   | PA                   | 172011700        |             | <u> </u> | <u> </u> | <u> </u>          |        |
| Full Name of Contributor<br>RICHARD OLINGER           |                      |                  | мо          | DAY      | YEAR     |                   |        |
| Mailing Address 5515 PEACH S                          | STREET               |                  |             |          |          | \$                | 80.00  |
| City ERIE   | State                | Zip Code (Plus 4 | ) 9         | 14       | 2004     |                   |        |
|   | PA                   | 165092695        |             |          |          |                   |        |
| Full Name of Contributor                              |                      |                  | мо          | DAY      | YEAR     |                   |        |
| JOHN FERRETTI DO                                      |                      |                  |             |          |          |                   |        |
| Mailing Address 5515 PEACH S                          | STREET               | _                |             |          |          | \$                | 120.00 |
| City ERIE   | State                | Zip Code (Plus 4 | ) 9         | 14       | 2004     |                   |        |
|   | PA                   | 165092965        |             |          |          |                   |        |
| Full Name of Contributor                              |                      |                  | мо          | DAY      | YEAR     |                   |        |
| DR. GEORGE M BRENCKLE PH.D.                           |                      |                  |             |          |          |                   |        |
|   | 3550 MARKET STREET   |                  |             |          | 2004     | \$                | 120.00 |
| City PHILADELPHIA                                     | State                | Zip Code (Plus 4 | ) 9         | 14       | 2004     |                   |        |
|   | PA                   | 191043357        |             |          | <u> </u> | <u> </u>          |        |
| Full Name of Contributor  JOHANNA MAGNER MSN, RN, CNA |                      |                  | мо          | DAY      | YEAR     |                   |        |
| Mailing Address 39TH & MARK                           |                      |                  |             |          |          | \$                | 120.00 |
| City PHILADELPHIA                                     | State                | Zip Code (Plus 4 | ) 9         | 14       | 2004     |                   |        |
|   | PA                   | 191042699        |             |          |          |                   |        |
| Full Name of Contributor                              |                      |                  | мо          | DAY      | YEAR     |                   |        |
| SUSAN SUTTO   | SAN SUTTO            |                  |             |          |          |                   |        |
| Mailing Address SUE SUTTO R                           | EALTORS, INC. 3838 W |                  |             |          |          | \$                | 120.00 |
| City ERIE   | State                | Zip Code (Plus 4 | ) 9         | 14       | 2004     |                   |        |
|   | PA                   | 165053302        |             |          |          |                   |        |

| Full Na | ame of Contributor        |                   |                   | мо   | DAY | YEAR  |                  |
|---------|---------------------------|-------------------|-------------------|------|-----|-------|------------------|
| ANA P   | UJOIS-MCKEE MD            |                   |                   | 1-10 | DAI | ILAK  |                  |
| Mailin  | g Address 39TH & MARKET S | STREET            |                   |      |     |       | \$ 200.00        |
| City    | PHILADELPHIA              | State             | Zip Code (Plus 4) | 9    | 14  | 2004  |                  |
|         |                           | PA                | 191042699         |      |     |       |                  |
| Full Na | ame of Contributor        |                   |                   | мо   | DAY | YEAR  |                  |
| MS. M   | ARY ECKERT                |                   |                   | 1-10 | DAI | ILAK  |                  |
| Mailin  | g Address 5515 PEACH STRE | EET               |                   |      |     |       | <b>\$</b> 120.00 |
| City    | ERIE                      | State             | Zip Code (Plus 4) | 9    | 14  | 2004  |                  |
|         |                           | PA                | 165092965         |      |     |       |                  |
| Full Na | ame of Contributor        |                   |                   | мо   | DAY | YEAR  |                  |
| DR. W   | ILLIAM CRANE              |                   |                   | МО   | DAT | TEAR  |                  |
| Mailin  | g Address 5515 PEACH STRE | ET                |                   |      |     |       | \$ 80.00         |
| City    | ERIE                      | State             | Zip Code (Plus 4) | 9    | 14  | 2004  |                  |
|         |                           | PA                | 165092965         |      |     |       |                  |
| Full Na | ame of Contributor        |                   |                   | МО   | DAY | VEAD  |                  |
| MR. J.  | STEPHEN SNOKE M.D.        |                   |                   | МО   | DAY | YEAR  |                  |
| Mailin  | g Address 503 NORTH 21ST  | STREET            |                   |      |     |       | <b>\$</b> 120.00 |
| City    | CAMP HILL                 | State             | Zip Code (Plus 4) | 9    | 14  | 2004  |                  |
|         |                           | PA                | 170112288         |      |     |       |                  |
| Full Na | ame of Contributor        |                   |                   |      |     | \/=== |                  |
| MR. D   | ALE SPARBER               |                   |                   | МО   | DAY | YEAR  |                  |
| Mailin  | g Address 3020 WOODBURY   | ROAD              |                   |      |     |       | \$ 80.00         |
| City    | SHAKER HEIGHTS            | State             | Zip Code (Plus 4) | 9    | 14  | 2004  |                  |
|         |                           | ОН                | 441202441         |      |     |       |                  |
| Full Na | ame of Contributor        |                   |                   | МО   | DAY | VEAD  |                  |
| SUSAI   | N E. PHILLIPS             |                   |                   | МО   | DAY | YEAR  |                  |
| Mailin  | g Address 399 SOUTH 34TH  | STREET 21ST FLOOR | ₹                 |      |     |       | <b>\$</b> 120.00 |
| City    | PHILADELPHIA              | State             | Zip Code (Plus 4) | 9    | 14  | 2004  |                  |
|         |                           | PA                | 191044316         |      |     |       |                  |
| Full Na | ame of Contributor        |                   |                   | МО   | DAY | VEAD  |                  |
| MS. M   | ARYELLEN REILLY           |                   |                   | МО   | DAY | YEAR  |                  |
| Mailin  | g Address 399 SOUTH 34TH  | STREET 21ST FLOOR | ₹                 |      |     |       | <b>\$</b> 120.00 |
| City    | PHILADELPHIA              | State             | Zip Code (Plus 4) | 9    | 14  | 2004  |                  |
|         |                           | PA                | 191044316         |      |     |       |                  |
| Full Na | ame of Contributor        |                   |                   | мо   | DAY | YEAR  |                  |
| STEVE   | EN F. HONEYWELL           |                   |                   | МО   | DAT | TEAR  |                  |
| Mailin  | g Address 399 SOUTH 34TH  | ST 21ST FLOOR     |                   |      |     |       | <b>\$</b> 120.00 |
| City    | PHILADELPHIA              | State             | Zip Code (Plus 4) | 9    | 14  | 2004  |                  |
|         |                           | PA                | 191044316         |      |     |       |                  |
| Full Na | ame of Contributor        |                   |                   | МО   | DAY | VEAD  |                  |
| DR. D   | WIGHT L. EVANS M.D.       |                   |                   | МО   | DAY | YEAR  |                  |
| Mailin  | g Address 1701 GOLF HOUS  | E ROAD            |                   |      |     |       | <b>\$</b> 120.00 |
| City    | HAVERFORD                 | State             | Zip Code (Plus 4) | 9    | 14  | 2004  |                  |
|         |                           | PA                | 190411060         |      |     |       |                  |
|         |                           | •                 |                   | -    | -   |       |                  |

| Full Na | ame of Contributor       |               |                   | мо       | DAY | YEAR |                  |
|---------|--------------------------|---------------|-------------------|----------|-----|------|------------------|
| JOSEP   | PH A. REAGAN JR          |               |                   | MO       | DAT | TEAR |                  |
| Mailin  | g Address 257 HATHAWAY   | LANE          |                   |          |     |      | \$ 80.00         |
| City    | WYNNEWOOD                | State         | Zip Code (Plus 4) | 9        | 14  | 2004 |                  |
|         |                          | PA            | 190961902         |          |     |      |                  |
| Full Na | ame of Contributor       | •             | •                 |          | DAY | VEAD |                  |
| AMY L   | AMBERT                   |               |                   | МО       | DAY | YEAR |                  |
| Mailin  | g Address 408 SCHOOL HO  | USE LANE      |                   |          |     |      | <b>\$</b> 120.00 |
| City    | STRAFFORD                | State         | Zip Code (Plus 4) | 9        | 14  | 2004 |                  |
|         |                          | PA            | 190875310         |          |     |      |                  |
| Full Na | ame of Contributor       |               | <del>-</del>      | МО       | DAY | VEAD |                  |
| MICHA   | AEL GEORGE CHE           |               |                   | МО       | DAY | YEAR |                  |
| Mailin  | g Address 313 MEADOW LA  | NE            |                   |          |     |      | <b>\$</b> 120.00 |
| City    | MERION STATION           | State         | Zip Code (Plus 4) | 9        | 14  | 2004 |                  |
|         |                          | PA            | 190661330         |          |     |      |                  |
| Full Na | ame of Contributor       | -             |                   | МО       | DAY | VEAD |                  |
| RICHA   | ARD F. DEMERS            |               |                   | МО       | DAY | YEAR |                  |
| Mailin  | g Address 3400 SPRUCE ST | Г.            |                   |          |     |      | <b>\$</b> 120.00 |
| City    | PHILADELPHIA             | State         | Zip Code (Plus 4) | 9        | 14  | 2004 |                  |
|         |                          | PA            | 191044206         |          |     |      |                  |
| Full Na | ame of Contributor       |               |                   | МО       | DAY | YEAR |                  |
| MR. G   | ARY GINSBERG             |               |                   | МО       | DAT | TEAR |                  |
| Mailin  | g Address 14 ST. JEAN WA | Y             |                   |          |     |      | <b>\$</b> 120.00 |
| City    | MARLTON                  | State         | Zip Code (Plus 4) | 9        | 14  | 2004 |                  |
|         |                          | NJ            | 080535528         |          |     |      |                  |
| Full Na | ame of Contributor       |               |                   | МО       | DAY | YEAR |                  |
| MR. R   | ONALD J. KUMOR           |               |                   | 1-10     | DAI | ILAK |                  |
| Mailin  | g Address 1330 N. BRADFO | RD ROAD       |                   | <u> </u> |     |      | <b>\$</b> 120.00 |
| City    | NEWTOWN                  | State         | Zip Code (Plus 4) | 9        | 14  | 2004 |                  |
|         |                          | PA            | 189403716         |          |     |      |                  |
| Full Na | ame of Contributor       |               |                   | МО       | DAY | YEAR |                  |
| MR. JA  | AMES F. ATKINSON         |               |                   | 1-10     | DAI | ILAK |                  |
| Mailin  | g Address P.O. BOX 384   |               |                   | 1        |     |      | <b>\$</b> 120.00 |
| City    | PILGRIM GARDENS          | State         | Zip Code (Plus 4) | 9        | 14  | 2004 |                  |
|         |                          | PA            | 190260384         |          |     |      |                  |
| Full Na | ame of Contributor       |               |                   | МО       | DAY | YEAR |                  |
| MR. LI  | EE A. FLEISHER           |               |                   | 1-10     |     | ILAK |                  |
| Mailin  | g Address 200 CATHCART I | ROAD, BOX 197 |                   | 1        |     |      | <b>\$</b> 120.00 |
| City    | GWYNEDD VALLEY           | State         | Zip Code (Plus 4) | 9        | 14  | 2004 |                  |
|         |                          | PA            | 19104             |          |     |      |                  |
| Full Na | ame of Contributor       |               |                   | мо       | DAY | YEAR |                  |
| DR. M   | ICHAEL A. ROSSI MD       |               |                   | ,,,,,    | DAI | ILAN |                  |
| Mailin  | g Address 2380 SPYGLASS  | HILL          |                   |          |     |      | <b>\$</b> 120.00 |
| City    | CENTER VALLEY            | State         | Zip Code (Plus 4) | 9        | 14  | 2004 |                  |
|         |                          | PA            | 180348915         |          |     |      |                  |
|         |                          |               |                   |          |     |      |                  |

| Full Name of Contributor  |                    |                   |     |     |      |                  |
|---------------------------|--------------------|-------------------|-----|-----|------|------------------|
| MR. ROBERT A. DEMICHIEL   |                    |                   | МО  | DAY | YEAR |                  |
|                           | NDEUR DRIVE        |                   |     |     |      | <b>\$</b> 250.00 |
| City GIBSONIA             | State              | Zip Code (Plus 4) | 9   | 14  | 2004 | 230100           |
| ,                         | PA                 | 150447498         |     |     |      |                  |
| Full Name of Contributor  |                    | I                 |     |     |      |                  |
| THERESA D WOODRUFF        |                    |                   | МО  | DAY | YEAR |                  |
|                           | CER AVENUE         |                   |     |     |      | <b>\$</b> 120.00 |
| City HAVERTOWN            | State              | Zip Code (Plus 4) | 9   | 14  | 2004 | 120.00           |
| invertion.                | PA                 | 190834710         |     |     |      |                  |
| Full Name of Contributor  |                    |                   |     |     |      |                  |
| GRAHAM LUND               |                    |                   | МО  | DAY | YEAR |                  |
|                           | 25TH STREET        |                   |     |     |      | \$ 200.00        |
| City ERIE                 | State              | Zip Code (Plus 4) | 9   | 22  | 2004 | 200100           |
| ,                         | PA                 | 165440002         |     |     |      |                  |
| Full Name of Contributor  | <u> </u>           |                   |     |     |      |                  |
| MS LYNNE KOMBLATT         |                    |                   | МО  | DAY | YEAR |                  |
| Mailing Address 5501 OLD  | YORK ROAD          |                   |     |     |      | <b>\$</b> 100.00 |
| City PHILADELPHIA         | State              | Zip Code (Plus 4) | 9   | 22  | 2004 |                  |
|                           | PA                 | 191413018         |     |     |      |                  |
| Full Name of Contributor  | •                  | •                 |     |     |      |                  |
| IVAN GABEL                |                    |                   | МО  | DAY | YEAR |                  |
| Mailing Address 920 MEETI | NGHOUSE ROAD       |                   |     |     |      | <b>\$</b> 150.00 |
| City RYDAL                | State              | Zip Code (Plus 4) | 9   | 22  | 2004 |                  |
|                           | PA                 | 190462432         |     |     |      |                  |
| Full Name of Contributor  |                    |                   | мо  | DAY | YEAR |                  |
| MARILYN RIVERS            |                    |                   | 140 | DAI | ILAK |                  |
| Mailing Address 831 W. MT | . AIRY AVENUE      |                   | _   |     |      | <b>\$</b> 150.00 |
| City PHILADELPHIA         | State              | Zip Code (Plus 4) | 9   | 22  | 2004 |                  |
|                           | PA                 | 191193329         |     |     |      |                  |
| Full Name of Contributor  |                    |                   | МО  | DAY | YEAR |                  |
| ROBERT J. REICHLIN        |                    |                   |     |     |      |                  |
| Mailing Address 41 CONSH  | OHOCKEN STATE ROAD | )                 |     |     |      | <b>\$</b> 100.00 |
| City BALA CYNWYD          | State              | Zip Code (Plus 4) | 9   | 22  | 2004 |                  |
|                           | PA                 | 190042419         |     |     |      |                  |
| Full Name of Contributor  |                    |                   | мо  | DAY | YEAR |                  |
| LAWLRENCE S. REICHLIN     |                    |                   |     |     |      |                  |
| Mailing Address 501 CRAIG | LANE               |                   | 4   |     |      | <b>\$</b> 100.00 |
| City VILLANOVA            | State              | Zip Code (Plus 4) | 9   | 22  | 2004 |                  |
|                           | PA                 | 180851902         |     |     |      |                  |
| Full Name of Contributor  |                    |                   | МО  | DAY | YEAR |                  |
| JOHN M FINGER             |                    |                   |     |     |      |                  |
|                           | YORK ROAD          |                   | 1   |     |      | <b>\$</b> 75.00  |
| City PHILADELPHIA         | State              | Zip Code (Plus 4) | 9   | 22  | 2004 |                  |
|                           | PA                 | 191413018         |     |     |      |                  |

| Full Name of Contributor        |                   |                   | мо       | DAY | YEAR |                  |
|---------------------------------|-------------------|-------------------|----------|-----|------|------------------|
| MS. DAWN PRALL GEORGE           |                   |                   |          |     |      |                  |
| Mailing Address 428 CONSHOHO    | CKEN STATE ROAD   | _                 | <u> </u> |     |      | \$ 100.00        |
| City BALA CYNWYD                | State             | Zip Code (Plus 4) | 9        | 22  | 2004 |                  |
|                                 | PA                | 190042621         |          |     |      |                  |
| Full Name of Contributor        |                   |                   | MO.      | DAY | VEAD |                  |
| MS. PATRICIA J. RAFFAELE        |                   |                   | МО       | DAY | YEAR |                  |
| Mailing Address 125 SHERWOOD    | DRIVE             |                   |          |     |      | \$ 80.00         |
| City MCMURRAY                   | State             | Zip Code (Plus 4) | 9        | 30  | 2004 |                  |
| -                               | PA                | 153172724         |          |     |      |                  |
| Full Name of Contributor        |                   | 1                 |          |     |      |                  |
| MR. TELFORD W. THOMAS CHE       |                   |                   | МО       | DAY | YEAR |                  |
|                                 |                   |                   |          |     |      | 4 160.00         |
|                                 |                   | Zin Codo (Divo 4) | 9        | 30  | 2004 | \$ 160.00        |
| City WASHINGTON                 | State             | Zip Code (Plus 4) | 9        | 30  | 2004 |                  |
|                                 | PA                | 153013398         |          |     |      |                  |
| Full Name of Contributor        |                   |                   | мо       | DAY | YEAR |                  |
| MR. CHARLES B. SULLIVAN         |                   |                   |          |     |      |                  |
| Mailing Address SIXTH AVENUE A  | AND SPRUCE STREEE | TS                | <u> </u> |     |      | \$ 200.00        |
| City READING                    | State             | Zip Code (Plus 4) | 9        | 30  | 2004 |                  |
|                                 | PA                | 196121428         |          |     |      |                  |
| Full Name of Contributor        |                   |                   | МО       | DAY | VEAD |                  |
| MR. BRENT ENNIS                 |                   |                   | МО       | DAY | YEAR |                  |
| Mailing Address 1770 BATHGATE   | ROAD FIRST FLOOR  |                   |          |     |      | \$ 200.00        |
| City BETHLEHEM                  | State             | Zip Code (Plus 4) | 9        | 30  | 2004 |                  |
|                                 | PA                | 180177302         |          |     |      |                  |
| Full Name of Contributor        |                   | -                 |          |     |      |                  |
| MS. SALLY GAMMON CHE            |                   |                   | МО       | DAY | YEAR |                  |
| Mailing Address 543 ST. JOHN ST | TDEET             |                   |          |     |      | \$ 250.00        |
| City ALLENTOWN                  | State             | Zip Code (Plus 4) | 9        | 30  | 2004 | 250.00           |
| ALLENTOWN                       | PA                | 181033295         |          |     | 2001 |                  |
|                                 | FA                | 181033293         |          |     |      | <u> </u>         |
| Full Name of Contributor        |                   |                   | мо       | DAY | YEAR |                  |
| DONNA HOLTON                    |                   |                   |          |     |      |                  |
| Mailing Address 1021 STONESTA   | CK DRIVE          | <u> </u>          | _        |     |      | \$ 250.00        |
| City BETHLEHEM                  | State             | Zip Code (Plus 4) | 9        | 30  | 2004 |                  |
|                                 | PA                | 180155053         |          |     |      |                  |
| Full Name of Contributor        |                   |                   | МО       | DAY | YEAR |                  |
| MS. MICHELE RONE COOPER         |                   |                   | 140      | DAI | ILAK |                  |
| Mailing Address 1400 LOCUST ST  | TREET             |                   |          |     |      | <b>\$</b> 200.00 |
| City PITTSBURGH                 | State             | Zip Code (Plus 4) | 9        | 30  | 2004 |                  |
|                                 | PA                | 152195166         |          |     |      |                  |
| Full Name of Contributor        | ·                 |                   |          |     |      |                  |
| MR. LOUIS J PANZA JR.           |                   |                   | МО       | DAY | YEAR |                  |
| Mailing Address 1163 COUNTRY (  | CLUB DOAD         |                   |          |     |      | t 160.00         |
|                                 | State             | Zip Code (Plus 4) | 9        | 30  | 2004 | \$ 160.00        |
| City MONONGAHELA                |                   |                   |          |     | 2004 |                  |
|                                 | PA                | 150631095         |          | l   |      |                  |

| Full Na | ame of Contributor        |                   |                   | МО   | DAY | YEAR |                  |
|---------|---------------------------|-------------------|-------------------|------|-----|------|------------------|
| MR. JA  | AMES SEITZINGER           |                   |                   | 1-10 | DAI | ILAK |                  |
| Mailin  | g Address 421 CHEW STREE  | Γ                 |                   |      |     |      | \$ 200.00        |
| City    | ALLENTOWN                 | State             | Zip Code (Plus 4) | 9    | 30  | 2004 |                  |
|         |                           | PA                | 181023406         |      |     |      |                  |
| Full Na | ame of Contributor        |                   |                   | МО   | DAY | YEAR |                  |
| тном    | AS DILIBERTO MD           |                   |                   | 140  | DAI | ILAK |                  |
| Mailin  | g Address 501 NORTH LANSI | DOWNE AVENUE      |                   |      |     |      | <b>\$</b> 120.00 |
| City    | DREXEL HILL               | State             | Zip Code (Plus 4) | 9    | 30  | 2004 |                  |
|         |                           | PA                | 190261187         |      |     |      |                  |
| Full Na | ame of Contributor        |                   |                   | МО   | DAY | VEAD |                  |
| MR. J.  | PENN KRAUSE               |                   |                   | МО   | DAY | YEAR |                  |
| Mailin  | g Address 1400 LOCUST STR | EET               |                   |      |     |      | \$ 200.00        |
| City    | PITTSBURGH                | State             | Zip Code (Plus 4) | 9    | 30  | 2004 |                  |
|         |                           | PA                | 152195166         |      |     |      |                  |
| Full Na | ame of Contributor        | •                 |                   |      |     |      |                  |
| MICHA   | AEL BUCKLEY M.D.          |                   |                   | МО   | DAY | YEAR |                  |
| Mailin  | g Address 800 SPRUCE STRE | ETE               |                   |      |     |      | <b>\$</b> 120.00 |
| City    | PHILADELPHIA              | State             | Zip Code (Plus 4) | 9    | 30  | 2004 |                  |
|         |                           | PA                | 191076130         |      |     |      |                  |
| Full Na | ame of Contributor        | •                 |                   |      |     |      |                  |
| MR. T   | HOMAS WITTMAN MD          |                   |                   | МО   | DAY | YEAR |                  |
| Mailin  | g Address CHEST DISEASES  | OF NWPA 3580 PEAG | CH STREET, #103   |      |     |      | \$ 80.00         |
| City    | ERIE                      | State             | Zip Code (Plus 4) | 9    | 30  | 2004 |                  |
|         |                           | PA                | 16508             |      |     |      |                  |
| Full Na | ame of Contributor        | •                 |                   |      |     |      |                  |
| DR. IA  | AN G. RAWSON PH.D., CHE   |                   |                   | МО   | DAY | YEAR |                  |
| Mailin  | g Address 6401 DARLINGTO  | N ROAD            |                   |      |     |      | <b>\$</b> 160.00 |
| City    | PITTSBURGH                | State             | Zip Code (Plus 4) | 9    | 30  | 2004 |                  |
|         |                           | PA                | 152171837         |      |     |      |                  |
| Full Na | ame of Contributor        |                   | •                 |      |     |      |                  |
| DR. EI  | LLIOT J. SUSSMAN M.D.     |                   |                   | МО   | DAY | YEAR |                  |
| Mailin  | g Address CEDAR CREST BO  | JLEVARD AND I-78  |                   |      |     |      | \$ 200.00        |
| City    | ALLENTOWN                 | State             | Zip Code (Plus 4) | 9    | 30  | 2004 |                  |
|         |                           | PA                | 181036248         |      |     |      |                  |
| Full Na | ame of Contributor        |                   |                   | 140  | DAY | VEAS |                  |
| MS. P   | ATRICIA J. WREN           |                   |                   | МО   | DAY | YEAR |                  |
| Mailin  | g Address 243 HARDWICKE I | _ANE              |                   |      |     |      | <b>\$</b> 120.00 |
| City    | VILLANOVA                 | State             | Zip Code (Plus 4) | 9    | 30  | 2004 |                  |
|         |                           | PA                | 190851429         |      |     |      |                  |
| Full Na | ame of Contributor        | •                 |                   |      |     |      |                  |
|         | TEPHEN EMERSON            |                   |                   | МО   | DAY | YEAR |                  |
| Mailin  | g Address 403 GREAT SPRIN | GS ROAD           |                   |      |     |      | \$ 80.00         |
| City    | BRYN MAWRY                | State             | Zip Code (Plus 4) | 9    | 30  | 2004 |                  |
|         |                           | PA                | 190101715         |      |     |      |                  |
|         |                           | I                 | 1                 |      |     |      |                  |

|                          |                            |                   |     |          |       | 17102 10         |
|--------------------------|----------------------------|-------------------|-----|----------|-------|------------------|
| Full Name of Contributor |                            |                   | мо  | DAY      | YEAR  |                  |
| MR. WALTER J. FURLON     | G                          |                   |     |          |       |                  |
| Mailing Address 1470     | 5 DOMINION HEIGHTS         |                   | _   |          |       | \$ 200.00        |
| City PITTSBURGH          | State                      | Zip Code (Plus 4) | 9   | 30       | 2004  |                  |
|                          | PA                         | 152413136         |     |          |       |                  |
| Full Name of Contributor |                            |                   | МО  | DAY      | YEAR  |                  |
| DR. JOHN D. VAN BRAKI    | LE MD                      |                   |     |          |       |                  |
| Mailing Address 173      | 1 PENN'S CROSSING          |                   | 1   |          |       | \$ 200.00        |
| City ALLENTOWN           | State                      | Zip Code (Plus 4) | 9   | 30       | 2004  |                  |
|                          | PA                         | 181041764         |     |          |       |                  |
| Full Name of Contributor |                            |                   | мо  | DAY      | YEAR  |                  |
| MRS. DEBORAH L. STAP     | LES                        |                   |     | 57(1     | 12/11 |                  |
| Mailing Address 105      | HONEYTREE CT.              |                   |     |          |       | <b>\$</b> 120.00 |
| City DOWNINGTOWN         | State                      | Zip Code (Plus 4) | 9   | 30       | 2004  |                  |
|                          | PA                         | 193354100         |     |          |       |                  |
| Full Name of Contributor |                            |                   | мо  | DAY      | YEAR  |                  |
| MRS. DENISE S. DAVEN     | PORT                       |                   | 140 | DAT      | ILAK  |                  |
| Mailing Address 543      | 1 N. BRANCH ROAD           |                   |     |          |       | <b>\$</b> 120.00 |
| City PIPERSVILLE         | State                      | Zip Code (Plus 4) | 9   | 30       | 2004  |                  |
|                          | PA                         | 189471100         |     |          |       |                  |
| Full Name of Contributor |                            |                   |     | DAY      | VEAD  |                  |
| MR. RONALD W. SWINF      | ARD                        |                   | МО  | DAY      | YEAR  |                  |
| Mailing Address 710      | NORTH 38TH STREET          |                   |     |          |       | \$ 200.00        |
| City ALLENTOWN           | State                      | Zip Code (Plus 4) | 9   | 30       | 2004  |                  |
|                          | PA                         | 181043379         |     |          |       |                  |
| Full Name of Contributor | ·                          | ·                 |     |          |       |                  |
| EDWARD L. JONES JR.      |                            |                   | МО  | DAY      | YEAR  |                  |
| Mailing Address AAA      | MID-ATLANTIC 2040 MARKET   | STREET            |     |          |       | \$ 200.00        |
| City PHILADELPHIA        | State                      | Zip Code (Plus 4) | 10  | 7        | 2004  |                  |
|                          | PA                         | 19103             |     |          |       |                  |
| Full Name of Contributor |                            |                   |     | DAY      | VEAD  |                  |
| MR. ANDREW B. WIGGL      | ESWORTH                    |                   | МО  | DAY      | YEAR  |                  |
| Mailing Address 600      | N. 22ND STREET #3W         |                   |     |          |       | <b>\$</b> 123.07 |
| City PHILADELPHIA        | State                      | Zip Code (Plus 4) | 10  | 7        | 2004  |                  |
|                          | PA                         | 191303163         |     |          |       |                  |
| Full Name of Contributor |                            |                   |     |          | W=45  |                  |
| JACK FARBER              |                            |                   | МО  | DAY      | YEAR  |                  |
| Mailing Address 184      | 5 WALNUT STREET, SUITE 800 | )                 |     |          |       | <b>\$</b> 250.00 |
| City PHILADELPHIA        | State                      | Zip Code (Plus 4) | 10  | 7        | 2004  |                  |
|                          | PA                         | 191034711         |     |          |       |                  |
| Full Name of Contributor | •                          | •                 |     |          |       |                  |
| MS. SUSAN S. BENEMAN     |                            |                   | МО  | DAY      | YEAR  |                  |
|                          | WYNDMOOR AVENUE            |                   |     |          |       | <b>\$</b> 250.00 |
| City WYNDMOOR            | State                      | Zip Code (Plus 4) | 10  | 7        | 2004  |                  |
|                          | PA                         | 190387951         |     |          |       |                  |
| 1                        |                            |                   | 1   | <u> </u> | ı     | I                |

| Full Na  | ame of Contributor        |                      |                   | мо | DAY      | YEAR |                  |
|----------|---------------------------|----------------------|-------------------|----|----------|------|------------------|
| IRA B    | RIND ESQ.                 |                      |                   |    |          |      |                  |
| Mailin   | g Address BRIND-LINDSAY 8 | k CO., INC. 1926 ARG | CH STREET         | _  |          |      | <b>\$</b> 250.00 |
| City     | PHILADELPHIA              | State                | Zip Code (Plus 4) | 10 | 7        | 2004 |                  |
|          |                           | PA                   | 191031444         |    |          |      |                  |
| Full Na  | ame of Contributor        |                      |                   | мо | DAY      | YEAR |                  |
| JANET    | BURNHAM                   |                      |                   |    |          |      |                  |
| Mailin   | g Address 111 S 11TH STRE | ET #2210 N. GIBBON   | l .               | _  |          |      | <b>\$</b> 250.00 |
| City     | PHILADELPHIA              | State                | Zip Code (Plus 4) | 10 | 7        | 2004 |                  |
|          |                           | PA                   | 191074824         |    |          |      |                  |
| Full Na  | ame of Contributor        |                      |                   | MO | DAY      | VEAD |                  |
| MS. A    | NDREA F GILBERT CHE       |                      |                   | МО | DAY      | YEAR |                  |
| Mailin   | g Address 130 SOUTH BRYN  | MAWR AVENUE          |                   |    |          |      | <b>\$</b> 250.00 |
| City     | BRYN MAWR                 | State                | Zip Code (Plus 4) | 10 | 7        | 2004 |                  |
|          |                           | PA                   | 190103143         |    |          |      |                  |
| Full Na  | ame of Contributor        | •                    | •                 |    |          |      |                  |
| FREDE    | ERICK HAAB                |                      |                   | МО | DAY      | YEAR |                  |
| Mailin   | g Address 1339 WRENFIELD  | WAY                  |                   |    |          |      | <b>\$</b> 200.00 |
| City     | VILLANOVA                 | State                | Zip Code (Plus 4) | 10 | 7        | 2004 |                  |
|          |                           | PA                   | 190852062         |    |          |      |                  |
| Full Na  | ame of Contributor        | <u> </u>             | ļ.                |    |          |      |                  |
|          | RRISON                    |                      |                   | МО | DAY      | YEAR |                  |
|          | g Address 111 SOUTH 11TH  | STREET               |                   |    |          |      | <b>\$</b> 150.00 |
| City     | PHILADELPHIA              | State                | Zip Code (Plus 4) | 10 | 7        | 2004 | 130.00           |
| '        | THE COLUMN                | PA                   | 191074824         |    |          |      |                  |
| Full Na  | ame of Contributor        |                      |                   |    |          |      |                  |
|          | ILAS MACMASTER JR., ESQ.  |                      |                   | МО | DAY      | YEAR |                  |
|          | g Address FIVE MORRIS ROA | 7D                   |                   |    |          |      | <b>\$</b> 150.00 |
| City     |                           | State                | Zip Code (Plus 4) | 10 | 7        | 2004 |                  |
| -        |                           | PA                   | 190025233         |    |          |      |                  |
| Eull N   | ame of Contributor        |                      |                   |    |          |      |                  |
|          | ISEL JR.                  |                      |                   | МО | DAY      | YEAR |                  |
| <b>—</b> |                           | TIES, INC. 1411 YOU  | INGS FORD ROAD    |    |          |      | <b>\$</b> 150.00 |
| City     | GLADWYNNE                 | State                | Zip Code (Plus 4) | 10 | 7        | 2004 |                  |
|          |                           | PA                   | 19035             |    |          |      |                  |
| Full Na  | ame of Contributor        |                      | ·                 |    |          |      | -                |
|          | ARD J. BRAEMER            |                      |                   | МО | DAY      | YEAR |                  |
|          | g Address 8309 STENTON A  | /ENUE                |                   |    |          |      | <b>\$</b> 100.00 |
| City     | WYNDMOOR                  | State                | Zip Code (Plus 4) | 10 | 7        | 2004 |                  |
| •        |                           | PA                   | 190388428         |    |          |      |                  |
| Full N   | ame of Contributor        | <u> </u>             |                   |    |          |      |                  |
|          | JR POWELL                 |                      |                   | МО | DAY      | YEAR |                  |
|          | g Address KRAVCO COMPAN   | Y P.O. BOX 1528      |                   |    |          |      | \$ 80.00         |
| City     | KING OF PRUSSIA           | State                | Zip Code (Plus 4) | 10 | 7        | 2004 | 00.00            |
|          |                           | PA                   | 194060928         |    |          |      |                  |
|          |                           | 1 ' '                |                   | I  | <u> </u> | l .  | l .              |

| Full N  | ame of Contributor        |              |                     | мо | DAY | YEAR |                  |
|---------|---------------------------|--------------|---------------------|----|-----|------|------------------|
| ТНОМ    | AS MORRIS JR., ESQ.       |              |                     | МО | DAT | TEAR |                  |
| Mailin  | g Address DECHERT PRICE   | & RHOADS 400 | BELL ATLANTIC TOWER |    |     |      | \$ 100.00        |
| City    | PHILADELPHIA              | State        | Zip Code (Plus 4)   | 10 | 7   | 2004 |                  |
|         |                           | PA           | 191032793           |    |     |      |                  |
| Full N  | ame of Contributor        |              |                     |    |     |      |                  |
| MS. R   | UTH LEFTON                |              |                     | МО | DAY | YEAR |                  |
| Mailin  | g Address 1200 WEST TABO  | R ROAD       |                     |    |     |      | <b>\$</b> 150.00 |
| City    | PHILADELPHIA              | State        | Zip Code (Plus 4)   | 10 | 7   | 2004 |                  |
|         |                           | PA           | 191413019           |    |     |      |                  |
| Full Na | ame of Contributor        |              |                     |    |     |      |                  |
|         | DUFFY                     |              |                     | МО | DAY | YEAR |                  |
|         | g Address 5501 OLD YORK I | ROAD         |                     |    |     |      | \$ 80.00         |
| City    | PHILADELPHIA              | State        | Zip Code (Plus 4)   | 10 | 7   | 2004 |                  |
|         |                           | PA           | 191413018           |    |     |      |                  |
| Full N  | ame of Contributor        |              |                     |    |     |      |                  |
|         | ARD BARTKOWSKI            |              |                     | МО | DAY | YEAR |                  |
|         | g Address 111 SOUTH 11TH  | STREET       |                     |    |     |      | <b>\$</b> 150.00 |
| City    | PHILADELPHIA              | State        | Zip Code (Plus 4)   | 10 | 7   | 2004 |                  |
|         |                           | PA           | 191074824           |    |     |      |                  |
| Full N  | ame of Contributor        |              |                     |    |     |      |                  |
|         | IARLUCE BIBBO MD          |              |                     | МО | DAY | YEAR |                  |
|         | g Address 111 SOUTH 11TH  | STREET       |                     |    |     |      | \$ 100.00        |
| City    | PHILADELPHIA              | State        | Zip Code (Plus 4)   | 10 | 7   | 2004 | 100.00           |
|         | THE OLL HEAT              | PA           | 191074824           |    |     |      |                  |
| Full N  | ame of Contributor        |              |                     |    |     |      |                  |
|         | Y GOLDBERG                |              |                     | МО | DAY | YEAR |                  |
|         | g Address 111 SOUTH 11TH  | STREET       |                     |    |     |      | \$ 100.00        |
|         | PHILADELPHIA              | State        | Zip Code (Plus 4)   | 10 | 7   | 2004 |                  |
|         |                           | PA           | 191074824           |    |     |      |                  |
| Full N  | ame of Contributor        |              |                     |    |     |      |                  |
| AL KU   |                           |              |                     | МО | DAY | YEAR |                  |
|         | g Address 111 SOUTH 11TH  | STREET       |                     |    |     |      | \$ 100.00        |
| City    | PHILADELPHIA              | State        | Zip Code (Plus 4)   | 10 | 7   | 2004 |                  |
|         |                           | PA           | 191074824           |    |     |      |                  |
| Full N  | ame of Contributor        |              |                     |    |     |      |                  |
| -       | . GRANT MULHOLLAND        |              |                     | МО | DAY | YEAR |                  |
|         | g Address 111 SOUTH 11TH  | STREET       |                     |    |     |      | \$ 100.00        |
| City    | PHILADELPHIA              | State        | Zip Code (Plus 4)   | 10 | 7   | 2004 |                  |
|         |                           | PA           | 191074824           |    |     |      |                  |
| Full N  | ame of Contributor        |              | <u> </u>            |    |     |      |                  |
|         | TEPHEN TRANQUILLO         |              |                     | МО | DAY | YEAR |                  |
|         | g Address 130 SOUTH 9TH   | STREET       |                     |    |     |      | <b>\$</b> 150.00 |
| City    | PHILADELPHIA              | State        | Zip Code (Plus 4)   | 10 | 7   | 2004 |                  |
|         |                           | PA           | 191075233           |    |     |      |                  |
|         |                           |              |                     |    |     |      |                  |

| Full Na         | me of Contributor                  |                         |                   | МО   | DAY  | YEAR |                  |
|-----------------|------------------------------------|-------------------------|-------------------|------|------|------|------------------|
| MS. BA          | ARBARA TACHOVSKY                   |                         |                   | 140  | DAI  | ILAK |                  |
| Mailing         | Address 255 WEST LANG              | CASTER AVENUE           |                   |      |      |      | <b>\$</b> 150.00 |
| City            | PAOLI                              | State                   | Zip Code (Plus 4) | 10   | 1    | 2004 |                  |
|                 |                                    | PA                      | 193011761         |      |      |      |                  |
| Full Na         | me of Contributor                  |                         |                   | мо   | DAY  | YEAR |                  |
| STEPH           | EN STADLER                         |                         |                   | MO   | DAI  | ILAK |                  |
| Mailing         | Address 111 SOUTH 117              | TH STREET               |                   |      |      |      | <b>\$</b> 150.00 |
| City            | PHILADELPHIA                       | State                   | Zip Code (Plus 4) | 10   | 7    | 2004 |                  |
|                 |                                    | PA                      | 191074824         |      |      |      |                  |
| Full Na         | me of Contributor                  |                         |                   | мо   | DAY  | YEAR |                  |
| GERAL           | D MEYER                            |                         | 140               | DAI  | ILAK |      |                  |
| Mailing         | Address 111 SOUTH 117              | TH STREET               |                   |      |      |      | <b>\$</b> 100.00 |
| City            | PHILADELPHIA                       | State Zip Code (Plus 4) |                   | 10   | 7    | 2004 |                  |
|                 |                                    | PA                      | 191074824         |      |      |      |                  |
| Full Na         | me of Contributor                  |                         | мо                | DAY  | YEAR |      |                  |
| ROBER           | RT SOMERS MD                       |                         |                   | 1.10 | DAI  | ILAK |                  |
| Mailing         | Address 5501 OLD YOR               | K ROAD                  |                   | 1    |      |      | \$ 250.00        |
| City            | PHILADELPHIA                       | State                   | Zip Code (Plus 4) | 10   | 7    | 2004 |                  |
|                 |                                    | PA                      | 191413018         |      |      |      |                  |
| Full Na         | me of Contributor                  |                         |                   | мо   | DAY  | YEAR |                  |
| DR. VI          | JAY RAO MD                         |                         |                   | 1.10 | DAI  | ILAK |                  |
| Mailing         | Address 111 SOUTH 117              | TH STREET               |                   | 1    |      |      | <b>\$</b> 150.00 |
| City            | PHILADELPHIA                       | State                   | Zip Code (Plus 4) | 10   | 7    | 2004 |                  |
|                 |                                    | PA                      | 191074824         |      |      |      |                  |
| Full Na         | me of Contributor                  |                         |                   | МО   | DAY  | YEAR |                  |
| MS. PA          | AMELA KOLB                         |                         |                   |      |      |      |                  |
| Mailing         | Address 111 SOUTH 117              | TH STREET               |                   | _    |      |      | <b>\$</b> 150.00 |
| City            | PHILADELPHIA                       | State                   | Zip Code (Plus 4) | 10   | 7    | 2004 |                  |
|                 |                                    | PA                      | 191074824         |      |      |      |                  |
| Full Na         | me of Contributor                  |                         |                   | МО   | DAY  | YEAR |                  |
| MR. W           | ALTER KRAFT JR.                    |                         |                   |      |      |      |                  |
| Mailing         | Address 111 SOUTH 117              | TH STREET               |                   |      |      |      | \$ 100.00        |
| City            | PHILADELPHIA                       | State                   | Zip Code (Plus 4) | 10   | 7    | 2004 |                  |
|                 |                                    | PA                      | 191074824         |      |      |      |                  |
| Full Na         | me of Contributor                  |                         |                   | мо   | DAY  | YEAR |                  |
| MR. ST          | TEPHEN SMITH                       |                         |                   | 1.10 | DAI  | ILAK |                  |
| Mailing         | Address 111 SOUTH 117              | TH STREET               |                   | 1    |      |      | \$ 100.00        |
| City            | PHILADELPHIA                       | State                   | Zip Code (Plus 4) | 10   | 7    | 2004 |                  |
|                 |                                    | PA                      | 191074824         |      |      |      |                  |
| Full Na         | me of Contributor                  |                         |                   | мо   | DAY  | YEAR |                  |
| MS. LC          | OUISE BODINE                       |                         |                   | 1-10 |      | ILAN |                  |
|                 |                                    |                         |                   |      |      |      | i                |
| Mailing         | Address 111 SOUTH 117              | TH STREET               |                   | _    |      |      | <b>\$</b> 150.00 |
| Mailing<br>City | Address 111 SOUTH 117 PHILADELPHIA | State                   | Zip Code (Plus 4) | 10   | 7    | 2004 | \$ 150.00        |

|           |                         |             |                   |      |     |      | = -              |
|-----------|-------------------------|-------------|-------------------|------|-----|------|------------------|
| Full Name | e of Contributor        |             |                   | мо   | DAY | YEAR |                  |
| MR. WILL  | _IAM WARDEN IV          |             |                   | МО   | DAT | TEAR |                  |
| Mailing A | ddress 130 SOUTH BRYN   | MAWR AVENUE |                   |      |     |      | <b>\$</b> 150.00 |
| City BI   | RYN MAWR                | State       | Zip Code (Plus 4) | 10   | 7   | 2004 |                  |
|           |                         | PA          | 190103143         |      |     |      |                  |
| Full Name | e of Contributor        | -           |                   | МО   | DAY | YEAR |                  |
| JOHN P. S | SULLIVAN                |             |                   | МО   | DAT | TEAR |                  |
| Mailing A | ddress 111 SOUTH 11TH   | STREET      |                   |      |     |      | <b>\$</b> 150.00 |
| City Pl   | HILADELPHIA             | State       | Zip Code (Plus 4) | 10   | 7   | 2004 |                  |
|           |                         | PA          | 191074824         |      |     |      |                  |
| Full Name | e of Contributor        |             |                   | МО   | DAY | YEAR |                  |
| JUDITH L  | FAUST                   | МО          | DAT               | TEAR |     |      |                  |
| Mailing A | ddress 5501 OLD YORK R  | OAD         |                   |      |     |      | <b>\$</b> 150.00 |
| City Pl   | HILADELPHIA             | State       | Zip Code (Plus 4) | 10   | 7   | 2004 |                  |
|           |                         | PA          | 191413018         |      |     |      |                  |
| Full Name | e of Contributor        | -           | -                 | МО   | DAY | VEAD |                  |
| MR. JOHN  | N F. CHAPPELL           |             |                   | МО   | DAY | YEAR |                  |
| Mailing A | ddress 820 NEWTOWN RC   | )AD         |                   |      |     |      | <b>\$</b> 250.00 |
| City V    | ILLANOVA                | State       | Zip Code (Plus 4) | 10   | 7   | 2004 |                  |
|           |                         | PA          | 190851142         |      |     |      |                  |
| Full Name | e of Contributor        |             |                   | МО   | DAY | YEAR |                  |
| MR. FREC  | DERICK C. PETERS II     |             |                   | МО   | DAT | TEAR |                  |
| Mailing A | ddress 108 BROWNING LA  | ANE         |                   |      |     |      | \$ 100.00        |
| City B    | RYN MAWR                | State       | Zip Code (Plus 4) | 10   | 7   | 2004 |                  |
|           |                         | PA          | 190101008         |      |     |      |                  |
| Full Name | e of Contributor        |             |                   | мо   | DAY | YEAR |                  |
| MR. SCO   | TT M. GOLDMAN           |             |                   | МО   | DAT | TEAR |                  |
| Mailing A | ddress 100 LANCASTER A  | VENUE WEST  |                   |      |     |      | <b>\$</b> 200.00 |
| City W    | YNNEWOOD                | State       | Zip Code (Plus 4) | 10   | 7   | 2004 |                  |
|           |                         | PA          | 190963411         |      |     |      |                  |
| Full Name | e of Contributor        |             |                   | мо   | DAY | YEAR |                  |
| MR. JOSE  | EPH K. GORDON           |             |                   | 140  | DAI | ILAK |                  |
| Mailing A | ddress 441 GLYN MYNNE   | ROAD        | _                 | 1    |     |      | <b>\$</b> 250.00 |
| City H    | AVENFORD                | State       | Zip Code (Plus 4) | 10   | 7   | 2004 |                  |
|           |                         | PA          | 190411741         |      |     |      |                  |
| Full Name | e of Contributor        |             |                   | МО   | DAY | YEAR |                  |
| MR. JAME  | ES M. BUCK III          |             |                   | 1.10 | DAI | ILAK |                  |
| Mailing A | ddress 409 GARDEN LANE  |             |                   | 1    |     |      | <b>\$</b> 250.00 |
| City BI   | RYN MAWR                | State       | Zip Code (Plus 4) | 10   | 7   | 2004 |                  |
|           |                         | PA          | 190103625         |      |     |      |                  |
| Full Name | e of Contributor        |             |                   | мо   | DAY | YEAR |                  |
| DR. HERE  | BERT E. COHN MD         |             |                   |      | JA1 | IEAN |                  |
| Mailing A | ddress 241 SO. 6TH STRE | ET APT. 701 |                   | ]    |     |      | <b>\$</b> 150.00 |
| City Pl   | HILADELPHIA             | State       | Zip Code (Plus 4) | 10   | 7   | 2004 |                  |
|           |                         | PA          | 191063723         |      |     |      |                  |
|           |                         |             |                   |      |     |      |                  |

| Full Na  |  |   |   |              |                |                     |                        |
|--|--|---|---|--------------|----------------|---------------------|------------------------|
|  | ame of Contributor   |   |   | МО           | DAY            | YEAR                |                        |
| MS. G  | UERRINA T. VARANO  |   |   | 140          | DAI            | ILAK                |                        |
| Mailin   | g Address 511 BALLYTORE  | ROAD                                    |   |              |                |                     | \$ 100.00              |
| City   | WYNNEWOOD  | State                                   | Zip Code (Plus 4)                                   | 10           | 7              | 2004                |                        |
|  |  | PA                                      | 190962299   |              |                |                     |                        |
| Full Na  | ame of Contributor   | -                                       | -   | МО           | DAY            | YEAR                |                        |
| DR. CI   | HRISTINE WU MD   |   |   | МО           | DAY            | YEAK                |                        |
| Mailing  | g Address 122 LUCERNE BI   | .VD.                                    |   |              |                |                     | \$ 150.00              |
| City   | CHERRY HILL  | State                                   | Zip Code (Plus 4)                                   | 10           | 7              | 2004                |                        |
|  |  | NJ                                      | 080035113   |              |                |                     |                        |
| Full Na  | ame of Contributor   | •                                       | •   |              |                |                     |                        |
| DR. W  | ILLIAM C. NELSON JR., MD, PO   | МО                                      | DAY   | YEAR         |                |                     |                        |
|  | g Address 2000 SOUTH 15  |   |   |              |                |                     | <b>\$</b> 150.00       |
| City   | PHILADELPHIA   | State                                   | Zip Code (Plus 4)                                   | 10           | 7              | 2004                |                        |
|  |  | PA                                      | 191453002   |              |                |                     |                        |
| E.II N   | ama of Contributor   |   | I   |              |                |                     | <u> </u>               |
| Pull Name of Contributor  DR. RALPH J. MARINO MD             |  |   |   |              | DAY            | YEAR                |                        |
| <b>-</b>   | g Address 536 LOMBARD S  | TRFFT                                   |   |              |                |                     | <b>\$</b> 150.00       |
| City   | PHILADELPHIA   | State                                   | Zip Code (Plus 4)                                   | 10           | 7              | 2004                | 150.00                 |
|  |  | PA                                      | 191471425   |              |                |                     |                        |
| Full Na  | and of Contributor   | 1                                       | 1   |              |                |                     |                        |
|  | ADDADA C. EDIEMAN MD   |   |   | МО           | DAY            | YEAR                |                        |
|  | ARBARA G. FRIEMAN MD  g Address 1518 YOUNGSFO  |   |   |              |                |                     | 4 100.00               |
| City   | _  | State                                   | Zip Code (Plus 4)                                   | 10           | 7              | 2004                | \$ 100.00              |
| City   | GLADWYNE   | PA                                      | 190351234   |              | ,              | 2004                |                        |
|  |  | 17                                      | 190331234   |              |                |                     |                        |
|  | ame of Contributor   |   |   | мо           | DAY            | YEAR                |                        |
|  | TT L MANCALL M.D.  |   |   |              |                |                     | 4 100.00               |
| <u> </u>   | g Address P.O. BOX 498   | State                                   | Zip Code (Plus 4)                                   | 10           | 7              | 2004                | \$ 100.00              |
| City   | LAFAYETTE HILL   |   | Zip Code (Plus 4)                                   | 1 10         | /              | 2004                |                        |
|  |  |   | 104440400   |              |                |                     |                        |
|  |  |   |   |              |                |                     |                        |
|  | ame of Contributor   | PA                                      | 194440498   | мо           | DAY            | YEAR                |                        |
| MARY   | ANNE M STETZER   |   | 194440498   | МО           | DAY            |                     |                        |
| MARY<br><b>Mailin</b>  | ANNE M STETZER  g Address 767 MT. PLEASA   | NT ROAD                                 |   |              |                | YEAR                | \$ 150.00              |
| MARY   | ANNE M STETZER   | NT ROAD State                           | Zip Code (Plus 4)                                   | мо 10        | <b>DAY</b> 7   |                     | \$ 150.00              |
| MARY<br><b>Mailin</b>  | ANNE M STETZER  g Address 767 MT. PLEASA   | NT ROAD                                 |   |              |                | YEAR                | \$ 150.00              |
| MARY Mailing   | ANNE M STETZER  g Address 767 MT. PLEASA   | NT ROAD State                           | Zip Code (Plus 4)                                   | 10           | 7              | <b>YEAR</b> 2004    | \$ 150.00              |
| MARY Mailing City Full Na                                    | ANNE M STETZER<br><b>g Address</b> 767 MT. PLEASA<br>BRYN MAWR   | NT ROAD State                           | Zip Code (Plus 4)                                   |              |                | YEAR                | \$ 150.00              |
| MARY Mailing City  Full Na CAMEI                             | ANNE M STETZER  g Address 767 MT. PLEASA  BRYN MAWR  ame of Contributor  | NT ROAD State PA                        | Zip Code (Plus 4)                                   | 10           | 7              | <b>YEAR</b> 2004    | \$ 150.00<br>\$ 150.00 |
| MARY Mailing City  Full Na CAMEI                             | ANNE M STETZER  g Address 767 MT. PLEASA  BRYN MAWR  ame of Contributor  LITA A CORNAGLIA  | NT ROAD State PA                        | Zip Code (Plus 4)                                   | 10           | 7              | <b>YEAR</b> 2004    |                        |
| MARY Mailing City  Full Na CAMEI Mailing                     | ANNE M STETZER  g Address 767 MT. PLEASA  BRYN MAWR  ame of Contributor  LITA A CORNAGLIA g Address 2301 SOUTH BR  | NT ROAD State PA  DAD STREET            | <b>Zip Code (Plus 4)</b><br>190101941               | 10           | 7 <b>DAY</b>   | YEAR 2004 YEAR      |                        |
| MARY Mailing City  Full Na CAMEI Mailing City                | ANNE M STETZER  g Address 767 MT. PLEASA  BRYN MAWR  ame of Contributor  LITA A CORNAGLIA g Address 2301 SOUTH BR  | NT ROAD  State PA  DAD STREET  State    | Zip Code (Plus 4)<br>190101941<br>Zip Code (Plus 4) | 10 <b>MO</b> | 7 <b>DAY</b> 7 | YEAR 2004 YEAR 2004 |                        |
| MARY Mailing City  Full Na CAMEI Mailing City                | ANNE M STETZER  g Address 767 MT. PLEASA  BRYN MAWR  ame of Contributor  LITA A CORNAGLIA  g Address 2301 SOUTH BR  PHILADELPHIA                                   | NT ROAD  State PA  DAD STREET  State    | Zip Code (Plus 4)<br>190101941<br>Zip Code (Plus 4) | 10           | 7 <b>DAY</b>   | YEAR 2004 YEAR      |                        |
| MARY Mailing City  Full Na CAMEI Mailing City  Full Na LEVON | ANNE M STETZER  g Address 767 MT. PLEASA BRYN MAWR  ame of Contributor LITA A CORNAGLIA g Address 2301 SOUTH BR PHILADELPHIA                                       | NT ROAD  State PA  DAD STREET  State PA | Zip Code (Plus 4)<br>190101941<br>Zip Code (Plus 4) | 10 <b>MO</b> | 7 <b>DAY</b> 7 | YEAR 2004 YEAR 2004 |                        |
| MARY Mailing City  Full Na CAMEI Mailing City  Full Na LEVON | ANNE M STETZER  g Address 767 MT. PLEASA  BRYN MAWR  ame of Contributor  LITA A CORNAGLIA  g Address 2301 SOUTH BR  PHILADELPHIA  ame of Contributor  N N NAZARIAN | NT ROAD  State PA  DAD STREET  State PA | Zip Code (Plus 4)<br>190101941<br>Zip Code (Plus 4) | 10 <b>MO</b> | 7 <b>DAY</b> 7 | YEAR 2004 YEAR 2004 | \$ 150.00              |

| Full Na  | nme of Contributor           |       |                   |      |      |      |                  |
|----------|------------------------------|-------|-------------------|------|------|------|------------------|
| MAURE    | EEN YECOVICH                 |       |                   | МО   | DAY  | YEAR |                  |
| Mailing  | Address 603 MILLESON L       | ANE   |                   |      |      |      | \$ 200.00        |
| City     | WEST CHESTER                 | State | Zip Code (Plus 4) | 10   | 7    | 2004 |                  |
|          |                              | PA    | 193806467         |      |      |      |                  |
| Full Na  | nme of Contributor           |       |                   | мо   | DAY  | YEAR |                  |
| ALAN :   | J. WEIN                      |       |                   | 1.10 | DA!  | ILAK |                  |
| Mailing  | <b>Address</b> 1224 MIRABEAU | LANE  |                   | 1    |      |      | \$ 80.00         |
| City     | GLADWYNE                     | State | Zip Code (Plus 4) | 10   | 12   | 2004 |                  |
|          |                              | PA    | 190351048         |      |      |      |                  |
| Full Na  | nme of Contributor           |       |                   | МО   | DAY  | YEAR |                  |
| MS. PA   | ATRICIA HUSHEN RN            |       |                   |      |      |      |                  |
| Mailing  | g Address 1021 WELLER AV     | ENUE  |                   | 1    |      |      | \$ 100.00        |
| City     | HAVERTOWN                    | State | Zip Code (Plus 4) | 10   | 12   | 2004 |                  |
|          |                              | PA    | 190833827         |      |      |      |                  |
| Full Na  | nme of Contributor           |       | мо                | DAY  | YEAR |      |                  |
| ANTHO    | DNY GRECO                    |       |                   |      |      |      |                  |
|          | Address 73 HEATHER LAN       | 1     |                   |      |      |      | <b>\$</b> 120.00 |
| City     | NORRISTOWN                   | State | Zip Code (Plus 4) | 10   | 13   | 2004 |                  |
|          |                              | PA    | 194011536         |      |      |      |                  |
| Full Na  | nme of Contributor           |       |                   | мо   | DAY  | YEAR |                  |
|          | CRAWFORD                     |       |                   |      |      |      |                  |
| <b>-</b> | Address 1400 WAVERLY R       | 1     | 1                 |      |      |      | \$ 100.00        |
| City     | GLADWYNE                     | State | Zip Code (Plus 4) | 10   | 13   | 2004 |                  |
|          |                              | PA    | 19035             |      |      |      |                  |
| l        | nme of Contributor           |       |                   | мо   | DAY  | YEAR |                  |
| <b></b>  | RANCIS LETO                  |       |                   |      |      |      |                  |
|          | Address 130 SOUTH BRYN       |       | T                 |      |      | 2004 | \$ 200.00        |
| City     | BRYN MAWR                    | State | Zip Code (Plus 4) | 10   | 13   | 2004 |                  |
|          |                              | PA    | 190103143         |      |      |      |                  |
| l        | nme of Contributor           |       |                   | мо   | DAY  | YEAR |                  |
|          | WIS J ROSE MD                |       |                   |      |      |      |                  |
|          | g Address 518 J BOWMAN A     | 1     | 1                 |      | 4.2  | 2004 | \$ 100.00        |
| City     | PHILADELPHIA                 | State | Zip Code (Plus 4) | 10   | 13   | 2004 |                  |
|          |                              | PA    |                   |      |      |      |                  |
|          | nme of Contributor           |       |                   | мо   | DAY  | YEAR |                  |
|          | KAREN P. LENKER              |       |                   |      |      |      |                  |
|          | Address 2161 FOX CREEK       |       | T                 |      |      | 2004 | \$ 200.00        |
| City     | BERWYN                       | State | Zip Code (Plus 4) | 10   | 13   | 2004 |                  |
|          |                              | PA    | 193122117         |      |      |      |                  |
|          | nme of Contributor           |       |                   | мо   | DAY  | YEAR |                  |
|          | N J GAMBURG                  |       |                   |      |      |      |                  |
|          | Address 1263 FARM ROAL       | T     | T                 | 1    | 10   | 2024 | \$ 100.00        |
| City     | BERWYN                       | State | Zip Code (Plus 4) | 10   | 13   | 2004 |                  |
|          |                              | PA    | 193122064         |      |      |      |                  |

**PAGE TOTAL** 

**\$** 16,578.07

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

#### **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 | ame of Filing Committee or Candidate |          |             | Reporting Period |     |      |               |            |  |  |
|---------------------------------------|--------------------------------------|----------|-------------|------------------|-----|------|---------------|------------|--|--|
|                                       |                                      |          | From:       |                  |     | То:  |               |            |  |  |
|                                       |                                      |          |             | DA               | TE  |      | P             | AMOUNT     |  |  |
| Full Name of Contributing Committee   |                                      |          |             | мо               | DAY | YEAR |               | 0.00       |  |  |
| Mailing Address                       |                                      |          |             |                  |     |      | <b>-</b>   \$ | 0.00       |  |  |
| City                                  | State                                | Zip Cod  | e (Plus 4)  |                  |     |      |               |            |  |  |
|                                       |                                      |          |             |                  |     |      |               | PAGE TOTAL |  |  |
| Enter Grand Total of Part C on Schee  | dule I, Detailed Sun                 | nmary Pa | age, Sectio | n 3.             |     |      | \$            | 0.00       |  |  |

### 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.

Name of Filing Committee or Candidate

(Exclude contributions from political committees reported in Part C.)

**Reporting Period** 

| HOSPITAL & HEALTHSYSTEM ASSOC O   | F PA PAC (HAPAC)                                       |         | Fre                              | om:       |               | То        | : 10/18/2004                        |                               |  |
|---|--|---------|----------------------------------|-----------|---------------|-----------|-------------------------------------|-------------------------------|--|
|   |  |         | ·                                | D/        | ATE           |           | АМС                                 | UNT                           |  |
| Full Name of Contributor  |  |         |                                  | мо        | DAY           | VEAD      |                                     |                               |  |
| MR. THOMAS WHITE  |  |         |                                  | МО        | DAT           | YEAR      | <b>\$</b>                           | 800.00                        |  |
| Mailing Address 1211 WILMINGTON   | AVENUE   |         |                                  | 10        | 12            | 2004      | 7                                   |                               |  |
| City NEW CASTLE   | State  | Zip     | Code (Plus 4)                    |           | 12            | 2004      | Ī                                   |                               |  |
|   | PA   | 16      | 1052516                          |           |               |           |                                     |                               |  |
| Employer Name JAMESON HOSPITAL  |  |         |                                  | Occupat   | ion           | PRESID    | ENT AND (                           | HIEF EXECU                    |  |
| Employer Mailing Address/Principal Plac   | e of Business  |         | City                             |           | State         |           | Zip Code                            | (Plus 4)                      |  |
| 1211 WILMINGTON AVENUE  |  |         | NEW CASTLE                       |           | PA            |           | 1610525                             | 16                            |  |
| Full Name of Contributor  |  |         |                                  |           | •             |           |                                     |                               |  |
| DR. INDRANIL DASQYPTA MD  |  |         |                                  | МО        | DAY           | YEAR      | \$                                  | 500.00                        |  |
| Mailing Address 2528 TIGANI DRIVE   |  |         |                                  | 10        |               | 2004      | 7                                   |                               |  |
| City WILMINGTON   | State  | Zip     | Code (Plus 4)                    | 10        | 7             | 2004      |                                     |                               |  |
|   | DE   | 19      | 8082519                          |           |               |           |                                     |                               |  |
| Employer Name THOMAS JEFFERSON I  | JNIVERSITY HOSPIT                                      | TAL     |                                  | Occupat   | ion           | CARDIO    | LOGIST                              |                               |  |
| Employer Mailing Address/Principal Plac   | e of Business  |         | City                             |           | State         |           |                                     | (Plus 4)                      |  |
| 111 SOUTH 11TH STREET   |  |         | PHILADELPHIA                     |           | PA            |           | 191075084                           |                               |  |
| Full Name of Contributor  |  | -       |                                  |           | •             |           |                                     |                               |  |
| MR. BARRY R. FREEDMAN   |  |         |                                  | МО        | DAY           | YEAR      | \$                                  | 500.00                        |  |
| Mailing Address 5501 OLD YORK RO  | AD   |         |                                  |           |               |           | 7                                   |                               |  |
| City PHILADELPHIA   | State  |         |                                  | 10        | 7             |           |                                     |                               |  |
| ,   |  | _ ZIE   | Code (Plus 4)                    |           | ,             | 2004      |                                     |                               |  |
| PA 191413018  |  | 1413018 |                                  | ,         | 2004          |           |                                     |                               |  |
| Employer Name AI BERT FINSTEIN HE   | -  | 19      | •                                | Occupat   |               |           |                                     | CHIFF EXECU                   |  |
| Employer Name ALBERT EINSTEIN HEA   | ALTHCARE NETWOR  | 19      | 1413018                          | Occupat   | ion           |           | ENT AND C                           | CHIEF EXECU                   |  |
| Employer Mailing Address/Principal Plac   | ALTHCARE NETWOR  | 19      | 1413018  City                    |           | State         |           | ENT AND (                           | (Plus 4)                      |  |
| Employer Mailing Address/Principal Place 5501 OLD YORK ROAD   | ALTHCARE NETWOR  | 19      | 1413018                          |           | ion           |           | ENT AND C                           | (Plus 4)                      |  |
| Employer Mailing Address/Principal Place 5501 OLD YORK ROAD  Full Name of Contributor   | ALTHCARE NETWOR  | 19      | 1413018  City                    |           | State         |           | ENT AND (                           | (Plus 4)                      |  |
| Employer Mailing Address/Principal Place 5501 OLD YORK ROAD  Full Name of Contributor  MR. THOMAS MURRAY FACHE  | ALTHCARE NETWOR  | 19      | 1413018  City                    |           | State PA      | PRESID    | ENT AND (<br>Zip Code (<br>1914130) | ( <b>Plus 4)</b>              |  |
| Employer Mailing Address/Principal Place 5501 OLD YORK ROAD  Full Name of Contributor  MR. THOMAS MURRAY FACHE  Mailing Address 1800 EAST PARK AV                     | ALTHCARE NETWOR e of Business                          | 19<br>K | 1413018  City  PHILADELPHIA      |           | State PA      | PRESID    | ENT AND C  Zip Code (1914130)  \$   | ( <b>Plus 4)</b>              |  |
| Employer Mailing Address/Principal Place 5501 OLD YORK ROAD  Full Name of Contributor  MR. THOMAS MURRAY FACHE  | ALTHCARE NETWOR e of Business  /ENUE State             | 19<br>K | City PHILADELPHIA  Code (Plus 4) | МО        | State PA DAY  | PRESID    | ENT AND C  Zip Code (1914130)  \$   | ( <b>Plus 4)</b>              |  |
| Employer Mailing Address/Principal Place 5501 OLD YORK ROAD  Full Name of Contributor  MR. THOMAS MURRAY FACHE  Mailing Address 1800 EAST PARK AV  City STATE COLLEGE | ALTHCARE NETWOR e of Business  /ENUE State PA          | 19<br>K | 1413018  City  PHILADELPHIA      | <b>MO</b> | State PA  DAY | YEAR 2004 | ENT AND C  Zip Code (1914130):  \$  | (Plus 4)<br>18<br>1,000.00    |  |
| Employer Mailing Address/Principal Place 5501 OLD YORK ROAD  Full Name of Contributor  MR. THOMAS MURRAY FACHE  Mailing Address 1800 EAST PARK AV                     | ALTHCARE NETWOR e of Business  /ENUE State PA HOSPITAL | 19<br>K | City PHILADELPHIA  Code (Plus 4) | МО        | State PA  DAY | YEAR 2004 | ENT AND C  Zip Code (1914130):  \$  | (Plus 4) 1,000.00  EF EXECUTI |  |

| Full Name of Contributor                                  |                    |      |                | мо      | DAY   | YEAR                     | <b> </b>    | 500.00    |
|---|--------------------|------|----------------|---------|-------|--------------------------|-------------|-----------|
| MR. ALAN L BRECHBILL                                      |                    |      |                |         |       |                          | ļ `         |           |
| Mailing Address 111 SOUTH 11TH S                          |                    | 7    | Cada (Blass 4) | 10      | 7     | 2004                     |             |           |
| City PHILADELPHIA   | 1                  | -    | Code (Plus 4)  |         |       |                          |             |           |
|   |                    |      | 1075084        | _       | _     | l                        | ı           |           |
| Employer Name THOMAS JEFFERSON                            |                    | AL   | _              | Occupat | T     | EXECUT                   | IVE VICE PR |           |
| Employer Mailing Address/Principal Place                  | ce of Business     |      | City           |         | State |                          | Zip Code (P | •         |
| 111 SOUTH 11TH STREET                                     |                    |      | PHILADELPHIA   |         | PA    |                          | 191075084   |           |
| Full Name of Contributor                                  |                    |      |                | мо      | DAY   | YEAR                     | \$          | 1,000.00  |
| MR. THOMAS J LEWIS  |                    |      |                |         |       |                          | <b>_</b>    | 1,000.00  |
| Mailing Address 111 SOUTH 11TH S                          |                    |      |                | 10      | 7     | 2004                     |             |           |
| City PHILADELPHIA   | State              | Zip  | Code (Plus 4)  |         |       |                          |             |           |
|   | PA I               |      | 1075084        |         |       |                          | ļ           |           |
| Employer Name THOMAS JEFFERSON                            | UNIVERSITY HOSPITA | AL   |                | Occupat | ion   | PRESIDI                  | ENT AND CH  | IEF EXECU |
| Employer Mailing Address/Principal Place of Business City |                    |      |                |         | State |                          | Zip Code (P | lus 4)    |
| 111 SOUTH 11TH STREET                                     |                    |      | PHILADELPHIA   |         | PA    |                          | 191075084   | •         |
| Full Name of Contributor                                  |                    |      |                | мо      | DAY   | YEAR                     | 1.          |           |
| DR. RICHARD LACKMAN MD                                    |                    |      |                | MO      | DAT   | TEAK                     | \$          | 400.00    |
| Mailing Address 1821 CANTERBURY                           | ROAD               |      |                | 9       | 30    | 2004                     |             |           |
| City ABINGTON   | State              | Zip  | Code (Plus 4)  | ]       | 30    | 2001                     |             |           |
|   | PA                 | 190  | 0014502        |         |       |                          |             |           |
| Employer Name UNIVERSITY OF PENN                          | ISYLVANIA HEALTH S | YST  | EM             | Occupat | ion : | SURGEO                   | N           |           |
| Employer Mailing Address/Principal Plac                   | e of Business      |      | City           |         | State |                          | Zip Code (P | lus 4)    |
| 399 SOUTH 34TH STREET, 21ST FL                            |                    |      | PHILADELPHIA   |         | PA    |                          | 191044316   | ı         |
| Full Name of Contributor                                  |                    |      |                |         | - A-V | V=45                     |             |           |
| DR. WILLIAM G. BAXT MD                                    |                    |      |                | МО      | DAY   | YEAR                     | <b>\$</b>   | 400.00    |
| Mailing Address 245 MAPLE HILL RC                         | )AD                |      |                | 9       | 30    | 2004                     |             |           |
| City GLADWYNE   | State              | Zip  | Code (Plus 4)  | ]       | 30    | 2004                     |             |           |
|   | PA                 | 190  | 351307         |         |       |                          |             |           |
| Employer Name HOSPITAL OF THE UN                          | IVERSITY OF PENNS  | YLVA | ANIA           | Occupat | ion   | PHYSICI                  | AN          |           |
| Employer Mailing Address/Principal Plac                   | ce of Business     |      | City           |         | State |                          | Zip Code (P | lus 4)    |
| 3400 SPRUCE STREET  |                    |      | PHILADELPHIA   |         | PA    |                          | 191044208   |           |
| Full Name of Contributor                                  |                    |      |                |         |       |                          |             |           |
| MR. PETER D. QUINN DMD, MD                                |                    |      |                | МО      | DAY   | YEAR                     | <b>\$</b>   | 400.00    |
| Mailing Address 508 AVONWOOD RO                           | DAD                |      |                | 9       | 30    | 2004                     |             |           |
| City HAVENFORD  | State              | Zip  | Code (Plus 4)  | 9       | 30    | 2004                     |             |           |
|   | PA                 | 190  | 0411603        |         |       |                          |             |           |
| Employer Name HOSPITAL OF THE UN                          | IVERSITY OF PENNS  | YLVA | ANIA           | Occupat | ion : | SURGEO                   | N           |           |
| Employer Mailing Address/Principal Plac                   | ce of Business     |      | City           |         | State |                          | Zip Code (P | lus 4)    |
| 3400 SPRUCE STREEET                                       |                    |      | PHILADELPHIA   |         | PA    |                          | 191044206   |           |
| Full Name of Contributor                                  |                    |      |                |         |       |                          |             |           |
| MR. VICTOR L. JOHNSON                                     |                    |      |                | МО      | DAY   | YEAR                     | \$          | 1,000.00  |
| Mailing Address HIDDEN GLEN                               |                    |      |                |         |       | 202                      | 1           |           |
| City MEADOWBROOK  | State              | Zip  | Code (Plus 4)  | 9       | 22    | 2004                     |             |           |
|   | 1                  | 190  | • •            |         |       |                          |             |           |
| Employer Name JEFFERSON HEALTH S                          |                    |      | · <del>-</del> | Occupat | ion   | CHATRM                   | AN OF THE   | BOARD     |
| Employer Mailing Address/Principal Plac                   |                    | Т    | City           | ,       | State | J 121 (1 <sup>-1</sup> ) | Zip Code (P |           |
| 259 RADNOR-CHESTER RD., STE. 2                            |                    |      | WAYNE          |         | PA    |                          | 190875240   |           |
| 235 INDIVOR CHESTER RD., STE. Z                           |                    | L    | **/\\IIVL      |         | 1''^  |                          | 1700/3240   |           |

| Full Name of Contributor                                  |  |         |                   |                         |                    |         |                |        |
|---|--|---------|-------------------|-------------------------|--------------------|---------|----------------|--------|
| BERTON KORMAN   |  |         |                   | МО                      | DAY                | YEAR    | \$             | 500.00 |
| Mailing Address KORMAN RESIDENT<br>NESHAMINY INTERI       | AL PROPERTIES INC  | C TV    | 10                | 9                       | 22                 | 2004    |                |        |
| City TREVOSE  | State  | Zip     | Code (Plus 4)     | ]                       |                    |         |                |        |
|   | PA   | 19      | 047               |                         |                    |         |                |        |
| Employer Name ALBERT EINSTEIN HE                          | ALTHCARE NETWOR  | .K      |                   | Occupat                 | ion                | _       |                |        |
| Employer Mailing Address/Principal Plac                   | e of Business  |         | City              |                         | State              |         | Zip Code (Plus | 4)     |
| 5501 OLD YORK ROAD  |  |         | PHILADELPHIA      |                         | PA                 |         | 191413018      |        |
| Full Name of Contributor                                  |  |         |                   | мо                      | DAY                | VEAD    |                |        |
| MR. FRED E. BRAEMER                                       |  |         |                   | МО                      | DAY                | YEAR    | \$             | 500.00 |
| Mailing Address 1500 MELROSE AVE                          | NUE  |         |                   | 9                       | 22                 | 2004    | 1              |        |
| City ELKINS PARK  | State  | Zip     | Code (Plus 4)     |                         |                    | 2001    |                |        |
|   | PA   | 19      | 0273157           |                         |                    |         |                |        |
| Employer Name   |  | Occupat | ion               | RETIRED                 | )                  |         |                |        |
| Employer Mailing Address/Principal Place of Business City |  |         |                   |                         | State              |         | Zip Code (Plus | 4)     |
| Full Name of Contributor  MR. KEVIN B. MAHONEY            |  |         |                   | мо                      | DAY                | YEAR    | \$             | 400.00 |
| Mailing Address 1450 LE BOUTILLER                         | ROAD   |         |                   | _                       |                    |         | 1              |        |
| City MALVERN  | State  | Zip     | Code (Plus 4)     | . 9                     | 14                 | 2004    |                |        |
|   | PA   | 19:     | 3558741           |                         |                    |         |                |        |
| Employer Name UNIVERSITY OF PENN                          | SYLVANIA HEALTH S  | SYS1    | rem               | Occupat                 | ion                |         |                |        |
| Employer Mailing Address/Principal Plac                   | e of Business  |         | City              | •                       | State              |         | Zip Code (Plus | 4)     |
| 399 SOUTH 34TH STREET, 21ST FL                            |  |         | PHILADELPHIA      |                         | PA                 |         | 191044316      |        |
| Full Name of Contributor                                  |  |         |                   |                         |                    |         |                |        |
| DR. BERT W. O'MALLEY MD                                   |  |         |                   | МО                      | DAY                | YEAR    | \$             | 400.00 |
| Mailing Address 133 OLD GULP ROA                          | · · · · · · · · · · · · · · · · · · ·                    |         |                   | 9                       | 14                 | 2004    |                |        |
| City WYNNEWOOD  | State  | _       | Code (Plus 4)     |                         |                    |         |                |        |
|   | l PA l   |         | 0961016           | _                       |                    |         | 1              |        |
| Employer Name UNIVERSITY OF PENN                          |  | SYS1    |                   | Occupation              |                    |         |                |        |
| Employer Mailing Address/Principal Plac                   | e of Business  |         | City              | State Zip Code (Plus 4) |                    |         | (4)            |        |
| 399 SOUTH 34TH STREET, 21ST FL                            |  |         | PHILADELPHIA      |                         | PA                 |         | 191044316      |        |
| Full Name of Contributor  MS. PATRICIA G. SULLIVAN        |  |         |                   | МО                      | DAY                | YEAR    | \$             | 400.00 |
|   | A AVENUE APT. 101  | .1      |                   | 9                       | 14                 | 2004    |                |        |
| City PHILADELPHIA   | State  | Zip     | Code (Plus 4)     |                         |                    |         |                |        |
|   | PA   | _       | 1302314           |                         |                    |         | 1              |        |
| Employer Name UNIVERSITY OF PENN                          | SYLVANIA HEALTH S  | SYST    | TEM               | Occupat                 | ion ,              | ASSIST/ | ANT VICE PRES  | IDENT  |
| Employer Mailing Address/Principal Plac                   | e of Business  |         | City              |                         | State              |         | Zip Code (Plus | 4)     |
| 399 SOUTH 3JTH STREET, 21ST FL                            |  |         | PHILADELPHIA      |                         | PA                 |         | 191044316      |        |
| Full Name of Contributor DR. R. NICK BRYAN MD             |  |         |                   | мо                      | DAY                | YEAR    | \$             | 400.00 |
| Mailing Address 316 SOUTH FRONT                           | STRFFT   |         |                   |                         |                    | _       | 1              |        |
| City PHILADELPHIA   | Code (Plus 4)  | . 9     | 14                | 2004                    |                    |         |                |        |
|   | 1064310  |         |                   |                         |                    |         |                |        |
| Employer Name HOSTPITAL OF THE U                          | PA   |         |                   | Occupat                 | ion                | RADIOL  | OGIST          |        |
|   | mployer Mailing Address/Principal Place of Business City |         |                   |                         |                    |         | Zip Code (Plus | 4)     |
| 3400 SPRUCE STREET  | ·  |         | PHILADELPHIA      |                         | <b>State</b><br>PA |         | 191044206      | •      |
| 5 100 SI NOCE STREET                                      |  |         | . HILL VOLLI HILA |                         | 1'''               |         | 171077200      |        |

| Full Name of Contributor                | l Name of Contributor |      |               |                                     |         |         | ١.          | F 4F0 00   |  |  |
|---|-----------------------|------|---------------|-------------------------------------|---------|---------|-------------|------------|--|--|
| PAC GEISINGER                           |                       |      |               | МО                                  | DAY     | YEAR    | \$          | 5,450.00   |  |  |
| Mailing Address 100 NORTH ACADEM        | 1Y AVENUE             |      |               | 9                                   | 14      | 2004    |             |            |  |  |
| City DANVILLE                           | State                 | Zip  | Code (Plus 4) | ]                                   | 1-7     | 2004    |             |            |  |  |
|   | PA                    | 17   | '8229800      |                                     |         |         |             |            |  |  |
| Employer Name GEISINGER HEALTH S        | YSTEM                 |      |               | Occupation                          |         |         |             |            |  |  |
| Employer Mailing Address/Principal Plac | e of Business         |      | City          |                                     | Plus 4) |         |             |            |  |  |
| 100 NORTH ACADEMY AVENUE                |                       | PA   |               | 17822980                            | 0       |         |             |            |  |  |
| Full Name of Contributor                |                       |      |               | мо                                  | DAY     | YEAR    | <u>_</u>    | 400.00     |  |  |
| MS. MICHELE M. VOLPE CHE                |                       | 1-10 | DAI           | ILAK                                | \$      | 400.00  |             |            |  |  |
| Mailing Address 1 WRIGHT-SAUNDE         | RS BLDG 51 NORTH      | 39   | TH STREET     | 9                                   | 14      | 2004    |             |            |  |  |
| City PHILADELPHIA                       | State                 | Zip  | Code (Plus 4) |                                     |         | 200.    |             |            |  |  |
|   | PA                    | 19   | 1042699       |                                     |         |         |             |            |  |  |
| Employer Name PRESBYTERIAN MEDIC        | CAL CENTER OF THE     | UN   | IVERSITY OF P | Occupation EXECUTIVE DIRECTOR & CEO |         |         |             |            |  |  |
| Employer Mailing Address/Principal Plac | e of Business         |      | City          | State Zip Code                      |         |         | Zip Code (  | Plus 4)    |  |  |
| 39TH AND MARKET STREET                  |                       |      | PHILADELPHIA  |                                     | PA      |         | 19104269    | 9          |  |  |
| Full Name of Contributor                |                       |      |               | мо                                  | DAY     | YEAR    |             | 1 000 00   |  |  |
| DR. WILLIAM R HOST M.D.                 |                       |      |               | 1-10                                | DA.     | ILAK    | <b>_</b> \$ | 1,000.00   |  |  |
| Mailing Address 575 NORTH RIVER S       | STREET                |      |               | 9                                   | 14      | 2004    |             |            |  |  |
| City WILKES BARRE                       | State                 | Zip  | Code (Plus 4) |                                     |         | 200.    |             |            |  |  |
|   | PA                    | 18   | 37640999      |                                     |         |         |             |            |  |  |
| Employer Name WYOMING VALLEY HE         | ALTH CARE SYSTEM      |      |               | Occupat                             | ion     | PRESIDE | ENT AND C   | HIEF EXECU |  |  |
| Employer Mailing Address/Principal Plac | e of Business         |      | City          | State Zip Code (Plus 4              |         |         | Plus 4)     |            |  |  |
| 575 NORTH RIVER STREET                  |                       |      | WILKES BARRE  |                                     | PA      |         | 18764099    | 9          |  |  |
|   |                       |      |               |                                     |         |         |             |            |  |  |

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

| PAGE TOTAL      |
|-----------------|
| \$<br>15,950.00 |

## 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 | e                | F                | Reportin | g Perio | d   |      |    |            |
|---------------------------------------|------------------|------------------|----------|---------|-----|------|----|------------|
| HOSPITAL & HEALTHSYSTEM ASSOC         | OF PA PAC (HAP   | AC) F            | From:    |         |     | To:  |    | 10/18/2004 |
|                                       |                  |                  |          | D       | ATE |      |    | AMOUNT     |
| Full Name                             |                  |                  |          | мо      | DAY | YEAR | \$ | 29.12      |
| PNC BANK                              |                  |                  |          | МО      | DAI | ILAK | →  | 29.12      |
| Mailing Address P.O. BOX 8874         |                  |                  |          | 10      | 8   | 2004 |    |            |
| City CAMP HILL                        | State            | Zip Code (Plus   | s 4)     | 10      | 0   | 2007 |    |            |
|                                       | PA               | 170018874        |          |         |     |      |    |            |
| Receipt Description SEPTEMBER 20      | 004 INTEREST IN  | NCOME .          |          |         |     |      | •  |            |
| Full Name                             |                  |                  |          |         |     |      | Τ. |            |
| CROWNE PLAZA HOTEL                    |                  |                  |          | МО      | DAY | YEAR | \$ | 150.00     |
| Mailing Address 904 HAMILTON STR      | REET             |                  |          | 10      | 15  | 2004 | Л. |            |
| City ALLENTOWN                        | State            | Zip Code (Plus   | s 4)     | 10      | 15  | 2004 | ,  |            |
|                                       | PA               | 18101            |          |         |     |      |    |            |
| Receipt Description VOID - CROW!      | NE PLAZA HOTEL   |                  | •        |         |     |      |    |            |
|                                       |                  |                  |          |         |     | ſ    |    | PAGE TOTAL |
| Enter Grand Total of Part E on Scheo  | dule 1, Detailed | Summary Page, Se | ction 4  | •       |     |      | \$ | 179.12     |
|                                       |                  |                  |          |         |     | L    |    |            |

#### **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 |           |            |
|--|------------------|-----------|------------|
| HOSPITAL & HEALTHSYSTEM ASSOC OF PA PAC (HAPAC)  | From:            | То:       | 10/18/2004 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTOR   |           |            |
| TOTAL for the Reporting Pe   | riod (1)         | <b>\$</b> | 0.00       |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR   | TF)              |           |            |
| TOTAL for the Reporting Pe   | eriod (2)        | \$        | 0.00       |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)   |                  |           |            |
| TOTAL for the Reporting Pe   | riod (3)         | \$        | 0.00       |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1 |                  | \$        | 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:         |           |      |
|                                       |                    |                    |                  | DATE     |      |             | AMOUNT    |      |
| Full Name of Contributor              |                    |                    | мо               | DAY      | YEAR |             |           |      |
| Mailing Address                       |                    | _                  |                  |          |      | <b>7</b> \$ |           | 0.00 |
| City                                  | State              | Zip Code (Plus 4)  |                  |          |      |             |           |      |
| Description of Contribution:          | -                  | •                  | •                | •        |      |             |           |      |
|                                       |                    |                    |                  |          | _    |             |           |      |
| Enter Grand Total of Part F on School | dule II, In-Kind ( | Contributions Deta | iled Sum         | mary Pag | je,  |             | PAGE TOTA | \L   |
| Section 2.                            |                    |                    |                  |          |      | \$          |           | 0.00 |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate   |                  |      | Reporting Period |        |       |              |       |      |                     |      |
|---|------------------|------|------------------|--------|-------|--------------|-------|------|---------------------|------|
|   |                  |      |                  | Fro    | m:    |              | To:   |      |                     |      |
|   |                  |      |                  |        |       | DATE         |       |      | AMOUNT              |      |
| Full Name of Contributor                |                  |      |                  |        | мо    | DAY          | YEAR  |      |                     |      |
| Mailing Address                         |                  |      |                  |        |       |              |       |      | \$                  | 0.00 |
| City                                    | State            |      | Zip Code(Plus 4) |        |       |              |       |      |                     |      |
| Employer of Contributor                 |                  |      |                  |        | Occup | ation        |       |      |                     |      |
| Employer Mailing Address/Principal Plac | e of Business    | City | V                | State  | e Zip | Code(Plus 4) | Desci | ript | ion of Contribution | on   |
| Enter Grand Total of Part G on Scho     | edule II, In-Kir | nd C | Contributions De | etaile | ed    |              |       |      | PAGE TOT            | ΓAL  |
| Summary Page, Section 3.                | ,                |      |                  |        |       |              |       |      |                     | 0.00 |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate           | Reporting Period |     |            |
|---|------------------|-----|------------|
| HOSPITAL & HEALTHSYSTEM ASSOC OF PA PAC (HAPAC) | From             | То: | 10/18/2004 |

|  |                    |                   |                            | DATE             |               |           | AMOUNT    |  |  |
|--|--------------------|-------------------|----------------------------|------------------|---------------|-----------|-----------|--|--|
| To Whom Paid                                   |                    |                   | МО                         | DAY              | YEAR          |           |           |  |  |
| ARMSTRONG FOR SENATE COM                       | MITTEE             |                   | 1-10                       |                  | 12/110        |           |           |  |  |
| Mailing Address R.D. 1 BOX                     | 43                 |                   | 9                          | 15               | 2004          | \$        | 100.00    |  |  |
| City REFTON                                    | State              | Zip Code (Plus 4) | Description of Expenditure |                  |               |           |           |  |  |
|  | PA                 | 17568             | GIBSON                     | N ARMSTRO        | ONG, STA      | TE SENAT  | E 13RD PA |  |  |
| To Whom Paid                                   |                    |                   | МО                         | DAY              | YEAR          |           |           |  |  |
| PENNSYLVANIA ASSN. OF REHA                     | AB FACILITIES      |                   |                            |                  |               |           |           |  |  |
| Mailing Address 2400 PARK I                    | DRIVE              |                   | 9                          | 15               | 2004          | <b>\$</b> | 675.00    |  |  |
| City HARRISBURG                                | State              | Zip Code (Plus 4) | Descrip                    | tion of Exp      | enditure      |           |           |  |  |
|  | PA                 | 17110             | PARF C                     | ONTRIBUT         | ION FOR       | 2003      |           |  |  |
| To Whom Paid GLEN GRELL FOR HOUSE COMM         | 177766             |                   | мо                         | DAY              | YEAR          |           |           |  |  |
|  |                    |                   | 0                          | 1.5              | 2004          | <br>  \$  | 500.00    |  |  |
| Mailing Address 1012 BATHC                     | INE DRIVE          |                   | 9                          | 15               | 2004          |           |           |  |  |
| <b>City</b> MECHANICSBURG                      | State              | Zip Code (Plus 4) | Description of Expenditure |                  |               |           |           |  |  |
|  | PA                 | 17050             | GLEN G                     | RELL, STA        | TE HOUS       | E 87TH PA | 1         |  |  |
| <b>To Whom Paid</b> FRIENDS OF JIM RHOADES CON | 1MITTEE            |                   | мо                         | DAY              | YEAR          |           |           |  |  |
| Mailing Address P.O. BOX 79                    | 2                  |                   | 9                          | 22               | 2004          | \$        | 400.00    |  |  |
| City HARRISBURG                                | State              | Zip Code (Plus 4) | Descrip                    | tion of Exp      | enditure      | •         |           |  |  |
|  | PA                 | 17108             | JAMES                      | RHOADES,         | STAATE        | SENATE 2  | 9TH PA    |  |  |
| To Whom Paid HOUSE DEMOCRATIC CAMPAIG          | N CTE              |                   | МО                         | DAY              | YEAR          |           |           |  |  |
| Mailing Address P.O. BOX 55                    | 5 FEDERAL SQUARE S | TATION            | 9                          | 22               | 2004          | \$        | 1,000.00  |  |  |
| City HARRISBURG                                | State              | Zip Code (Plus 4) | Descrip                    | tion of Exp      | enditure      |           |           |  |  |
|  | PA                 | 171080555         | HDCC R                     | RECEPTION        | 10/4/04       | •         |           |  |  |
| To Whom Paid SENATE REPUBLICIAN CAMPAIO        | GN COMMITTEE       |                   | МО                         | DAY              | YEAR          |           |           |  |  |
|  | 2 FEDERAL SQUARE S | TATION            | 9                          | 22               | 2004          | \$        | 5,000.00  |  |  |
| City HARRISBURG                                | State              | Zip Code (Plus 4) | Descrip                    | l<br>tion of Exp | L<br>enditure | 1         |           |  |  |
|  | PA                 | 17108             | SRCC C                     | AUCUS EV         | ENT 9/28      | 3/04      |           |  |  |
|  | -                  | •                 |                            |                  | •             |           |           |  |  |

|   |            |                   |                                     |                         |               |                       | L 20     |  |  |
|---|------------|-------------------|-------------------------------------|-------------------------|---------------|-----------------------|----------|--|--|
| To Whom Paid                                |            |                   | мо                                  | DAY                     | YEAR          |                       |          |  |  |
| VOTERS TO ELECT VANCE                       |            |                   |                                     | 22                      | 2004          | \$                    | 200.00   |  |  |
| Mailing Address P.O. BOX 652                |            |                   | 9                                   | 22                      | 2004          | <b>,</b>              | 200.00   |  |  |
| City CAMP HILL                              | State      | Zip Code (Plus 4) | Description of Expenditure          |                         |               |                       |          |  |  |
|   | PA         | 170110652         | PATRIC                              | IA VANCE,               | STATE H       | OUSE 87TH             | PA       |  |  |
| To Whom Paid FRIENDS OF NICK MICOZZIE       |            |                   | МО                                  | DAY                     | YEAR          |                       |          |  |  |
| Mailing Address P.O. BOX 545                |            |                   | 9                                   | 22                      | 2004          | \$                    | 600.00   |  |  |
| City HARRISBURG                             | State      | Zip Code (Plus 4) | Descript                            | tion of Exp             | enditure      |                       |          |  |  |
|   | PA         | 17108             | NICHOL                              | AS MICOZ                | ZIE, STA      | TE HOUSE 1            | 63RD PA  |  |  |
| To Whom Paid PETRARCA ELECTION COMMITTEE    |            |                   | МО                                  | DAY                     | YEAR          |                       |          |  |  |
| Mailing Address 409 FRANKLIN A              | VENUE      |                   | 9                                   | 22                      | 2004          | \$                    | 250.00   |  |  |
| <b>City</b> VNDERGRIFT                      | State      | Zip Code (Plus 4) | Descript                            | l<br>tion of Exp        | l<br>enditure |                       |          |  |  |
|   | PA         | 156901310         | JOSEPH                              | PETRARCA                | A, STATE      | HOUSE 5KT             | Н РА     |  |  |
| To Whom Paid SPICE OF LIFE RESTAURANT       |            |                   | мо                                  | DAY                     | YEAR          |                       |          |  |  |
| Mailing Address 1259 S. CEDAR (             | CREST BLVD |                   | 9                                   | 22                      | 2004          | \$                    | 177.75   |  |  |
| City ALLENTOWN                              | State      | Zip Code (Plus 4) | Descript                            | l<br>tion of Exp        | l<br>enditure |                       |          |  |  |
|   | PA         | 18103             |                                     | OF LIFE/PE<br>S ALLOCAT |               | NDRAISER 9,<br>RIENDS | /24/04/  |  |  |
| To Whom Paid                                |            |                   | мо                                  | DAY                     | YEAR          |                       |          |  |  |
| VOLUNTEERS FOR ARGALL                       |            |                   |                                     |                         |               |                       |          |  |  |
| Mailing Address P.O. BOX 545                |            |                   | 9                                   | 30                      | 2004          | \$                    | 500.00   |  |  |
| City HARRISBURG                             | State      | Zip Code (Plus 4) | Description of Expenditure          |                         |               |                       |          |  |  |
|   | PA         | 17108             | DAVID A                             | ARGALL, S               | TATE HO       | USE 124TH             | PA       |  |  |
| To Whom Paid KERRY BENNINGHOFF FOR REP. CTE | ≣.         |                   | МО                                  | DAY                     | YEAR          |                       |          |  |  |
| Mailing Address 723 E. BISHOP S             | STREET     |                   | 9                                   | 30                      | 2004          | \$                    | 250.00   |  |  |
| City BELLEFONTE                             | State      | Zip Code (Plus 4) | Descript                            | tion of Exp             | enditure      |                       |          |  |  |
|   | PA         | 16823             | KERRY I                             | BENNINGH                | OFF, STA      | TE HOUSE :            | 171ST PA |  |  |
| To Whom Paid CITIZENS FOR RON BUXTON        |            |                   | мо                                  | DAY                     | YEAR          |                       |          |  |  |
| Mailing Address P.O. BOX 11781              |            |                   | 9                                   | 30                      | 2004          | \$                    | 250.00   |  |  |
| <b>City</b> HARRISBURG                      | State      | Zip Code (Plus 4) | Descript                            | l<br>tion of Exp        | enditure      |                       |          |  |  |
|   | PA         | 17108             | RONALD BUXTON, STATE HOUSE 103RD PA |                         |               |                       |          |  |  |
| To Whom Paid                                |            |                   | мо                                  | DAY                     | YEAR          |                       |          |  |  |
| DEMOCRATIC STATE SENATE CAMPAIGN CTE.       |            |                   | 1-10                                |                         | ILAK          |                       |          |  |  |
| Mailing Address P.O. BOX 3792               |            |                   | 9                                   | 30                      | 2004          | \$                    | 500.00   |  |  |
| City HARRISBURG                             | State      | Zip Code (Plus 4) | Descript                            | tion of Exp             | enditure      |                       |          |  |  |
|   | PA         | 17105             | DSSCC-                              | FUNDRAIS                | SER-10/12     | 2/04                  |          |  |  |
|   |            |                   |                                     |                         |               |                       |          |  |  |

| To Wh                                | om Paid                                  |                    |                   | МО                         | DAY              | YEAR          |             |          |
|--------------------------------------|--|--------------------|-------------------|----------------------------|------------------|---------------|-------------|----------|
| FRIENDS OF GENE DIGIROLAMO           |  |                    |                   |                            |                  |               |             |          |
| Mailin                               | g Address 5806 WHARTON CIR               | CLE                |                   | 9                          | 30               | 2004          | \$          | 300.00   |
| City                                 | BENSALEM                                 | State              | Zip Code (Plus 4) | Descript                   | tion of Exp      | enditure      |             |          |
|                                      |  | PA                 | 19020             | GENE D                     | IGIROLAM         | O, STATE      | HOUSE 18    | ГН РА    |
| To Wh                                | om Paid                                  |                    |                   | мо                         | DAY              | YEAR          |             |          |
| COMM                                 | ITTEE TO ELECT CHRIS ROSS                |                    |                   |                            |                  |               |             |          |
| Mailing Address P.O. BOX 903         |  |                    |                   | 9                          | 30               | 2004          | \$          | 200.00   |
| City                                 | UNIONVILLE                               | State              | Zip Code (Plus 4) | Descript                   | tion of Exp      | enditure      |             |          |
|                                      |  | PA                 | 19375             | CHRIS F                    | ROSS, STA        | TE HOUS       | E 158TH PA  |          |
|                                      | om Paid TO WIN COMMITTEE                 |                    |                   | мо                         | DAY              | YEAR          |             |          |
| Mailin                               | g Address P.O. BOX 1363                  |                    |                   | 9                          | 30               | 2004          | \$          | 250.00   |
| City                                 | CARLISLE                                 | State              | Zip Code (Plus 4) | Descript                   | l<br>tion of Exp | L<br>enditure |             |          |
|                                      |  | PA                 | 170136363         | WILLIAN                    | M GABIG, S       | STATE HO      | OUSE 199TH  | PA       |
|                                      | om Paid<br>HALL FOR LEGISLATURE COMMIT   | TEE                |                   | мо                         | DAY              | YEAR          |             |          |
| Mailin                               | g Address 316 GODSHALL ROA               | ۱D                 |                   | 9                          | 30               | 2004          | \$          | 250.00   |
| City                                 | SOUDERTON                                | State              | Zip Code (Plus 4) | Descript                   | l<br>tion of Exp | enditure      |             |          |
|                                      |  | PA                 | 18964             |                            |                  |               | HOUSE 53    | RD PA    |
| To Wh                                | om Paid                                  |                    |                   |                            |                  |               |             |          |
| FRIEN                                | DS OF JOHN GORDNER                       |                    |                   | МО                         | DAY              | YEAR          |             |          |
| Mailin                               | g Address 1914 BRITTAIN STR              | EET                |                   | 9                          | 30               | 2004          | \$          | 300.00   |
| City                                 | BERWICK                                  | State              | Zip Code (Plus 4) | Description of Expenditure |                  |               |             |          |
|                                      |  | PA                 | 18603             | JOHN G                     | ORDNER, S        | STATE SE      | NATE 109TH  | H PA     |
| To Wh                                | om Paid                                  |                    |                   |                            | DAY              | YEAR          |             |          |
| FRIEN                                | DS OF JOHN PERZEL CTE.                   |                    |                   | МО                         | DAT              | TEAR          |             |          |
| Mailin                               | g Address P.O. BOX 826                   |                    |                   | 9                          | 30               | 2004          | \$          | 5,000.00 |
| City                                 | HARRISBURG                               | State              | Zip Code (Plus 4) | Descript                   | tion of Exp      | enditure      |             |          |
|                                      |  | PA                 | 17108             | JOHN PI                    | ERZEL, ST        | ATE HOUS      | SE 172ND PA | 4        |
| To Wh                                | om Paid                                  |                    |                   |                            |                  |               |             |          |
| SENA                                 | TE REPULBLICAN CAMPAIGN COM              | MITTEE             |                   | МО                         | DAY              | YEAR          |             |          |
| Mailin                               | g Address P.O. BOX 792 FEDER             | RAL SQUARE STATION | N                 | 9                          | 30               | 2004          | \$          | 1,000.00 |
| City                                 | HARRISBURG                               | State              | Zip Code (Plus 4) | Descript                   | tion of Exp      | enditure      |             |          |
|                                      | PA 17108 SRCC FUNDRAISER EVENT 10/7/2004 |                    |                   |                            |                  |               |             |          |
| To Whom Paid                         |  |                    | МО                | DAY                        | YEAR             |               |             |          |
| SENATE REPUBLICAN CAMPAIGN COMMITTEE |  |                    | 0                 |                            | LAIN             |               |             |          |
| Mailin                               | g Address P.O. BOX 792 FEDER             | RAL SQUARE STATION | N                 | 9                          | 30               | 2004          | \$          | 1,000.00 |
| City                                 | HARRISBURG                               | State              | Zip Code (Plus 4) | Descript                   | tion of Exp      | enditure      |             |          |
|                                      |  | PA                 | 17108             | SRCC FI                    | UNDRAISE         | R EVENT       | 10/1/04     |          |
|                                      |  |                    |                   |                            |                  |               |             |          |

|  |                   |                   |                                      |                  |           |            | OL 30    |
|--|-------------------|-------------------|--------------------------------------|------------------|-----------|------------|----------|
| To Whom Paid                               |                   |                   | мо                                   | DAY              | YEAR      |            |          |
| FRIENDS OF MARK MUSTIO                     |                   | 20                | 2004                                 | \$               | 200.00    |            |          |
| Mailing Address P.O. BOX 1021              | <u> </u>          |                   | 9                                    | 30               | 2004      | <b>,</b>   | 200.00   |
| City MOON TOWNSHIP                         | State             | Zip Code (Plus 4) | 1                                    | tion of Exp      |           |            |          |
|  | PA                | 15108             | MARK M                               | IUSTIO, ST       | TATE HOU  | JSE 44TH F | PA       |
| To Whom Paid                               |                   |                   | мо                                   | DAY              | YEAR      |            |          |
| FRIENDS OF JEFF PICCOLA                    |                   |                   |                                      | 20               | 2004      | \$         | 2,000.00 |
| Mailing Address P.O. BOX 741               |                   |                   | 9                                    | 30               | 2004      |            | 2,000.00 |
| City HARRISBURG State Zip Code (Plus 4)    |                   |                   |                                      | tion of Exp      |           |            |          |
|  | PA                | 17108             | JEFFRE\                              | / PICCOLA        | , STATE S | SENATE 15  | TH PA    |
| <b>To Whom Paid</b> FRIENDS OF MIKE TURZAI |                   |                   | мо                                   | DAY              | YEAR      |            |          |
| Mailing Address P.O. BOX 721               |                   |                   | 9                                    | 30               | 2004      | \$         | 900.00   |
| City WEXFORD                               | State             | Zip Code (Plus 4) | Descrip                              | L<br>tion of Exp | enditure  |            |          |
|  | PA                | 15090             | MICHAE                               | L TURZAL,        | , STATE H | HOUSE 28T  | H PA     |
| To Whom Paid                               |                   | ·                 |                                      |                  | \         |            |          |
| FRIENDS OF DAVE REED                       |                   |                   | МО                                   | DAY              | YEAR      |            |          |
| Mailing Address P.O. BOX 545               |                   |                   | 9                                    | 30               | 2004      | \$         | 250.00   |
| City HARRISBURG                            | State             | Zip Code (Plus 4) | Descrip                              | tion of Exp      | enditure  | l          |          |
|  | PA                |                   | DAVE R                               | EED, STAT        | E HOUSE   | 62ND PA    |          |
| To Whom Paid                               |                   |                   | мо                                   | DAY              | YEAR      |            |          |
| NEIGHBORS FOR FRANK PISTELLA               | A                 |                   | МО                                   | DAI              | ILAK      |            |          |
| Mailing Address P.O. BOX 9002              | 25                |                   | 9                                    | 30               | 2004      | \$         | 250.00   |
| City PITTSBURGH                            | State             | Zip Code (Plus 4) | Description of Expenditure           |                  |           |            |          |
|  | PA                | 15224             | FRANK                                | PISTELLA,        | STATE H   | OUSE 21S   | Т РА     |
| To Whom Paid                               |                   |                   | МО                                   | DAY              | YEAR      |            |          |
| COMMITTEE TO ELECT BRIAN ELL               | IS                |                   |                                      |                  |           |            |          |
| Mailing Address 1 EVERGREEN                | ROAD              |                   | 9                                    | 30               | 2004      | \$         | 200.00   |
| City LYNDORA                               | State             | Zip Code (Plus 4) | Descrip                              | tion of Exp      | enditure  |            |          |
|  | PA                | 16045             | BRIAN I                              | ELLIS, STA       | TE HOUS   | E 11TH PA  |          |
| To Whom Paid                               |                   |                   | мо                                   | DAY              | YEAR      |            |          |
| FRIENDS OF LAWRENCE CURRY                  |                   |                   | MO                                   | DAT              | TEAR      |            |          |
| Mailing Address 250 WYNCOTE                | ROAD              |                   | 10                                   | 5                | 2004      | \$         | 250.00   |
| City JENKINTOWN                            | State             | Zip Code (Plus 4) | Descrip                              | l<br>tion of Exp | enditure  | <u> </u>   |          |
|  | PA                | 19046             | LAWRENCE CURRY, STATE HOUSE 154TH PA |                  |           |            |          |
| To Whom Paid                               |                   |                   | MC                                   | DAY              | YEAR      |            |          |
| HOUSE DEMOCRATIC CAMPAIGN CTE              |                   |                   | МО                                   | DAY              | TEAR      |            |          |
| Mailing Address P.O. BOX 555               | FEDERAL SQUARE ST | ATION             | 10                                   | 8                | 2004      | \$         | 1,500.00 |
| City HARRISBURG                            | State             | Zip Code (Plus 4) | Descrip                              | tion of Exp      | enditure  | <u> </u>   |          |
|  | PA                | 171080555         | HDCC R                               | ECEPTION         | 10/6/04   |            |          |
|  | •                 | •                 | <del>-</del>                         |                  |           |            |          |

|                                   |  |                   |  |             |           | PAGE        | 31       |  |  |  |
|-----------------------------------|--|-------------------|--|-------------|-----------|-------------|----------|--|--|--|
| To Whom Paid                      |  |                   | мо                                     | DAY         | YEAR      |             |          |  |  |  |
| CITIZENS FOR SEMMEL               |  |                   |  |             |           |             |          |  |  |  |
| Mailing Address P.O. BOX 34       |  |                   | 10                                     | 8           | 2004      | \$          | 125.00   |  |  |  |
| City SCHNECKSVILLE                | State                                      | Zip Code (Plus 4) | Description of Expenditure             |             |           |             |          |  |  |  |
|                                   | PA   | 18078             | PAUL SE                                | EMMEL, ST   | ATE HOU   | SE 187TH PA | 1        |  |  |  |
| To Whom Paid                      |  |                   | мо                                     | DAY         | YEAR      |             |          |  |  |  |
| SENATE REPUBLICAN CAMPAIGN COMM   | MITTEE                                     |                   | 110                                    |             | 1 Z/IIX   |             |          |  |  |  |
| Mailing Address P.O. BOX 792 FEDE | RAL SQUARE STATIO                          | N                 | 10                                     | 8           | 2004      | \$          | 500.00   |  |  |  |
| City HARRISBURG                   | State                                      | Zip Code (Plus 4) | Descript                               | tion of Exp | enditure  |             |          |  |  |  |
|                                   | PA   | 17108             | SRCC FI                                | UNDRAISE    | R EVENT   | 10/21/04    |          |  |  |  |
| To Whom Paid                      |  |                   | мо                                     | DAY         | YEAR      |             |          |  |  |  |
| FRIENDS OF EUENE MCGILL           |  |                   | MO                                     | DAI         | ILAK      |             |          |  |  |  |
| Mailing Address P.O. BOX 545      |  |                   | 10                                     | 8           | 2004      | \$          | 200.00   |  |  |  |
| City HARRISBURG                   | State                                      | Zip Code (Plus 4) | Descript                               | tion of Exp | enditure  |             |          |  |  |  |
|                                   | PA   | 17108             | EUGENE                                 | MCGILL,     | STATE HO  | OUSE 151ST  | PA       |  |  |  |
| To Whom Paid                      |  |                   | МО                                     | DAY         | YEAR      |             |          |  |  |  |
| PNC BANK                          |  |                   | 1410                                   |             | ILAK      |             |          |  |  |  |
| Mailing Address P.O. BOX 8874     |  |                   | 10                                     | 8           | 2004      | \$          | 82.96    |  |  |  |
| City CAMP HILL                    | State                                      | Zip Code (Plus 4) | Descript                               | tion of Exp | enditure  |             |          |  |  |  |
|                                   | PA   | 170018874         | SEPTEM                                 | BER 2004    | BANK FE   | ES          |          |  |  |  |
| To Whom Paid                      |  |                   | МО                                     | DAY         | YEAR      |             |          |  |  |  |
| HRCC 2004, INC.                   |  |                   | 1410                                   |             | ILAK      |             |          |  |  |  |
| Mailing Address P.O. BOX 11787    |  |                   | 10                                     | 8           | 2004      | \$          | 5,000.00 |  |  |  |
| City HARRISBURG                   | State                                      | Zip Code (Plus 4) | Description of Expenditure             |             |           |             |          |  |  |  |
|                                   | PA   | 17108             | HRCC R                                 | ECEPTION    | 10/13/20  | 004         |          |  |  |  |
| To Whom Paid                      |  |                   | МО                                     | DAY         | YEAR      |             |          |  |  |  |
| FRIENDS OF TINA PICKETT           |  |                   |  |             |           |             |          |  |  |  |
| Mailing Address RR#5 BOX 5226     |  |                   | 10                                     | 8           | 2004      | \$          | 250.00   |  |  |  |
| City TOWANDA                      | State                                      | Zip Code (Plus 4) | Descript                               | tion of Exp | enditure  |             |          |  |  |  |
|                                   | PA   | 18848             | TINA PI                                | CKETT, ST   | ATE HOU   | SE 110TH PA | 1        |  |  |  |
| To Whom Paid                      |  |                   | мо                                     | DAY         | YEAR      |             |          |  |  |  |
| FRIENDS OF SUE CORNELL            |  |                   | 1-10                                   |             | LAK       |             |          |  |  |  |
| Mailing Address 255 E. MONTGOMER  | RY AVENUE                                  |                   | 10                                     | 8           | 2004      | \$          | 300.00   |  |  |  |
| City HATBORO                      | State                                      | Zip Code (Plus 4) | Descript                               | tion of Exp | enditure  | -           |          |  |  |  |
|                                   | PA 19040 SUE CORNELL, STATE HOUSE 152ND PA |                   |  |             |           | ١           |          |  |  |  |
| To Whom Paid                      |  |                   | мо                                     | DAY         | YEAR      |             |          |  |  |  |
| COMMITTEE TO ELECT FLO FABRIZIO   |  |                   | 1.13                                   |             | 1 = 7 (1) |             |          |  |  |  |
| Mailing Address 2617 POPLAR STRE  | ET   |                   | 10                                     | 8           | 2004      | \$          | 400.00   |  |  |  |
| City ERIE                         | State                                      | Zip Code (Plus 4) | Descript                               | tion of Exp | enditure  |             |          |  |  |  |
|                                   | PA   | 16508             | FLORINDO FABRIZIO, STATE HOUSE 02ND PA |             |           |             |          |  |  |  |
|                                   |  | _                 |  |             |           |             |          |  |  |  |

|                                 |                       |                          |   |             |          |         | PAGE 32                                |  |
|---------------------------------|-----------------------|--------------------------|---|-------------|----------|---------|--|--|
| To Whom Paid                    |                       |                          |   | DAY         | YEAR     |         |  |  |
| RAY BUNT FOR LEGISLATURE (      | COMMITTEE             |                          |   |             |          |         |  |  |
| Mailing Address P.O. BOX 54     | 45                    |                          | 10  | 15          | 2004     | \$      | 500.00                                 |  |
| City HARRISBURG                 | State                 | Zip Code (Plus 4)        | Descrip   | tion of Exp | enditure |         |  |  |
|                                 | PA                    | 17108                    | RAYMOI  | ND BUNT,    | STATE H  | OUSE 14 | 7TH PA                                 |  |
| To Whom Paid                    |                       |                          | мо  | DAY         | YEAR     |         |  |  |
| FRIENDS OF JOHN PIPPY           |                       |                          |   |             |          | ,       | 200.00                                 |  |
| Mailing Address P.O. BOX 54     | 45<br>                |                          | 10  | 15          | 2004     | \$      | 300.00                                 |  |
| City HARRISBURG                 | State                 | Zip Code (Plus 4)        | Descrip   | tion of Exp | enditure |         |  |  |
|                                 | PA                    | 17108                    | JOHN P  | IPPY, STAT  | E SENAT  | E 37TH  | PA                                     |  |
| To Whom Paid CROWNE PLAZA HOTEL |                       |                          | МО  | DAY         | YEAR     |         |  |  |
|                                 | TON STREET            |                          | 10  | 15          | 2004     | \$      | 150.00                                 |  |
| City ALLENTOWN                  | State                 | Zip Code (Plus 4)        | Descrip   | tion of Exp | enditure |         |  |  |
|                                 | PA                    | 18101                    | \$150.00  | ) ALLOCAT   | ED TO FF | RIENDS  | REP. MANN/<br>OF JENNIFER<br>/NE PLAZA |  |
| To Whom Paid                    |                       |                          | МО  | DAY         | YEAR     |         |  |  |
| CROWNE PLAZA HOTEL              |                       |                          | MO  | DAI         | ILAK     |         |  |  |
| Mailing Address 904 HAMILT      | TON STREET            |                          | 10  | 15          | 2004     | \$      | 150.00                                 |  |
| City ALLENTOWN                  | State                 | Zip Code (Plus 4)        | Descrip   | tion of Exp | enditure |         |  |  |
|                                 | РА                    | 18101                    | INKIND CONTRIBUTION CROWNE PLAZA DEPOSIT-<br>REP. JENNIFER MANN/\$150.00 ALLOCATED TO<br>FRIENDS OF JENNIFER MANN |             |          |         |  |  |
| To Whom Paid                    |                       |                          | МО  | DAY         | YEAR     |         |  |  |
| KEYSTONE LEADER'S PAC           |                       |                          | 1-10  |             | LAK      |         |  |  |
| Mailing Address P O BOX 506     |                       |                          | 10  | 15          | 2004     | \$      | 1,000.00                               |  |
| City HARRISBURG                 | State                 | Zip Code (Plus 4)        | Descrip   | tion of Exp | enditure |         |  |  |
| PA 17108                        |                       |                          | KEYSTO  | NE LEADE    | RS RECE  | PTION 1 | 0/20/04                                |  |
|                                 |                       |                          |   |             |          |         | PAGE TOTAL                             |  |
| Enter Grand Total of Expend     | litures on Page 1, Re | eport Cover Page, Item D | •   |             |          | \$      | 33,210.71                              |  |