

Campaign Finance Report

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

Filer Identification Number :		7900364		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: Hospital & Healthsystem Assoc of PA PAC (HAPAC)												
Street Address:												
City: HARRISBURG						State: PA			Zip Code: 17105-8600			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2004		FILING METHOD () CHECK ONE		PAPER		DISKETTE <input checked="" type="checkbox"/>			
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR				
						11	2	2004	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:				MO	DAY	YEAR	FOR OFFICE USE ONLY					
				1	1	1	TO	12	31	2004		
A. Amount Brought Forward From Last Report						\$ 63,579.13						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 3,214.95						
C. Total Funds Available (Sum Of Lines A and B)						\$ 66,794.08						
D. Total Expenditures (From Schedule III)						\$ 6,765.72						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 60,028.36						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Signature

Printed Name

My Commission Expires

MO DAY YR

Email

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Signature

Printed Name

My Commission Expires

MO DAY YR

Email

Area Code Daytime Telephone Number

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: <u>12/31/2004</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 397.17

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)	\$ 2,255.01
TOTAL for the Reporting Period (2)	\$ 2,255.01

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)	\$ 500.00
TOTAL for the Reporting Period (3)	\$ 500.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 62.77

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 3,214.95
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PART A CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES \$50.01 TO \$250.00 Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.							
Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE	AMOUNT		
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL	
\$	0.00

PART B ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

**Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A)**

Name of Filing Committee or Candidate Hospital & Healthsystem Assoc of PA PAC (HAPAC)				Reporting Period From: To: <u>12/31/2004</u>			
				DATE		AMOUNT	

Full Name of Contributor Kevin McCarl			MO	DAY	YEAR	\$ 120.00
Mailing Address			11	24	2004	
City Cranberry Twp	State PA	Zip Code (Plus 4) 160664951				

Full Name of Contributor Mr. Daniel Nadler MD			MO	DAY	YEAR	\$ 80.00
Mailing Address			11	24	2004	
City Sewickley	State PA	Zip Code (Plus 4) 151431554				

Full Name of Contributor Mr. Andrew B. Wigglesworth			MO	DAY	YEAR	\$ 123.07
Mailing Address			12	6	2004	
City Philadelphia	State PA	Zip Code (Plus 4) 191303163				

Full Name of Contributor Ms. Dorrance Hamilton			MO	DAY	YEAR	\$ 250.00
Mailing Address			12	6	2004	
City Philadelphia	State PA	Zip Code (Plus 4) 191074824				

Full Name of Contributor John Ferretti DO			MO	DAY	YEAR	\$ 120.00
Mailing Address			12	6	2004	
City Erie	State PA	Zip Code (Plus 4) 165092695				

Full Name of Contributor Mr. Steven P Johnson			MO	DAY	YEAR	\$ 120.00
Mailing Address			12	6	2004	
City Williamsport	State PA	Zip Code (Plus 4) 177011946				

Full Name of Contributor Dr. Leonard G. Gomella MD			MO	DAY	YEAR	\$ 100.00
Mailing Address			12	6	2004	
City Chadds Ford	State PA	Zip Code (Plus 4) 193179714				

Full Name of Contributor Dr. Theodore Christopher MD			MO	DAY	YEAR	\$ 100.00
Mailing Address			12	20	2004	
City Philadelphia	State PA	Zip Code (Plus 4) 191074824				
Full Name of Contributor Lawrence Real MD			MO	DAY	YEAR	\$ 150.00
Mailing Address			12	20	2004	
City Philadelphia	State PA	Zip Code (Plus 4) 191311689				
Full Name of Contributor Mr. Jack Adler Jr.			MO	DAY	YEAR	\$ 75.00
Mailing Address			12	20	2004	
City Philadelphia	State PA	Zip Code (Plus 4) 191063814				
Full Name of Contributor Mr. Andrew B. Wigglesworth			MO	DAY	YEAR	\$ 76.94
Mailing Address			12	31	2004	
City Philadelphia	State PA	Zip Code (Plus 4) 191303163				
Full Name of Contributor Mr. Brian Corbett			MO	DAY	YEAR	\$ 200.00
Mailing Address			12	31	2004	
City Bryn Mawr	State PA	Zip Code (Plus 4) 190103143				
Full Name of Contributor Mr. David E. Loder Esq.			MO	DAY	YEAR	\$ 125.00
Mailing Address			12	31	2004	
City Philadelphia	State PA	Zip Code (Plus 4) 191037301				
Full Name of Contributor Mr. Denis O'Brien			MO	DAY	YEAR	\$ 75.00
Mailing Address			12	31	2004	
City Erie	State PA	Zip Code (Plus 4) 165440002				
Full Name of Contributor Dr. Bruce A Bush M.D.			MO	DAY	YEAR	\$ 125.00
Mailing Address			12	31	2004	
City Indiana	State PA	Zip Code (Plus 4) 157013650				
Full Name of Contributor Ms. RuthAnn Dobroski-Childers			MO	DAY	YEAR	\$ 125.00
Mailing Address			12	31	2004	
City Fairview	State PA	Zip Code (Plus 4) 164153005				

Full Name of Contributor Bradley W. Fenton MD			MO	DAY	YEAR	\$ 100.00
Mailing Address			12	31	2004	
City Philadelphia	State PA	Zip Code (Plus 4) 191075084				

Full Name of Contributor Donald Hohman			MO	DAY	YEAR	\$ 15.00
Mailing Address			12	31	2004	
City Erie	State PA	Zip Code (Plus 4) 165103158				

Full Name of Contributor Donald Hohman			MO	DAY	YEAR	\$ 80.00
Mailing Address			12	31	2004	
City Erie	State PA	Zip Code (Plus 4) 165103158				

Full Name of Contributor Kathryn Burns			MO	DAY	YEAR	\$ 15.00
Mailing Address			12	31	2004	
City Erie	State PA	Zip Code (Plus 4) 165081740				

Full Name of Contributor Kathryn Burns			MO	DAY	YEAR	\$ 80.00
Mailing Address			12	31	2004	
City Erie	State PA	Zip Code (Plus 4) 165081740				

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

PAGE TOTAL

\$ 2,255.01

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period	
	From:	To:

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

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

PAGE TOTAL
\$ 0.00

PART D
ALL OTHER CONTRIBUTIONS
OVER \$250.00

**Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)**

Name of Filing Committee or Candidate Hospital & Healthsystem Assoc of PA PAC (HAPAC)	Reporting Period From: To: <u>12/31/2004</u>
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				DATE		AMOUNT	
Full Name of Contributor Mr. Scott A. Berlucchi MA, NHA, CHE				MO	DAY	YEAR	\$ 500.00
				12	14	2004	
Mailing Address							
City	Saint Marys	State	Zip Code (Plus 4)				
	PA		158573498				
Employer Name Elk Regional Health Center				Occupation President & CEO			
Employer Mailing Address/Principal Place of Business			City Saint Marys		State PA		Zip Code (Plus 4) 158573498

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

PAGE TOTAL	
\$	500.00

PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate Hospital & Healthsystem Assoc of PA PAC (HAPAC)	Reporting Period From: To: <u>12/31/2004</u>
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				DATE		AMOUNT	
Full Name PNC Bank				MO 12	DAY 13	YEAR 2004	\$ 35.98
Mailing Address							
City	Camp Hill	State PA	Zip Code (Plus 4) 170018874				
Receipt Description November 2004 interest income							
Full Name PNC Bank				MO 12	DAY 31	YEAR 2005	\$ 26.79
Mailing Address							
City	Camp Hill	State PA	Zip Code (Plus 4) 170018874				
Receipt Description December 2004 interest income							

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

PAGE TOTAL	
\$	62.77

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:	To: <u>12/31/2004</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	From To: <u>12/31/2004</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
Rendell for Governor				
Mailing Address	11	24	2004	\$ 5,000.00
City Harrisburg	State PA	Zip Code (Plus 4) 17120	Description of Expenditure Edward Rendell, GOVERNOR PA	
To Whom Paid	MO	DAY	YEAR	
The Penn Wells Hotel & Lodge				
Mailing Address	11	24	2004	\$ 1,638.02
City Wellsboro	State PA	Zip Code (Plus 4) 16901	Description of Expenditure PENN WELLS HOTEL-SCARNATI-11/18/04 / \$1,638.02 Allocated To Friends of Joe Scarnati	
To Whom Paid	MO	DAY	YEAR	
PNC Bank				
Mailing Address	12	13	2004	\$ 65.97
City Camp Hill	State PA	Zip Code (Plus 4) 170018874	Description of Expenditure November 2004 bank fees	
To Whom Paid	MO	DAY	YEAR	
Committee to Re-Elect John Taylor				
Mailing Address	12	17	2004	\$ 35.00
City Philadelphia	State PA	Zip Code (Plus 4) 19107	Description of Expenditure John Taylor, STATE HOUSE 177th PA	
To Whom Paid	MO	DAY	YEAR	
PNC Bank				
Mailing Address	12	31	2004	\$ 26.73
City Camp Hill	State PA	Zip Code (Plus 4) 170018874	Description of Expenditure December 2004 Bank Fees	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 6,765.72

