

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: 4750 LINDLE RD PO BX 8600 | | | | | | | | | | | | |
| 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 | TO | MO | DAY | YEAR | FOR OFFICE USE ONLY | | | |
| | | 1 | 1 | 1 | | 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

Email

MO DAY YR

Area Code Daytime Telephone Number

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

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

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

| | |
|---|---|
| Name of Filing Committee or Candidate | Reporting Period |
| 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 |
|---|--------------------|

| <div> <div> <div>PART A</div> <div>CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</div> <div>\$50.01 TO \$250.00</div> <div> 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. </div> </div> </div> | | | | | | | |
|---|-------|-------------------|--|------------------|--------|------|---------|
| 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 | Reporting Period |
| Hospital & Healthsystem Assoc of PA PAC (HAPAC) | From: To: <u>12/31/2004</u> |

| | |
|-------------|---------------|
| DATE | AMOUNT |
|-------------|---------------|

| | | | | |
|---|--------------|--------------------------|-------------|----------|
| Full Name of Contributor | MO | DAY | YEAR | \$ 80.00 |
| Kathryn Burns | | | | |
| Mailing Address 449 West 31St Street | | | | |
| City Erie | State | Zip Code (Plus 4) | 12 31 2004 | |
| | PA | 165081740 | | |

| | | | | |
|---|--------------|--------------------------|-------------|----------|
| Full Name of Contributor | MO | DAY | YEAR | \$ 15.00 |
| Kathryn Burns | | | | |
| Mailing Address 449 West 31St Street | | | | |
| City Erie | State | Zip Code (Plus 4) | 12 31 2004 | |
| | PA | 165081740 | | |

| | | | | |
|--|--------------|--------------------------|-------------|----------|
| Full Name of Contributor | MO | DAY | YEAR | \$ 80.00 |
| Donald Hohman | | | | |
| Mailing Address 3852 Mingo Avenue | | | | |
| City Erie | State | Zip Code (Plus 4) | 12 31 2004 | |
| | PA | 165103158 | | |

| | | | | |
|--|--------------|--------------------------|-------------|----------|
| Full Name of Contributor | MO | DAY | YEAR | \$ 15.00 |
| Donald Hohman | | | | |
| Mailing Address 3852 Mingo Avenue | | | | |
| City Erie | State | Zip Code (Plus 4) | 12 31 2004 | |
| | PA | 165103158 | | |

| | | | | |
|--|--------------|--------------------------|-------------|-----------|
| Full Name of Contributor | MO | DAY | YEAR | \$ 100.00 |
| Bradley W. Fenton MD | | | | |
| Mailing Address 111 South 11th Street | | | | |
| City Philadelphia | State | Zip Code (Plus 4) | 12 31 2004 | |
| | PA | 191075084 | | |

| | | | | |
|---|--------------|--------------------------|-------------|-----------|
| Full Name of Contributor | MO | DAY | YEAR | \$ 125.00 |
| Ms. RuthAnn Dobroski-Childers | | | | |
| Mailing Address 6679 Otten Court | | | | |
| City Fairview | State | Zip Code (Plus 4) | 12 31 2004 | |
| | PA | 164153005 | | |

| | | | | | | |
|---|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributor Dr. Bruce A Bush M.D. | | | MO | DAY | YEAR | \$ 125.00 |
| Mailing Address 835 Hospital Road | | | 12 | 31 | 2004 | |
| City Indiana | State PA | Zip Code (Plus 4) 157013650 | | | | |
| Full Name of Contributor Mr. Denis O'Brien | | | MO | DAY | YEAR | \$ 75.00 |
| Mailing Address 232 West 25th Street | | | 12 | 31 | 2004 | |
| City Erie | State PA | Zip Code (Plus 4) 165440002 | | | | |
| Full Name of Contributor Mr. David E. Loder Esq. | | | MO | DAY | YEAR | \$ 125.00 |
| Mailing Address One Liberty Place | | | 12 | 31 | 2004 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 191037301 | | | | |
| Full Name of Contributor Mr. Brian Corbett | | | MO | DAY | YEAR | \$ 200.00 |
| Mailing Address 130 South Bryn Mawr Avenue | | | 12 | 31 | 2004 | |
| City Bryn Mawr | State PA | Zip Code (Plus 4) 190103143 | | | | |
| Full Name of Contributor Mr. Andrew B. Wigglesworth | | | MO | DAY | YEAR | \$ 76.94 |
| Mailing Address 600 N. 22nd Street #3W | | | 12 | 31 | 2004 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 191303163 | | | | |
| Full Name of Contributor Mr. Jack Adler Jr. | | | MO | DAY | YEAR | \$ 75.00 |
| Mailing Address 225 South 4th Street | | | 12 | 20 | 2004 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 191063814 | | | | |
| Full Name of Contributor Lawrence Real MD | | | MO | DAY | YEAR | \$ 150.00 |
| Mailing Address 4200 Monument Road | | | 12 | 20 | 2004 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 191311689 | | | | |
| Full Name of Contributor Dr. Theodore Christopher MD | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 111 South 11th Street | | | 12 | 20 | 2004 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 191074824 | | | | |
| Full Name of Contributor Dr. Leonard G. Gomella MD | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 5 Coopers Hawk Lane | | | 12 | 6 | 2004 | |
| City Chadds Ford | State PA | Zip Code (Plus 4) 193179714 | | | | |

| | | | | | | |
|--|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributor Mr. Steven P Johnson | | | MO | DAY | YEAR | \$ 120.00 |
| Mailing Address 1001 Grampian Boulevard | | | 12 | 6 | 2004 | |
| City Williamsport | State PA | Zip Code (Plus 4) 177011946 | | | | |
| Full Name of Contributor John Ferretti DO | | | MO | DAY | YEAR | \$ 120.00 |
| Mailing Address 5515 Peach Street | | | 12 | 6 | 2004 | |
| City Erie | State PA | Zip Code (Plus 4) 165092695 | | | | |
| Full Name of Contributor Ms. Dorrance Hamilton | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 111 South 11th Street | | | 12 | 6 | 2004 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 191074824 | | | | |
| Full Name of Contributor Mr. Andrew B. Wigglesworth | | | MO | DAY | YEAR | \$ 123.07 |
| Mailing Address 600 N. 22nd Street #3W | | | 12 | 6 | 2004 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 191303163 | | | | |
| Full Name of Contributor Mr. Daniel Nadler MD | | | MO | DAY | YEAR | \$ 80.00 |
| Mailing Address 409 Broad Street #270 | | | 11 | 24 | 2004 | |
| City Sewickley | State PA | Zip Code (Plus 4) 151431554 | | | | |
| Full Name of Contributor Kevin McCarl | | | MO | DAY | YEAR | \$ 120.00 |
| Mailing Address 1253 Freedom Road | | | 11 | 24 | 2004 | |
| City Cranberry Twp | State PA | Zip Code (Plus 4) 160664951 | | | | |

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 | Reporting Period |
| Hospital & Healthsystem Assoc of PA PAC (HAPAC) | From: To: <u>12/31/2004</u> |

| | | | | DATE | | | AMOUNT | |
|---|-------------|--------------|----|-----------------------------------|-----|--------------|-----------|--------------------------|
| Full Name of Contributor | | | | MO | DAY | YEAR | \$ 500.00 | |
| Mr. Scott A. Berlucchi MA, NHA, CHE | | | | | | | | |
| Mailing Address 763 Johnsonburg Road | | | | | | | | |
| City | Saint Marys | State | PA | 12 | 14 | 2004 | | |
| Zip Code (Plus 4) | | | | | | | | |
| 158573498 | | | | | | | | |
| Employer Name Elk Regional Health Center | | | | Occupation President & CEO | | | | |
| Employer Mailing Address/Principal Place of Business | | | | City | | State | | Zip Code (Plus 4) |
| 763 Johnsonburg Road | | | | Saint Marys | | PA | | 158573498 |

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

| | |
|-------------------|--------|
| PAGE TOTAL | |
| \$ | 500.00 |

PART E

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> |
|---|--|

| | | | | DATE | | | AMOUNT | |
|-------------------------------|--|-------|-------------------|------|-----|------|--------|-------|
| Full Name | | | | MO | DAY | YEAR | \$ | 35.98 |
| PNC Bank | | | | | | | | |
| Mailing Address | | | | | | | | |
| PO Box 8874 | | | | 12 | 13 | 2004 | | |
| City | | State | Zip Code (Plus 4) | | | | | |
| Camp Hill | | PA | 170018874 | | | | | |
| Receipt Description | | | | | | | | |
| November 2004 interest income | | | | | | | | |

| | | | | | | | |
|--|--------------------|---------------------------------------|--|-----------|------------|-------------|-----------------|
| Full Name PNC Bank | | | | MO | DAY | YEAR | \$ 26.79 |
| Mailing Address PO Box 8874 | | | | 12 | 31 | 2005 | |
| 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: |
|---------------------------------------|--|

| | | | 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 Room 225 Main Capitol | 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 P.O. Box 158 62 Main Street | 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 P.O. Box 8874 | 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 1205 Locust Street Suite 100 | 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 P.O. Box 8874 | 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 |

