Campaign Finance Report

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

Filer Identificat Number :	ion 7900	Repo Filed	-		CANDI	DATE		СОМ	MITTEE	✓	LOB	BYIS	-				
	Committee, Candid	ate or L	obbvist:			-		althsyste	em Ass	oc of	PA PA	C (HAPA	(C)				
												- (- /				
Street Address:								State:	D 4			Zin Co.	de: 17	105-8	2600		
City:	HARRISBURG				_	_			PA			Zip Co					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRID PRIMARY	AY PRE			DA\ IMA		POST- 3.		AMENDMENT REPORT?		Yes		No	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRID		E- 5.		DA) ECTI		POST- 6. X			TERMIN/ REPORT	Yes		No	\checkmark	
report type)	ANNUAL REPORT	7.						G METHO HECK O				PAPER		\checkmark	DIS	(ETTE	
Name of Office	L Sought by Candida	te:						DATE O	F ELEC	CTIO	N	District Number	Office Code	Par	ty Coo	le Cou Cod	
								мо	DAY	YE	AR	Number	coue				
							ľ	11		7	2006	j	(SEE INS	TRUCTI	ONS FO	R CODE	S)
Summary of Receipts and Expenditures from:							1	мо	DAY	YE	AR	FC	R OFFIC	e use	ONL	Y	
Expenditure	s from:		1	1	1	то	Ī	11	2	27	2006						
A. Amount Bro	ought Forward From	m Last R	eport				\$		-	11,3	90.57						
B. Total Monet	ary Contributions	And Rec	eipts (Fro	m Sche	edule I))	\$		1	L02,4	55.98						
C. Total Funds	Available (Sum Of	f Lines A	and B)				\$		1	L13,8	846.55						
D. Total Exper	ditures (From Sch	edule II	I)				\$			3,3	57.00						
E. Ending Cast	n Balance (Subtrac	t Line D	From Line	C)			\$		1	10,4	89.55						
F. Value Of In-	-Kind Contribution	s Receiv	ed (From S	Schedu	le II)		\$				0.00	-					
G. Unpaid Deb	ts And Obligations	(From S	Schedule I	V)			\$				0.00						
				AFF	IDAV	'IT S	SEC	CTION									
PART I - If this i	is a Committee rep	ort, trea	surer sign	here.	If this	is a C	Cano	didate re	eport, c	andic	late sig	gn here.					
I swear (or affirm correct and comp) that this report, inc lete.	luding the	e attached s	chedule	s filed o	n pap	oer o	r by elect	ronic me	edium,	, are to t	the best o	f my know	/ledge	and b	elief , t	rue
Sworn to and sub	scribed before me this day of	5	20							S	ignature	e of Perso	n Submitt	ing Rep	port		
	Signatu	ire				_						Prin	ted Name				—
My Commission E	-											Ema	il				-
	мо	D	AY	YR					Are	a Cod	e	Daytin	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	d Comr	nittee,	Cand	dida	te shall	sign he	ere.							
I swear (or affirm No 320) as amend) that to the best of r ed.	ny knowle	edge and be	lief this	s politica	al con	nmit	tee has n	ot violat	ed an	y provis	ions of th	e act of Ju	ine 3,1	937 (F	P.L. 13	33,
Sworn to and subs	cribed before me this										s	ignature	of Candida	te			-
	day of 											Printe	d Name				_
	Signature																
My Commission Ex	pires											Ema	il				
	мо	D	AY	YR	ł	_			Area	Code		D	aytime Te	lephor	ne Nur	nber	_

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: 11/27/2006 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 890.40 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 3,750.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 3,750.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 93,820.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 93,820.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) 3,995.58 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 102,455.98 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Candidat	Name of Filing Committee or Candidate				Reporting Period						
				From: To:							
		·			DATE			AMOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plus 4	4)								
								PAGE TOTAL			
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.						\$	0.00				

Use this Part to	\$50 itemize all oth \$50.01 to \$25	PART B R CONTRIE 0.01 TO \$250.00 her contribution 0.00 in the repondent political comm	s with a orting po	n eri	aggreg iod.			from
Name of Filing Committee or Can	didate		Reporting	j Pe	eriod			
Hospital & Healthsystem Assoc c	of PA PAC (HAPAC)		From:			То:		<u>11/27/2006</u>
					DATE			AMOUNT
Full Name of Contributor			мо		DAY	YEAR		
Douglas Danko Mailing Address				_			\$	100.00
City New Castle	State	Zip Code (Plus 4) 1	0	26	2006	₽	100.00
	PA	161052516	,	-	-			
Full Name of Contributor								
Phyllis Mowery			мо		DAY	YEAR		
Mailing Address							\$	135.00
City Camp Hill	State	Zip Code (Plus 4) 1	0	26	2006		
	PA	170111636						
Full Name of Contributor			мо		DAY	YEAR		
Mr. Garry L. Scheib			MO		DAT	TEAR		
Mailing Address							\$	250.00
City Philadelphia	State	Zip Code (Plus 4) 1	0	30	2006		
	PA	191044208						
Full Name of Contributor			мо		DAY	YEAR		
Ms. Susan E. Phillips								
Mailing Address							\$	250.00
City Philadelphia	State	Zip Code (Plus 4) 1	0	30	2006		
	PA	191046110						
Full Name of Contributor			мо		DAY	YEAR		
Mrs. Lynne G. Riley				_				
Mailing Address City Drexel Hill	State	Zip Code (Plus 4	<u> </u>	1	9	2006	\$	100.00
	PA	190265216	, 1	1	5	2000		
Full Name of Contributor	177	190203210						
Full Name of Contributor Ms Carol Irvine			мо		DAY	YEAR		
Mailing Address							\$	225.00
City Philadelphia	State	Zip Code (Plus 4) 1	1	9	2006		225.00
	PA	191413018						
Full Name of Contributor	<u>.</u>				_			
Frank James MD			мо		DAY	YEAR		
Mailing Address							\$	180.00
City Blue Bell	State	Zip Code (Plus 4)] 1	1	9	2006		
	PA	194222905						

Full N	ame of Contributor			мо	DAY	YEAR	
S. Ty	Steinberg				DAT	TLAK	
Mailin	g Address						\$ 90.00
City	Elkins Park	State	Zip Code (Plus 4)	11	9	2006	
		PA	190271349				
Full N	ame of Contributor			мо	DAY	YEAR	
Hank	Simms			MO	DAT	TEAR	
Mailin	g Address						\$ 225.00
City	Villanova	State	Zip Code (Plus 4)	11	9	2006	
		PA	190852028				
Full N	ame of Contributor		·				
Denis	e F. O'Donnell			мо	DAY	YEAR	
Mailin	g Address						\$ 135.00
City	Chalfont	State	Zip Code (Plus 4)	11	9	2006	
		PA	189142524				
Full N	ame of Contributor		ł				
Rober	t Webb			мо	DAY	YEAR	
Mailin	g Address						\$ 90.00
City	Hanover	State	Zip Code (Plus 4)	11	9	2006	
		PA	173312106				
Full N	ame of Contributor						
	Borislow			мо	DAY	YEAR	
	g Address						\$ 90.00
City	Philadelphia	State	Zip Code (Plus 4)	11	9	2006	
	·	PA	191413018				
Full N	ame of Contributor		1				
	t J. Reichlin			мо	DAY	YEAR	
	g Address						\$ 90.00
City	Bala Cynwyd	State	Zip Code (Plus 4)	1 11	9	2006	
	, ,	PA	190042419				
Eull N	ame of Contributor						
	/illiam J. Miller			мо	DAY	YEAR	
	g Address						\$ 100.00
City	Pittsburgh	State	Zip Code (Plus 4)	11	15	2006	\$ 100.00
2		PA	152032095				
E.I.I. M	ame of Contributor						
	ue Cox			мо	DAY	YEAR	
	g Address						\$ 100.00
City	Pittsburgh	State	Zip Code (Plus 4)	11	15	2006	P 100.00
,	ricobargii	PA	152032095		_		
EU	amo of Contributor						
	ame of Contributor			мо	DAY	YEAR	
	A. Savage g Address						k 200.00
City	Dravosburg	State	Zip Code (Plus 4)	11	15	2006	\$ 200.00
City	avosburg		150341032			2000	
		PA	150341032				

Full Name of Cont	ributor			мо	DAY	YEAR	
Mr. C. Daniel Wel	ber			, no		TEAR	
Mailing Address							\$ 135.00
City Hanover		State	Zip Code (Plus 4)	11	15	2006	
		PA	173319457				
Full Name of Cont	ributor			мо	DAY	YEAR	
Pamela B. Adoma	itis			MO	DAT	TEAR	
Mailing Address							\$ 100.00
City Bethel Par	k	State	Zip Code (Plus 4)	11	15	2006	
		PA	151021664				
Full Name of Cont	ributor					VELD	
Ms. Catherine Ca	าทอท			мо	DAY	YEAR	
Mailing Address							\$ 100.00
City Pittsburgh		State	Zip Code (Plus 4)	11	15	2006	
		PA	152032095				
Full Name of Cont	ributor		•				
Ms. Nancy J. Mag	ee			мо	DAY	YEAR	
Mailing Address							\$ 200.00
City Pittsburgh		State	Zip Code (Plus 4)	11	15	2006	
-		PA	152032095				
Full Name of Cont	ributor						
Thomas Howard				мо	DAY	YEAR	
Mailing Address							\$ 90.00
City Hanover		State	Zip Code (Plus 4)	1 11	15	2006	20100
		PA	173311348				
Full Name of Cont	ributor	ł				VELD	
Jacob Agris				мо	DAY	YEAR	
Mailing Address							\$ 90.00
City Erie		State	Zip Code (Plus 4)	11	27	2006	
		PA	165055445				
Full Name of Cont	ributor	•					
Mr. Arnold Katz				мо	DAY	YEAR	
Mailing Address							\$ 135.00
City Bryn Maw	r	State	Zip Code (Plus 4)	11	27	2006	
		PA	190101950				
	ributor						
Full Name of Cont				мо	DAY	YEAR	
	rgen						
Full Name of Cont Ms. Sharon A. Be Mailing Address	rgen						\$ 90.00
Ms. Sharon A. Be		State	Zip Code (Plus 4)	11	27	2006	\$ 90.00
Ms. Sharon A. Be Mailing Address		State PA	Zip Code (Plus 4) 191311689	- 11	27	2006	\$ 90.00
Ms. Sharon A. Be Mailing Address	ia						\$ 90.00
Ms. Sharon A. Be Mailing Address City Philadelph	ia			11 MO	27 DAY	2006 YEAR	\$ 90.00
Ms. Sharon A. Be Mailing Address City Philadelph Full Name of Cont	ia						\$
Ms. Sharon A. Be Mailing Address City Philadelph Full Name of Cont Richard H. Fine	ia r ibutor						90.00

Full Na	ame of Contributor			мо	DAY	YEAR	
Mr. Ri	chard Montalbano			MO	DAT	ILAK	
Mailin	g Address	_					\$ 135.00
City	Abington	State	Zip Code (Plus 4)	11	27	2006	
		РА	190013788				
Full Na	Full Name of Contributor				DAY	YEAR	
Marily	n Rivers			мо	DAT	TEAK	
Mailin	g Address	_					\$ 135.00
City	Philadelphia	State	Zip Code (Plus 4)	11	27	2006	
		РА	191193329				
Full Na	ame of Contributor			мо	DAY	YEAR	
Dr. Sc	ook Hee Yoo MD			MO	DAT	TEAR	
Mailin	g Address						\$ 90.00
City	Gladwyne	State	Zip Code (Plus 4)	11	27	2006	
		РА	190351217				
							PAGE TOTAL
E	nter Grand Total of Part A on	Schedule I, Detail	ed Summary Page, S	ection 2			\$ 3,750.00

PART C Contributions Received From Political Committees

OVER \$250.00

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

Name of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				DA	TE		A	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
						PAGE TOTAL			
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Se				n 3.			\$	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				Repo	orting Pe	riod			
Hospital & Healthsystem Assoc of PA PA	AC (HAPAC)			Fron	n:		То	: <u>11/27/2006</u>	
					DA	TE		АМ	IOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mr. Victor L. Johnson					MO	DAT	TEAR	\$	90,000.00
Mailing Address					11	27	2006		
City Meadowbrook	State	Zij	o Code (Plus	4)		27	2000		
	PA	19	046						
Employer Name					Occupat	ion	Trustee		
Employer Mailing Address/Principal Place of Business City				State		Zip Code	e (Plus 4)		
Full Name of Contributor					мо	DAY	YEAR		
Dr. Arnold W. Cohen MD					MO	DAT	TEAR	\$	450.00
Mailing Address					11	27	2006		
City Cherry Hill	State	Zij	o Code (Plus	4)		21	2000		
	LΟ	08	0032915						
Employer Name Albert Einstein Medica	l Center				Occupat	ion	Physicia	n	
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Code	e (Plus 4)
			Philadelph	ia		PA		1914130	018
Full Name of Contributor					мо	DAY	YEAR		
Mr. Berton Korman					МО	DAT	TEAR	\$	450.00
Mailing Address					11	9	2006		
City Trevose	State	Zij	o Code (Plus	4)		2	2000		
	PA	19	047						
Employer Name Albert Einstein Health	care Network				Occupat	ion			
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Code	e (Plus 4)
			Philadelph	ia		PA		1914130	018
Full Name of Contributor							VEAD		
Dr. Matilde Irigoyen MD					мо	DAY	YEAR	\$	270.00
Mailing Address									
					4.4	<u> </u>	2000		
City Blauvelt	State	Zij	o Code (Plus	4)	11	9	2006		
	State NY		Code (Plus 9131417	4)	11	9	2006		
	NY		•	4)	11 Occupat		2006		
City Blauvelt	NY I Center		•	4)			2006		e (Plus 4)

Full Name of Contributor				мо	DAY	YEAR		450.00	
Mr. Fred E. Braemer				140			\$	450.00	
Mailing Address				11	9	2006			
City Elkins Park	State	Zi	p Code (Plus 4)		5	2000			
	I _{PA}	19	90273157						
Employer Name N/A				Occupat	tion	Retired			
Employer Mailing Address/Pri	incipal Place of Business		City		State		Zip Code (Pl	us 4)	
Full Name of Contributor				мо	DAY	VEAD			
Dr. Joseph G. Cacchione MD				MO	DAT	YEAR	\$	500.00	
Mailing Address		_		11	9	2006			
City Fairview	State	Zi	p Code (Plus 4)		5	2000			
	PA	16	54153246						
Employer Name Saint Vince	nt Health Center			Occupat	tion	Senior V	/ice President		
Employer Mailing Address/Pri	incipal Place of Business		City		State		Zip Code (Pl	us 4)	
			Erie		PA		165440001		
Full Name of Contributor			•						
Ms. Linda J. Grass				мо	DAY	YEAR	\$	350.00	
Mailing Address					_				
City Philadelphia	State	Zi	p Code (Plus 4)	- 11	9	2006			
2	PA	10	91112442						
Employer Name Jeanes Hos	ployer Name Jeanes Hospital				tion	Evecutiv	ve Director &	Chie	
Employer Mailing Address/Principal Place of Business City					State	LXECULIN	Zip Code (Pl		
Philadelphia					PA		191112442		
			Tilladelpilla				191112442		
Full Name of Contributor				мо	DAY	YEAR	\$	450.00	
Mr. Barry R. Freedman							-		
Mailing Address	Chaka		n Cada (Dhua 4)	11	9	2006			
City Philadelphia	State	21	p Code (Plus 4)						
	PA	19	91413018	-	-				
Employer Name Albert Einst	ein Medical Center	19		Occupat	1	Presider	I and Chief I		
Employer Name Albert Einst Employer Mailing Address/Pri	ein Medical Center	19	City	Occupat	State	Presider	Zip Code (Pl		
	ein Medical Center	19		Occupat	1	Presider			
	ein Medical Center		City		State PA		Zip Code (Pl 191413018	us 4)	
Employer Mailing Address/Pri	ein Medical Center		City	Occupat MO	State	Presider	Zip Code (Pl		
Employer Mailing Address/Pri Full Name of Contributor	ein Medical Center		City	мо	State PA DAY	YEAR	Zip Code (Pl 191413018 \$	us 4)	
Employer Mailing Address/Pri Full Name of Contributor Mr. Bruce M. Bartels	ein Medical Center		City		State PA		Zip Code (Pl 191413018 \$	us 4)	
Employer Mailing Address/Pri Full Name of Contributor Mr. Bruce M. Bartels Mailing Address	ein Medical Center	Zi	City Philadelphia	мо	State PA DAY	YEAR	Zip Code (Pl 191413018 \$	us 4)	
Employer Mailing Address/Pri Full Name of Contributor Mr. Bruce M. Bartels Mailing Address	tein Medical Center incipal Place of Business State PA	Zi	City Philadelphia p Code (Plus 4)	мо	State PA DAY 30	YEAR 2006	Zip Code (Pl 191413018 \$	us 4) 450.00	
Employer Mailing Address/Pri Full Name of Contributor Mr. Bruce M. Bartels Mailing Address City York	tein Medical Center incipal Place of Business State PA lealth	Zi	City Philadelphia p Code (Plus 4)	мо 10	State PA DAY 30	YEAR 2006	Zip Code (Pl 191413018 \$	us 4) 450.00 ecuti	
Employer Mailing Address/Pri Full Name of Contributor Mr. Bruce M. Bartels Mailing Address City York Employer Name WellSpan H	tein Medical Center incipal Place of Business State PA lealth	Zi	City Philadelphia P Code (Plus 4) 74035070	мо 10	State PA DAY 30	YEAR 2006	Zip Code (Pl 191413018 \$ \$ ht & Chief Ex	us 4) 450.00 ecuti	
Employer Mailing Address/Pri Full Name of Contributor Mr. Bruce M. Bartels Mailing Address City York Employer Name WellSpan H	tein Medical Center incipal Place of Business State PA lealth	Zi	City Philadelphia p Code (Plus 4) 74035070 City	мо 10 Оссира	State PA DAY 30 tion State PA	YEAR 2006 Presider	Zip Code (Pl 191413018 \$ \$ at & Chief Ex Zip Code (Pl 174035071	us 4) 450.00 ecuti us 4)	
Employer Mailing Address/Pri Full Name of Contributor Mr. Bruce M. Bartels Mailing Address City York Employer Name WellSpan H Employer Mailing Address/Pri	tein Medical Center incipal Place of Business State PA lealth	Zi	City Philadelphia p Code (Plus 4) 74035070 City	мо 10	State PA DAY 30 tion State	YEAR 2006	Zip Code (Pl 191413018 \$ \$ t & Chief Exc Zip Code (Pl	us 4) 450.00 ecuti	
Employer Mailing Address/Pri Full Name of Contributor Mr. Bruce M. Bartels Mailing Address City York Employer Name WellSpan H Employer Mailing Address/Pri Full Name of Contributor	tein Medical Center incipal Place of Business State PA lealth	Zi	City Philadelphia p Code (Plus 4) 74035070 City	мо 10 Оссиран	State PA DAY 30 tion State PA DAY	YEAR 2006 Presider YEAR	Zip Code (Pl 191413018 \$ t & Chief Exc Zip Code (Pl 174035071 \$	us 4) 450.00 ecuti us 4)	
Employer Mailing Address/Pri Full Name of Contributor Mr. Bruce M. Bartels Mailing Address City York Employer Name WellSpan H Employer Mailing Address/Pri Full Name of Contributor Sr Ricarda Vincent	tein Medical Center incipal Place of Business State PA lealth	zi	City Philadelphia p Code (Plus 4) 74035070 City	мо 10 Оссира	State PA DAY 30 tion State PA	YEAR 2006 Presider	Zip Code (Pl 191413018 \$ t & Chief Exc Zip Code (Pl 174035071 \$	us 4) 450.00 ecuti us 4)	
Employer Mailing Address/Pri Full Name of Contributor Mr. Bruce M. Bartels Mailing Address City York Employer Name WellSpan H Employer Mailing Address/Pri Full Name of Contributor Sr Ricarda Vincent Mailing Address	tein Medical Center incipal Place of Business State PA lealth incipal Place of Business	Zi 17	City Philadelphia p Code (Plus 4) 74035070 City York	мо 10 Оссиран	State PA DAY 30 tion State PA DAY	YEAR 2006 Presider YEAR	Zip Code (Pl 191413018 \$ t & Chief Exc Zip Code (Pl 174035071 \$	us 4) 450.00 ecuti us 4)	
Employer Mailing Address/Pri Full Name of Contributor Mr. Bruce M. Bartels Mailing Address City York Employer Name WellSpan H Employer Mailing Address/Pri Full Name of Contributor Sr Ricarda Vincent Mailing Address City Erie	tein Medical Center	Zi 17	City Philadelphia p Code (Plus 4) 74035070 City York p Code (Plus 4)	мо 10 Оссиран	State PA DAY 30 tion State PA DAY 26	YEAR 2006 Presider YEAR	Zip Code (Pl 191413018 \$ t & Chief Exc Zip Code (Pl 174035071 \$	us 4) 450.00 ecuti us 4)	
Employer Mailing Address/Pri Full Name of Contributor Mr. Bruce M. Bartels Mailing Address City York Employer Name WellSpan H Employer Mailing Address/Pri Full Name of Contributor Sr Ricarda Vincent Mailing Address City Erie	tein Medical Center incipal Place of Business State PA lealth incipal Place of Business State PA nt Health Center	Zi 17	City Philadelphia p Code (Plus 4) 74035070 City York p Code (Plus 4)	мо 10 Оссиран МО 10	State PA DAY 30 tion State PA DAY 26	YEAR 2006 Presider YEAR	Zip Code (Pl 191413018 \$ t & Chief Exc Zip Code (Pl 174035071 \$	us 4) 450.00 ecuti us 4) 450.00	

\$

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	Name of Filing Committee or Candidate Rep					orting Period				
Hospital & Healthsystem Assoc of PA F	PAC (HAPAC)		From:			То:		<u>11/27/2006</u>		
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$	85.53		
Commerce Bank-PA					2		_ *	05.55		
Mailing Address	1	1		11	7	2006	5			
City Harrisburg	State	Zip Code (Plus 4)							
	PA									
Receipt Description October 2006 in	nterest income									
Full Name				мо	DAY	YEAR	\$	110.05		
Commerce Bank-PA								110105		
Mailing Address				11	7	2006	5			
City Harrisburg	State	Zip Code (Plus 4)							
	PA									
Receipt Description October 2006 in	nterest income									
Full Name				мо	DAY	YEAR	\$	2,500.00		
Citizens for Sam Smith							_ [*]	2,500.00		
Mailing Address				11	21	2006	5			
City Punxsutawney	State	Zip Code (Plus 4)							
	PA	15767								
Receipt Description Void - Citizens	for Sam Smith									
Full Name				мо	DAY	YEAR	\$	300.00		
Committee to Elect John Wozniak							_ [*]	500.00		
Mailing Address				11	21	2006	5			
City Harrisburg	State	Zip Code (Plus 4)							
	PA	17108								
Receipt Description Void - Committ	ee to Elect John Wozni	iak								
Full Name				мо	DAY	YEAR	\$	1,000.00		
Committee to Elect Bryan Lentz								_,		
Mailing Address				11	21	2006	5			
City Swarthmore	State	Zip Code (
	PA	19081034	/							
Receipt Description Void - Committ	ee to Elect Bryan Lent	z								
		_	<u> </u>			[PAGE TOTAL		
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumr	nary Page,	Section	4.			\$	3,995.58		

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>11/27/2006</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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 Pe	eriod (2)	\$	0.00						
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)									
TOTAL for the Reporting Pe	eriod (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, 3		\$	0.00						

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting Period					
F				From:			То:	
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				*		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	ie,		PAGE TOTA	L
						\$		0.00

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

Name of Filing Committee or Candidate			Reporting Period						
			Fro	From:		То:			
			1		DATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$ 0.00		
City	State	Zip Code(Plus 4)							
Employer of Contributor Occupation							•		
Employer Mailing Address/Principal Place of Business		City	Stat	e Zip	Code(Plus 4)	Descri	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			То:	<u>11/27/2006</u>			
				DATE			AMOUNT			
To Whom Paid				DAY	YEAR					
Godshall for Legislature Committee			мо							
Mailing Address			10	26	2006	\$	100.00			
City Souderton	State	Zip Code (Plus 4)	Description of Expenditure							
	РА	18964	Robert	Godshall, S	STATE HO	DUSE 53rd	PA			
To Whom Paid				DAY	YEAR					
Committee to Re-Elect John Taylor										
Mailing Address			10	26	2006	\$	500.00			
City Philadelphia	Philadelphia State Zip Code (Plus 4) Description of Exp				enditure	•				
PA 19107				John Taylor, STATE HOUSE 177th PA						
To Whom Paid			мо	DAY	YEAR					
Friends of Connie WIlliams										
Mailing Address			10	26	2006	\$	500.00			
City Haverford	State	Zip Code (Plus 4)	Description of Expenditure							
	РА	190410021	Connie Williams, STATE SENATE 17th PA							
To Whom Paid			мо	DAY	YEAR					
Sue Helm for State House Committee										
Mailing Address			10	26	2006	\$	250.00			
City Harrisburg	State	Zip Code (Plus 4)	Descrip	Description of Expenditure						
	РА	17112	Sue He	Sue Helm, STATE HOUSE 104th PA						
To Whom Paid				DAY	YEAR					
Friends of George Kenney			мо							
Mailing Address			10	31	2006	\$	2,000.00			
City Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure							
	PA	19116	George	George Kenney, STATE HOUSE 170th PA						
To Whom Paid				DAY	YEAR					
Commerce Bank-PA										
Mailing Address				20	2006	\$	7.00			
City Harrisburg	State	Zip Code (Plus 4)	Descrip	Description of Expenditure						
РА				Nov 2006 bank fees						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL			
Enter Grand Total of Expend	aitures on Page 1, R	eport Cover Page, Item	υ.			\$	3,357.00			
						1				