### **Campaign Finance Report**

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

Filer Identificati Number :	on 7900	364				port		CAND	DATE		СОМ	4ITTEE	✓	LOBE	SYIST	
Name of Filing C	Committee, Candida	ate or Lo	obbyist:		Hos	spita	l & He	althsyst	em Ass	oc of	PA PA	C (HAPA	C)			
Street Address:	4750 LINDLE	RD PO I	BX 8600													
City:	HARRISBURG							State:	PA			Zip Cod	le: 17	7105-8	600	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		POST-	3.		AMENDM REPORT?		Yes	No	<b>~</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	y pri	≣-	5.	30 DA		POST-	6. <b>X</b>		TERMINA REPORT?		Yes	No	<b>~</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2006					NG METH CHECK O				PAPER		<b>/</b>	DISKE	ГТЕ
Name of Office S	Sought by Candidat	te:	•					DATE C	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
	,							МО	DAY	YE	AR	Number	code			Code
								11		7	2006		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY	
Expenditures	from:		1 1		1	Т	0	11		27	2006					
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			11,3	390.57					
B. Total Monet	ary Contributions A	And Rec	eipts (From	Sche	dule	e I)	\$			102,4	155.98					
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			113,8	346.55					
D. Total Expen	ditures (From Sch	edule II	I)				\$			3,3	357.00					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$		:	110,4	89.55					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II	I)	\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	<b>'</b> )			\$				0.00			•		
				AFF	IDA	AVI	T SE	CTION								
PART I - If this is	s a Committee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate r	eport, d	candi	date sig	ın here.				
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	e attached sc	hedule	s file	ed on	paper	or by elect	tronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , true
Sworn to and subs	cribed before me this day of	;	20							S	ignature	of Perso	n Submit	ting Rep	ort	
							- -					Prin	ted Name	e		
My Commission Ex	Signatu pires	re							-			Ema	il			
	мо	D	AY	YR			-		Are	ea Cod	le		e Telepi	none Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of m	ny knowle	edge and beli	ef this	poli	itical	comm	ittee has r	not viola	ted an	y provisi	ions of the	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc	ribed before me this								-		Si	ignature o	of Candid	ate		
	day of						_					Drint-	d Name			
	Signature						-					Printe	d Name			
My Commission Exp	<del>-</del>											Ema	il			
	мо	D	AY	YR	ł		-		Area	Code		Da	aytime T	elephon	e Numbe	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

	1		
Name of Filing Committee or Candidate	Reporting Period		
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	From:	То:	11/27/2006
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			
TOTAL for the Reporting	g Period (1)	\$	890.40
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)		\$	3,750.00
TOTAL for the Reporting	g 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
All Other Contributions (Part D)		\$	93,820.00
TOTAL for the Reporting	g Period (3)	\$	93,820.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)			
TOTAL for the Reporting	g Period (4)	\$	3,995.58
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa		\$	102,455.98

#### **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	е	R	eporting	Period			
		F	rom:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	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 Candidate				eporting Period					
Hospital & Healthsystem Asso	oc of PA PAC (HAPAC)		From:		To	): <u>11/27/</u>	<u> 2006</u>		
				DATE		AMOUNT			
Full Name of Contributor			мо	DAY	YEAR				
Dr. Sook Hee Yoo MD									
Mailing Address 1530 Sweet	oriar Road					\$	90.00		
<b>City</b> Gladwyne	<b>State</b> PA	<b>Zip Code (Plus 4</b> 190351217	11	27	2006				
Full Name of Contributor  Marilyn Rivers	<u></u>	<u>'</u>	мо	DAY	YEAR				
·	Airy Avenue					\$	135.00		
<b>City</b> Philadelphia	State PA	<b>Zip Code (Plus 4</b> 191193329	11	27	2006				
Full Name of Contributor			МО	DAY	YEAR				
Mr. Richard Montalbano									
Mailing Address 1200 Old Yo		7in Code (Plus 4	11	27	2006	\$	135.00		
<b>City</b> Abington	State PA	<b>Zip Code (Plus 4</b> 190013788	,   11	27	2000				
Full Name of Contributor Richard H. Fine	•		мо	DAY	YEAR				
Mailing Address 2 Emerald (	Court					\$	90.00		
City Princeton Jct	State NJ	<b>Zip Code (Plus 4</b> 085505229	11	27	2006	,	90.00		
	143	003303223							
Full Name of Contributor  Ms. Sharon A. Bergen			МО	DAY	YEAR				
Mailing Address 4200 Monur	ment Road					\$	90.00		
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4</b> 191311689	11	27	2006				
Full Name of Contributor	•	•		Day	VEAD	-			
Mr. Arnold Katz			МО	DAY	YEAR				
Mailing Address 1270 Round	l Hill Road					\$	135.00		
<b>City</b> Bryn Mawr	<b>State</b> PA	<b>Zip Code (Plus 4</b> 190101950	11	27	2006				

Full Na	ame of Contributor			мо	DAY	YEAR	
Jacob	Agris						
Mailing	g Address 202 Bay Mist Driv	e		_			\$ 90.00
City	Erie	State	Zip Code (Plus 4)	11	27	2006	
		PA	165055445				
Full Na	ame of Contributor			мо	DAY	YEAR	
Thoma	as Howard MD						
Mailing	g Address 14 Holly Court			_			\$ 90.00
City	Hanover	State	Zip Code (Plus 4)	11	15	2006	
		PA	173311348				
Full Na	ame of Contributor			МО	DAY	YEAR	
Ms. Na	ancy J. Magee			МО	DAY	YEAK	
Mailing	g Address 2000 Mary Street						\$ 200.00
City	Pittsburgh	State	Zip Code (Plus 4)	11	15	2006	
		PA	152032095				
Full Na	ame of Contributor	•	•				
Ms. Ca	atherine Cannon			МО	DAY	YEAR	
Mailing	g Address 2000 Mary Street						\$ 100.00
City	Pittsburgh	State	Zip Code (Plus 4)	11	15	2006	
-	<b>J</b>	PA	152032095				
Eull Na	ame of Contributor						
	a B. Adomaitis			МО	DAY	YEAR	
	g Address 101 kendall lane						\$ 100.00
City	Bethel Park	State	Zip Code (Plus 4)	11	15	2006	100.00
City	Detrier Faik	PA	151021664			2000	
Full Na	ame of Contributor	1					
	Daniel Weber			МО	DAY	YEAR	
	g Address 45 Laurel Drive						<b>\$</b> 135.00
	Hanover	State	Zip Code (Plus 4)	11	15	2006	133.00
,		PA	173319457				
E. II Na	ame of Contributor	1					
	A. Savage			МО	DAY	YEAR	
	g Address 1213 Luscomb La	ne					\$ 200.00
City	Dravosburg	State	Zip Code (Plus 4)	11	15	2006	
-		PA	150341032				
Full Na	ame of Contributor	I	<u> </u>				
Ms. Su				МО	DAY	YEAR	
	g Address 2000 Mary St						\$ 100.00
City	Pittsburgh	State	Zip Code (Plus 4)	11	15	2006	100.00
City	rictsburgii	PA	152032095			2000	
Full Na	ame of Contributor	1	1 2002000				<u> </u>
	illiam J. Miller			МО	DAY	YEAR	
	g Address 2000 Mary St						<b>\$</b> 100.00
City	Pittsburgh	State	Zip Code (Plus 4)	11	15	2006	100.00
,	i icabai gii	PA	152032095				
		1'7	132032033	I	I		I

Full N	ame of Contributor			мо	DAY	YEAR	
Rober	t J. Reichlin						
Mailin	g Address 41 Conshohocken	State Road		_			\$ 90.00
City	Bala Cynwyd	State	Zip Code (Plus 4)	11	9	2006	
		PA	190042419				
Full N	ame of Contributor			мо	DAY	YEAR	
Alan E	Borislow						
Mailin	g Address 5501 Old York Ro	ad					\$ 90.00
City	Philadelphia	State	Zip Code (Plus 4)	11	9	2006	
		PA	191413018				
Full N	ame of Contributor			мо	DAY	YEAR	
Rober	t Webb			140	DAI	ILAK	
Mailin	g Address 580 Carlisle Stree	t, 2nd Floor P.O. E	Box 67				\$ 90.00
City	Hanover	State	Zip Code (Plus 4)	11	9	2006	
		PA	173312106				
Full N	ame of Contributor	•	•		DAY	VEAD	
Denis	e F. O'Donnell			МО	DAY	YEAR	
Mailin	g Address 101 Nicholus Cou	rt					<b>\$</b> 135.00
City	Chalfont	State	Zip Code (Plus 4)	11	9	2006	
		PA	189142524				
Full N	ame of Contributor	•	•				
Hank	Simms			МО	DAY	YEAR	
Mailin	g Address 1823 Old Gulph R	d					<b>\$</b> 225.00
City	Villanova	State	Zip Code (Plus 4)	11	9	2006	
		PA	190852028				
Full N	ame of Contributor	•					
S. Ty	Steinberg			МО	DAY	YEAR	
	g Address 171 Linden Drive						\$ 90.00
City	Elkins Park	State	Zip Code (Plus 4)	11	9	2006	
		PA	190271349				
Full N	ame of Contributor					\	
Frank	James MD			МО	DAY	YEAR	
Mailin	g Address 610 Chatham Stre	eet					\$ 180.00
City	Blue Bell	State	Zip Code (Plus 4)	11	9	2006	
		PA	194222905				
Full N	ame of Contributor				DAY	VESS	
Ms Ca	rol Irvine			МО	DAY	YEAR	
Mailin	g Address 5501 Old York Ro	ad				İ	<b>\$</b> 225.00
City	Philadelphia	State	Zip Code (Plus 4)	11	9	2006	
	·	PA	191413018				
Full N	ame of Contributor	•	•	l wa	DAY	VESS	
Mrs. L	Lynne G. Riley			МО	DAY	YEAR	
	<b>g Address</b> 500 Blythe Avenu	e					\$ 100.00
City	Drexel Hill	State	Zip Code (Plus 4)	11	9	2006	
		PA	190265216				
		!	!	•			1

Full Name of Contributor			мо	DAY	YEAR		
Ms. Susan E. Phillips							
Mailing Address 246	John Morgan Building 3620 Ham	nilton Walk				\$	250.00
<b>City</b> Philadelphia	State	Zip Code (Plus 4)	10	30	2006		
	PA	191046110					
Full Name of Contributor			мо	DAY	YEAR		
Mr. Garry L. Scheib			1-10	אלו	ILAK		
Mailing Address 1 Co	onvention Ave., Penn Tower Suite	201				\$	250.00
<b>City</b> Philadelphia	State	Zip Code (Plus 4)	10	30	2006		
	PA	191044208					
Full Name of Contributor			мо	DAY	YEAR		
Phyllis Mowery			1-10	אלו	ILAK		
Mailing Address 284	9 Vista Circle					\$	125.00
			1			Ψ	135.00
City Camp Hill	State	Zip Code (Plus 4)	10	26	2006	Ψ	135.00
City Camp Hill	State PA	<b>Zip Code (Plus 4)</b> 170111636	10	26	2006	Ψ	135.00
City Camp Hill  Full Name of Contributor	PA	, , ,				*	135.00
	PA	, , ,	10 MO	26 DAY	2006 YEAR	¥	135.00
Full Name of Contributor Douglas Danko	PA	, , ,				\$	100.00
Full Name of Contributor Douglas Danko	PA	, , ,					

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

**PAGE TOTAL \$** 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		ı	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 TOTA	L
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	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.

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

Name of Filing Committee or Candidate			Rep	orting Pe	riod			
Hospital & Healthsystem Assoc of PA PA	AC (HAPAC)		Fro	m:		То	:	11/27/2006
			•	D/	ATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		00.000.00
Mr. Victor L. Johnson				1-10	DAI	ILAK	\$	90,000.00
Mailing Address Hidden Glen 1585 V	Warner Road			11	27	2006		
<b>City</b> Meadowbrook	State	Zip	Code (Plus 4)					
	PA	19	046					
Employer Name				Occupat	ion -	Trustee		
Employer Mailing Address/Principal Plac	e of Business		City		State		Zip Co	ode (Plus 4)
	Meadowbrook  State PA  19046  PA			_	<u> </u>		_	
Full Name of Contributor				мо	DAY	YEAR	\$	450.00
Dr. Arnold W. Cohen MD								150.00
		_		11	27	2006		
City Cherry Hill	State	Zip	Code (Plus 4)					
	NJ I	08	0032915				l	
<b>Employer Name</b> Albert Einstein Medica	l Center			Occupat	ion	Physicia	n	
Employer Mailing Address/Principal Plac	e of Business		City		State		Zip Co	ode (Plus 4)
5501 Old York Road			Philadelphia		PA		1914	13018
Full Name of Contributor				МО	DAY	VEAD		
Mr. Berton Korman				МО	DAY	YEAR	<b>\$</b>	450.00
Mailing Address Korman Residental I Interplex	Properties, Inc Two	Nes	haminy	11	9	2006		
City Trevose	State	Zip	Code (Plus 4)	1				
	PA	19	047				•	
Employer Name Albert Einstein Healtho	care Network			Occupat	ion			
Employer Mailing Address/Principal Plac	e of Business		City		State		Zip Co	ode (Plus 4)
5501 Old York Road			Philadelphia		PA		1914	13018
Full Name of Contributor								
Dr. Matilde Irigoyen MD				МО	DAY	YEAR	<b> </b> \$	270.00
Mailing Address 8 Redbud Lane				11	9	2006		
<b>City</b> Blauvelt	State	Zip	Code (Plus 4)	] ''	9	2000		
	NY	10	9131417					
Employer Name Albert Einstein Medica	l Center			Occupat	ion			
Francisco Mailing Address (Driveins) Disc								
Employer Mailing Address/Principal Plac	e of Business		City		State		Zip Co	ode (Plus 4)

Full Name of Contributor			мо	DAY	YEAR	<b>\$</b>	450.00
Mr. Fred E. Braemer						<u> </u>	.55.55
Mailing Address 1500 Melrose Aven	T T		11	9	2006		
City Elkins Park		ip Code (Plus 4)					
	PA	90273157			l	<u> </u>	
Employer Name N/A		1	Occupat	ion	Retired		
Employer Mailing Address/Principal Plac	ce of Business	City		State		Zip Code (Plu	s 4)
Full Name of Contributor			мо	DAY	YEAR	\$	500.00
Dr. Joseph G. Cacchione MD						<u> </u>	200.00
Mailing Address 5740 Hickory Knoll		da Cada (Blass 4)	11	9	2006		
<b>City</b> Fairview		ip Code (Plus 4)					
	· · · · · · · · · · · · · · · · · · ·	.64153246		-	l	ı	
Employer Name Saint Vincent Health		1	Occupat	1	Senior \	/ice President	
Employer Mailing Address/Principal Plac	ce of Business	City		State		Zip Code (Plu	s 4)
232 West 25th Street		Erie		PA		165440001	
Full Name of Contributor			МО	DAY	YEAR		250.00
Ms. Linda J. Grass			140	DAI	ILAK	\$	350.00
Mailing Address 7600 Central Avenu	ıe		11	9	2006		
<b>City</b> Philadelphia	State Z	ip Code (Plus 4)			2000		
	PA 1	91112442					
Employer Name Jeanes Hospital			Occupat	ion	Executiv	e Director & C	Chie
Employer Mailing Address/Principal Plac	ce of Business	City		State		Zip Code (Plu	s 4)
7600 Central Avenue		Philadelphia		PA		191112442	
Full Name of Contributor							
			МО	DAY	YEAR	\$	450.00
Mr. Barry R. Freedman  Mailing Address 5501 Old York Road	1					4	450.00
Mr. Barry R. Freedman		ip Code (Plus 4)	<b>MO</b>	<b>DAY</b> 9	<b>YEAR</b> 2006	4	450.00
Mr. Barry R. Freedman  Mailing Address 5501 Old York Road	State Z	(ip Code (Plus 4)				4	450.00
Mr. Barry R. Freedman  Mailing Address 5501 Old York Road	State Z PA 1			9	2006	4	
Mr. Barry R. Freedman  Mailing Address 5501 Old York Road  City Philadelphia	State Z PA 1 al Center		- 11	9	2006		kecu
Mr. Barry R. Freedman  Mailing Address 5501 Old York Road  City Philadelphia  Employer Name Albert Einstein Medica	State Z PA 1 al Center	91413018  City	- 11	9 tion	2006	nt and Chief Ex	kecu
Mr. Barry R. Freedman  Mailing Address 5501 Old York Road  City Philadelphia  Employer Name Albert Einstein Medica  Employer Mailing Address/Principal Place 5501 Old York Road	State Z PA 1 al Center	91413018	- 11	9 State	2006	nt and Chief Ex	kecu
Mr. Barry R. Freedman  Mailing Address 5501 Old York Road  City Philadelphia  Employer Name Albert Einstein Medica  Employer Mailing Address/Principal Place 5501 Old York Road  Full Name of Contributor	State Z PA 1 al Center	91413018  City	- 11	9 State	2006	nt and Chief Ex	kecu
Mr. Barry R. Freedman  Mailing Address 5501 Old York Road  City Philadelphia  Employer Name Albert Einstein Medica  Employer Mailing Address/Principal Place 5501 Old York Road  Full Name of Contributor  Mr. Bruce M. Bartels	State Z PA 1 al Center ce of Business	91413018  City	Occupat	9 State PA DAY	2006 Presider	and Chief Exit Code (Plu 191413018	kecu s 4)
Mr. Barry R. Freedman  Mailing Address 5501 Old York Road  City Philadelphia  Employer Name Albert Einstein Medica  Employer Mailing Address/Principal Place  5501 Old York Road  Full Name of Contributor  Mr. Bruce M. Bartels  Mailing Address 45 Monument Road	State Z PA 1 al Center ce of Business Suite 200	91413018  City Philadelphia	Occupat	9 State PA	2006 Presider	and Chief Exit Code (Plu 191413018	kecu s 4)
Mr. Barry R. Freedman  Mailing Address 5501 Old York Road  City Philadelphia  Employer Name Albert Einstein Medica  Employer Mailing Address/Principal Place 5501 Old York Road  Full Name of Contributor  Mr. Bruce M. Bartels	State Z PA 1	91413018  City Philadelphia	Occupat	9 State PA DAY	2006 Presider	and Chief Exit Code (Plu 191413018	kecu s 4)
Mr. Barry R. Freedman  Mailing Address 5501 Old York Road  City Philadelphia  Employer Name Albert Einstein Medica  Employer Mailing Address/Principal Place 5501 Old York Road  Full Name of Contributor  Mr. Bruce M. Bartels  Mailing Address 45 Monument Road  City York	State Z PA 1	91413018  City Philadelphia	— 11 Occupat	9 State PA DAY	2006 Presider  YEAR  2006	zip Code (Plu 191413018	450.00
Mr. Barry R. Freedman  Mailing Address 5501 Old York Road  City Philadelphia  Employer Name Albert Einstein Medica  Employer Mailing Address/Principal Place  5501 Old York Road  Full Name of Contributor  Mr. Bruce M. Bartels  Mailing Address 45 Monument Road  City York  Employer Name WellSpan Health	State Z PA 1	91413018  City Philadelphia  Sip Code (Plus 4) 74035070	Occupat	9 State PA DAY 30	2006 Presider  YEAR  2006	ant and Chief Example 2 to 2 t	450.00
Mr. Barry R. Freedman  Mailing Address 5501 Old York Road  City Philadelphia  Employer Name Albert Einstein Medica  Employer Mailing Address/Principal Place  5501 Old York Road  Full Name of Contributor  Mr. Bruce M. Bartels  Mailing Address 45 Monument Road  City York  Employer Name WellSpan Health  Employer Mailing Address/Principal Place	State Z PA 1	City Philadelphia  Cip Code (Plus 4) 74035070  City	— 11 Occupat	9 State PA DAY 30 State	2006 Presider  YEAR  2006	t and Chief Expendicular and Chief Expendicular and Chief Execution Chief Exec	450.00
Mr. Barry R. Freedman  Mailing Address 5501 Old York Road  City Philadelphia  Employer Name Albert Einstein Medica  Employer Mailing Address/Principal Place 5501 Old York Road  Full Name of Contributor  Mr. Bruce M. Bartels  Mailing Address 45 Monument Road  City York  Employer Name WellSpan Health  Employer Mailing Address/Principal Place 45 Monument Road, Suite 200	State Z PA 1	91413018  City Philadelphia  Sip Code (Plus 4) 74035070	— 11 Occupat	9 State PA DAY 30	2006 Presider  YEAR  2006	ant and Chief Example 2 to 2 t	450.00
Mr. Barry R. Freedman  Mailing Address 5501 Old York Road  City Philadelphia  Employer Name Albert Einstein Medica  Employer Mailing Address/Principal Place  5501 Old York Road  Full Name of Contributor  Mr. Bruce M. Bartels  Mailing Address 45 Monument Road  City York  Employer Name WellSpan Health  Employer Mailing Address/Principal Place  45 Monument Road, Suite 200  Full Name of Contributor	State Z PA 1	City Philadelphia  Cip Code (Plus 4) 74035070  City	— 11 Occupat	9 State PA DAY 30 State	2006 Presider  YEAR  2006	t and Chief Expendicular and Chief Expendicular and Chief Execution Chief Exec	450.00
Mr. Barry R. Freedman  Mailing Address 5501 Old York Road  City Philadelphia  Employer Name Albert Einstein Medica  Employer Mailing Address/Principal Place 5501 Old York Road  Full Name of Contributor  Mr. Bruce M. Bartels  Mailing Address 45 Monument Road  City York  Employer Name WellSpan Health  Employer Mailing Address/Principal Place 45 Monument Road, Suite 200  Full Name of Contributor  Sr Ricarda Vincent	State Z PA 1  al Center ce of Business  Suite 200 State Z PA 1  ce of Business	City Philadelphia  Cip Code (Plus 4) 74035070  City	MO 10 Occupat	9 State PA DAY 30 State PA	2006 Presider  YEAR  2006 Presider	st and Chief Execution to a Ch	450.00  cuti s 4)
Mr. Barry R. Freedman  Mailing Address 5501 Old York Road  City Philadelphia  Employer Name Albert Einstein Medica Employer Mailing Address/Principal Place 5501 Old York Road  Full Name of Contributor Mr. Bruce M. Bartels  Mailing Address 45 Monument Road City York  Employer Name WellSpan Health Employer Mailing Address/Principal Place 45 Monument Road, Suite 200  Full Name of Contributor Sr Ricarda Vincent  Mailing Address 5031 West Ridge Re	State Z PA 1  al Center ce of Business  Suite 200 State Z PA 1  ce of Business	City Philadelphia  Cip Code (Plus 4) 74035070  City York	MO 10 Occupat	9 State PA DAY 30 State PA	2006 Presider  YEAR  2006 Presider	t and Chief Exercise Code (Plus 191413018)  \$ table & Chief Exercise Code (Plus 174035071)  \$ table & Chief Exercise Code (Plus 174035071)	450.00  cuti s 4)
Mr. Barry R. Freedman  Mailing Address 5501 Old York Road  City Philadelphia  Employer Name Albert Einstein Medica  Employer Mailing Address/Principal Place 5501 Old York Road  Full Name of Contributor  Mr. Bruce M. Bartels  Mailing Address 45 Monument Road  City York  Employer Name WellSpan Health  Employer Mailing Address/Principal Place 45 Monument Road, Suite 200  Full Name of Contributor  Sr Ricarda Vincent	State Z PA 1	City Philadelphia  Cip Code (Plus 4) 74035070  City York	MO 10 Occupat	9 State PA  DAY  30 State PA  DAY	2006  Presider  YEAR  2006  Presider	t and Chief Exercise Code (Plus 191413018)  \$ table & Chief Exercise Code (Plus 174035071)  \$ table & Chief Exercise Code (Plus 174035071)	450.00  cuti s 4)
Mr. Barry R. Freedman  Mailing Address 5501 Old York Road  City Philadelphia  Employer Name Albert Einstein Medica Employer Mailing Address/Principal Place 5501 Old York Road  Full Name of Contributor Mr. Bruce M. Bartels  Mailing Address 45 Monument Road City York  Employer Name WellSpan Health Employer Mailing Address/Principal Place 45 Monument Road, Suite 200  Full Name of Contributor Sr Ricarda Vincent  Mailing Address 5031 West Ridge Received.	State Z PA 1  al Center ce of Business  Suite 200 State Z PA 1  ce of Business  State Z PA 1	City Philadelphia  Cip Code (Plus 4) 74035070  City York	MO	9 State PA  DAY  30 State PA  DAY  A  DAY  26	2006  Presider  YEAR  2006  Presider	t and Chief Exercise Code (Plus 191413018)  \$ table & Chief Exercise Code (Plus 174035071)  \$ table & Chief Exercise Code (Plus 174035071)	450.00  cuti s 4)
Mr. Barry R. Freedman  Mailing Address 5501 Old York Road  City Philadelphia  Employer Name Albert Einstein Medica  Employer Mailing Address/Principal Place  5501 Old York Road  Full Name of Contributor  Mr. Bruce M. Bartels  Mailing Address 45 Monument Road  City York  Employer Name WellSpan Health  Employer Mailing Address/Principal Place  45 Monument Road, Suite 200  Full Name of Contributor  Sr Ricarda Vincent  Mailing Address 5031 West Ridge Received  City Erie  Employer Name Saint Vincent Health	State Z PA 1  All Center Ce of Business  Suite 200  State Z PA 1  Ce of Business  Calcal Center Z PA 1  Ce of Business	City Philadelphia  City Philadelphia  Cip Code (Plus 4) City York  City York	MO 10 Occupat	9 State PA DAY 30 State PA DAY 26	2006 Presider 2006 Presider	t and Chief Exercise State of the Chief Exercise Code (Plus 191413018)  \$ table Chief Exercise Cip Code (Plus 174035071)  \$ table Chief Exercise Cip Code (Plus 174035071)	450.00  cuti s 4)
Mr. Barry R. Freedman  Mailing Address 5501 Old York Road  City Philadelphia  Employer Name Albert Einstein Medica Employer Mailing Address/Principal Place 5501 Old York Road  Full Name of Contributor Mr. Bruce M. Bartels  Mailing Address 45 Monument Road  City York  Employer Name WellSpan Health Employer Mailing Address/Principal Place 45 Monument Road, Suite 200  Full Name of Contributor Sr Ricarda Vincent  Mailing Address 5031 West Ridge Received.	State Z PA 1  All Center Ce of Business  Suite 200  State Z PA 1  Ce of Business  Calcal Center Z PA 1  Ce of Business	City Philadelphia  Cip Code (Plus 4) 74035070  City York	MO	9 State PA  DAY  30 State PA  DAY  A  DAY  26	2006 Presider 2006 Presider	t and Chief Exercise Code (Plus 191413018)  \$ table & Chief Exercise Code (Plus 174035071)  \$ table & Chief Exercise Code (Plus 174035071)	450.00  cuti s 4)

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

PAGE TOTAL

93,820.00

\$

## 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			Report	ing Perio	od			
Hospital & Healthsystem Assoc of PA PA	AC (HAPAC)		From:			То:		11/27/2006
				D	ATE			AMOUNT
Full Name								
Commerce Bank-PA				МО	DAY	YEAR	\$	85.53
Mailing Address				11	7	2006		
City Harrisburg	State	Zip Code (	Plus 4)		ĺ ,	2000		
	PA							
Receipt Description October 2006 into	terest income	!			l		•	
Full Name					DAY	VEAD		110.05
Commerce Bank-PA				МО	DAY	YEAR	\$	110.05
Mailing Address		_		11	7	2006		
<b>City</b> Harrisburg	State	Zip Code (	Plus 4)					
	PA							
Receipt Description October 2006 int	terest income						•	
Full Name					DAY	VEAD		2.500.00
Citizens for Sam Smith				МО	DAY	YEAR	\$	2,500.00
Mailing Address 211 Dinsmore Avenue	9			11	21	2006		
<b>City</b> Punxsutawney	State	Zip Code (	Plus 4)					
	PA	15767						
Receipt Description Void - Citizens for	or Sam Smith				•			
Full Name				мо	DAY	YEAR		200.00
Committee to Elect John Wozniak				МО	DAT	TEAR	\$	300.00
Mailing Address P.O. Box 545				11	21	2006	İ	
<b>City</b> Harrisburg	State	Zip Code (	Plus 4)					
	PA	17108						
Receipt Description Void - Committee	e to Elect John Wozni	ak						
Full Name				мо	DAY	YEAR	,	1,000.00
Committee to Elect Bryan Lentz				МО	DAT	TEAR	\$	1,000.00
Mailing Address P.O. Box 347				11	21	2006		
<b>City</b> Swarthmore	State	Zip Code (	Plus 4)					
	PA	19081034	7				<u> </u>	
Receipt Description Void - Committe	e to Elect Bryan Lentz	2						

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

**PAGE TOTAL \$** 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:	То:	<u>11/27/2006</u>
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				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 Schedule II, In-Kind Contributions Detailed Summary Page,				ge,	PAGE TOTAL				
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)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	Contributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.	,									0.00

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period							
Hospital & Healthsystem A	ssoc of PA PAC (HAPAC)		From			То:	11/27/2006			
				DATE			AMOUNT			
To Whom Paid			МО	DAY	YEAR					
Godshall for Legislature Co	mmittee		1-10							
Mailing Address 316 Go	dshall Road		10	26	2006	\$	100.00			
City Souderton	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	PA	18964	Robert (	Godshall, S	STATE HO	USE 53rd	i PA			
<b>To Whom Paid</b> Committee to Re-Elect Joh	n Taylor		МО	DAY	YEAR					
Mailing Address 1205 Lo	cust Street Suite 100		10	26	2006	\$	500.00			
<b>City</b> Philadelphia	State	Zip Code (Plus 4)	Descrip <sup>t</sup>	l tion of Exp	L enditure	<u> </u>				
PA 19107				John Taylor, STATE HOUSE 177th PA						
To Whom Paid	•									
Friends of Connie WIlliams			МО	DAY	YEAR					
Mailing Address P.O. Box 21			10	26	2006	\$	500.00			
City Haverford State Zip Code (Plus 4)			Description of Expenditure							
	PA	190410021	Connie '	Williams, S	STATE SE	NATE 17t	h PA			
To Whom Paid			МО	DAY	YEAR					
Sue Helm for State House	Committee		140		TEAR					
Mailing Address 3537 At	hena Avenue		10	26	2006	\$	250.00			
<b>City</b> Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	PA	17112	Sue Hel	m, STATE	HOUSE 1	.04th PA				
To Whom Paid			МО	DAY	YEAR					
Friends of George Kenney			MO	DAT	ILAK					
Mailing Address 13420	Priestly Street		10	31	2006	\$	2,000.00			
<b>City</b> Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	ı				
	PA	19116	George	Kenney, S	TATE HO	USE 170t	h PA			
To Whom Paid			МО	DAY	YEAR					
Commerce Bank-PA			1-10		LAIN					
Mailing Address			11	20	2006	\$	7.00			
			+							
<b>City</b> Harrisburg	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure					

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

3,357.00