### **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 :   | on 7900                         | 0364        |                        |        |        | port<br>ed B                |                | CANDI                     | NDIDATE COMMITTEE V LOBBY |              |            |                    |                            | BYIST    |           |          |          |
|--|---------------------------------|-------------|------------------------|--------|--------|-----------------------------|----------------|---------------------------|---------------------------|--------------|------------|--------------------|----------------------------|----------|-----------|----------|----------|
| Name of Filing Committee, Candidate or Lobbyist: Hospital & Healthsystem Assoc of PA PAC (HAPAC) |                                 |             |                        |        |        |                             |                |                           |                           |              |            |                    |                            |          |           |          |          |
| Street Address:  | 4750 LINDLE                     | RD PO       | BX 8600                |        |        |                             |                |                           |                           |              |            |                    |                            |          |           |          |          |
| City:  | HARRISBURG                      | ;<br>       |                        |        |        |                             |                | 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 |                           | POST-                     | 3.           |            | AMENDM<br>REPORT?  |                            | Yes      | No        |          | <b>/</b> |
| (place X to<br>the right of  | 6TH TUESDAY<br>PRE-ELECTION     | 4.          | 2ND FRIDAY<br>ELECTION | PRE    | ≣-     | 5.                          |                | D DAY POST- 6.<br>LECTION |                           |              |            |                    | TERMINATION Yes<br>REPORT? |          |           | •        | /        |
| report type)   | ANNUAL REPORT                   | 7. <b>X</b> | <b>Year</b> 2006       |        |        | FILING METHOD ( ) CHECK ONE |                |                           |                           | PAPER DISKET |            |                    | TTE                        |          |           |          |          |
| Name of Office S   | –<br>Sought by Candida          | ıte:        |                        |        |        |                             |                | DATE C                    | F ELE                     | CTIO         | N          | District<br>Number | Office<br>Code             | Par      | ty Code   | Coun     |          |
|  |                                 |             |                        |        |        |                             |                | МО                        | DAY                       | YE           | AR         |                    |                            | -        |           |          |          |
|  |                                 |             |                        |        |        |                             |                | 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   | s trom:                         |             | 1 1                    |        | 1      | Т                           | 0              | 12                        |                           | 31           | 2006       |                    |                            |          |           |          |          |
| A. Amount Bro  | ught Forward Fro                | m Last R    | eport                  |        |        |                             | \$             |                           |                           | 21,3         | 889.55     |                    |                            |          |           |          |          |
| B. Total Monet   | ary Contributions               | And Rec     | eipts (From            | Sche   | dule   | e I)                        | \$             |                           |                           | 20,1         | 104.92     |                    |                            |          |           |          |          |
| C. Total Funds   | Available (Sum O                | f Lines A   | and B)                 |        |        |                             | \$             |                           |                           | 41,4         | 194.47     |                    |                            |          |           |          |          |
| D. Total Expend  | ditures (From Sch               | edule II    | I)                     |        |        |                             | \$             |                           |                           | 6,2          | 24.90      |                    |                            |          |           |          |          |
| E. Ending Cash   | Balance (Subtrac                | t Line D    | From Line C            | )      |        |                             | \$             |                           |                           | 35,2         | 69.57      |                    |                            |          |           |          |          |
| F. Value Of In-  | Kind Contribution               | s Receiv    | ed (From Scl           | hedu   | le II  | I)                          | \$             |                           |                           |              | 0.00       |                    |                            |          |           |          |          |
| G. Unpaid Debt   | s And Obligations               | (From S     | Schedule IV)           |        |        |                             | \$             |                           |                           |              | 0.00       |                    |                            | 1        |           |          |          |
|  |                                 |             |                        | AFF    | ·ID/   | AVI                         | T SE           | CTION                     |                           |              |            |                    |                            |          |           |          |          |
| PART I - If this is  | s a Committee rep               | ort, trea   | surer sign h           | ere. I | If th  | nis is                      | a Can          | ndidate r                 | eport, o                  | candi        | date sig   | ın here.           |                            |          |           |          |          |
| I swear (or affirm) correct and comple   | ) that this report, inc<br>ete. | luding the  | attached sche          | edules | s file | ed on                       | paper (        | or by elect               | ronic m                   | edium        | , are to t | he best o          | f my kno                   | wledge   | and belie | ef , tru | 1e       |
| Sworn to and subs  | cribed before me thi<br>day of  | s           | 20                     |        |        |                             |                |                           |                           | S            | ignature   | of Perso           | n Submit                   | ting Rep | oort      |          | -        |
|  | Signati                         | ıre         |                        |        |        |                             | -              |                           |                           |              |            | Prin               | ted Name                   | е        |           |          | -        |
| My Commission Ex   | cpires                          |             |                        |        |        |                             | _              |                           |                           |              |            | Ema                | il                         |          |           |          | _        |
|  | мо                              | D.          | AY                     | YR     |        |                             |                |                           | Are                       | ea Cod       | le         | Daytim             | e Telepi                   | none Nu  | mber      |          |          |
| Part II- If this is  | a report of a can               | didate's    | authorized C           | Comn   | nitte  | ee, C                       | andida         | ate shall                 | sign he                   | ere.         |            |                    |                            |          |           |          |          |
| I swear (or affirm)<br>No 320) as amende   | that to the best of ed.         | ny knowle   | edge and belief        | f this | poli   | itical                      | commi          | ittee has r               | ot viola                  | ted an       | y provis   | ions of the        | e act of J                 | une 3,1  | 937 (P.L. | . 1333   | i,       |
| Sworn to and subsc   | ribed before me this<br>day of  |             | 20                     |        |        |                             |                |                           |                           |              | S          | ignature o         | of Candid                  | ate      |           |          | -        |
|  |                                 |             |                        |        |        |                             | -              |                           |                           |              |            | Printe             | d Name                     |          |           |          | -        |
| My Commission Exp  | Signature                       |             |                        |        |        |                             | _              |                           |                           |              |            | Ema                | il                         |          |           |          | -        |
|  |                                 |             |                        |        |        |                             | -              |                           |                           |              |            |                    |                            |          |           |          | -        |
|  | МО                              | D           | AY                     | YR     | 1      |                             |                |                           | Area                      | Code         |            | Da                 | aytime T                   | elephon  | e Numb    | 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: | 12/31/2006 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |                  |     |            |
| TOTAL for the Reporting  | g Period (1)     | \$  | 517.30     |
| 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)   |                  | \$  | 16,254.00  |
| TOTAL for the Reporting  | Period (2)       | \$  | 16,254.00  |
| 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)   |                  | \$  | 990.00     |
| TOTAL for the Reporting  | Period (3)       | \$  | 990.00     |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)  |                  |     |            |
| TOTAL for the Reporting  | g Period (4)     | \$  | 2,343.62   |
| 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 |                  | \$  | 20,104.92  |

#### **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 o    | Name of Filing Committee or Candidate |                   |       | Reporting Period |      |    |        |  |  |
|-------------------------------|---------------------------------------|-------------------|-------|------------------|------|----|--------|--|--|
|                               |                                       | F                 | From: |                  | То   | •  |        |  |  |
|                               |                                       | ·                 |       | DATE             |      |    | AMOUNT |  |  |
| Full Name of Contributing Con | nmittee                               |                   | 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 Candida | ite                 |                  | Reporti | ng Po | eriod |      |            |            |
|-----------|--------------------------------|---------------------|------------------|---------|-------|-------|------|------------|------------|
| Hospit    | al & Healthsystem Assoc of PA  | A PAC (HAPAC)       |                  | From:   |       |       | То   | <b>)</b> : | 12/31/2006 |
|           |                                |                     |                  |         |       | DATE  |      |            | AMOUNT     |
| Full Nam  | e of Contributor               |                     |                  | M       | 0     | DAY   | YEAR |            |            |
| Mrs. Mar  | ry Beth Kingston RN            |                     |                  |         |       |       |      |            |            |
| Mailing A | Address 5501 Old York Roa      | ad                  | _                |         |       |       |      | \$         | 90.00      |
| City P    | Philadelphia                   | State               | Zip Code (Plus 4 | )       | 12    | 31    | 2006 |            |            |
|           |                                | PA                  | 191413018        |         |       |       |      |            |            |
| Full Nam  | e of Contributor               |                     |                  | M       | 0     | DAY   | YEAR |            |            |
| Ms. Cher  | ri K. Rinehart                 |                     |                  |         |       | DAI   | ILAN |            |            |
| Mailing A | Address 4750 Lindle Road       | P.O. Box 8600       |                  |         |       |       |      | \$         | 27.00      |
| City ⊢    | Harrisburg                     | State               | Zip Code (Plus 4 | )       | 12    | 31    | 2006 |            |            |
|           |                                | PA                  | 171112451        |         |       |       |      |            |            |
| Full Nam  | e of Contributor               |                     |                  | М       |       | DAY   | YEAR |            |            |
| Dr. Micha | ael Buckley M.D.               |                     |                  |         | J     | DAY   | YEAK |            |            |
| Mailing A | Address 800 Spruce Street      |                     |                  |         |       |       |      | \$         | 135.00     |
| City P    | Philadelphia                   | State               | Zip Code (Plus 4 | )       | 12    | 31    | 2006 |            |            |
|           |                                | PA                  | 191076130        |         |       |       |      |            |            |
| Full Nam  | e of Contributor               | -                   | -                |         |       | 5.00  | w=45 |            |            |
| Mr. Josej | ph I. Morris                   |                     |                  | M       | 0     | DAY   | YEAR |            |            |
| Mailing A | Address 1835 Market Stree      | et 10 Floor         |                  |         |       |       |      | \$         | 45.00      |
| City P    | Philadelphia                   | State               | Zip Code (Plus 4 | )       | 12    | 31    | 2006 |            |            |
|           |                                | PA                  | 191032964        |         |       |       |      |            |            |
| Full Nam  | e of Contributor               | •                   | •                |         |       | 2.00  | w=45 |            |            |
| Robert E  | Greenwood                      |                     |                  | M       | o     | DAY   | YEAR |            |            |
| Mailing A | Address 4750 Lindle Road       | Post Office Box 860 | 0                |         |       |       |      | \$         | 45.00      |
| City ⊢    | Harrisburg                     | State               | Zip Code (Plus 4 | )       | 12    | 31    | 2006 |            |            |
|           |                                | PA                  | 171112451        |         |       |       |      |            |            |
| Full Nam  | e of Contributor               |                     |                  |         |       |       | V=45 |            |            |
| Ms. Julie | A. Kissinger                   |                     |                  | M       | U     | DAY   | YEAR |            |            |
| Mailing A | -                              | P.O. Box 8600       |                  |         |       |       |      | \$         | 45.00      |
| City      | Harrisburg                     | State               | Zip Code (Plus 4 | )       | 12    | 31    | 2006 |            |            |
| ·         | <u> </u>                       | PA                  | 171112451        |         |       | 1     |      | l          |            |

| Full N       | ame of Contributor           |          |                   | мо | DAY | YEAR |  |   |
|--------------|------------------------------|----------|-------------------|----|-----|------|--|---|
| Mr Ke        | nneth Levitan                |          |                   | MO | DAT | TEAR |  |   |
| Mailin       | g Address 5501 Old York Ro   | ad       |                   |    |     |      | \$   | 67.50                                   |
| City         | Philadelphia                 | State    | Zip Code (Plus 4) | 12 | 14  | 2006 |  |   |
|              |                              | PA       | 191413018         |    |     |      |  |   |
| Full N       | ame of Contributor           | •        | •                 | МО | DAY | YEAR |  |   |
| Dr. Va       | alorie Haves MD              |          |                   | МО | DAT | TEAR |  |   |
| Mailin       | g Address 60 Llanfair Circle |          |                   |    |     |      | \$   | 135.00                                  |
| City         | Ardmore                      | State    | Zip Code (Plus 4) | 12 | 14  | 2006 |  |   |
|              |                              | PA       | 190033342         |    |     |      |  |   |
| Full N       | ame of Contributor           | -        |                   |    |     |      |  |   |
| Mr Jol       | nn Finger                    |          |                   | МО | DAY | YEAR | 1  |   |
|              | g Address 5501 Old York Ro   | ad       |                   |    |     |      | <b> </b>                                       | 67.50                                   |
| City         | Philadelphia                 | State    | Zip Code (Plus 4) | 12 | 14  | 2006 |  |   |
|              |                              | PA       | 191413018         |    |     |      |  |   |
| Full N       | ame of Contributor           | •        | •                 |    |     |      |  |   |
| <br>  Mr Bri | an Derrick                   |          |                   | МО | DAY | YEAR |  |   |
| Mailin       | g Address 5501 Old York Ro   | ad       |                   |    |     |      | <b> </b>                                       | 135.00                                  |
| City         | Philadelphia                 | State    | Zip Code (Plus 4) | 12 | 14  | 2006 |  |   |
|              |                              | PA       | 191413018         |    |     |      |  |   |
| Full N       | ame of Contributor           | •        | •                 |    |     |      | <u>.                                      </u> |   |
|              | eorge E. Leonhardt CHE       |          |                   | МО | DAY | YEAR |  |   |
|              | g Address 116 Interstate Pa  | rkwav    |                   |    |     |      | \$   | 13,500.00                               |
| City         | Bradford                     | State    | Zip Code (Plus 4) | 12 | 14  | 2006 |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|              |                              | PA       | 167011097         |    |     |      |  |   |
| Full N       | ame of Contributor           | <u> </u> | <u> </u>          |    |     |      |  |   |
| Ms Ly        | nne Kornblatt                |          |                   | МО | DAY | YEAR | l  |   |
|              | g Address 5501 Old York Ro   | ad       |                   |    |     |      | \$   | 225.00                                  |
| City         | Philadelphia                 | State    | Zip Code (Plus 4) | 12 | 14  | 2006 |  |   |
|              |                              | PA       | 191413018         |    |     |      |  |   |
| Full N       | ame of Contributor           | •        |                   |    |     |      |  |   |
| Dr. Jo       | celyn Lluberes MD            |          |                   | МО | DAY | YEAR | 1  |   |
| Mailin       | g Address 4040 Presidential  | Blvd.    |                   |    |     |      | \$   | 135.00                                  |
| City         | Philadelphia                 | State    | Zip Code (Plus 4) | 12 | 14  | 2006 |  |   |
|              |                              | PA       | 191311727         |    |     |      |  |   |
| Full N       | ame of Contributor           | •        | •                 |    |     |      |  |   |
| Mrs. L       | uann Trainer                 |          |                   | МО | DAY | YEAR | 1  |   |
| Mailin       | g Address 106 Muirfield Cou  | rt       |                   |    |     |      | <b> </b>                                       | 135.00                                  |
| City         | Moorestown                   | State    | Zip Code (Plus 4) | 12 | 14  | 2006 |  |   |
|              |                              | NJ       | 080573954         |    |     |      |  |   |
| Full N       | ame of Contributor           | •        | ·                 |    |     |      |  |   |
|              | arc H. Zisselman MD          |          |                   | МО | DAY | YEAR | 1  |   |
|              | g Address 6 Tohopeka Lane    |          |                   |    |     |      | \$   | 135.00                                  |
| City         | Philadelphia                 | State    | Zip Code (Plus 4) | 12 | 14  | 2006 |  |   |
|              | ·                            | PA       | 191183825         |    |     |      |  |   |
|              |                              | 1        | 1                 |    |     | •    |  |   |

| Full N | ame of Contributor                  |        |                   | мо   | DAY | YEAR          |  |
|--------|-------------------------------------|--------|-------------------|------|-----|---------------|--|
| Barba  | ra A Carr ART                       |        |                   | МО   | DAT | TEAR          |  |
| Mailin | g Address 23 Grist Mill Cour        | t      |                   |      |     |               | <b>\$</b> 135.00                             |
| City   | Wilmington                          | State  | Zip Code (Plus 4) | 12   | 14  | 2006          |  |
|        |                                     | DE     | 198034900         |      |     |               |  |
| Full N | ame of Contributor                  | •      | •                 |      | DAY | VEAD          |  |
| Cynth  | ia A. DeGrandpre                    |        |                   | МО   | DAY | YEAR          |  |
| Mailin | g Address 5501 Old York Ro          | ad     |                   |      |     |               | <b>\$</b> 225.00                             |
| City   | Philadelphia                        | State  | Zip Code (Plus 4) | 12   | 14  | 2006          |  |
|        |                                     | PA     | 191413018         |      |     |               |  |
| Full N | ame of Contributor                  | !      | <u>'</u>          |      |     |               | <u> </u>                                     |
|        | Kraftsow-Kogan                      |        |                   | МО   | DAY | YEAR          |  |
|        | g Address 503 Cypress Stre          | <br>et |                   |      |     |               | \$ 90.00                                     |
| City   | Philadelphia                        | State  | Zip Code (Plus 4) | 12   | 14  | 2006          | 30.00  |
|        | Timadelpina                         | PA     | 191064103         |      |     |               |  |
|        |                                     | 1.7    |                   |      |     |               |  |
|        | ame of Contributor<br>chard Kleiman |        |                   | МО   | DAY | YEAR          |  |
|        |                                     |        |                   |      |     |               |  |
|        |                                     | State  | Zin Codo (Plus 4) | 12   | 14  | 2006          | \$ 90.00                                     |
| City   | Camp Hill                           | PA     | Zip Code (Plus 4) | 12   | 14  | 2000          |  |
|        |                                     | PA     | 170018910         |      |     |               | <u> </u>                                     |
|        | ame of Contributor                  |        |                   | мо   | DAY | YEAR          |  |
|        | Keiper                              |        |                   |      |     |               |  |
|        | g Address 4200 Monument I           |        |                   |      |     |               | \$ 90.00                                     |
| City   | Philadelphia                        | State  | Zip Code (Plus 4) | 12   | 14  | 2006          |  |
|        |                                     | PA     | 191311689         |      |     |               |  |
| Full N | ame of Contributor                  |        |                   | мо   | DAY | YEAR          |  |
| Mr. G  | erald Blaney                        |        |                   |      |     |               |  |
| Mailin | g Address 5501 Old York Ro          | ad     | •                 | _    |     |               | <b>\$</b> 135.00                             |
| City   | Philadelphia                        | State  | Zip Code (Plus 4) | 12   | 14  | 2006          |  |
|        |                                     | PA     | 191413018         |      |     |               |  |
| Full N | ame of Contributor                  |        |                   | мо   | DAY | YEAR          |  |
| Penny  | Rezet Esq.                          |        |                   | 1-10 | DAI | ILAK          |  |
| Mailin | g Address 5501 Old York Ro          | ad     |                   |      |     |               | <b>\$</b> 135.00                             |
| City   | Philadelphia                        | State  | Zip Code (Plus 4) | 12   | 14  | 2006          |  |
|        |                                     | PA     | 191413018         |      |     |               |  |
| Full N | ame of Contributor                  |        |                   |      |     | \ <del></del> |  |
| Leona  | ard Warren                          |        |                   | МО   | DAY | YEAR          |  |
| Mailin | g Address 5501 Old York Ro          | ad     |                   |      |     |               | <b>\$</b> 135.00                             |
| City   | Philadelphia                        | State  | Zip Code (Plus 4) | 12   | 14  | 2006          |  |
|        |                                     | PA     | 191413018         |      |     |               |  |
| Full N | ame of Contributor                  | •      | <u>'</u>          |      |     |               | <u>.                                    </u> |
|        | usan S. Beneman                     |        |                   | МО   | DAY | YEAR          |  |
|        | g Address 600 Wyndmoor A            | venue  |                   |      |     |               | <b>\$</b> 135.00                             |
| City   | Wyndmoor                            | State  | Zip Code (Plus 4) | 12   | 14  | 2006          |  |
|        | ,                                   | PA     | 190387951         |      |     |               |  |
|        |                                     | 1      |                   | 1    | l   | l             | ı  |

| Full Name of Contributor  |                                    |                                       | мо              | DAY | YEAR         |                      |
|---|------------------------------------|---------------------------------------|-----------------|-----|--------------|----------------------|
| Robert E Greenwood  |                                    |                                       |                 |     |              |                      |
| Mailing Address 4750  | Lindle Road Post Office Box 860    | 00                                    |                 |     |              | <b>\$</b> 45.00      |
| <b>City</b> Harrisburg  | State                              | Zip Code (Plus 4)                     | 12              | 14  | 2006         |                      |
|   | PA                                 | 171112451                             |                 |     |              |                      |
| Full Name of Contributor  |                                    |                                       | мо              | DAY | YEAR         |                      |
| Mr. Joseph I. Morris  |                                    |                                       | 110             | JA! | ILAK         |                      |
| Mailing Address 1835  | 5 Market Street 10 Floor           |                                       |                 |     |              | <b>\$</b> 45.00      |
| <b>City</b> Philadelphia  | State                              | Zip Code (Plus 4)                     | 12              | 14  | 2006         |                      |
|   | PA                                 | 191032964                             |                 |     |              |                      |
| Full Name of Contributor  |                                    |                                       | мо              | DAY | YEAR         |                      |
| Ms. Cheri K. Rinehart   |                                    |                                       | 1-10            | DA. | LAK          |                      |
|   |                                    |                                       |                 |     |              |                      |
| Mailing Address 4750  | Charle Lindle Road P.O. Box 8600   |                                       |                 |     |              | <b>\$</b> 27.00      |
| Mailing Address 4750 City Harrisburg                              | O Lindle Road P.O. Box 8600  State | Zip Code (Plus 4)                     | 12              | 14  | 2006         | \$ 27.00             |
|   |                                    | <b>Zip Code (Plus 4)</b><br>171112451 | 12              | 14  | 2006         | \$ 27.00             |
|   | State                              | 1                                     |                 |     |              | \$ 27.00             |
| <b>City</b> Harrisburg  | State                              | 1                                     | 12<br><b>MO</b> | 14  | 2006<br>YEAR | \$ 27.00             |
| City Harrisburg  Full Name of Contributor  Ms. Julie A. Kissinger | State                              | 1                                     |                 |     |              | \$ 27.00<br>\$ 45.00 |
| City Harrisburg  Full Name of Contributor  Ms. Julie A. Kissinger | State<br>PA                        | 1                                     |                 |     |              |                      |

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

**PAGE TOTAL \$** 16,254.00

#### **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 P   | AC (HAPAC)          |              | Froi       | m:        |       | То       | : <u>12</u>  | <u>/31/2006</u> |
|   |                     |              |            | D         | ATE   |          | AMOL         | JNT             |
| Full Name of Contributor                |                     |              |            | мо        | DAY   | YEAR     | \$           | 270.00          |
| Ms. Ruth Lefton                         |                     |              |            |           | 5/(1  | 12741    | _] *         | 270.00          |
| Mailing Address 1200 West Tabor R       | oad                 |              |            | 12        | 31    | 2006     |              |                 |
| <b>City</b> Philadelphia                | State               | Zip Code (Pl | ıs 4)      |           |       |          |              |                 |
|   | PA                  | 191413019    |            |           |       |          |              |                 |
| Employer Name Moss Rehab, Einstein      | at Elkins Park      |              |            | Occupa    | tion  | Chief Op | perating Off | icer            |
| Employer Mailing Address/Principal Plac | ce of Business      | City         |            |           | State |          | Zip Code (F  | Plus 4)         |
| 60 East Township Line Road              |                     | Elkins Pa    | ark        |           | PA    |          | 190272220    | )               |
| Full Name of Contributor                |                     |              |            | МО        | DAY   | YEAR     | \$           | 270.00          |
| Ms. A. Susan Bernini                    |                     |              |            |           |       |          | _  *         | 270.00          |
| Mailing Address 5501 Old York Road      |                     |              |            | 12        | 14    | 2006     |              |                 |
| <b>City</b> Philadelphia                | State               | Zip Code (Pl | ıs 4)      |           |       |          |              |                 |
|   | PA I                | 191413018    |            |           |       |          |              |                 |
| Employer Name Albert Einstein Medica    | al Center           |              |            | Occupa    | tion  | COO      |              |                 |
| Employer Mailing Address/Principal Plac | e of Business       | City         |            |           | State |          | Zip Code (F  | Plus 4)         |
| 5501 Old York Road                      |                     | Philadel     | hia        |           | PA    |          | 191413018    | 3               |
| Full Name of Contributor                |                     |              |            | l wa      | DAY   | VEAD     |              |                 |
| Richard J. Braemer                      |                     |              |            | МО        | DAY   | YEAR     | <b>\$</b>    | 450.00          |
| Mailing Address 8309 Stenton Aven       | ue                  |              |            | 12        | 14    | 2006     | 1            |                 |
| City Wyndmoor                           | State               | Zip Code (Pl | ıs 4)      | ]         | -     | 2000     |              |                 |
|   | PA                  | 190388428    |            |           |       |          |              |                 |
| Employer Name Semper Trust Co.          |                     |              |            | Occupa    | tion  | Presider | nt           |                 |
| Employer Mailing Address/Principal Plac | ce of Business      | City         |            |           | State |          | Zip Code (F  | Plus 4)         |
| Semper Trust Co.610 Germantown Pike     | 2                   | Plymout      | h Meetin   | ng        | PA    |          | 19462        |                 |
|   |                     | -            |            |           | -     |          | PAGE         | TOTAL           |
| Enter Grand Total of Part C on Sche     | dule I, Detailed Su | ımmary Pag   | e, Section | on 3.     |       |          |              | · · · -         |
|   |                     |              |            |           |       | 5        | <b>*</b>     | 990.00          |
|   |                     |              |            |           |       |          |              |                 |

## 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 | d   |      |          |            |
| Hospital & Healthsystem Assoc of PA PA | AC (HAPAC)         |            | From:   |           |     | To:  | <u>]</u> | 12/31/2006 |
|  |                    |            |         | D         | ATE |      | •        | MOUNT      |
| Full Name                              |                    |            |         | мо        | DAY | YEAR |          | 2 000 00   |
| Citizens to Elect Dwight Evans         |                    |            |         | МО        | DAT | TEAR | \$       | 2,000.00   |
| Mailing Address P.O. Box 19097         |                    |            |         | 11        | 28  | 2006 |          |            |
| <b>City</b> Philadelphia               | State              | Zip Code ( | Plus 4) |           |     |      |          |            |
|  | PA                 | 19138      |         |           |     |      |          |            |
| Receipt Description Void - Citizens to | Elect Dwight Evans | •          |         |           |     |      |          |            |
| Full Name                              |                    |            |         | МО        | DAY | VEAD | _        | 26.70      |
| PNC Bank                               |                    |            |         | МО        | DAY | YEAR | \$       | 36.79      |
| Mailing Address P.O. Box 8874          |                    |            |         | 12        | 5   | 2006 |          |            |
| City Camp Hill                         | State              | Zip Code ( | Plus 4) |           |     |      |          |            |
|  | PA                 | 17001887   | 4       |           |     |      |          |            |
| Receipt Description Sept 2006 interes  | est income         | •          |         |           |     |      |          |            |
| Full Name                              |                    |            |         | мо        | DAY | YEAR | _        | 06.54      |
| Commerce Bank-PA                       |                    |            |         | МО        | DAT | IEAR | \$       | 86.54      |
| Mailing Address 3801 Paxton St         |                    |            |         | 12        | 5   | 2006 |          |            |
| <b>City</b> Harrisburg                 | State              | Zip Code ( | Plus 4) |           |     |      |          |            |
|  | PA                 | 17111      |         |           |     |      |          |            |
| Receipt Description Nov bank interes   | st                 | •          |         |           |     |      |          |            |
| Full Name                              |                    |            |         |           |     |      |          |            |
| Commerce Bank-PA                       |                    |            |         | МО        | DAY | YEAR | \$       | 36.93      |
| Mailing Address 3801 Paxton St         |                    |            |         | 12        | 5   | 2006 |          |            |
| City Harrisburg                        | State              | Zip Code ( | Plus 4) | 12        |     | 2000 |          |            |
|  | PA                 | 17111      |         |           |     |      |          |            |
| Receipt Description Nov interest inco  | ome                | •          |         |           |     |      |          |            |
| Full Name                              |                    |            |         | МС        | DAY | VEAD |          | 100.00     |
| Commerce Bank-PA                       |                    |            |         | МО        | DAY | YEAR | \$       | 100.08     |
| Mailing Address 3801 Paxton St         |                    |            |         | 12        | 31  | 2006 |          |            |
| City Harrisburg                        | State              | Zip Code ( | Plus 4) |           |     |      |          |            |
|  | PA                 | 17111      |         |           |     |      |          |            |

**Receipt Description** 

Dec 2006 interest income

| Full Name  |                    |                                   |              |               |                  | _  |       |
|--|--------------------|-----------------------------------|--------------|---------------|------------------|----|-------|
| Commerce Bank-PA                                 |                    |                                   | МО           | DAY           | YEAR             | \$ | 57.70 |
| Mailing Address 3801 Paxton St                   |                    |                                   | 12           | 31            | 2006             |    |       |
| <b>City</b> Harrisburg                           | State              | Zip Code (Plus 4)                 | 12           | 31            | 2000             |    |       |
|  | PA                 | 17111                             |              |               |                  |    |       |
| Receipt Description Oct interest inco            | me adj             | !                                 |              |               |                  |    |       |
| •  |                    |                                   |              |               |                  |    |       |
| Full Name  |                    |                                   | МО           | DAY           | VEAD             |    | 25.50 |
| Full Name<br>Commerce Bank-PA                    |                    |                                   | мо           | DAY           | YEAR             | \$ | 25.58 |
|  |                    |                                   |              |               |                  | \$ | 25.58 |
| Commerce Bank-PA                                 | State              | Zip Code (Plus 4)                 | <b>MO</b> 12 | <b>DAY</b> 31 | <b>YEAR</b> 2006 | \$ | 25.58 |
| Commerce Bank-PA  Mailing Address 3801 Paxton St | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17111 |              |               |                  | \$ | 25.58 |

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

| PAGE TOTAL     |
|----------------|
| \$<br>2,343.62 |

#### **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: | 12/31/2006 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTOR   |     |            |
| TOTAL for the Reporting Pe   | eriod (1)        | \$  | 0.00       |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR   | T 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, |                  | \$  | 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></b> \$ |           | 0.00 |
| City                                  | State              | Zip Code (Plus 4)       |                  |          |      |            |           |      |
| Description of Contribution:          | •                  |                         | •                |          |      | •          |           |      |
|                                       |                    |                         |                  |          |      |            |           |      |
| Enter Grand Total of Part F on S      | Schedule II, In-Ki | nd Contributions Detail | led Sum          | mary Pag | je,  |            | PAGE TOTA | AL   |
| Section 2.                            |                    |                         |                  |          |      | \$         |           | 0.00 |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate  |                |     |                  | Re     | porting | Period         |       |       |                  |      |
|--|----------------|-----|------------------|--------|---------|----------------|-------|-------|------------------|------|
|  |                |     |                  | Fro    | m:      |                | To:   |       |                  |      |
|  |                |     |                  |        |         | DATE           |       |       | AMOUNT           |      |
| Full Name of Contributor               |                |     |                  |        | мо      | DAY            | YEAR  |       |                  |      |
| Mailing Address                        |                |     |                  |        |         |                |       | \$    | 1                | 0.00 |
| City                                   | State          |     | Zip Code(Plus 4) |        |         |                |       |       |                  |      |
| Employer of Contributor                |                |     |                  |        | Occup   | oation         |       |       |                  |      |
| Employer Mailing Address/Principal Pla | ce of Business | Cit | ty               | Stat   | e Zij   | p Code(Plus 4) | Descr | iptio | n of Contributio | on   |
| Enter Grand Total of Part G on Sch     | edule II. In-K | ind | Contributions D  | etaile | ed      |                |       |       | PAGE TOT         | AL   |
| 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: | <u>12/31/2006</u> |

|   |                    |                       |                                    | DATE             |              |            | AMOUNT   |
|---|--------------------|-----------------------|------------------------------------|------------------|--------------|------------|----------|
| To Whom Paid                              |                    |                       | МО                                 | DAY              | YEAR         |            |          |
| Citizens to Elect Dwight Evans            |                    |                       | 1-10                               |                  | . <b>-</b> , |            |          |
| Mailing Address P.O. Box 19097            | ,                  |                       | 11                                 | 28               | 2006         | \$         | 2,000.00 |
| <b>City</b> Philadelphia                  | State              | Zip Code (Plus 4)     | Descrip                            | tion of Exp      | enditure     |            |          |
|   | PA                 | 19138                 | Dwight Evans, STATE HOUSE 203rd PA |                  |              |            |          |
| To Whom Paid                              |                    |                       | мо                                 | DAY              | YEAR         |            |          |
| Citizens for Sam Smith                    |                    |                       | MO                                 | DAI              | ILAK         |            |          |
| Mailing Address 211 Dinsmore A            | Avenue             |                       | 11                                 | 28               | 2006         | \$         | 2,500.00 |
| <b>City</b> Punxsutawney                  | State              | Zip Code (Plus 4)     | Descrip                            | tion of Exp      | enditure     |            |          |
|   | PA                 | 15767                 | Samuel                             | Smith, ST        | ATE HOU      | SE 66th PA |          |
| To Whom Paid                              |                    |                       | мо                                 | DAY              | YEAR         |            |          |
| Committee to Elect John Wozniak           |                    |                       | MO                                 | DAI              | ILAK         |            |          |
| Mailing Address P.O. Box 545              |                    |                       | 11                                 | 28               | 2006         | \$         | 300.00   |
| <b>City</b> Harrisburg                    | State              | Zip Code (Plus 4)     | Plus 4) Description of Expenditure |                  |              |            |          |
|   | PA                 | 17108                 | John Wozniak, STATE SENATE 35th PA |                  |              |            |          |
| To Whom Paid                              |                    | ·                     |                                    | l <sub>DAY</sub> | VEAD         |            |          |
| VOID CHECK                                |                    |                       | МО                                 | DAY              | YEAR         |            |          |
| Mailing Address                           |                    |                       | 11                                 | 28               | 2006         | \$         | 0.00     |
| City                                      | State              | Zip Code (Plus 4)     | Descrip                            | tion of Exp      | enditure     |            |          |
|   |                    |                       | VOID C                             | HECK #80         | 73           |            |          |
| To Whom Paid                              |                    |                       | мо                                 | DAY              | YEAR         |            |          |
| Friends of Tom Corbett                    |                    |                       | MO                                 | DAT              | TEAR         |            |          |
| Mailing Address P.O. Box 181              |                    |                       | 12                                 | 1                | 2006         | \$         | 300.00   |
| <b>City</b> Harrisburg                    | State              | Zip Code (Plus 4)     | Descrip                            | tion of Exp      | enditure     |            |          |
|   | PA                 | 17108                 | Tom Corbett, ATTORNEY GENERAL PA   |                  |              |            |          |
| To Whom Paid                              |                    |                       | МС                                 | DAY              | YEAR         | _          |          |
| ChamberPAC                                |                    |                       | МО                                 | DAT              | TEAR         |            |          |
| Mailing Address Pennsylvania Cl<br>Street | hamber of Business | & Industry 417 Walnut | 12                                 | 1                | 2006         | \$         | 625.00   |
| City Harrisburg State Zip Code (Plus 4)   |                    |                       |                                    | tion of Exp      | enditure     |            |          |
|   | PA                 | 17101                 | CHAMBERPAC-1/23/07 BREAKFAST       |                  |              |            |          |

|                            |                       |                         |                            |             |          |    | PAGE 16    |  |  |  |
|----------------------------|-----------------------|-------------------------|----------------------------|-------------|----------|----|------------|--|--|--|
| To Whom Paid               |                       |                         | МО                         | DAY         | YEAR     |    |            |  |  |  |
| PNC Bank                   |                       |                         | 1-10                       |             | 12/110   |    |            |  |  |  |
| Mailing Address P.O. Box 8 | 874                   |                         | 12                         | 5           | 2006     | \$ | 94.49      |  |  |  |
| City Camp Hill             | State                 | Zip Code (Plus 4)       | Description of Expenditure |             |          |    |            |  |  |  |
|                            | PA                    | 170018874               | Sept 20                    | 06 bank fe  | ees      |    |            |  |  |  |
| To Whom Paid               |                       |                         | мо                         | DAY         | YEAR     |    |            |  |  |  |
| Commerce Bank-PA           |                       |                         |                            |             |          |    |            |  |  |  |
| Mailing Address 3801 Paxto | on St                 |                         | 12                         | 5           | 2006     | \$ | 71.1       |  |  |  |
| <b>City</b> Harrisburg     | State                 | Zip Code (Plus 4)       | Descrip                    | tion of Exp | enditure | •  |            |  |  |  |
|                            | PA                    | 17111                   | Oct & N                    | ov bank fe  | es-cc    |    |            |  |  |  |
| To Whom Paid               |                       |                         | мо                         | DAY         | YEAR     |    |            |  |  |  |
| Commerce Bank-PA           |                       |                         |                            |             | 1 = 1 1  |    |            |  |  |  |
| Mailing Address 3801 Paxto | on St                 |                         | 12                         | 5           | 2006     | \$ | 182.86     |  |  |  |
| <b>City</b> Harrisburg     | State                 | Zip Code (Plus 4)       | Descrip                    | tion of Exp | •        |    |            |  |  |  |
|                            | PA                    | 17111                   | Bank fees to PNC           |             |          |    |            |  |  |  |
| To Whom Paid               |                       |                         | мо                         | DAY         | YEAR     |    |            |  |  |  |
| PNC Bank                   |                       |                         | 1-10                       |             |          |    |            |  |  |  |
| Mailing Address P.O. Box 8 | 874                   |                         | 12                         | 31          | 2006     | \$ | 52.87      |  |  |  |
| City Camp Hill             | State                 | Zip Code (Plus 4)       | Descrip                    | tion of Exp | enditure |    |            |  |  |  |
|                            | PA                    | 170018874               | Dec bar                    | nk fees     |          |    |            |  |  |  |
| To Whom Paid               |                       |                         | мо                         | DAY         | YEAR     |    |            |  |  |  |
| PNC Bank                   |                       |                         | 1-10                       |             | 12/110   |    |            |  |  |  |
| Mailing Address P.O. Box 8 | 874                   |                         | 12                         | 31          | 2006     | \$ | 20.00      |  |  |  |
| City Camp Hill             | State                 | Zip Code (Plus 4)       | Descrip                    | tion of Exp | enditure | •  |            |  |  |  |
|                            | PA                    | 170018874               | Bank fe                    | es          |          |    |            |  |  |  |
| To Whom Paid               |                       |                         | МО                         | DAY         | YEAR     |    |            |  |  |  |
| Commerce Bank-PA           |                       |                         | 110                        |             | 1 = 1    |    |            |  |  |  |
| Mailing Address 3801 Paxto | on St                 |                         | 12                         | 31          | 2006     | \$ | 78.5       |  |  |  |
| <b>City</b> Harrisburg     | State                 | Zip Code (Plus 4)       | Descrip                    | tion of Exp | enditure |    |            |  |  |  |
|                            | PA                    | 17111                   | Dec 200                    | 06 bank fe  | es cc    |    |            |  |  |  |
|                            |                       |                         |                            |             |          |    | PAGE TOTAL |  |  |  |
| Enter Grand Total of Expen | aitures on Page 1, Re | port Cover Page, Item D | ).                         |             |          | \$ | 6,224.90   |  |  |  |
|                            |                       |                         |                            |             |          | I  | •          |  |  |  |