### **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                         | )364       |                         |      | Rep<br>File |       |                | CAND               | IDIDATE COMMITTEE V LOBBYIST |             |            |                    |                |          |           |          |          |
|--|---------------------------------|------------|-------------------------|------|-------------|-------|----------------|--------------------|------------------------------|-------------|------------|--------------------|----------------|----------|-----------|----------|----------|
| Name of Filing Committee, Candidate or Lobbyist: Hospital & Healthsystem Assoc of PA PAC (HAPAC) |                                 |            |                         |      |             |       |                |                    |                              |             |            |                    |                |          |           |          |          |
| Street Address:  |                                 |            |                         |      |             |       |                |                    |                              |             |            |                    |                |          |           |          |          |
| City:  | HARRISBURG                      | i          |                         |      |             |       |                | State:             | PA                           |             |            | Zip Cod            | le: 1          | 7105-8   | 600       |          |          |
| TYPE OF<br>REPORT  | 6TH TUESDAY<br>PRE-PRIMARY      | 1.         | 2ND FRIDAY F<br>PRIMARY | RE-  | . 2         | 2.    | 30 DA<br>PRIMA |                    | POST-                        | 3. <b>X</b> |            | 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         | 5.    | 30 DA<br>ELECT |                    | POST-                        | 6.          |            | TERMINA<br>REPORT  |                | Yes      | No        |          | <b>√</b> |
| report type)   | ANNUAL REPORT                   | 7.         | <b>Year</b> 2008        |      |             |       |                | NG METH<br>CHECK ( |                              |             |            | PAPER              |                | <b>/</b> | DISKE     | TTE      |          |
| Name of Office S   | Sought by Candida               | ite:       | •                       |      |             |       |                | DATE               | OF ELE                       | CTIO        | N          | District<br>Number | Office<br>Code | Par      | ty Code   | Coun     |          |
|  |                                 |            |                         |      |             |       |                | МО                 | DAY                          | YE          | AR         | - rumber           | Todac          |          |           | couc     |          |
|  |                                 |            |                         |      |             |       |                | 1                  | 1                            | 4           | 2008       |                    | (SEE IN        | STRUCTI  | ONS FOR ( | CODES    | )        |
|  |                                 | МО         | DAY YE                  | AR   |             |       |                | МО                 | DAY                          | YE          | AR         | FO                 | R OFFI         | CE USE   | ONLY      |          |          |
| Summary of Receipts and Expenditures from:    MO   |                                 |            |                         |      | Т           | 0     |                | 5                  | 12                           | 2008        |            |                    |                |          |           |          |          |
| A. Amount Bro  | ught Forward Fro                | m Last R   | eport                   |      |             |       | \$             |                    |                              | 2,2         | 229.32     |                    |                |          |           |          |          |
| B. Total Monetary Contributions And Receipts (From Schedule                                      |                                 |            |                         |      |             | I)    | \$             |                    |                              | 14,9        | 956.58     |                    |                |          |           |          |          |
| C. Total Funds Available (Sum Of Lines A and B)  |                                 |            |                         |      |             |       | \$             |                    |                              | 17,1        | .85.90     |                    |                |          |           |          |          |
| D. Total Expend  | ditures (From Sch               | edule II   | I)                      |      |             |       | \$             |                    |                              | 9,8         | 07.77      |                    |                |          |           |          |          |
| E. Ending Cash   | Balance (Subtrac                | t Line D   | From Line C)            |      |             |       | \$             |                    |                              | 7,3         | 78.13      |                    |                |          |           |          |          |
| F. Value Of In-  | Kind Contribution               | s Receiv   | ed (From Sche           | dul  | e II)       | )     | \$             |                    |                              |             | 0.00       |                    |                |          |           |          |          |
| G. Unpaid Debt   | ts And Obligations              | (From S    | Schedule IV)            |      |             |       | \$             |                    |                              |             | 0.00       |                    |                | •        |           |          |          |
|  |                                 |            | А                       | FF   | IDA         | VI    | T SE           | CTION              |                              |             |            |                    |                |          |           |          |          |
| PART I - If this is  | s a Committee rep               | ort, trea  | surer sign her          | e. I | f thi       | is is | a Can          | ndidate            | report,                      | candi       | date sig   | ın here.           |                |          |           |          |          |
| I swear (or affirm) correct and comple   | ) that this report, inc<br>ete. | luding the | e attached sched        | ules | filed       | l on  | paper (        | or by elec         | tronic m                     | edium       | , are to t | he best o          | f my kno       | wledge   | and beli  | ef , tru | ue.      |
| Sworn to and subs  | cribed before me thi<br>day of  | s          | 20                      |      |             |       |                |                    |                              | S           | ignature   | of Perso           | n Submit       | ting Rep | ort       |          | _        |
|  | Signati                         | ıre        |                         |      |             |       | -              |                    |                              |             |            | Prin               | ted Nam        | e        |           |          | _        |
| My Commission Ex   | cpires                          |            |                         |      |             |       | _              |                    |                              |             |            | Ema                | il             |          |           |          |          |
|  | мо                              | D          | AY                      | ΥR   |             |       |                |                    | Ar                           | ea Cod      | e          | Daytim             | e Telepi       | none Nu  | mber      |          |          |
| Part II- If this is  | a report of a can               | didate's   | authorized Co           | mm   | itte        | e, C  | andida         | ate shal           | l sign h                     | ere.        |            |                    |                |          |           |          |          |
| I swear (or affirm)<br>No 320) as amende   | that to the best of ed.         | my knowl   | edge and belief         | this | politi      | ical  | commi          | ittee has          | not viola                    | ted an      | y provis   | ions of th         | e act of J     | une 3,1  | 937 (P.L  | . 1333   | 3,       |
| Sworn to and subsc   | ribed before me this<br>day of  |            | 20                      |      |             |       |                |                    |                              |             | s          | ignature o         | of Candid      | ate      |           |          | -        |
|  |                                 |            |                         |      |             |       | -              |                    |                              |             |            | Printe             | d Name         |          |           |          | -        |
| My Commission 5  | Signature                       |            |                         |      |             |       | -              |                    |                              |             |            | Ema                | il             |          |           |          | -        |
| My Commission Exp  |                                 |            |                         |      |             |       | _              |                    |                              |             |            |                    |                |          |           |          | _        |
|  | МО                              | D          | AY                      | YR   |             |       |                |                    | Area                         | Code        |            | Da                 | aytime 1       | elephor  | e Numb    | er       |          |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | y Period |              |           |
|--|-----------|----------|--------------|-----------|
| Hospital & Healthsystem Assoc of PA PAC (HAPAC)  | From:     | 1/1/200  | <u>8</u> To: | 5/12/2008 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |          |              |           |
| TOTAL for the Reporting  | ) Period  | (1)      | \$           | 494.18    |
| 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)   |           |          | \$           | 5,018.75  |
| TOTAL for the Reporting  | ) Period  | (2)      | \$           | 5,018.75  |
| 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)   |           |          | \$           | 9,400.00  |
| TOTAL for the Reporting  | Period    | (3)      | \$           | 9,400.00  |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)  |           |          |              |           |
| TOTAL for the Reporting  | ) Period  | (4)      | \$           | 43.65     |
| 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 |           |          | \$           | 14,956.58 |

#### **PART A**

#### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

| Name of Filing Committee or Candidate |          |  |                   | Reporting Period |      |      |          |        |  |  |
|---------------------------------------|----------|--|-------------------|------------------|------|------|----------|--------|--|--|
|                                       |          |  |                   | From:            |      | То   | <b>!</b> |        |  |  |
|                                       |          |  | •                 |                  | DATE |      |          | AMOUNT |  |  |
| Full Name of Contributing Co          | ommittee |  |                   | 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)

| Nar    | me of Filing Committee or Co | andidate            |                  | Reporting P | eriod |                 |    |           |
|--------|------------------------------|---------------------|------------------|-------------|-------|-----------------|----|-----------|
| Hos    | spital & Healthsystem Assoc  | c of PA PAC (HAPAC) |                  | From:       | 1/1/  | 2008 <b>T</b> o | ): | 5/12/2008 |
|        |                              |                     |                  |             | DATE  |                 |    | AMOUNT    |
| Full N | lame of Contributor          |                     |                  | МО          | DAY   | YEAR            |    |           |
| Thom   | nas Cullen CHE               |                     |                  |             | 27.11 |                 |    |           |
| Mailir | ng Address                   |                     |                  |             |       |                 | \$ | 75.00     |
| City   | Monongahela                  | State               | Zip Code (Plus 4 | ) 4         | 11    | 2008            |    |           |
|        |                              | PA                  | 15063-109        |             |       |                 |    |           |
| Full N | lame of Contributor          |                     |                  | МО          | DAY   | YEAR            |    |           |
| Mary   | Lou Murt                     |                     |                  | 1-10        | DAI   | ILAK            |    |           |
| Mailir | ng Address                   | <u>.</u>            |                  |             |       |                 | \$ | 75.00     |
| City   | Belle Vernon                 | State               | Zip Code (Plus 4 | ) 4         | 11    | 2008            |    |           |
|        |                              | PA                  | 15012-201        |             |       |                 |    |           |
| Full N | lame of Contributor          |                     |                  | мо          | DAY   | YEAR            |    |           |
| Jame   | s Havice                     |                     |                  |             |       |                 |    |           |
| Mailir | ng Address                   |                     |                  |             |       |                 | \$ | 187.50    |
| City   | McClure                      | State               | Zip Code (Plus 4 | ) 4         | 17    | 2008            |    |           |
|        |                              | PA                  | 17841            |             |       |                 |    |           |
| Full N | lame of Contributor          |                     |                  | МО          | DAY   | YEAR            |    |           |
| Josep  | h Frye                       |                     |                  |             |       |                 |    |           |
| Mailir | ng Address                   |                     |                  |             |       |                 | \$ | 112.50    |
| City   | Monongahela                  | State               | Zip Code (Plus 4 | ) 4         | 17    | 2008            |    |           |
|        |                              | PA                  | 15063            |             |       |                 |    |           |
| Full N | lame of Contributor          |                     |                  | МО          | DAY   | YEAR            |    |           |
| Harry  | Reagan                       |                     |                  | 1.0         |       | 12/11           |    |           |
| Mailir | ng Address                   |                     |                  |             |       |                 | \$ | 75.00     |
| City   | Masontown                    | State               | Zip Code (Plus 4 | ) 4         | 17    | 2008            |    |           |
|        |                              | PA                  | 15461            |             |       |                 |    |           |
| Full N | lame of Contributor          |                     |                  | МО          | DAY   | YEAR            |    |           |
| Ms. S  | Susan Flynn                  |                     |                  |             |       |                 |    |           |
| Mailir | ng Address                   |                     | 1                |             |       |                 | \$ | 75.00     |
| City   | Belle Vernon                 | State               | Zip Code (Plus 4 | ) 4         | 17    | 2008            |    |           |
|        |                              | PA                  | 15012            |             |       |                 |    |           |
| Full N | lame of Contributor          |                     |                  | мо          | DAY   | YEAR            |    |           |
| Mr. G  | erald C. Smith               |                     |                  | 1.10        |       | LAK             |    |           |
| Mailir | ng Address                   |                     |                  |             |       |                 | \$ | 112.50    |
| City   | Belle Vernon                 | State               | Zip Code (Plus 4 | ) 4         | 17    | 2008            |    |           |
|        |                              | PA                  | 15012-352        |             |       |                 |    |           |

| Full Na                    | ame of Contributor               |          |                   | MO  | DAY  | VEAD     |                  |
|----------------------------|----------------------------------|----------|-------------------|-----|------|----------|------------------|
| Micha                      | el H. Hady III                   |          |                   | МО  | DAY  | YEAR     |                  |
| Mailin                     | g Address                        |          |                   |     |      | İ        | <b>\$</b> 112.50 |
| City                       | York                             | State    | Zip Code (Plus 4) | 4   | 17   | 2008     |                  |
|                            |                                  | PA       | 17403             |     |      |          |                  |
| Full Na                    | ame of Contributor               | <u> </u> |                   | МО  | DAY  | YEAR     |                  |
| Mr. Cł                     | nuck Muia                        |          |                   | 140 | DAI  | ILAK     |                  |
| Mailin                     | g Address                        |          |                   |     |      |          | <b>\$</b> 75.00  |
| City                       | Donora                           | State    | Zip Code (Plus 4) | 4   | 22   | 2008     |                  |
|                            |                                  | PA       | 15033-170         |     |      |          |                  |
| Full Na                    | ame of Contributor               |          |                   | МО  | DAY  | VEAD     |                  |
| Henry                      | Koskoski                         |          |                   | МО  | DAY  | YEAR     |                  |
| Mailin                     | g Address                        |          |                   |     |      | İ        | <b>\$</b> 112.50 |
| City                       | Washington                       | State    | Zip Code (Plus 4) | 4   | 28   | 2008     |                  |
|                            |                                  | PA       | 15301-339         |     |      |          |                  |
| Full Na                    | ame of Contributor               | -        |                   | мо  | DAY  | YEAR     |                  |
| Mr. Pa                     | aul Gregory Shelly               |          |                   | MO  | DAT  | TEAR     |                  |
| Mailin                     | g Address                        |          |                   | _   |      |          | <b>\$</b> 75.00  |
| City                       | Telford                          | State    | Zip Code (Plus 4) | 4   | 28   | 2008     |                  |
|                            |                                  | PA       | 18969-240         |     |      |          |                  |
| Full Na                    | ame of Contributor               |          |                   | мо  | DAY  | YEAR     |                  |
| Dr. Robert S. Charles M.D. |                                  |          |                   | 140 | DAI  | ILAK     |                  |
| Mailin                     | g Address                        | _        |                   | ]   |      |          | <b>\$</b> 150.00 |
| City                       | Dresher                          | State    | Zip Code (Plus 4) | 4   | 29   | 2008     |                  |
|                            |                                  | PA       | 19025-130         |     |      |          |                  |
| Full Na                    | ame of Contributor               |          |                   | мо  | DAY  | YEAR     |                  |
| Mr. Ar                     | nold Zaslow                      |          |                   |     |      |          |                  |
| Mailin                     | g Address                        |          |                   | 1   |      |          | <b>\$</b> 150.00 |
| City                       | Wyncote                          | State    | Zip Code (Plus 4) | 4   | 29   | 2008     |                  |
|                            |                                  | PA       | 19095-182         |     |      |          |                  |
| Full Na                    | ame of Contributor               |          |                   | мо  | DAY  | YEAR     |                  |
| Mr. Ha                     | arold Grier                      |          |                   | ""  | DAI  | LAK      |                  |
| Mailin                     | g Address                        |          |                   |     |      |          | <b>\$</b> 112.50 |
| City                       | Meadowbrook                      | State    | Zip Code (Plus 4) | 4   | 29   | 2008     |                  |
|                            |                                  | PA       | 19046-103         |     |      |          |                  |
| Full Na                    | ame of Contributor               |          |                   | 140 | DAY  | VEAD     |                  |
| Mr. W                      | alter H. Cressman                |          |                   | МО  | DAY  | YEAR     |                  |
| Mailin                     | g Address                        |          |                   |     |      |          | <b>\$</b> 75.00  |
| City                       | Richlandtown                     | State    | Zip Code (Plus 4) | 4   | 29   | 2008     |                  |
|                            |                                  | PA       | 18955-000         |     |      |          |                  |
| Full Na                    | ame of Contributor               | •        | •                 |     |      | \/= -=   |                  |
| Ms. Jean Keeler            |                                  |          | МО                | DAY | YEAR |          |                  |
|                            | 4s. Jean Keeler  Aailing Address |          |                   |     |      |          | <b>\$</b> 112.50 |
| City                       | Sellersville                     | State    | Zip Code (Plus 4) | 4   | 29   | 2008     |                  |
|                            |                                  | PA       | 18960-158         |     |      |          |                  |
|                            |                                  |          |                   |     |      | <u> </u> | 1                |

|         |                    |                                       |                   |      |     |      | TAGE 0           |
|---------|--------------------|---------------------------------------|-------------------|------|-----|------|------------------|
| Full Na | ame of Contributor |                                       |                   | МО   | DAY | YEAR |                  |
| Ms. Do  | ontina J. Jackson  |                                       |                   | 1-10 | DAI | ILAK |                  |
| Mailin  | g Address          |                                       |                   |      |     |      | <b>\$</b> 75.00  |
| City    | Jenkintown         | State                                 | Zip Code (Plus 4) | 4    | 29  | 2008 |                  |
|         |                    | PA                                    | 19046-262         |      |     |      |                  |
| Full Na | ame of Contributor |                                       |                   | МО   | DAY | YEAR |                  |
| Alison  | L. Ferren          |                                       |                   |      |     |      |                  |
| Mailin  | g Address          |                                       |                   |      |     |      | <b>\$</b> 75.00  |
| City    | North Wales        | State                                 | Zip Code (Plus 4) | 4    | 29  | 2008 |                  |
|         |                    | PA                                    | 19454-428         |      |     |      |                  |
| Full Na | ame of Contributor |                                       |                   |      | DAY | VEAD |                  |
| J. Mar  | k Horne            |                                       |                   | МО   | DAT | YEAR |                  |
| Mailin  | g Address          |                                       |                   |      |     |      | <b>\$</b> 112.50 |
| City    | Sellersville       | State                                 | Zip Code (Plus 4) | 4    | 29  | 2008 |                  |
|         |                    | PA                                    | 18960-158         |      |     |      |                  |
| Full Na | ame of Contributor | ·                                     |                   | МО   | DAY | YEAR |                  |
| Rober   | t P. Thompson      |                                       |                   | 140  | DAI | ILAK |                  |
| Mailin  | g Address          |                                       |                   |      |     |      | <b>\$</b> 112.50 |
| City    | Abington           | State                                 | Zip Code (Plus 4) | 4    | 29  | 2008 |                  |
|         |                    | PA                                    | 19001-378         |      |     |      |                  |
| Full Na | ame of Contributor | · · · · · · · · · · · · · · · · · · · |                   | МО   | DAY | YEAR |                  |
| Mr. Ro  | bert W. White      |                                       |                   | 1-10 | DAI | ILAK |                  |
| Mailin  | g Address          |                                       |                   |      |     |      | <b>\$</b> 112.50 |
| City    | Jenkintown         | State                                 | Zip Code (Plus 4) | 4    | 29  | 2008 |                  |
|         |                    | PA                                    | 19046             |      |     |      |                  |
| Full Na | ame of Contributor |                                       |                   | МО   | DAY | YEAR |                  |
| Mr. To  | odd A. Shamash     |                                       |                   |      |     |      |                  |
| Mailin  | g Address          |                                       |                   | _    |     |      | \$ 200.00        |
| City    | Radnor             | State                                 | Zip Code (Plus 4) | 4    | 29  | 2008 |                  |
|         |                    | PA                                    | 19087-524         |      |     |      |                  |
| Full Na | ame of Contributor |                                       |                   | МО   | DAY | YEAR |                  |
| Mrs. S  | usan B. Dudas RN   |                                       |                   | 1-10 | DAI | ILAK |                  |
| Mailin  | g Address          |                                       |                   |      |     |      | <b>\$</b> 112.50 |
| City    | Washington         | State                                 | Zip Code (Plus 4) | 5    | 6   | 2008 |                  |
|         |                    | PA                                    | 15301-339         |      |     |      |                  |
| Full Na | ame of Contributor |                                       |                   | МО   | DAY | YEAR |                  |
| Mr. Ec  | lward Sickles      |                                       |                   | MO   | DAT | TEAR |                  |
| Mailin  | g Address          |                                       |                   |      |     |      | <b>\$</b> 187.50 |
| City    | Jenkintown         | State                                 | Zip Code (Plus 4) | 5    | 6   | 2008 |                  |
|         |                    | PA                                    | 19046-353         |      |     |      |                  |
| Full Na | ame of Contributor |                                       |                   | мо   | DAY | YEAR |                  |
| Mr. Jo  | hn Campbell        |                                       |                   | 140  | DAI | ILAR |                  |
| Mailin  | g Address          |                                       |                   |      |     |      | <b>\$</b> 187.50 |
| City    | Washington         | State                                 | Zip Code (Plus 4) | 5    | 6   | 2008 |                  |
|         |                    | PA                                    | 15301-471         |      |     |      |                  |
|         |                    |                                       |                   | _    |     |      |                  |

|                          |                              |       |                   |     |     |       | •                |
|--------------------------|------------------------------|-------|-------------------|-----|-----|-------|------------------|
| Full Na                  | ame of Contributor           |       |                   | МО  | DAY | VEAD  |                  |
| Debra                    | Maravich                     |       |                   | МО  | DAY | YEAR  |                  |
| Mailin                   | g Address                    |       |                   |     |     |       | <b>\$</b> 112.50 |
| City                     | Washington                   | State | Zip Code (Plus 4) | 5   | 6   | 2008  |                  |
|                          |                              | PA    | 15301-339         |     |     |       |                  |
| Full Na                  | ame of Contributor           | •     | •                 | МО  | DAY | YEAR  |                  |
| Kriste                   | n J. Rogers                  |       |                   | MO  | DAT | TEAR  |                  |
| Mailin                   | g Address                    |       |                   |     |     |       | <b>\$</b> 112.50 |
| City                     | Washington                   | State | Zip Code (Plus 4) | 5   | 6   | 2008  |                  |
|                          |                              | PA    | 15301-954         |     |     |       |                  |
| Full Na                  | ame of Contributor           | •     | •                 |     |     |       |                  |
| Mr. Os                   | scar P. Vance Jr.            |       |                   | МО  | DAY | YEAR  |                  |
| Mailin                   | g Address                    |       |                   |     |     |       | <b>\$</b> 112.50 |
| City                     | Abington                     | State | Zip Code (Plus 4) | 5   | 6   | 2008  |                  |
|                          | -                            | PA    | 19001-378         |     |     |       |                  |
| Full Na                  | ame of Contributor           | ·     | ·                 | МО  | DAY | YEAR  |                  |
| Rober                    | t Harbison III               |       |                   | MO  | DAT | TEAR  |                  |
| Mailin                   | g Address                    |       |                   |     |     |       | <b>\$</b> 112.50 |
| City                     | Huntingdon Valley            | State | Zip Code (Plus 4) | 5   | 6   | 2008  |                  |
|                          |                              | PA    | 19006-581         |     |     |       |                  |
| Full Name of Contributor |                              |       |                   | МО  | DAY | YEAR  |                  |
| R. Car                   | rlyn Belczyk                 |       |                   | 140 | DAI | ILAK  |                  |
| Mailin                   | g Address                    |       |                   |     |     |       | <b>\$</b> 75.00  |
| City                     | Monessen                     | State | Zip Code (Plus 4) | 5   | 6   | 2008  |                  |
|                          |                              | PA    | 15062-240         |     |     |       |                  |
| Full Na                  | ame of Contributor           |       |                   | МО  | DAY | YEAR  |                  |
| Mrs. E                   | Barbara A. Wadsworth RN, MSN |       |                   | 140 |     | ILAK  |                  |
| Mailin                   | g Address                    |       |                   | _   |     |       | <b>\$</b> 112.50 |
| City                     | Warrington                   | State | Zip Code (Plus 4) | 5   | 6   | 2008  |                  |
|                          |                              | PA    | 18976-222         |     |     |       |                  |
| Full Na                  | ame of Contributor           |       |                   | МО  | DAY | YEAR  |                  |
| April J                  | I. Lombardo                  |       |                   | 140 | DAI | ILAK  |                  |
| Mailin                   | g Address                    |       |                   |     |     |       | \$ 56.25         |
| City                     | Avella                       | State | Zip Code (Plus 4) | 5   | 6   | 2008  |                  |
|                          |                              | PA    | 15312-205         |     |     |       |                  |
| Full Na                  | ame of Contributor           |       |                   | МО  | DAY | YEAR  |                  |
| Lawre                    | nce H. Lee                   |       |                   | 140 | DAI | ILAK  |                  |
| Mailin                   | g Address                    |       |                   |     |     |       | <b>\$</b> 112.50 |
| City                     | Bethel Park                  | State | Zip Code (Plus 4) | 5   | 6   | 2008  |                  |
|                          |                              | PA    | 15102-244         |     |     |       |                  |
| Full Na                  | ame of Contributor           |       | <del></del>       | МО  | DAY | YEAR  |                  |
| Dr. Br                   | uce C. Berger MD             |       |                   |     |     | 27.11 |                  |
| Mailin                   | g Address                    |       |                   |     |     |       | <b>\$</b> 112.50 |
| City                     | Huntingdon Valley            | State | Zip Code (Plus 4) | 5   | 9   | 2008  |                  |
|                          |                              | PA    | 19006-772         |     |     |       |                  |
|                          |                              |       |                   |     |     |       |                  |

|                    |                |          |                   |      |      |      | 17182 8          |
|--------------------|----------------|----------|-------------------|------|------|------|------------------|
| Full Name          | of Contributor |          |                   | мо   | DAY  | YEAR |                  |
| Mr. George         | e Jones MD     |          |                   | 1-10 | DAI  | ILAK |                  |
| Mailing Add        | dress          |          |                   |      |      |      | <b>\$</b> 75.00  |
| <b>City</b> Wa     | shington       | State    | Zip Code (Plus 4) | 5    | 9    | 2008 |                  |
|                    |                | PA       | 15301-339         |      |      |      |                  |
| Full Name          | of Contributor |          |                   | мо   | DAY  | YEAR |                  |
| Mr. Gregor         | ry Bauer       |          |                   | 1-10 | DAI  | ILAK |                  |
| Mailing Add        | dress          |          |                   |      |      |      | <b>\$</b> 150.00 |
| City St.           | Marys          | State    | Zip Code (Plus 4) | 5    | 9    | 2008 |                  |
|                    |                | PA       | 15857-349         |      |      |      |                  |
| Full Name          | of Contributor |          |                   | МО   | DAY  | VEAD |                  |
| Kathryn Ye         | ecko           |          |                   | МО   | DAY  | YEAR |                  |
| Mailing Add        | dress          |          |                   |      |      |      | <b>\$</b> 112.50 |
| <b>City</b> Wa     | shington       | State    | Zip Code (Plus 4) | 5    | 9    | 2008 |                  |
|                    |                | PA       | 15301-339         |      |      |      |                  |
| Full Name          | of Contributor | <u> </u> |                   | мо   | DAY  | YEAR |                  |
| Mr. David          | T. Martin      |          |                   | МО   | DAT  | ILAK |                  |
| Mailing Add        | dress          |          |                   |      |      |      | <b>\$</b> 150.00 |
| <b>City</b> Pitt   | tsburgh        | State    | Zip Code (Plus 4) | 5    | 12   | 2008 |                  |
|                    |                | PA       | 15215-330         |      |      |      |                  |
| Full Name          | of Contributor | -        |                   | мо   | DAY  | YEAR |                  |
| Ms. Susan Hoolahan |                |          | 1-10              | DAI  | ILAK |      |                  |
| Mailing Add        | dress          |          |                   |      |      |      | <b>\$</b> 150.00 |
| <b>City</b> Pitt   | tsburgh        | State    | Zip Code (Plus 4) | 5    | 12   | 2008 |                  |
|                    |                | PA       | 15215-330         |      |      |      |                  |
| Full Name          | of Contributor |          |                   | мо   | DAY  | YEAR |                  |
| Mr John R          | Carroll        |          |                   | 1-10 | DAI  | ILAK |                  |
| Mailing Add        | dress          |          |                   |      |      |      | <b>\$</b> 112.50 |
| <b>City</b> Pitt   | tsburgh        | State    | Zip Code (Plus 4) | 5    | 12   | 2008 |                  |
|                    |                | PA       | 15215-330         |      |      |      |                  |
| Full Name          | of Contributor |          |                   | мо   | DAY  | YEAR |                  |
| Mr. Charles        | s M. Rudek     |          |                   | МО   | DAT  | ILAK |                  |
| Mailing Add        | dress          |          |                   |      |      |      | <b>\$</b> 112.50 |
| City Apo           | ollo           | State    | Zip Code (Plus 4) | 5    | 12   | 2008 |                  |
|                    |                | PA       | 15613-171         |      |      |      |                  |
| Full Name          | of Contributor |          |                   | мо   | DAY  | YEAR |                  |
| Thomas M.          | . Newman       |          |                   | MO   | DAT  | TEAR |                  |
| Mailing Add        | dress          |          |                   |      |      |      | <b>\$</b> 187.50 |
| <b>City</b> Pitt   | tsburgh        | State    | Zip Code (Plus 4) | 5    | 12   | 2008 |                  |
|                    |                | PA       | 15241-156         |      |      |      |                  |
| Full Name          | of Contributor |          |                   | мо   | DAY  | YEAR |                  |
| Ms. Marjor         | ie Jacobs      |          |                   |      | DAI  | IEAN |                  |
| Mailing Add        | dress          |          |                   |      |      |      | <b>\$</b> 75.00  |
| <b>City</b> Pitt   | tsburgh        | State    | Zip Code (Plus 4) | 5    | 12   | 2008 |                  |
|                    |                | PA       | 15215-330         |      |      |      |                  |
|                    |                |          |                   |      |      |      |                  |

| Full N | ame of Contributor |       |                   | мо | DAY  | YEAR |                  |
|--------|--------------------|-------|-------------------|----|------|------|------------------|
| Mr. Ja | ack L. Fleissner   |       |                   |    | 571. |      |                  |
| Mailin | ng Address         |       |                   |    |      |      | <b>\$</b> 112.50 |
| City   | Washington         | State | Zip Code (Plus 4) | 5  | 12   | 2008 |                  |
|        |                    | PA    | 15301-632         |    |      |      |                  |

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

| PAGE TOTAL     |
|----------------|
| \$<br>5,018.75 |

#### **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 Candi | ame of Filing Committee of Candidate |               |             | Reporting Period |     |      |          |            |    |  |
|-----------------------------------|--------------------------------------|---------------|-------------|------------------|-----|------|----------|------------|----|--|
|                                   |                                      |               | From:       |                  |     | То:  |          |            |    |  |
|                                   |                                      |               |             | DA               | TE  |      | A        | AMOUNT     |    |  |
| Full Name of Contributing Committ | tee                                  |               |             | мо               | DAY | YEAR |          | 0          | 00 |  |
| Mailing Address                   |                                      |               |             |                  |     |      | <b>*</b> | 0.         | 00 |  |
| City                              | State                                | Zip Code      | e (Plus 4)  |                  |     |      |          |            |    |  |
|                                   |                                      |               |             |                  |     |      |          | PAGE TOTAL |    |  |
| Enter Grand Total of Part C on    | Schedule I, Detaile                  | ed Summary Pa | age, Sectio | n 3.             |     |      | \$       | 0.0        | 0  |  |

### ALL OTHER CONTRIBUTIONS

**OVER \$250.00** 

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

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

| Name of Filing Committee or Candidate  |               |     |                          | Repo | orting Pe   | riod         |                  |                      |                  |  |  |
|--|---------------|-----|--------------------------|------|-------------|--------------|------------------|----------------------|------------------|--|--|
| Hospital & Healthsystem Assoc of PA PA   | AC (HAPAC)    |     |                          | Fron | n:          | 1/1/2        | <u>008</u> To    | To: <u>5/12/2008</u> |                  |  |  |
|  |               |     |                          |      | DA          | <b>ATE</b>   |                  | АМО                  | DUNT             |  |  |
| Full Name of Contributor   |               |     |                          |      | мо          | DAY          | YEAR             |                      |                  |  |  |
| Ms. Patricia Barbarowicz   |               |     |                          |      | MO          | DAT          | TEAR             | \$                   | 300.00           |  |  |
| Mailing Address  |               |     |                          |      | 5           | 9            | 2008             |                      |                  |  |  |
| <b>City</b> Chambersburg   | State         | Zij | Code (Plus               | 4)   |             | ,            | 2000             |                      |                  |  |  |
|  | PA            | 17  | 201-170                  |      |             |              |                  |                      |                  |  |  |
| Employer Name Chambersburg Hospita   | al            |     |                          |      | Occupat     | ion          | Vice Pre         | sident for           | ident for Planni |  |  |
| Employer Mailing Address/Principal Plac  | e of Business |     | City                     |      |             | State        |                  | Zip Code             | (Plus 4)         |  |  |
|  |               |     | Chambers                 | burg |             | PA           |                  | 17201-17             | 70               |  |  |
| Full Name of Contributor   |               |     |                          |      |             | •            |                  |                      |                  |  |  |
| Ms. Lissa Showe  |               |     |                          |      | МО          | DAY          | YEAR             | \$                   | 300.00           |  |  |
| Mailing Address  |               |     |                          |      | _           | _            |                  | 7                    |                  |  |  |
| City Hagerstown  | State         | Zij | Code (Plus               | 4)   | 5           | 6            | 2008             |                      |                  |  |  |
|  | MD            | 21  | 740-766                  | -    |             |              |                  |                      |                  |  |  |
| Employer Name Summit Health  |               |     |                          |      | Occupat     | ion          | VP               |                      |                  |  |  |
| Employer Mailing Address/Principal Place   | e of Business |     | City                     |      |             | State        | •                | Zip Code             | (Plus 4)         |  |  |
|  |               |     | Chambers                 | hura |             | PA           |                  | 17201                | (                |  |  |
| Full Name of Contributor   |               |     | CHAMBERS                 | burg |             | 1.7.         |                  | 1                    |                  |  |  |
|  |               |     |                          |      | МО          | DAY          | YEAR             | \$                   | 450.00           |  |  |
| Ms Meghan Patton  Mailing Address  |               |     |                          |      |             |              |                  | -                    |                  |  |  |
|  | State         | 71. | Code (Plus               | 4)   | 5           | 6            | 2008             |                      |                  |  |  |
| <b>City</b> Abington   |               | "   | •                        | 7)   |             |              |                  |                      |                  |  |  |
| Form to the second seco | PA I          | 19  | 0001-378                 |      | 0           | •            | <u> </u>         | <u> </u>             |                  |  |  |
| Employer Name Abington Memorial Ho   |               |     |                          |      | Occupat     | 1            | Director         | Human R              |                  |  |  |
| Employer Mailing Address/Principal Plac  | e of Business |     | City                     |      |             | State        |                  | Zip Code             | -                |  |  |
|  |               |     | Abington                 |      |             | PA           |                  | 19001-37             | 72               |  |  |
| Full Name of Contributor   |               |     |                          |      |             |              |                  |                      |                  |  |  |
| Ms. Margaret M McGoldrick  |               |     |                          |      | мо          | DAY          | YEAR             | _ ا                  | 275.00           |  |  |
| Ms. Margaret M McGoldrick  |               |     |                          |      | МО          | DAY          | YEAR             | \$                   | 375.00           |  |  |
| Ms. Margaret M McGoldrick  Mailing Address   |               |     |                          |      | <b>MO</b> 5 | <b>DAY</b> 6 | <b>YEAR</b> 2008 | -                    | 375.00           |  |  |
|  | State         | Zij | p Code (Plus             | 4)   |             |              |                  | -                    | 375.00           |  |  |
| Mailing Address  | State<br>PA   |     | o Code (Plus<br>1001-378 | 4)   |             |              |                  | -                    | 375.00           |  |  |
| Mailing Address  | PA            |     | •                        | 4)   |             | 6            | 2008             | -                    |                  |  |  |
| Mailing Address  City Abington   | PA<br>spital  |     | •                        | 4)   | 5           | 6            | 2008             |                      | esident          |  |  |

| Full Name of Contributor   |  |                     |   | МО           | DAY   | YEAR                      | \$   | 375.00               |
|--|--|---------------------|---|--------------|---|---------------------------|--|----------------------|
| Ms. Lorraine Pruitt  |  |                     |   |              |   |                           | -  |                      |
| Mailing Address  | State  |                     | n Cada (Plua 4)   | 5            | 6   | 2008                      |  |                      |
| <b>City</b> Meadowbrook  |  |                     | p Code (Plus 4)   |              |   |                           |  |                      |
|  | I РД   | 1 19                | 9046-110  | -            | _   |                           |  |                      |
| Employer Name Abington Mem   | ·  |                     | l   | Occupat      | 1   | Chair, A                  | bington Men  |                      |
| Employer Mailing Address/Princ   | ipal Place of Business   |                     | City  |              | State   |                           | Zip Code (P  | us 4)                |
|  |  |                     | Abington  |              | PA  |                           | 19001-372  |                      |
| Full Name of Contributor   |  |                     |   | мо           | DAY   | YEAR                      | <b> </b>   | 375.00               |
| Mr. John H. Durham   |  |                     |   | 110          | 27.1.   |                           | _] *   | 3/3.00               |
| Mailing Address  |  |                     |   | 5            | 6   | 2008                      |  |                      |
| <b>City</b> Gwynedd Valley   | State  | Zi                  | p Code (Plus 4)   |              |   |                           |  |                      |
|  | l <sub>PA</sub>  | 19                  | 9437-081  |              |   |                           |  |                      |
| Employer Name Abington Mem   | norial Hospital  |                     |   | Occupat      | ion   | Trustee                   |  |                      |
| Employer Mailing Address/Princ   | ipal Place of Business   |                     | City  |              | State   |                           | Zip Code (P  | us 4)                |
|  |  |                     | Abington  |              | PA  |                           | 19001-372  |                      |
| Full Name of Contributor   |  |                     |   |              |   |                           |  |                      |
| Mr. Edward K. Asplundh   |  |                     |   | МО           | DAY   | YEAR                      | \$   | 375.00               |
| Mailing Address  |  |                     |   | 5            | 6   | 2008                      |  |                      |
| City Huntingdon Valley   | State  | Zi                  | p Code (Plus 4)   | J 3          | 0   | 2006                      |  |                      |
|  | l <sub>PA</sub>  | 19                  | 9006-481  |              |   |                           |  |                      |
| Employer Name Abington Mem   |  |                     |   | Occupat      | ion   | Retired                   |  |                      |
| Employer Mailing Address/Princ   | ·  |                     | City  | •            | State   |                           | Zip Code (Pi   | us 4)                |
|  |  |                     | Abington  |              | l <sub>PA</sub>                               |                           | 19001-372  | •                    |
| Full Name of Contributor   |  |                     | 3.5   |              |   |                           | T  |                      |
| Mr. George E. Graham Jr.   |  |                     |   | МО           | DAY   | YEAR                      | \$   | 375.00               |
| Mailing Address  |  |                     |   |              |   |                           | -  |                      |
| City Meadowbrook   | State  | Zi                  | p Code (Plus 4)   | 5            | 6   | 2008                      |  |                      |
|  | PA   |                     | 9046-131  |              |   |                           |  |                      |
|  |  |                     |   |              |   | •                         | <u> </u>   |                      |
| Employer Name Acplundh   |  | - 1:                | 70.10 101   | Occupat      | ion   | Evocutiv                  | o Vico Proci   | lont                 |
| Employer Name Asplundh   |  | , 13                | Γ   | Occupat      | 1   | Executiv                  | ve Vice Presid   |                      |
| Employer Name Asplundh Employer Mailing Address/Prince   |  | - 1                 | City  | Occupat      | State   | Executiv                  | Zip Code (P  |                      |
| Employer Mailing Address/Princ   |  | . 1:                | Γ   | Occupat      | 1   | Executiv                  |  |                      |
| Employer Mailing Address/Princ   |  | 112                 | City  | Occupat      | State   | Executiv<br>YEAR          | Zip Code (P  | us 4)                |
| Employer Mailing Address/Prince Full Name of Contributor Mr. Donald A. Pizer CPA   |  |                     | City  |              | State<br>PA                                   |                           | <b>Zip Code (Pi</b> 19090-170                                    |                      |
| Full Name of Contributor Mr. Donald A. Pizer CPA Mailing Address   | cipal Place of Business  |                     | City<br>Willow Grove  |              | State<br>PA                                   |                           | <b>Zip Code (Pi</b> 19090-170                                    | us 4)                |
| Employer Mailing Address/Prince Full Name of Contributor Mr. Donald A. Pizer CPA   | Cipal Place of Business  State   | Zi                  | City Willow Grove   | МО           | State<br>PA<br>DAY                            | YEAR                      | <b>Zip Code (Pi</b> 19090-170                                    | us 4)                |
| Full Name of Contributor Mr. Donald A. Pizer CPA Mailing Address City Jenkintown   | State  | Zi                  | City<br>Willow Grove  | <b>MO</b> 4  | State<br>PA<br>DAY                            | <b>YEAR</b> 2008          | <b>Zip Code (Pi</b> 19090-170                                    | us 4)                |
| Full Name of Contributor Mr. Donald A. Pizer CPA Mailing Address City Jenkintown  Employer Name Abington Mem   | State PA norial Hospital   | Zi                  | City Willow Grove  P Code (Plus 4) 0046-224                                 | МО           | State PA  DAY  29                             | YEAR                      | <b>Zip Code (P</b> l 19090-170                                   | <b>375.00</b>        |
| Full Name of Contributor Mr. Donald A. Pizer CPA Mailing Address City Jenkintown   | State PA norial Hospital   | Zi                  | City Willow Grove  p Code (Plus 4) 9046-224  City                           | <b>MO</b> 4  | State PA  DAY  29  ion  State                 | <b>YEAR</b> 2008          | Zip Code (Pl<br>19090-170<br>\$<br>Zip Code (Pl                  | <b>375.00</b>        |
| Full Name of Contributor Mr. Donald A. Pizer CPA Mailing Address City Jenkintown  Employer Name Abington Mem   | State PA norial Hospital   | Zi                  | City Willow Grove  P Code (Plus 4) 0046-224                                 | <b>MO</b> 4  | State PA  DAY  29                             | <b>YEAR</b> 2008          | <b>Zip Code (P</b> l 19090-170                                   | <b>375.00</b>        |
| Full Name of Contributor Mr. Donald A. Pizer CPA Mailing Address City Jenkintown  Employer Name Abington Mem   | State PA norial Hospital   | Zi                  | City Willow Grove  p Code (Plus 4) 9046-224  City                           | MO 4         | State PA  DAY  29  cion State PA              | YEAR 2008                 | <b>Zip Code (P</b> I 19090-170 <b>\$ Zip Code (P</b> I 19001-372 | 375.00<br>us 4)      |
| Full Name of Contributor Mr. Donald A. Pizer CPA Mailing Address City Jenkintown  Employer Name Abington Mem Employer Mailing Address/Prince   | State PA norial Hospital   | Zi                  | City Willow Grove  p Code (Plus 4) 9046-224  City                           | <b>MO</b> 4  | State PA  DAY  29  ion  State                 | <b>YEAR</b> 2008          | Zip Code (Pl<br>19090-170<br>\$<br>Zip Code (Pl                  | <b>375.00</b>        |
| Full Name of Contributor Mr. Donald A. Pizer CPA Mailing Address City Jenkintown  Employer Name Abington Mem Employer Mailing Address/Prince   | State PA norial Hospital   | Zi                  | City Willow Grove  p Code (Plus 4) 9046-224  City                           | MO 4         | State PA  DAY  29  ion State PA  DAY          | YEAR 2008 CPA YEAR        | <b>Zip Code (P</b> I 19090-170 <b>\$ Zip Code (P</b> I 19001-372 | 375.00<br>us 4)      |
| Full Name of Contributor Mr. Donald A. Pizer CPA Mailing Address City Jenkintown  Employer Name Abington Mem Employer Mailing Address/Prince  Full Name of Contributor Dr John J Kelly , M.D.                                | State PA norial Hospital   | <b>Zi</b>  <br>  19 | City Willow Grove  p Code (Plus 4) 9046-224  City                           | MO 4 Occupat | State PA  DAY  29  cion State PA              | YEAR 2008                 | <b>Zip Code (P</b> I 19090-170 <b>\$ Zip Code (P</b> I 19001-372 | 375.00<br>us 4)      |
| Full Name of Contributor Mr. Donald A. Pizer CPA Mailing Address City Jenkintown  Employer Name Abington Mem Employer Mailing Address/Prince  Full Name of Contributor Dr John J Kelly , M.D.  Mailing Address               | State PA norial Hospital cipal Place of Business   | Zi <sub>1</sub>     | City Willow Grove  P Code (Plus 4) 9046-224  City Abington                  | MO 4 Occupat | State PA  DAY  29  ion State PA  DAY          | YEAR 2008 CPA YEAR        | <b>Zip Code (P</b> I 19090-170 <b>\$ Zip Code (P</b> I 19001-372 | 375.00<br>us 4)      |
| Full Name of Contributor Mr. Donald A. Pizer CPA Mailing Address City Jenkintown  Employer Name Abington Mem Employer Mailing Address/Prince  Full Name of Contributor Dr John J Kelly , M.D.  Mailing Address               | State PA norial Hospital cipal Place of Business  State PA State PA                                  | Zi <sub>1</sub>     | City Willow Grove  P Code (Plus 4) 0046-224  City Abington  P Code (Plus 4) | MO 4 Occupat | State PA  DAY  29  State PA  DAY  29  DAY  29 | YEAR 2008 CPA YEAR        | Zip Code (Pl<br>19090-170<br>\$<br>Zip Code (Pl<br>19001-372     | 375.00<br>us 4)      |
| Full Name of Contributor Mr. Donald A. Pizer CPA Mailing Address City Jenkintown  Employer Name Abington Mem Employer Mailing Address/Prince  Full Name of Contributor Dr John J Kelly , M.D.  Mailing Address City Abington | State PA norial Hospital cipal Place of Business  State PA Annorial Hospital Cipal Place of Business | Zi <sub>1</sub>     | City Willow Grove  P Code (Plus 4) 0046-224  City Abington  P Code (Plus 4) | MO 4 Occupat | State PA  DAY  29  State PA  DAY  29  DAY  29 | YEAR 2008  CPA  YEAR 2008 | Zip Code (Pl<br>19090-170<br>\$<br>Zip Code (Pl<br>19001-372     | us 4)  375.00  us 4) |

| Full Name of Contributor  |                 |                     |                     | МО       | DAY      | YEAR     | <b> </b>                   | 375.00        |
|---|-----------------|---------------------|---------------------|----------|----------|----------|----------------------------|---------------|
| Mr. Fred W. Shaffer   |                 |                     |                     |          |          |          | ļ ·                        |               |
| Mailing Address   | T <sub>a</sub>  | T                   |                     | 4        | 29       | 2008     |                            |               |
| <b>City</b> Meadowbrook   | State           |                     | p Code (Plus 4)     |          |          |          |                            |               |
|   | I PA            | I 19                | 0046-102            |          |          |          | 1                          |               |
| Employer Name Abington Memorial                                       | · .             |                     |                     | Occupat  | ion      | Retired  |                            |               |
| Employer Mailing Address/Principal Pl                                 | ace of Business |                     | City                |          | State    |          | Zip Code (Pl               | us 4)         |
|   |                 |                     | Abington            |          | PA       |          | 19001-372                  |               |
| Full Name of Contributor  |                 |                     |                     | МО       | DAY      | YEAR     | _                          | 275.00        |
| Mr Gary B Weinstein   |                 |                     |                     |          | <i>-</i> | 127111   | \$                         | 375.00        |
| Mailing Address   | _               |                     |                     | 4        | 28       | 2008     |                            |               |
| <b>City</b> Washington  | State           | Zi                  | p Code (Plus 4)     |          |          |          |                            |               |
|   | l <sub>PA</sub> | 15                  | 301-339             |          |          |          |                            |               |
| Employer Name Washington Hospita                                      | I               |                     |                     | Occupat  | tion     | Executiv | e Vice Presid              | ent           |
| Employer Mailing Address/Principal Pl                                 | ace of Business |                     | City                |          | State    |          | Zip Code (Plu              | us 4)         |
|   |                 |                     | Washington          |          | PA       |          | 15301-339                  |               |
| Full Name of Contributor  |                 |                     |                     |          |          |          |                            |               |
| Mr. John J. McElwee Jr.   |                 |                     |                     | МО       | DAY      | YEAR     | \$                         | 500.00        |
| Mailing Address   |                 |                     |                     | 1        | 22       | 2000     | 1                          |               |
| City Williamsport   | State           | Zi                  | p Code (Plus 4)     | 4        | 22       | 2008     |                            |               |
|   | <sub>MD</sub>   | <br>  <sub>21</sub> | .795-406            |          |          |          |                            |               |
| Employer Name Chambersburg Hosp                                       | pital           |                     |                     | Occupat  | ion      | VP       |                            |               |
| Employer Mailing Address/Principal Pl                                 |                 |                     | City                | •        | State    |          | Zip Code (Pl               | us 4)         |
|   |                 |                     | Chambersburg        |          | PA       |          | 17201-172                  |               |
| Full Name of Contributor  |                 |                     |                     |          |          |          |                            |               |
| Mr Frank J Trembulak  |                 |                     |                     | МО       | DAY      | YEAR     | \$                         | 2,000.00      |
| Mailing Address   |                 |                     |                     |          |          |          | 1                          |               |
| City Danville   | State           | Zi                  | p Code (Plus 4)     | 4        | 18       | 2008     |                            |               |
|   | <sub>PA</sub>   | <sub>17</sub>       | '822-980            |          |          |          |                            |               |
| Employer Name Geisinger Medical C                                     | enter           |                     |                     | Occupat  | ion      | Executiv | e Vice Presid              | ent           |
| Employer Mailing Address/Principal Pl                                 |                 |                     | City                | <u> </u> | State    |          | Zip Code (Plu              |               |
| ,                               |                 |                     | Danville            |          | PA       |          | 17822-220                  | ,             |
| Full Name of Contributor  |                 |                     | 24                  |          | 1.7.     |          | T                          |               |
|   |                 |                     |                     | МО       | DAY      | YEAR     | \$                         | 375.00        |
| Ms. Chloe Eichelberger  Mailing Address                               |                 |                     |                     |          |          |          | 1                          |               |
| City York   | State           | Zi                  | p Code (Plus 4)     | 4        | 17       | 2008     |                            |               |
| orty Tork   | PA              |                     | 404-111             |          |          |          |                            |               |
| Employer Name Memorial Hospital                                       | . 1 \           | . 1/                |                     | Occupat  | ion      | •        | •                          |               |
| Employer Mailing Address/Principal Pl                                 | ace of Rusiness |                     | City                | Госсира  | State    | I        | Zip Code (Plu              | us 4)         |
| Linployer Mailing Address/Frincipal Fi                                | ace of business |                     |                     |          |          |          |                            | us + <i>)</i> |
|   |                 |                     | York                |          | PA       |          | 17403-260                  |               |
| Full Name of Contributor  |                 |                     |                     | мо       | DAY      | YEAR     | <b> </b>                   | 750.00        |
| Ms. Sally J. Dixon  |                 |                     |                     |          |          |          | 4                          |               |
| Mailing Address   | - Charles       |                     | . 6.4. (5)          | 4        | 17       | 2008     |                            |               |
| City York   | State           |                     | p Code (Plus 4)     |          |          |          |                            |               |
|   | I PA            | ı 17                | 403-260             | 1        |          | l        | 1                          |               |
|   | . 171           |                     |                     |          |          |          |                            |               |
| Employer Name Memorial Hospital                                       |                 |                     |                     | Occupat  | 1        | Presider |                            |               |
| Employer Name Memorial Hospital Employer Mailing Address/Principal Pl |                 |                     | <b>City</b><br>York | Occupat  | State    | Presider | Zip Code (Plu<br>17403-260 | us 4)         |

| Full Name of Contributor                |                 |     |                 |                                      |       |          |                   |   |  |
|---|-----------------|-----|-----------------|--------------------------------------|-------|----------|-------------------|---|--|
| Mr. Kenneth L. Shur                     |                 |     |                 | МО                                   | DAY   | YEAR     | \$ 300.0          | 0 |  |
| Mailing Address                         |                 |     |                 |                                      |       |          | 1                 |   |  |
| City Waynesboro                         | State           | Zij | p Code (Plus 4) | 4                                    | 14    | 2008     |                   |   |  |
| ,                                       | l <sub>PA</sub> | 17  | 7268-239        |                                      |       |          |                   |   |  |
| Employer Name Waynesboro Hospital       | , ,             |     |                 | Occupation Vice President, Chief Ope |       |          |                   |   |  |
| Employer Mailing Address/Principal Plac | e of Business   |     | City            |                                      | State | 1        | Zip Code (Plus 4) |   |  |
|   |                 |     | Waynesboro      |                                      | PA    |          | 17268-239         |   |  |
| Full Name of Contributor                |                 |     | Waynessoro      |                                      | 1171  |          | 1,200 233         | _ |  |
|   |                 |     |                 | МО                                   | DAY   | YEAR     | \$ 750.0          | 0 |  |
| Mr. Telford W. Thomas CHE               |                 |     |                 |                                      |       |          | -                 |   |  |
| Mailing Address                         |                 |     | 4               | 14                                   | 2008  |          |                   |   |  |
| City Washington                         | State           | •   | p Code (Plus 4) |                                      |       |          |                   |   |  |
|   | l PA I          | 15  | 5301-339        |                                      | l     |          |                   |   |  |
| Employer Name Washington Hospital       |                 |     |                 | Occupation President & Chief Executi |       |          |                   |   |  |
| Employer Mailing Address/Principal Plac | e of Business   |     | City            | State Zi <sub>l</sub>                |       |          | Zip Code (Plus 4) |   |  |
|   |                 |     | Washington      | PA 15301-339                         |       |          | 15301-339         |   |  |
| Full Name of Contributor                |                 |     | -               |                                      |       |          |                   |   |  |
| Ms. Michele Zeigler                     |                 |     |                 | МО                                   | DAY   | YEAR     | \$ 300.0          | 0 |  |
| Mailing Address                         |                 |     |                 |                                      | 4.4   | 2000     | 1                 |   |  |
| <b>City</b> Chambersburg                | State           | Zij | p Code (Plus 4) | 4                                    | 11    | 2008     |                   |   |  |
|   | <sub>PA</sub>   | 17  | 7201-172        |                                      |       |          |                   |   |  |
| Employer Name Summit Health             |                 |     |                 | Occupat                              | ion \ | Vice Pre | sident and Chief  |   |  |
| Employer Mailing Address/Principal Plac | e of Business   |     | City            |                                      | State |          | Zip Code (Plus 4) |   |  |
|   |                 |     | Chambersburg    |                                      | PA    |          | 17201             |   |  |
|   |                 |     | •               |                                      | •     |          |                   | _ |  |

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

| PAGE TOTAL     |
|----------------|
| \$<br>9,400.00 |

## 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 Committe | ee or Candidate    |                     |            | Report  | ing Perio | od      |                |               |            |
|-------------------------|--------------------|---------------------|------------|---------|-----------|---------|----------------|---------------|------------|
| Hospital & Healthsysten | n Assoc of PA PA   | AC (HAPAC)          |            | From:   |           | 1/1/200 | 18 <b>To</b> : |               | 5/12/2008  |
|                         |                    |                     |            |         | D         | ATE     |                |               | AMOUNT     |
| Full Name               |                    |                     |            |         | мо        | DAY     | YEAR           | 9             | 9,55       |
| Commerce Bank-PA        |                    |                     |            |         | 1-10      | DAI     | ILAK           | _  ₹          | 9.55       |
| Mailing Address         |                    | Γ                   | 1          |         | 4         | 10      | 2008           | 3             |            |
| <b>City</b> Harrisburg  |                    | State               | Zip Code ( | Plus 4) |           |         |                |               |            |
|                         |                    | PA                  | 17111      |         |           |         |                |               |            |
| Receipt Description     | March interest in  | come                |            |         |           |         |                |               |            |
| Full Name               |                    |                     |            |         |           | DAY     | VEAD           |               | 15.15      |
| Commerce Bank-PA        |                    |                     |            |         | МО        | DAY     | YEAR           | _ \$          | 16.48      |
| Mailing Address         |                    |                     |            |         | 4         | 10      | 2008           | 3             |            |
| <b>City</b> Harrisburg  |                    | State               | Zip Code ( | Plus 4) | -         |         |                |               |            |
|                         |                    | PA                  | 17111      |         |           |         |                |               |            |
| Receipt Description     | March interest in  | come                | •          |         |           | •       |                |               |            |
| Full Name               |                    |                     |            |         |           |         | V=45           |               |            |
| Commerce Bank-PA        |                    |                     |            |         | МО        | DAY     | YEAR           | \$            | 9.36       |
| Mailing Address         |                    |                     |            |         | 5         | 6       | 2008           | 3             |            |
| <b>City</b> Harrisburg  |                    | State               | Zip Code ( | Plus 4) |           |         |                |               |            |
|                         |                    | PA                  | 17111      |         |           |         |                |               |            |
| Receipt Description /   | April interest inc | ome                 | •          |         |           | •       |                |               |            |
| Full Name               |                    |                     |            |         |           |         |                |               |            |
| Commerce Bank-PA        |                    |                     |            |         | МО        | DAY     | YEAR           | \$            | 8.26       |
| Mailing Address         |                    |                     |            |         | 5         | 6       | 2008           | $\overline{}$ |            |
| <b>City</b> Harrisburg  |                    | State               | Zip Code ( | Plus 4) |           |         | 2000           |               |            |
|                         |                    | PA                  | 17111      |         |           |         |                |               |            |
| Receipt Description /   | April interest inc | ome                 |            |         |           |         |                |               |            |
|                         |                    |                     |            |         | _         |         | ſ              |               | PAGE TOTAL |
| Enter Grand Total of Pa | rt E on Schedu     | ie 1, Detailed Sumn | nary Page, | Section | 4.        |         |                | \$            | 43.65      |

#### **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 Perio | od                         |           |
|--|-----------------|----------------------------|-----------|
| Hospital & Healthsystem Assoc of PA PAC (HAPAC)  | From:           | <u>1/1/2008</u> <b>To:</b> | 5/12/2008 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | PER CONTRIBUTOR |                            |           |
| TOTAL for the Reporting Pe   | eriod (1)       | \$                         | 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   | 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, | <u> </u>        | \$                         | 0.00      |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| Name of Filing Committee or Can |                      |                        |         |         | Reporting Period |             |           |      |  |  |
|---------------------------------|----------------------|------------------------|---------|---------|------------------|-------------|-----------|------|--|--|
|                                 |                      |                        | From:   |         |                  |             | То:       |      |  |  |
|                                 |                      |                        |         | DATE    |                  |             | AMOUNT    |      |  |  |
| Full Name of Contributor        |                      |                        | мо      | DAY     | YEAR             |             |           |      |  |  |
| Mailing Address                 |                      |                        |         |         |                  | <b>7</b> \$ |           | 0.00 |  |  |
| City                            | State                | Zip Code (Plus 4)      |         |         |                  |             |           |      |  |  |
| Description of Contribution:    | •                    | •                      |         | •       |                  | ·           |           |      |  |  |
|                                 |                      |                        |         |         | -                |             |           |      |  |  |
| Enter Grand Total of Part F or  | າ Schedule II, In-Ki | nd Contributions Detai | led Sun | mary Pa | ge,              |             | 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                        |                |     |                  |        |                   |                |       |       | \$              | 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 Zi <sub>l</sub> | p Code(Plus 4) | Descr | iptio | on of Contribut | ion  |
| Enter Grand Total of Part G on Sch     | edule II, In-K | ind | Contributions D  | etaile | ed                |                |       |       | PAGE TO         | TAL  |
| 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             | 1/1/2008 | То: | <u>5/12/2008</u> |  |  |

|           |                      |       |                   |                            | DATE                            |            |             | AMOUNT   |  |
|-----------|----------------------|-------|-------------------|----------------------------|---------------------------------|------------|-------------|----------|--|
| To Who    | m Paid               |       |                   | мо                         | DAY                             | YEAR       |             |          |  |
| Comme     | rce Bank-PA          |       |                   | М                          |                                 | I Z / II K |             |          |  |
| Mailing   | Address              |       |                   | 4                          | 10                              | 2008       | \$          | 117.00   |  |
| City      | Harrisburg           | State | Zip Code (Plus 4) | Descrip                    | tion of Exp                     | enditure   |             |          |  |
|           |                      | PA    | 17111             | March b                    | ank fees                        |            |             |          |  |
| To Who    | m Paid               |       |                   | мо                         | DAY                             | YEAR       |             |          |  |
| Citizens  | for Clymer           |       |                   | МО                         | DAI                             | ILAK       |             |          |  |
| Mailing   | Address              |       |                   | 4                          | 18                              | 2008       | \$          | 100.00   |  |
| City      | Sellersville         | State | Zip Code (Plus 4) | Descrip                    | tion of Exp                     | enditure   |             |          |  |
|           |                      | PA    | 18960             | Paul Cly                   | Paul Clymer, STATE HOUSE 145 PA |            |             |          |  |
| To Who    | m Paid               |       |                   | мо                         | DAY                             | YEAR       |             |          |  |
| Earll for | Senate Committee     |       |                   | М                          |                                 | ILAK       |             |          |  |
| Mailing   | Address              |       |                   | 4                          | 18                              | 2008       | \$          | 500.00   |  |
| City      | Harrisburg           | State | Zip Code (Plus 4) | Descrip                    | tion of Exp                     | enditure   |             |          |  |
|           |                      | PA    | 17108             | Jane Ea                    | rll, STATE                      | SENATE -   | 49 PA       |          |  |
| To Who    | m Paid               |       |                   | мо                         | DAY                             | YEAR       |             |          |  |
| Friends   | of Tim Hennessey     |       |                   | М                          |                                 | ILAK       |             |          |  |
| Mailing   | Address              |       |                   | 4                          | 18                              | 2008       | \$          | 350.00   |  |
| City      | Pottstown            | State | Zip Code (Plus 4) | Description of Expenditure |                                 |            |             |          |  |
|           |                      | PA    | 19465             | Timothy                    | / Hennesse                      | y, STATE   | HOUSE 26    | 5 PA     |  |
| To Who    | m Paid               |       |                   | мо                         | DAY                             | YEAR       |             |          |  |
| Friends   | of George Kenney     |       |                   | МО                         | DAI                             | ILAK       |             |          |  |
| Mailing   | Address              |       |                   | 4                          | 18                              | 2008       | \$          | 300.00   |  |
| City      | Philadelphia         | State | Zip Code (Plus 4) | Descrip                    | tion of Exp                     | enditure   | l.          |          |  |
|           |                      | PA    | 19116             | George                     | Kenney, S                       | TATE HO    | USE 170 PA  | 4        |  |
| To Who    | m Paid               |       |                   | мо                         | DAY                             | YEAR       |             |          |  |
| Pileggi f | for Senate Committee |       |                   | 110                        |                                 | LAIN       |             |          |  |
| Mailing   | Address              |       |                   | 4                          | 18                              | 2008       | \$          | 1,000.00 |  |
| City      | Harrisburg           | State | Zip Code (Plus 4) | Descrip                    | tion of Exp                     | enditure   |             |          |  |
|           |                      | PA    | 17108             | Dominio                    | : Pileggi, S                    | TATE SE    | NATE 9th PA | 4        |  |
|           |                      |       |                   |                            |                                 |            |             |          |  |

| To Wh  | om Paid                           |             |                   | МО                         | DAY              | YEAR      |             |        |  |  |  |
|--------|-----------------------------------|-------------|-------------------|----------------------------|------------------|-----------|-------------|--------|--|--|--|
| Friend | s of Ron Marsico                  |             |                   |                            |                  |           |             |        |  |  |  |
| Mailin | g Address                         |             |                   | 4                          | 18               | 2008      | \$          | 500.00 |  |  |  |
| City   | Harrisburg                        | State       | Zip Code (Plus 4) | Description of Expenditure |                  |           |             |        |  |  |  |
|        |                                   | PA          | 17112             | Ronald                     | Marsico, S       | TATE HOL  | JSE 105 PA  |        |  |  |  |
| To Wh  | om Paid                           |             |                   | мо                         | DAY              | YEAR      |             |        |  |  |  |
| Marko  | sek for State Legislature Commi   | tee         |                   | МО                         |                  | ILAK      |             |        |  |  |  |
| Mailin | g Address                         |             |                   | 4                          | 18               | 2008      | \$          | 500.00 |  |  |  |
| City   | Monroeville                       | State       | Zip Code (Plus 4) | Descript                   | tion of Exp      | enditure  |             |        |  |  |  |
|        |                                   | PA          | 15146             | Joseph I                   | Markosek,        | STATE H   | OUSE 25 PA  |        |  |  |  |
| To Wh  | om Paid                           |             |                   | МО                         | DAY              | YEAR      |             |        |  |  |  |
| Comm   | nittee to Re-Elect Senator Mike S | tack        |                   | MO                         | DAI              | ILAK      |             |        |  |  |  |
| Mailin | g Address                         |             |                   | 4                          | 18               | 2008      | \$          | 500.00 |  |  |  |
| City   | Philadelphia                      | State       | Zip Code (Plus 4) | Descript                   | tion of Exp      | enditure  |             |        |  |  |  |
|        |                                   | 19116       | Michael           | Stack, ST                  | ATE SENA         | TE 5th PA |             |        |  |  |  |
| To Wh  | om Paid                           |             |                   |                            | DAY              | VEAD      |             |        |  |  |  |
| Friend | s of Frank L. Oliver              |             |                   | МО                         | DAY              | YEAR      |             |        |  |  |  |
| Mailin | g Address                         |             |                   | 4                          | 18               | 2008      | \$          | 500.00 |  |  |  |
| City   | Harrisburg                        | State       | Zip Code (Plus 4) | Descript                   | tion of Exp      | enditure  |             |        |  |  |  |
|        |                                   | PA          | 17108             | Frank O                    | liver, STA       | TE HOUSE  | 195 PA      |        |  |  |  |
| To Wh  | om Paid                           |             |                   | мо                         | DAY              | YEAR      |             |        |  |  |  |
| Friend | s of Mark Keller                  |             |                   | М                          | DAI              | ILAK      |             |        |  |  |  |
| Mailin | g Address                         |             |                   | 4                          | 18               | 2008      | \$          | 250.00 |  |  |  |
| City   | Landisburg                        | State       | Zip Code (Plus 4) | Description of Expenditure |                  |           |             |        |  |  |  |
|        |                                   | PA          | 17040             | Mark Ke                    | ller, STAT       | E HOUSE   | 86 PA       |        |  |  |  |
| To Wh  | om Paid                           |             |                   | МО                         | DAY              | YEAR      |             |        |  |  |  |
| Comm   | nittee to Re-Elect State Rep. San | dra Major   |                   | 140                        |                  | TEAK      |             |        |  |  |  |
| Mailin | g Address                         |             |                   | 4                          | 18               | 2008      | \$          | 500.00 |  |  |  |
| City   | Montrose                          | State       | Zip Code (Plus 4) | Descript                   | tion of Exp      | enditure  |             |        |  |  |  |
|        |                                   | PA          | 18801             | Sandra                     | Major, STA       | ATE HOUS  | SE 111th PA |        |  |  |  |
| To Wh  | om Paid                           |             |                   |                            | DAY              | VEAD      |             |        |  |  |  |
| Frienc | s of Chris King                   |             |                   | МО                         | DAY              | YEAR      |             |        |  |  |  |
| Mailin | g Address                         |             |                   | 4                          | 18               | 2008      | \$          | 250.00 |  |  |  |
| City   | Langhorne                         | State       | Zip Code (Plus 4) | Descript                   | tion of Exp      | enditure  |             |        |  |  |  |
|        |                                   | PA          | 19047             | Chris Ki                   | ng, STATE        | HOUSE 1   | L42 PA      |        |  |  |  |
| To Wh  | om Paid                           | <del></del> | MO                | DAY                        | YEAR             |           |             |        |  |  |  |
| HRCC   | 2008, Inc.                        |             |                   | МО                         | DAY              | TEAK      |             |        |  |  |  |
| Mailin | g Address                         |             |                   | 4                          | 18               | 2008      | \$          | 500.00 |  |  |  |
| City   | Harrisburg                        | State       | Zip Code (Plus 4) | Descript                   | l<br>tion of Exp | enditure  |             |        |  |  |  |
|        | -                                 | PA          | 17108             | HRCC 2                     | 008, INC.        |           |             |        |  |  |  |
|        |                                   | •           | •                 | •                          |                  |           |             |        |  |  |  |

| To Wi   | nom Paid                        |                     |                   |                       |                                       |           |   |                          |
|---------|---------------------------------|---------------------|-------------------|-----------------------|---------------------------------------|-----------|---|--------------------------|
| The H   | ospital & Healthsystem Associat | ion of Pennsylvania |                   | МО                    | DAY                                   | YEAR      |   |                          |
| Mailin  | g Address                       |                     |                   | 4                     | 18                                    | 2008      | \$                                      | 1,012.77                 |
| City    | Harrisburg                      | State               | Zip Code (Plus 4) | Descript              | tion of Exp                           | enditure  |   |                          |
|         |                                 | PA                  | 17105-860         | <sup>'</sup> Allocate | AL & HEAL<br>d To Frien<br>d To Frien | ds of Joh | SSOC OF PA<br>n Perzel Cte.<br>e Turzai | / \$506.39<br>/ \$506.38 |
| To Wi   | nom Paid                        |                     |                   | мо                    | DAY                                   | YEAR      |   |                          |
| Armst   | rong for Senate Committee       |                     |                   | 1-10                  |                                       | I ZAIK    |   |                          |
| Mailin  | g Address                       |                     |                   | 5                     | 2                                     | 2008      | \$                                      | 500.00                   |
| City    | Refton                          | State               | Zip Code (Plus 4) | Descript              | tion of Exp                           | enditure  |   |                          |
|         |                                 | PA                  | 17568             | Gibson A              | Armstrong                             | , STATE S | SENATE 13th                             | PA .                     |
| _       | nom Paid                        |                     |                   | мо                    | DAY                                   | YEAR      |   |                          |
|         | ty for Senate                   |                     |                   |                       |                                       |           |   | 500.00                   |
| Mailin  | g Address                       |                     |                   | 5                     | 2                                     | 2008      | \$                                      | 500.00                   |
| City    | Harrisburg                      | State               | Zip Code (Plus 4) | Descript              | tion of Exp                           | enditure  |   |                          |
|         |                                 | PA                  | 17108             | John Ra               | fferty, STA                           | ATE SENA  | TE 44 PA                                |                          |
| To W    | nom Paid                        |                     |                   | МО                    | DAY                                   | YEAR      |   |                          |
| Friend  | ls of Jake Corman               |                     |                   |                       |                                       |           |   |                          |
| Mailin  | g Address                       |                     |                   | 5                     | 2                                     | 2008      | \$                                      | 500.00                   |
| City    | Granville                       | State               | Zip Code (Plus 4) | Descript              | tion of Exp                           | enditure  |   |                          |
|         |                                 | PA                  | 17029             | Jake Co               | rman, STA                             | TE SENA   | TE 34 PA                                |                          |
| To W    | nom Paid                        |                     |                   | мо                    | DAY                                   | YEAR      |   |                          |
| Friend  | ds of Gene DiGirolamo           |                     |                   |                       |                                       |           |   |                          |
| Mailin  | g Address                       |                     |                   | 5                     | 2                                     | 2008      | <b>\$</b>                               | 400.00                   |
| City    | Bensalem                        | State               | Zip Code (Plus 4) | Descript              | tion of Exp                           | enditure  |   |                          |
|         |                                 | PA                  | 19020             | Gene Di               | iGirolamo,                            | STATE H   | OUSE 18th P                             | PA .                     |
| To W    | nom Paid                        |                     |                   | МО                    | DAY                                   | YEAR      |   |                          |
| Friend  | ds of John Evans                |                     |                   |                       |                                       |           |   |                          |
| Mailin  | g Address                       |                     |                   | 5                     | 2                                     | 2008      | <b>\$</b>                               | 300.00                   |
| City    | Harrisburg                      | State               | Zip Code (Plus 4) | Descript              | tion of Exp                           | enditure  |   |                          |
|         |                                 | PA                  | 17108             | John Ev               | ans, STAT                             | E HOUSE   | 5th PA                                  |                          |
| To W    | nom Paid                        |                     |                   | мо                    | DAY                                   | YEAR      |   |                          |
| Killior | 's Victory CteCandidate for 16  | 8                   |                   |                       |                                       |           |   |                          |
| Mailin  | g Address                       |                     |                   | 5                     | 2                                     | 2008      | \$                                      | 300.00                   |
| City    | Media                           | State               | Zip Code (Plus 4) | Descript              | tion of Exp                           | enditure  |   |                          |
|         |                                 | PA                  | 19063             | Thomas                | Killion, S                            | TATE HOL  | JSE 168 PA                              |                          |
| To Wi   | nom Paid                        |                     |                   | мо                    | DAY                                   | YEAR      |   |                          |
| Friend  | ds of Mike Gerber               |                     |                   |                       |                                       |           |   |                          |
| Mailin  | g Address                       |                     |                   | 5                     | 2                                     | 2008      | \$                                      | 300.00                   |
| City    | Ambler                          | State               | Zip Code (Plus 4) | Descript              | tion of Exp                           | enditure  |   |                          |
|         |                                 | PA                  | 19002             | Michael               | Gerber, S                             | TATE HO   | USE 148 PA                              |                          |

| To Whom Paid  |       |                   | МО                              | DAY | YEAR  |    |            |
|---|-------|-------------------|---------------------------------|-----|-------|----|------------|
| Committee to Elect Tony Payton, Jr.                                     |       |                   | 140                             |     | ILAK  |    |            |
| Mailing Address   |       |                   | 5                               | 2   | 2008  | \$ | 100.00     |
| City Philadelphia   | State | Zip Code (Plus 4) | Description of Expenditure      |     |       |    |            |
|   | PA    | 19124             | Tony Payton, STATE HOUSE 179 PA |     |       |    |            |
| To Whom Paid  |       |                   | мо                              | DAY | YEAR  |    |            |
| Commerce Bank-PA  |       |                   | 1-10                            |     | 12/11 |    |            |
| Mailing Address   |       |                   | 5                               | 6   | 2008  | \$ | 28.00      |
| City Harrisburg   | State | Zip Code (Plus 4) | Description of Expenditure      |     |       |    |            |
|   | PA    | 17111             | April bank fees                 |     |       |    |            |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |       |                   |                                 |     |       |    | PAGE TOTAL |
|   |       |                   |                                 |     |       | \$ | 9,807.77   |