Campaign Finance Report

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

| Filer Identificati Number : | on 790 | 0364 | | | | port ed B | | CANDI | DATE | | СОМ | 4ITTEE | ✓ | LOB | BYIST | | |
|--|--------------------------------|----------------------|------------------------|-------|--------|--------------|--------|-------------|----------|--------|------------|-----------------------------|----------------|----------|-----------|----------|----------|
| Name of Filing C | Committee, Candi | date or L | obbyist: | | Hos | spital | l & He | althsyste | em Ass | oc of | PA PA | C (HAPA | C) | | | | |
| Street Address: | 4750 LINDL | E RD PO | BX 8600 | | | | | | | | | | | | | | |
| City: | HARRISBUR | G | | | | | | State: | PA | | | Zip Code: 17105-8600 | | | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRIMARY | PRE | - | 2. | 30 DA | | | | | AMENDM REPORT? | | Yes | No | | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY ELECTION | PRE | - | 5. | 30 DA | | POST- | 6. | | TERMINA REPORT? | | Yes | No | • | / |
| report type) | ANNUAL REPOR | T 7. X | Year 2007 | | | | | IG METHO | | | | PAPER | | / | DISKE | TTE | |
| Name of Office S | Sought by Candid | ate: | | | | | | DATE 0 | F ELE | СТІО | N | District Number | Office Code | Pai | ty Code | Coun | |
| | , | | | | | | | МО | DAY | YE | AR | Number | coue | | | code | |
| | | | | | | | | 11 | | 6 | 2007 | | (SEE IN | STRUCTI | ONS FOR O | ODES) | 1 |
| | Receipts and | МО | DAY Y | EAR | 2 | | | МО | DAY | YE | AR | FO | R OFFI | CE USE | ONLY | | |
| Expenditures | irom: | | 1 1 | 2 | 007 | 7 T | 0 | 12 | | 31 | 2007 | | | | | | |
| A. Amount Bro | ught Forward Fro | om Last R | eport | | | | \$ | | | 20,8 | 37.28 | | | | | | |
| B. Total Moneta | ary Contributions | And Rec | eipts (From S | Sche | dule | e I) | \$ | | | 14,1 | 61.33 | | | | | | |
| C. Total Funds | Available (Sum (| Of Lines A | and B) | | | | \$ | | | 34,9 | 98.61 | | | | | | |
| D. Total Expend | ditures (From Sc | hedule II | I) | | | | \$ | | | 13,1 | 77.96 | | | | | | |
| E. Ending Cash | Balance (Subtra | ct Line D | From Line C) | | | | \$ | | | 21,8 | 20.65 | | | | | | |
| F. Value Of In- | Kind Contributio | ns Receiv | ed (From Sch | edu | le I | Ί) | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | ts And Obligation | s (From S | Schedule IV) | | | | \$ | | | | 0.00 | | | 1 | | | |
| | | | ļ | ٩FF | ΊD | AVI | T SE | CTION | | | | | | | | | |
| PART I - If this is | s a Committee re | port, trea | surer sign he | re. I | If th | his is | a Car | ndidate re | eport, o | candi | date sig | ın here. | | | | | |
| I swear (or affirm) correct and comple |) that this report, in ete. | cluding th | e attached sche | dules | s file | ed on | paper | or by elect | ronic m | edium | , are to t | he best o | f my kno | wledge | and belie | ef , tru | ıe |
| Sworn to and subs | cribed before me the day of | nis | 20 | | | | | | | S | ignature | of Perso | n Submit | ting Re | ort | | _ |
| | Signa | :ure | | | | | - | | | | | Prin | ted Name | e | | | - |
| My Commission Ex | cpires | | | | | | _ | | | | | Ema | il | | | | _ |
| | МО | D | AY | YR | | | | | Ar | ea Cod | e | Daytim | e Telepl | none Nu | mber | | |
| Part II- If this is | a report of a ca | ndidate's | authorized Co | omn | nitte | ee, C | andid | ate shall | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | my knowl | edge and belief | this | poli | itical | comm | ittee has n | ot viola | ted an | y provis | ions of the | e act of J | une 3,1 | 937 (P.L | . 1333 | 3, |
| Sworn to and subsc | | s | | | | | | | | | s | ignature o | of Candid | ate | | | - |
| - | day of | | | | | | - | | | | | Printe | d Name | | | | - |
| | Signature | <u> </u> | | | | | - | | | | | | | | | | _ |
| My Commission Exp | pires | | | | | | | | | | | Ema | II | | | | |
| | мо | D | AY | YR | | | • | | Area | Code | | Da | aytime T | elephor | ne Numb | er | - |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| | 1 | | | |
|---|----------|----------|--------------|------------|
| Name of Filing Committee or Candidate | g Period | | | |
| Hospital & Healthsystem Assoc of PA PAC (HAPAC) | From: | 1/1/200 | <u>7</u> To: | 12/31/2007 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting | g Period | (1) | \$ | 1,176.46 |
| 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) | \$ | 5,614.98 | | |
| TOTAL for the Reporting | \$ | 5,614.98 | | |
| 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) | | | \$ | 6,040.00 |
| TOTAL for the Reporting | g Period | (3) | \$ | 6,040.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | | | |
| TOTAL for the Reporting | g Period | (4) | \$ | 1,329.89 |
| | | | | |
| Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa | | | \$ | 14,161.33 |

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

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

| Name of Filing Committee or Candidat | Reporting Period | | | | | | |
|--------------------------------------|------------------|-------------------|------|------|------|----|--------|
| | | F | rom: | | То | : | |
| | | | | DATE | | | AMOUNT |
| Full Name of Contributing Committee | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | |

PAGE TOTAL
0.00

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

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

| Name of Filing Committee or | Candidate | | Reporting P | eriod | | | |
|---|----------------------|--|-------------|-------|------------------------|----|------------|
| Hospital & Healthsystem Asse | oc of PA PAC (HAPAC) | | From: | 1/1/ | <u>2007</u> T o | o: | 12/31/2007 |
| | | | | DATE | | | AMOUNT |
| Full Name of Contributor Mr Brian Derrick | | | МО | DAY | YEAR | | |
| Mailing Address 5501 Old Y | ork Road | | | | | \$ | 135.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 19141-301 | 12 | 31 | 2007 | | |
| Full Name of Contributor Ms. Ivy Silver | | | МО | DAY | YEAR | | |
| Mailing Address 8460 Limel | kiln Pike | | | | | \$ | 90.00 |
| City Wyncote | State PA | Zip Code (Plus 4) 19095-191 | 12 | 31 | 2007 | | |
| Full Name of Contributor Mr. Richard Nunez | МО | DAY | YEAR | | | | |
| Mailing Address 4200 Monu | ıment Road | | | | | \$ | 135.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 19131-162 | 12 | 31 | 2007 | | |
| Full Name of Contributor Ms. A. Susan Bernini | • | • | МО | DAY | YEAR | | |
| Mailing Address 5501 Old Y | ork Road | | | | | \$ | 135.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 19141-301 | 12 | 31 | 2007 | | |
| Full Name of Contributor Ms. Cynthia A. DeGrandpre | | | МО | DAY | YEAR | | |
| Mailing Address 5501 Old Y | ork Road | | | | | \$ | 225.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 19141-301 | 12 | 31 | 2007 | | |
| Full Name of Contributor Mr. Brian Eury | | | МО | DAY | YEAR | | |
| Mailing Address 1835 Mark | | | | \$ | 59.99 | | |
| City Philadelphia | State PA | Zip Code (Plus 4) 19103-296 | 12 | 31 | 2007 | | |
| | | | | | | | |

| Mrs. Mary Beth Kingston RN Mailing Address 5501 Old York Road | МО | DAY | YEAR | |
|--|------|-----|------|------------------|
| | | | | |
| | | | | \$ 135.00 |
| City Philadelphia State Zip Code (Plus 4) | 12 | 31 | 2007 | |
| PA 19141-301 | | | | |
| Full Name of Contributor | мо | DAY | YEAR | |
| Dr. Jocelyn Lluberes MD | МО | DAT | TEAR | |
| Mailing Address 4040 Presidential Blvd. | | | | \$ 135.00 |
| City Philadelphia State Zip Code (Plus 4) | 12 | 31 | 2007 | |
| PA 19131-172 | | | | |
| Full Name of Contributor | МО | DAY | YEAR | |
| Mr. Robert E Greenwood | МО | DAT | TEAR | |
| Mailing Address 4750 Lindle Road Post Office Box 8600 | | | | \$ 45.00 |
| City Harrisburg State Zip Code (Plus 4) | 12 | 31 | 2007 | |
| PA 17111-245 | | | | |
| Full Name of Contributor | МО | DAY | YEAR | |
| Dr. Sook Hee Yoo MD | 1-10 | DAI | ILAK | |
| Mailing Address 1530 Sweebriar Road | | | | \$ 90.00 |
| City Gladwyne State Zip Code (Plus 4) | 12 | 31 | 2007 | |
| PA 19035-121 | | | | |
| Full Name of Contributor | МО | DAY | YEAR | |
| Dr. Michael Buckley M.D. | MO | DAI | ILAK | |
| Mailing Address 800 Spruce Street | | | | \$ 135.00 |
| City Philadelphia State Zip Code (Plus 4) | 12 | 31 | 2007 | |
| PA 19107-613 | | | | |
| Full Name of Contributor | МО | DAY | YEAR | |
| Ellen Schraff | 1-10 | DAI | ILAK | |
| Mailing Address 1606 Fordham Circle | | | | \$ 90.00 |
| City Altoona State Zip Code (Plus 4) | 12 | 31 | 2007 | |
| PA 16602-739 | | | | |
| Full Name of Contributor | МО | DAY | YEAR | |
| Mr. Robert C. Jackson Jr. | 1-10 | DAI | ILAK | |
| Mailing Address 631 North Broad Street Ext. | | | | \$ 100.00 |
| City Grove City State Zip Code (Plus 4) | 12 | 31 | 2007 | |
| PA 16127-460 | | | | |
| Full Name of Contributor | МО | DAY | YEAR | |
| William Rossman | MO | DAI | ILAK | |
| Mailing Address M & T Bank PO Box 2007 | | | | \$ 135.00 |
| City Altoona State Zip Code (Plus 4) | 12 | 31 | 2007 | |
| PA 16603-342 | | | | |
| Full Name of Contributor | мо | DAY | YEAR | |
| David L. Cowger | МО | DAT | ILAR | |
| Mailing Address 620 Howard Avenue | | | | \$ 135.00 |
| City Altoona State Zip Code (Plus 4) | 12 | 31 | 2007 | 1007 |
| PA 16601-489 | | | | |

| Full Name of Contri | butor | | | мо | DAY | YEAR | |
|------------------------|--------------------|-------|-------------------|----------|-----|--------|------------------|
| Burdett R. Porter | | | | 140 | DAI | ILAK | |
| Mailing Address | Guthrie Square | | | <u> </u> | | | \$ 135.00 |
| City Sayre | | State | Zip Code (Plus 4) | 12 | 26 | 2007 | |
| | | PA | 18840 | | | | |
| Full Name of Contri | butor | | | мо | DAY | YEAR | |
| Mrs. Joanne N. Jez | erski | | | 1-10 | DAI | ILAK | |
| Mailing Address | 302 Laurel Street | | | | | | \$ 100.00 |
| City Archbald | | State | Zip Code (Plus 4) | 12 | 18 | 2007 | |
| | | PA | 18403-201 | | | | |
| Full Name of Contri | butor | | | мо | DAY | YEAR | |
| John Loughney | | | | MO | DAT | TEAR | |
| Mailing Address | 746 Jefferson Aver | nue | | | | | \$ 100.00 |
| City Scranton | | State | Zip Code (Plus 4) | 12 | 10 | 2007 | |
| | | PA | 18510-162 | | | | |
| Full Name of Contri | butor | - | • | мо | DAY | YEAR | |
| Ms. Heidi S. Bockel | kamp | | | MO | DAT | TEAR | |
| Mailing Address | 746 Jefferson Aver | nue | | | | | \$ 100.00 |
| City Scranton | | State | Zip Code (Plus 4) | 12 | 10 | 2007 | |
| | | PA | 18510-162 | | | | |
| Full Name of Contri | butor | | • | | | | |
| Dr. E. Donald Koto | chick M.D. | | | МО | DAY | YEAR | |
| Mailing Address | 746 Jefferson Aver | nue | | | | | \$ 200.00 |
| City Scranton | | State | Zip Code (Plus 4) | 12 | 10 | 2007 | |
| | | PA | 18510-162 | | | | |
| Full Name of Contri | butor | - | - | | DAY | VEAD | |
| Elizabeth C. Leo | | | | МО | DAY | YEAR | |
| Mailing Address | 438 Cross Creek R | oad | | | | | \$ 200.00 |
| City Shavertowr | 1 | State | Zip Code (Plus 4) | 12 | 10 | 2007 | |
| | | PA | 18708-950 | | | | |
| Full Name of Contri | butor | | • | | | | |
| Gail D. Senak | | | | МО | DAY | YEAR | |
| Mailing Address | 205 Dale Avenue | | | | | | \$ 100.00 |
| City Scranton | | State | Zip Code (Plus 4) | 12 | 10 | 2007 | |
| | | PA | 18504-962 | | | | |
| Full Name of Contri | butor | | | | | VE - 5 | |
| Anthony J. Doughe | r | | | МО | DAY | YEAR | |
| Mailing Address | 1151 Franklin St | | | | | | \$ 100.00 |
| City Old Forge | | State | Zip Code (Plus 4) | 12 | 10 | 2007 | |
| | | PA | 18518-122 | | | | |
| Full Name of Contri | butor | | | | | | |
| Bernard M. Simono | | | | МО | DAY | YEAR | |
| Mailing Address | | | | | | | \$ 100.00 |
| City Dallas | | State | Zip Code (Plus 4) | 12 | 10 | 2007 | 100.00 |
| , Danas | | PA | 18612-142 | | | | |
| <u> </u> | | l, | 1 -0012 112 | I | l | I | l |

| State | | | | | | | | |
|--|----------------------|---------------------------------|-------------------|-------------------|------|------|------------------|------------------|
| David K-rishands | Full Na | ame of Contributor | | | МО | DAY | VEAR | |
| Part | David | R. Krishanda | | | 1.10 | DAI | ILAK | |
| Pale | Mailing | g Address 311 Third St | | | | | | \$ 100.00 |
| Full Name of Contributor State State Pa | City | Blakely | State | Zip Code (Plus 4) | 12 | 10 | 2007 | |
| No | | | PA | 18447-104 | | | | |
| Bitable | Full Na | ame of Contributor | | | МО | DAY | YEAR | |
| State | Elizabe | eth Ann Herron | | | | | | |
| Pa | Mailing | Address 132 Orchard East | Newberry Estates | |] | | | \$ 100.00 |
| Full Name of Contributor Full Name of Contri | City | Dallas | State | Zip Code (Plus 4) | 12 | 10 | 2007 | |
| Tent | | | PA | 18612 | | | | |
| Territ | Full Na | ame of Contributor | МО | DAY | VEAD | | | |
| This State Pa State | Terri L | Krevey | | | MO | DAT | IEAR | |
| PA | Mailing | g Address 746 Jefferson Ave | nue | | | | | \$ 100.00 |
| Full Name of Contributor Carcer Mailinowski Mailing Address 746 Jefferson Average PA 18510-162 Mailing Address PA 1918-382 Mailing Addre | City | Scranton | State | Zip Code (Plus 4) | 12 | 10 | 2007 | |
| Mailing Address Mailing A | | | PA | 18510-162 | | | | |
| Carol Mailing Address 746 Jefferson Average 7 | Full Na | ame of Contributor | | - | МО | DAY | VEAD | |
| State | Carol I | Malinowski | | | MO | DAT | TEAR | |
| PA 18510-162 MO DAY YEAR PA PA PA PA PA PA PA | Mailing | g Address 746 Jefferson Ave | nue | | | | | \$ 100.00 |
| Name of Contributor State PA State PA State PA PA PA PA PA PA PA P | City | Scranton | State | Zip Code (Plus 4) | 12 | 10 | 2007 | |
| Mailing Address 746 Jefferson average 746 Jefferson averag | | | PA | 18510-162 | | | | |
| Salit Mailing Address 746 Jefferson average 746 Jefferso | Full Na | ame of Contributor | | | МО | DAY | VEAD | |
| State | Gail M | oeller | | | MO | DAT | TEAR | |
| PA | Mailing | g Address 746 Jefferson ave | nue | | | | | \$ 100.00 |
| Mo | City | Scranton | State | Zip Code (Plus 4) | 12 | 10 | 2007 | |
| Mo | | | PA | 18510-162 | | | | |
| Sate DE State DE DE DE DE DE DE DE D | Full Na | ame of Contributor | | | МО | DAY | YEAR | |
| City Wilmington State DE Zip Code (Plus 4) 19803-490 12 10 2007 Full Name of Contributor Dr. Marc H. Zisselman MD Mo DAY YEAR \$ 135.00 Gity Philadelphia State PA Zip Code (Plus 4) 19118-382 12 10 2007 YEAR \$ 135.00 Full Name of Contributor Ms. Sharon A. Bergen Mo DAY YEAR \$ 90.00 Gity Philadelphia \$ 4200 Monument Rod Zip Code (Plus 4) 19131-168 12 10 2007 \$ 90.00 Full Name of Contributor Frank James MD Mo DAY YEAR \$ 225.00 Mailing Address G10 Chatham Street Address G10 Chatham Street Zip Code (Plus 4) 12 10 2007 \$ 225.00 | Barbar | ra A Carr ART | | | | | | |
| DE | Mailing | g Address 23 Grist Mill Court | | | | | | \$ 135.00 |
| Full Name of Contributor Order O | City | Wilmington | State | Zip Code (Plus 4) | 12 | 10 | 2007 | |
| Dr. Marc H. Zisselman MD | | | DE | 19803-490 | | | | |
| Dr. Marc H. Zisselman MD | Full Na | ame of Contributor | | | МО | DAY | VEAR | |
| City Philadelphia State Zip Code (Plus 4) 12 10 2007 Full Name of Contributor Ms. Sharon A. Bergen MO DAY YEAR \$ 90.00 Mailing Address 4200 Monument Road Zip Code (Plus 4) 12 10 2007 \$ 90.00 Full Name of Contributor Frank James MD MO DAY YEAR \$ 225.00 Mailing Address 610 Chatham Street State Zip Code (Plus 4) 12 10 2007 \$ 225.00 | Dr. Ma | arc H. Zisselman MD | | | | 57(1 | 12/11 | |
| PA | Mailing | g Address 6 Tohopeka Lane | | _ | | | | \$ 135.00 |
| Full Name of Contributor Ms. Sharon A. Bergen Mo DAY YEAR \$ 90.00 Mailing Address 4200 Monument Road 2ip Code (Plus 4) 12 10 2007 2007 Full Name of Contributor Frank James MD Mo DAY YEAR YEAR * 225.00 Mailing Address 610 Chatham Street \$ 225.00 * 2007 | City | Philadelphia | State | Zip Code (Plus 4) | 12 | 10 | 2007 | |
| Mo DAY YEAR Mailing Address 4200 Monument Road Zip Code (Plus 4) 12 10 2007 Full Name of Contributor Mo DAY YEAR Frank James MD Mo DAY YEAR \$ 225.00 Mailing Address 610 Chatham Street State Zip Code (Plus 4) 12 10 2007 | | | PA | 19118-382 | | | | |
| Mailing Address 4200 Monument Rote Address 4200 Monument Rote Address 4200 Monument Rote Address | Full Na | ame of Contributor | | | МО | DAY | YEAR | |
| City Philadelphia State PA Zip Code (Plus 4) 19131-168 12 10 2007 Full Name of Contributor Frank James MD Mailing Address 610 Chatham Street Mo DAY YEAR \$ 225.00 City Blue Bell State Zip Code (Plus 4) 12 10 2007 | Ms. Sharon A. Bergen | | | | | 57(1 | 12/11 | |
| Full Name of Contributor MO DAY YEAR Frank James MD Mo DAY YEAR Mailing Address 610 Chatham Street \$ 225.00 City Blue Bell State Zip Code (Plus 4) 12 10 2007 | Mailing | g Address 4200 Monument R | oad | |] | | | \$ 90.00 |
| Full Name of Contributor Frank James MD Mailing Address 610 Chatham Street City Blue Bell State Zip Code (Plus 4) 12 10 2007 | City | Philadelphia | State | Zip Code (Plus 4) | 12 | 10 | 2007 | |
| Frank James MD Mailing Address 610 Chatham Street City Blue Bell State Zip Code (Plus 4) 12 10 2007 **State** State** State** \$ 225.00 | | | PA | 19131-168 | | | | |
| Frank James MD State Lip Code (Plus 4) 12 10 2007 Mailing Address 610 Chatham Street \$ 225.00 City Blue Bell State Zip Code (Plus 4) 12 10 2007 | Full Na | ame of Contributor | | | МО | DAY | VEAD | |
| City Blue Bell State Zip Code (Plus 4) 12 10 2007 | Frank | James MD | | | INO | DAY | TEAR | |
| ' - ' | Mailing | g Address 610 Chatham Stre | | | | | \$ 225.00 | |
| PA 19422-290 | City | Blue Bell | Zip Code (Plus 4) | 12 | 10 | 2007 | | |
| | | | PA | 19422-290 | | | | |

| Full Name of Contributor | | | мо | DAY | YEAR | |
|-------------------------------|----------------------------|-------------------|----------|------|----------------|------------------|
| Gerard J. McKee | | | 1-10 | DA! | ILAN | |
| Mailing Address 611 Be | aumont Circle | | 1 | | | \$ 90.00 |
| City West Chester | State | Zip Code (Plus 4) | 12 | 10 | 2007 | |
| | PA | 19380-644 | | | | |
| Full Name of Contributor | | | мо | DAY | YEAR | |
| Carl R. Chudnofsky | | | | 571. | | |
| Mailing Address 208 Ed | enton Place | | 1 | | | \$ 135.00 |
| City Villanova | State | Zip Code (Plus 4) | 12 | 10 | 2007 | |
| | PA | 19085-145 | | | | |
| Full Name of Contributor | | | мо | DAY | YEAR | |
| Mrs. Luann Trainer | | 1-10 | DA! | ILAN | | |
| Mailing Address 106 Mu | uirfield Court | | <u> </u> | | | \$ 225.00 |
| City Moorestown | State | Zip Code (Plus 4) | 12 | 10 | 2007 | |
| | NJ | 08057-395 | | | | |
| Full Name of Contributor | | | мо | DAY | YEAR | |
| Lawrence Sampson | | | МО | DAT | TEAR | |
| Mailing Address Guthrie | e Square | | | | | \$ 90.00 |
| City Sayre | State | Zip Code (Plus 4) | 12 | 7 | 2007 | |
| | PA | 18840-169 | | | | |
| Full Name of Contributor | : | · | | | \ T 4 D | |
| Mr. Daniel D Blough , Jr. | | | МО | DAY | YEAR | |
| Mailing Address 81 Hillo | crest Drive | | | | | \$ 250.00 |
| City Punxsutawney | State | Zip Code (Plus 4) | 12 | 5 | 2007 | |
| | PA | 15767-261 | | | | |
| Full Name of Contributor | | - | . wo | DAY | VEAD | |
| Mr. Brian Eury | | | МО | DAY | YEAR | |
| Mailing Address 1835 M | larket Street 10 Floor | | | | | \$ 59.99 |
| City Philadelphia | State | Zip Code (Plus 4) | 12 | 3 | 2007 | |
| | PA | 19103-296 | | | | |
| Full Name of Contributor | | - | l wo | DAY | VEAD | |
| Mr. Robert E Greenwood | | | МО | DAY | YEAR | |
| Mailing Address 4750 L | indle Road Post Office Box | 8600 | | | | \$ 45.00 |
| City Harrisburg | State | Zip Code (Plus 4) | 12 | 3 | 2007 | |
| | PA | 17111-245 | | | | |
| Full Name of Contributor | | | МО | DAY | VEAD | |
| Dr. Kimberly R. Best MD | | | МО | DAY | YEAR | |
| Mailing Address 1179 D | Ounsinance Hill | | | | | \$ 135.00 |
| City Chester Springs | State | Zip Code (Plus 4) | 11 | 27 | 2007 | |
| | PA | 19425-131 | | | | |
| Full Name of Contributor | · | • | | | | - |
| Carol Keiper | | | МО | DAY | YEAR | |
| · | 1onument Road | | | | | \$ 90.00 |
| City Philadelphia | State | Zip Code (Plus 4) | 11 | 27 | 2007 | |
| | PA | 19131-168 | | | | |
| | | | ı | ı | ı | I |

| Full Name of Contributor | | | | | | |
|-------------------------------------|-----------|-------------------|-----|------|------|------------------|
| | | | МО | DAY | YEAR | |
| Ms. Laura J. McIntosh | | | | | | |
| Mailing Address 206 Lovel | l Pl. | | | | | \$ 135.00 |
| City Erie | State | Zip Code (Plus 4) | 11 | 27 | 2007 | |
| | PA | 16503-260 | | | | |
| Full Name of Contributor | | мо | DAY | YEAR | | |
| Mr. Gerald Blaney | | | | | | |
| Mailing Address 5501 Old | York Road | | | | | \$ 135.00 |
| City Philadelphia | State | Zip Code (Plus 4) | 11 | 27 | 2007 | |
| | PA | 19141-301 | | | | |
| Full Name of Contributor | | | мо | DAY | YEAR | |
| Ierachmiel Daskal | | | МО | | ILAK | |
| Mailing Address 1707 Ashbourne Road | | | | | | \$ 225.00 |
| City Elkins Park | State | Zip Code (Plus 4) | 11 | 27 | 2007 | |
| | PA | 19027 | | | | |

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

| PAGE TOTAL |
|----------------|
| \$ 5,614.98 |

PART C

Contributions Received From Political Committees

OVER \$250.00

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

| Name of Filing Committee or Candidate | Reporting | | | | | | | | |
|---------------------------------------|----------------------|----------|-------------|------|-----|----------|-------------|------------|------|
| | | | From: | | | То: | | | |
| | | | | DA | TE | | A | AMOUNT | |
| Full Name of Contributing Committee | | | | МО | DAY | YEAR | | | 0.00 |
| Mailing Address | | | | | | | - \$ | (| 0.00 |
| City | State | Zip Cod | e (Plus 4) | | | | | | |
| | | | | | | <u> </u> | | | |
| | | | | | | | | PAGE TOTAL | L |
| Enter Grand Total of Part C on Scheo | lule I, Detailed Sun | nmary Pa | age, Sectio | n 3. | | | \$ | 0. | .00 |

ALL OTHER CONTRIBUTIONS

OVER \$250.00

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

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

| Name of Filing Committee or Candidate | | | | Repo | orting Per | Reporting Period | | | | | | |
|---|-------------------------|--------------|------------|------|-------------------------|------------------|----------------------|-------|------------|--------------|--|--|
| Hospital & Healthsystem Assoc of PA PA | AC (HAPAC) | | | Fron | n: | 1/1/2 | <u>007</u> To | : | 12/31 | <u>/2007</u> | | |
| | | | | | DA | TE | | | AMOUNT | | | |
| Full Name of Contributor | | | | | МО | DAY | VEAD | Ι. | | | | |
| Mr Dominic Paccapaniccia | | | | | МО | DAT | YEAR | \$ | | 250.00 | | |
| Mailing Address 835 Hospital Road | | | | | 12 | 31 | 2007 | 1 | | | | |
| City Indiana | State | Zip | Code (Plus | 4) | 12 | 31 | 2007 | Ī | | | | |
| | PA | 15 | 701-362 | | | | | | | | | |
| Employer Name Indiana Regional Medi | cal Center | | | | Occupat | ion : | Senior \ | ice P | resident C | ре | | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | | State | | Zip (| Code (Plus | 4) | | |
| 835 Hospital Road Indiana | | | | | | PA | | 1570 | 01-078 | | | |
| Full Name of Contributor | | | | | | • | | | | | | |
| Mr Dominic Paccapaniccia | | | | | МО | DAY | YEAR | \$ | | 200.00 | | |
| Mailing Address 835 Hospital Road | | | | | 12 | 21 | 2007 | 1 | | | | |
| City Indiana | State | Zip | Code (Plus | 4) | 12 | 31 | 2007 | | | | | |
| | PA | PA 15701-362 | | | | | | | | | | |
| Employer Name Indiana Regional Medi | cal Center | | | | Occupat | ion : | Senior \ | ice P | resident C |)pe | | |
| Employer Mailing Address/Principal Plac | | | City | | | State | | Zip (| Code (Plus | 4) | | |
| 835 Hospital Road | | | Indiana | | | PA | | 1570 | 01-078 | | | |
| Full Name of Contributor | | | | | | | | П | | | | |
| Dr Jeffrey Cohn MD | | | | | МО | DAY | YEAR | \$ | | 450.00 | | |
| Mailing Address 5501 Old York Road | | | | | | | | 1 | | | | |
| City Philadelphia | State | Zip | Code (Plus | 4) | 12 | 31 | 2007 | | | | | |
| · | PA | 19 | 141-301 | | | | | | | | | |
| Employer Name Albert Einstein Medica | l Center- Willowcres | | | | Occupat | ion | | | | | | |
| Employer Mailing Address/Principal Plac | | | City | | | State | | Zip (| Code (Plus | 4) | | |
| 5501 Old York Road | | | Philadelph | ia | | PA | | | 41-301 | | | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | \$ | | 270.00 | | |
| John Whyte | | | | | | | | * | | 270.00 | | |
| Mailing Address 5501 Old York Road | | | | | 12 | 31 | 2007 | | | | | |
| City Philadelphia | State Zip Code (Plus 4) | | | | | | | | | | | |
| PA 19141-301 | | | | | l | | | I | | | | |
| Employer Name Albert Einstein Healthcare Network | | | | | Occupation | | | | | | | |
| Employer Mailing Address/Principal Place of Business City | | | | | State Zip Code (Plus 4) | | | 4) | | | | |
| 5501 Old York Road | | | Philadelph | ia | hia PA 191 | | | 1914 | 41-309 | | | |

| Full Name of Contributor | | | мо | DAY | YEAR | \$ | 500.00 |
|--|---|------------------------------------|----------------------|------------------|--------------------------|------------------------------|--------|
| Mr. Thomas E. Beeman CHE | Charact D.O. Bass 2555 | | | | | - | |
| · | Street P.O. Box 3555 State | Zip Code (Plus | 12 | 31 | 2007 | | |
| City Lancaster | | | 7) | | | | |
| Facilities Name 1 | | 17602-220 | 0 | | | | |
| Employer Name Lancaster General H | · | 1 | Occupa | | Presider | nt and Chief | |
| Employer Mailing Address/Principal Pl | ace of Business | City | | State | | Zip Code (P | us 4) |
| 555 North Duke Street | | Lancaster | | PA | | 17604-355 | |
| Full Name of Contributor | | | МО | DAY | YEAR | \$ | 500.00 |
| Ms. Jacquelyn Gaines | | | | | | _ * | 500.00 |
| Mailing Address 606 Skyline Drive | | | 12 | 10 | 2007 | | |
| City South Abington Township | State | Zip Code (Plus | 4) | | | | |
| | PA | 18411-918 | | l | | | |
| Employer Name Mercy Hospital of Sc | cranton | | Occupa | ition | Presider | nt & Chief Ex | ecuti |
| Employer Mailing Address/Principal Pl | ace of Business | City | | State | | Zip Code (P | us 4) |
| 746 Jefferson Avenue | | Scranton | | PA | | 18501-169 | |
| Full Name of Contributor | | | | | | | |
| Ms. Ruth Lefton | | | МО | DAY | YEAR | \$ | 270.00 |
| Mailing Address 60 East Township | Line Road | | 42 | 10 | 2007 | 7 | |
| City Elkins Park | | Zip Code (Plus | 4) 12 | 10 | 2007 | | |
| | PA | 19027-222 | | | | | |
| Employer Name Moss Rehab, Einstei | n at Elkins Park | | Occupa | ition | Chief Or | perating Office | er |
| Employer Mailing Address/Principal Pl | | City | | State | | Zip Code (P | |
| 60 East Township Line Road | | Elkins Par | (| PA | | 19027-222 | • |
| Full Name of Contributor | | | | 1 | | 1 | |
| | | | МО | DAY | YEAR | \$ | 450.00 |
| Mr. Richard J. Braemer Mailing Address 8309 Stenton Ave | nuo | | | | | - | |
| City Wyndmoor | · · · · · · · · · · · · · · · · · · · | Zip Code (Plus | 12 | 10 | 2007 | | |
| wynamoor | 1 | 19038-842 | , | | | | |
| Employer Name Albert Einstein Healt | | 19030 042 | Occupa | tion | Presider | <u>'</u> | |
| Employer Mailing Address/Principal Pl | | City | Госсира | State | Presider | Zip Code (P | 4) |
| | ace or business | | | | | | us 4) |
| 5501 Old York Road | | Philadelph | ıa | PA | | 19141-309 | |
| Full Name of Contributor | | | мо | DAY | YEAR | \$ | 450.00 |
| Mr. Eric Mankin MD | | | | | | | |
| | | | | | | <u> </u> | |
| Mailing Address 110 Drakes Drum | | | 12 | 7 | 2007 | | |
| Mailing Address 110 Drakes Drum City Bryn Mawr | State | Zip Code (Plus | 12 | 7 | 2007 | | |
| City Bryn Mawr | State | Zip Code (Plus 19010-112 | 12 | | 2007 | | |
| City Bryn Mawr Employer Name Jeanes Hospital | State PA | 19010-112 | 12 | | | ecutive Offic | |
| City Bryn Mawr | State PA | • | 12 | | | | |
| City Bryn Mawr Employer Name Jeanes Hospital | State PA | 19010-112 | 12 4) Occupa | ition | | ecutive Offic | |
| City Bryn Mawr Employer Name Jeanes Hospital Employer Mailing Address/Principal Pl | State PA | 19010-112 | 12 Occupa | State PA | Chief Ex | recutive Office Zip Code (Pl | us 4) |
| City Bryn Mawr Employer Name Jeanes Hospital Employer Mailing Address/Principal Pl. 7600 Central Avenue | State PA | 19010-112 | 12 4) Occupa | State | | recutive Offic | |
| City Bryn Mawr Employer Name Jeanes Hospital Employer Mailing Address/Principal Pl 7600 Central Avenue Full Name of Contributor | State PA ace of Business | 19010-112 | 12 Occupa | State PA DAY | Chief Ex | recutive Office Zip Code (Pl | us 4) |
| City Bryn Mawr Employer Name Jeanes Hospital Employer Mailing Address/Principal Pl. 7600 Central Avenue Full Name of Contributor Mr. John D. Cacciamani | State PA ace of Business Streets | 19010-112 | 12 Occupation MO | State PA | Chief Ex | recutive Office Zip Code (Pl | us 4) |
| Employer Name Jeanes Hospital Employer Mailing Address/Principal Pl 7600 Central Avenue Full Name of Contributor Mr. John D. Cacciamani Mailing Address Broad and Ontario | State PA ace of Business Streets State | 19010-112 City Philadelph | 12 Occupation MO | State PA DAY | Chief Ex | recutive Office Zip Code (Pl | us 4) |
| Employer Name Jeanes Hospital Employer Mailing Address/Principal Pl 7600 Central Avenue Full Name of Contributor Mr. John D. Cacciamani Mailing Address Broad and Ontario | State PA ace of Business Streets State PA | City Philadelph Zip Code (Plus | 12 Occupation MO | State PA DAY 7 | Chief Ex YEAR 2007 | recutive Office Zip Code (Pl | 900.00 |
| City Bryn Mawr Employer Name Jeanes Hospital Employer Mailing Address/Principal Pl 7600 Central Avenue Full Name of Contributor Mr. John D. Cacciamani Mailing Address Broad and Ontario City Philadelphia | State PA ace of Business Streets State PA lospital | City Philadelph Zip Code (Plus | 12 Occupation MO 12 | State PA DAY 7 | Chief Ex YEAR 2007 | zip Code (Pl 19111-249 | 900.00 |

| Full Name of Contributor | | | | мо | DAY | YEAR | | 450.00 | |
|---|--|---------------|---|----------------------|--------------------------------------|-------------------------|-------------------------|--------------------------|--|
| Mr. Arthur C. Papacostas | | | | MO | DAI | ILAK | \$ | 450.00 | |
| Mailing Address 250 N. Bent Road | | | | 12 | 7 | 2007 | 1 | | |
| City Wyncote | State | Zip (| Code (Plus 4) |] '- | , | 2007 | | | |
| | PA | 1909 | 95-133 | | | | 1 | | |
| Employer Name Temple University He | alth System | | | Occupation CIO | | | | | |
| Employer Mailing Address/Principal Plac | ce of Business | - (| City | State Zip Code (Plus | | | (Plus 4) | | |
| 2450 W Hunting Park Avenue | | | Philadelphia | | PA | | 19129 | | |
| Full Name of Contributor | | | | Mo | DAY | VEAD | | | |
| Mr. Robert H. Lux CPA | | | | МО | DAY | YEAR | \$ | 450.00 | |
| Mailing Address 3401 North Broad S | Street | | | 12 | 7 | 2007 | 7 | | |
| City Philadelphia | State | Zip (| Code (Plus 4) |] '' [| , | 2007 | Ī | | |
| | PA | 1914 | 40-518 | | | | 1 | | |
| Employer Name Temple University Health System | | | | | Occupation Vice President/Chief Fina | | | | |
| Employer Mailing Address/Principal Plac | ce of Business | - 1 | City | | State | | Zip Code | (Plus 4) | |
| 2450 W Hunting Park Avenue | | | Philadelphia | | PA | | 19129 | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | |
| | | | | MO | DAY | YEAK | \$ | 450.00 | |
| Dr. Gregory Seth Weinstein MD | | | | | | | * | 450.00 | |
| Mailing Address 1035 Sentry Lane | | | | 11 | 29 | 2007 | | 430.00 | |
| | State | Zip (| Code (Plus 4) | - 11 | 29 | 2007 | | 450.00 | |
| Mailing Address 1035 Sentry Lane | State PA | - | Code (Plus 4) 35-100 | - 11 | 29 | 2007 | <u> </u> | 430.00 | |
| Mailing Address 1035 Sentry Lane | PA | 1903 | • • | - 11 Occupat | | 2007 Surgeor | | 430.00 | |
| Mailing Address 1035 Sentry Lane City Gladwyne | PA sity of Pennsylvania | 1903 | • • | | | | | | |
| Mailing Address 1035 Sentry Lane City Gladwyne Employer Name Hospital of the Univer | PA sity of Pennsylvania | 1903 | 35-100 | | ion : | | 1 | (Plus 4) | |
| Mailing Address 1035 Sentry Lane City Gladwyne Employer Name Hospital of the Univer Employer Mailing Address/Principal Place | PA sity of Pennsylvania | 1903 | 35-100 City | Occupat | State | Surgeor | Zip Code 19104-4 | (Plus 4) 28 | |
| Mailing Address 1035 Sentry Lane City Gladwyne Employer Name Hospital of the Univer Employer Mailing Address/Principal Place 3400 Spruce Street | PA sity of Pennsylvania | 1903 | 35-100 City | | ion : | | Zip Code | (Plus 4) | |
| Mailing Address 1035 Sentry Lane City Gladwyne Employer Name Hospital of the Univer Employer Mailing Address/Principal Place 3400 Spruce Street Full Name of Contributor | PA sity of Pennsylvania ce of Business | 1903 | 35-100 City | Occupat | State PA DAY | Surgeor | Zip Code 19104-4 | (Plus 4) 28 | |
| Mailing Address 1035 Sentry Lane City Gladwyne Employer Name Hospital of the Univer Employer Mailing Address/Principal Place 3400 Spruce Street Full Name of Contributor Dr. Arnold W. Cohen MD | PA sity of Pennsylvania ce of Business | 1903 | 35-100 City | Occupat | State | Surgeor | Zip Code 19104-4 | (Plus 4) 28 | |
| Mailing Address 1035 Sentry Lane City Gladwyne Employer Name Hospital of the Univer Employer Mailing Address/Principal Place 3400 Spruce Street Full Name of Contributor Dr. Arnold W. Cohen MD Mailing Address 1925 W. Point Drive | PA sity of Pennsylvania ce of Business | 1903 | 35-100 City Philadelphia | Occupat | State PA DAY | Surgeor | Zip Code 19104-4 | (Plus 4) 28 | |
| Mailing Address 1035 Sentry Lane City Gladwyne Employer Name Hospital of the Univer Employer Mailing Address/Principal Place 3400 Spruce Street Full Name of Contributor Dr. Arnold W. Cohen MD Mailing Address 1925 W. Point Drive | PA sity of Pennsylvania se of Business State NJ | 1903 | City Philadelphia Code (Plus 4) | Occupat | State PA DAY 27 | Surgeor | Zip Code 19104-4 | (Plus 4) 28 | |
| Mailing Address 1035 Sentry Lane City Gladwyne Employer Name Hospital of the Univer Employer Mailing Address/Principal Place 3400 Spruce Street Full Name of Contributor Dr. Arnold W. Cohen MD Mailing Address 1925 W. Point Drive City Cherry Hill | PA sity of Pennsylvania ce of Business State NJ Al Center | 1903 Zip (| City Philadelphia Code (Plus 4) | MO 11 | State PA DAY 27 | Surgeor YEAR 2007 | Zip Code 19104-4 | (Plus 4) 28 450.00 | |
| Mailing Address 1035 Sentry Lane City Gladwyne Employer Name Hospital of the Univer Employer Mailing Address/Principal Place 3400 Spruce Street Full Name of Contributor Dr. Arnold W. Cohen MD Mailing Address 1925 W. Point Drive City Cherry Hill Employer Name Albert Einstein Medica | PA sity of Pennsylvania ce of Business State NJ Al Center | 2ip (| City Philadelphia Code (Plus 4) 03-291 | MO 11 | State PA DAY 27 | Surgeor YEAR 2007 | Zip Code 19104-4 | (Plus 4) 28 450.00 | |

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

PAGE TOTAL \$ 6,040.00

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

| • | • | | | | | | | |
|---|------------------------------|-------------|---------|-----------|----------|--------------|-----------|-----------|
| Name of Filing Committee or Candidate | | | Report | ing Perio | od | | | |
| Hospital & Healthsystem Assoc of PA PA | AC (HAPAC) | | From: | | 1/1/200 | <u>7</u> To: | <u>17</u> | 2/31/2007 |
| | | | | D | ATE | | A | MOUNT |
| Full Name | | | | мо | DAY | YEAR | | F00.00 |
| Nat'l Assoc of Psychiatric Health Sys (NA | PHS/PAC) | | | МО | DAT | IEAR | \$ | 500.00 |
| Mailing Address 325 Seventh Street, I | NW Suite 625 | | | 12 | 4 | 2007 | | |
| City Washington | State | Zip Code (| Plus 4) | | | 2007 | | |
| | DC | 20004-28 | | | | | | |
| Receipt Description Void - Nat'l Asso | ı c of Psychiatric Health | n Sys (NAPh | HS/PAC) | | l. | | | |
| Full Name | | | | | | | | |
| SE-RSVP | | | | МО | DAY | YEAR | \$ | 300.00 |
| Mailing Address P.O. Box 45 | | | | 12 | 4 | 2007 | | |
| City Harrisburg | State | Zip Code (| Plus 4) | 12 | 4 | 2007 | | |
| , | PA | 17108 | | | | | | |
| Receipt Description Void - SE-RSVP | Į. | ! | | | | | | |
| Full Name | | | | МО | DAY | VEAD | | 200.00 |
| Friends of John Evans | | | | МО | DAY | YEAR | \$ | 300.00 |
| Mailing Address P.O. Box 545 | | | | 12 | 5 | 2007 | | |
| City Harrisburg | State | Zip Code (| Plus 4) | | | 2007 | | |
| | PA | 17108 | | | | | | |
| Receipt Description Void - Friends of | John Evans | | | | • | | | |
| Full Name | | | | | | | | |
| Commerce Bank-PA Derry Street | | | | МО | DAY | YEAR | \$ | 54.70 |
| Mailing Address 3801 Paxton Street P | .O. Box 4999 | | | 10 | | 2007 | | |
| City Harrisburg | State | Zip Code (| Plus 4) | 12 | 6 | 2007 | | |
| , | PA | 17111 | | | | | | |
| Receipt Description November 2007 | Iinterest income | | | | <u>I</u> | | | |
| Full Name | | | | | | | | |
| Commerce Bank-PA Derry Street | | | | МО | DAY | YEAR | \$ | 73.16 |
| Mailing Address 3801 Paxton Street P | .O. Box 4999 | | | 10 | | 2007 | | |
| City Harrisburg | State | Zip Code (| Plus 4) | 12 | 6 | 2007 | | |
| · · · · · · · · · · · · · · · · · · · | PA | 17111 | · | | | | | |
| | I | 1 | | | I | I | i | |

Receipt Description

November 2007 interest income

| Full Name | | | | - A-V | V=45 | | |
|--|-----------------|-----------------------------------|-----------|---------------|------------------|----|-------|
| Commerce Bank-PA | | | МО | DAY | YEAR | \$ | 46.56 |
| Mailing Address 3801 Paxton St | | | 12 | 31 | 2007 | | |
| City Harrisburg | State | Zip Code (Plus 4) |] '- | 31 | 2007 | | |
| | PA | 17111 | | | | | |
| Receipt Description December 2007 | interest income | ! | | | | | |
| | | | | | | | |
| Full Name | | | мо | DAY | VEAD | 4 | FF 47 |
| Full Name Commerce Bank-PA | | | МО | DAY | YEAR | \$ | 55.47 |
| | | | | | | \$ | 55.47 |
| Commerce Bank-PA | State | Zip Code (Plus 4) | MO | DAY 31 | YEAR 2007 | \$ | 55.47 |
| Commerce Bank-PA Mailing Address 3801 Paxton St | State PA | Zip Code (Plus 4) 17111 | | | | \$ | 55.47 |

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

| PAGE TOTAL |
|----------------|
| \$ 1,329.89 |

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting Period | | | | | | | | |
|--|------------------|----------------------------|------------|--|--|--|--|--|--|
| Hospital & Healthsystem Assoc of PA PAC (HAPAC) | From: | <u>1/1/2007</u> To: | 12/31/2007 | | | | | | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | | | | | | | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 | | | | | | |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | | | | | | | | |
| TOTAL for the Reporting Pe | eriod (2) | \$ | 0.00 | | | | | | |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | | | | | | | |
| TOTAL for the Reporting Pe | eriod (3) | \$ | 0.00 | | | | | | |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, | | \$ | 0.00 | | | | | | |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate | lame of Filing Committee or Candidate | | Reporting Period | | | | | |
|---|---------------------------------------|--------------------|------------------|----------|------|-------------|-----------|----------|
| | | | From: | | | To: | | |
| | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | мо | DAY | YEAR | | | |
| Mailing Address | | _ | | | | 7 \$ | | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | | |
| Description of Contribution: | - | • | • | • | | • | | |
| | | | | | _ | | | |
| Enter Grand Total of Part F on Sched Section 2. | dule II, In-Kind (| Contributions Deta | iled Sum | mary Pag | je, | | PAGE TOTA | L |
| 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 | ation | | | | |
| Employer Mailing Address/Principal Plac | e of Business | City | ′ | Stat | e Zip | Code(Plus 4) | Desci | ripti | ion of Contribution | on |
| Enter Grand Total of Part G on Sch | edule II, In-Kir | nd C | ontributions De | etaile | ed | | | | PAGE TOT | Γ AL |
| Summary Page, Section 3. | | | | | | | | | | 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period | | | |
|---|------------------|----------|-----|------------|
| Hospital & Healthsystem Assoc of PA PAC (HAPAC) | From | 1/1/2007 | То: | 12/31/2007 |

| · | | | | | | |
|---------------------------------|-----------------------------------|---------------------------------|-------------------------------|--|---|-------------|
| | | | DATE | | | AMOUNT |
| | | МО | DAY | YEAR | | |
| | | 1.0 | | | | |
| | | 12 | 4 | 2007 | \$ | 2,000.00 |
| State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | • | |
| PA | 19138 | Dwight | Evans, ST | ATE HOUS | SE 203rd F | PA |
| | | MO | DAY | VEAD | | |
| | | 140 | | ILAK | | |
| | | 12 | 4 | 2007 | \$ | 500.00 |
| State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| PA | 19101-303 | Vincent | Hughes, S | STATE SEI | NATE 7th I | PA |
| | | MO | DAY | VEAD | | |
| 168 | | 140 | DAI | ILAK | | |
| ence Road | | 12 | 4 | 2007 | \$ | 300.00 |
| City Media State Zip Code (Plus | | | | enditure | | |
| PA | 19063 | Thomas | Killion, S | TATE HOU | JSE 168th | PA |
| | · | | l _{DAY} | VEAD | | |
| | | МО | DAY | YEAR | | |
| | | 12 | 4 | 2007 | \$ | 1,000.00 |
| | | 12 1 2007 | | | | |
| State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| State PA | Zip Code (Plus 4) 17108 | | tion of Exp | | ENERAL P | A |
| | | Tom Co | rbett, ATT | ORNEY G | ENERAL P | A |
| | | | | | ENERAL P | А |
| | | Tom Co | rbett, ATT | ORNEY G | ENERAL P | A 200.00 |
| | | MO 12 | DAY | YEAR 2007 | | |
| PA | 17108 | MO 12 Descript | DAY 4 | YEAR 2007 enditure | \$ | |
| PA State | Zip Code (Plus 4) | MO 12 Descrip Glen Gr | DAY 4 tion of Expell, STATE | YEAR 2007 enditure HOUSE 8 | \$ | |
| PA State | Zip Code (Plus 4) | MO 12 Descript | DAY 4 tion of Exp | YEAR 2007 enditure | \$ | |
| PA State | Zip Code (Plus 4) | MO 12 Descrip Glen Gr | DAY 4 tion of Expell, STATE | YEAR 2007 enditure HOUSE 8 | \$ | |
| PA State | Zip Code (Plus 4) | MO 12 Descrip Glen Gr MO 12 | DAY 4 tion of Exp ell, STATE | YEAR 2007 enditure HOUSE 8 YEAR 2007 | \$ 37th PA | 200.00 |
| | State PA L68 ence Road State | PA 19138 | State | State Zip Code (Plus 4) Description of Exp Dwight Evans, STA MO DAY 12 4 MO DAY 12 4 State Zip Code (Plus 4) Description of Exp Dwight Evans, STA MO DAY 12 4 State Zip Code (Plus 4) Description of Exp Dwight Evans, STA NO DAY 168 Ence Road 12 4 State Zip Code (Plus 4) Description of Exp Dwight Evans, STA MO DAY 168 MO DAY MO DAY MO DAY | MO DAY YEAR 12 4 2007 State Zip Code (Plus 4) Description of Expenditure Dwight Evans, STATE HOUSE MO DAY YEAR 12 4 2007 MO DAY YEAR 12 4 2007 State Zip Code (Plus 4) Description of Expenditure PA 19101-303 MO DAY YEAR 12 4 2007 State Zip Code (Plus 4) Vincent Hughes, STATE SE MO DAY YEAR 168 Ence Road 12 4 2007 State Zip Code (Plus 4) Description of Expenditure PA 19063 MO DAY YEAR MO DAY YEAR | MO |

| To Whom Paid | | | мо | DAY | YEAR | | |
|--|----------------|-------------------|----------|------------------|---------------|--------------|----------|
| Friends of Bob Mensch | | | 1-10 | | LAIN | | |
| Mailing Address P.O. Box 225 | | | 12 | 4 | 2007 | \$ | 250.00 |
| City Green Lane | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | |
| | PA | 18054 | Bob Mer | nsch, STAT | E HOUSE | 147th PA | |
| To Whom Paid | | | мо | DAY | YEAR | | |
| Commerce Bank-PA | | | MO | DAT | TEAR | | |
| Mailing Address 3801 Paxton St | | | 12 | 6 | 2007 | \$ | 26.73 |
| City Harrisburg | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | |
| | PA | 17111 | Novemb | er 2007 b | ank fees | | |
| To Whom Paid Friends of Ted Erickson | | | мо | DAY | YEAR | | |
| Mailing Address P.O. Box 545 | | | 12 | 31 | 2007 | \$ | 1,000.00 |
| City Harrisburg | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | |
| | PA | 17108 | Edwin E | rickson, S | TATE SEN | IATE 26th PA | |
| To Whom Paid Nat'l Assoc of Psychiatric Health Sys (I | | мо | DAY | YEAR | | | |
| Mailing Address 325 Seventh Street | , NW Suite 625 | | 12 | 31 | 2007 | \$ | 500.00 |
| City Washington | State | Zip Code (Plus 4) | Descript | l tion of Exp | L enditure | | |
| - | DC | 20004-280 | NAPHS/ | PAC | | | |
| To Whom Paid | • | • | | | | | |
| Commerce Bank-PA | | | МО | DAY | YEAR | | |
| Mailing Address 3801 Paxton St | | | 12 | 31 | 2007 | \$ | 101.23 |
| City Harrisburg | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | |
| 5 | PA | 17111 | Decemb | er 2007 ba | ank fees | | |
| To Whom Paid | | • | | l nav | VEAD | | |
| Brubaker for Senate | | | МО | DAY | YEAR | | |
| Mailing Address 1002 Lititz Pike | | | 12 | 31 | 2007 | \$ | 500.00 |
| City Lititz | State | Zip Code (Plus 4) | Descript | l tion of Exp | enditure | | |
| , | PA | 17543 | 1 | • | | ENATE 36th I | PA |
| To Whom Paid | <u> </u> | • | | | | | |
| Friends of Scott Conklin | | | МО | DAY | YEAR | | |
| Mailing Address 339 Kepp Road | | | 12 | 31 | 2007 | \$ | 250.00 |
| City Philipsburg | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | |
| · - | PA | 16866 | H. Conk | lin, STATE | HOUSE 7 | 77th PA | |
| To Whom Paid Montgomery County House Republican | Delegation | | мо | DAY | YEAR | | |
| Mailing Address 316 Godshall Road | 3 | | 12 | 31 | 2007 | \$ | 300.00 |
| City Souderton | State | Zip Code (Plus 4) | Descript | l tion of Exp | enditure | | |
| , Soudonton | PA | 18964 | 1 | • | | REPUBLICAN | |
| | 1 | 1 | DELEGA | | | • | |

| | | | | | | | NOL ZI |
|--|-------------------------|------------------------|----------------------------|-------------------------|------|----|--------------------|
| To Whom Paid The College of Physicians of Philadelphia | | | мо | DAY | YEAR | | |
| Mailing Address 19 South Twenty Seond Street | | | 12 | 31 | 2007 | \$ | 250.00 |
| City Philadelphia | State | Zip Code (Plus 4) | Description of Expenditure | | | | |
| | PA | 19103-309 | | E OF PHYS d To Frien | | | / \$250.00 Cte. |
| | | | | | | | PAGE TOTAL |
| Enter Grand Total of Expen | ditures on Page 1, Repo | ort Cover Page, Item D | • | | | \$ | 13,177.96 |
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