

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		7900364		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> Hospital & Healthsystem Assoc of PA PAC (HAPAC)												
<b>Street Address:</b> 4750 LINDLE RD PO BX 8600												
<b>City:</b> HARRISBURG						<b>State:</b> PA			<b>Zip Code:</b> 17105-8600			
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7. X	Year 2008	<b>FILING METHOD ( ) CHECK ONE</b>				<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>			
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>				
						11	4	2008				
									(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		1	1	2008		12	31	2008				
<b>A. Amount Brought Forward From Last Report</b>						\$ 17,353.23						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 4,936.20						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 22,289.43						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 8.85						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 22,280.58						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 0.00						

## AFFIDAVIT SECTION

### PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

### Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
**Detailed Summary Page**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	<b>From:</b> <u>1/1/2008</u> <b>To:</b> <u>12/31/2008</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	<b>\$ 827.55</b>

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	<b>\$ 0.00</b>
<b>All Other Contributions (Part B)</b>	<b>\$ 598.75</b>
<b>TOTAL for the Reporting Period (2)</b>	<b>\$ 598.75</b>

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	<b>\$ 3,000.00</b>
<b>All Other Contributions (Part D)</b>	<b>\$ 500.00</b>
<b>TOTAL for the Reporting Period (3)</b>	<b>\$ 3,500.00</b>

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	<b>\$ 9.90</b>

<b>Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)</b>	<b>\$ 4,936.20</b>
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<b>PART A</b> <b>CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</b> <b>\$50.01 TO \$250.00</b> <b>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.</b>							
Name of Filing Committee or Candidate				Reporting Period			
				From:	To:		
				DATE	AMOUNT		
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

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

<b>PAGE TOTAL</b>	
\$	0.00

## PART B 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)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	<b>From:</b> <u>1/1/2008</u> <b>To:</b> <u>12/31/2008</u>

				DATE			AMOUNT	
Full Name of Contributor Ms. Julie A. Kissinger				MO 12	DAY 31	YEAR 2008	\$ 18.75	
Mailing Address    4750 Lindle Road   P.O. Box 8600								
City    Harrisburg		State PA	Zip Code (Plus 4) 17111-245					
Full Name of Contributor Mr. Brian Eury				MO 12	DAY 31	YEAR 2008	\$ 18.75	
Mailing Address    1835 Market Street   10 Floor								
City    Philadelphia		State PA	Zip Code (Plus 4) 19103-296					
Full Name of Contributor Mr. Robert E Greenwood				MO 12	DAY 31	YEAR 2008	\$ 18.75	
Mailing Address    4750 Lindle Road   Post Office Box 8600								
City    Harrisburg		State PA	Zip Code (Plus 4) 17111-245					
Full Name of Contributor Ms. Julie A. Kissinger				MO 12	DAY 15	YEAR 2008	\$ 18.75	
Mailing Address    4750 Lindle Road   P.O. Box 8600								
City    Harrisburg		State PA	Zip Code (Plus 4) 17111-245					
Full Name of Contributor Mr. Brian Eury				MO 12	DAY 15	YEAR 2008	\$ 18.75	
Mailing Address    1835 Market Street   10 Floor								
City    Philadelphia		State PA	Zip Code (Plus 4) 19103-296					
Full Name of Contributor Mr. Robert E Greenwood				MO 12	DAY 15	YEAR 2008	\$ 18.75	
Mailing Address    4750 Lindle Road   Post Office Box 8600								
City    Harrisburg		State PA	Zip Code (Plus 4) 17111-245					

<b>Full Name of Contributor</b> Alan Stock				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 150.00
<b>Mailing Address</b> Eicholtz Company 208 Lincolnway East				12	30	2008	
<b>City</b> New Oxford	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17350					
<b>Full Name of Contributor</b> Ms. Lisa F. Lewis RN, MSN, CNA				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 75.00
<b>Mailing Address</b> 211 North 12th Street				12	4	2008	
<b>City</b> Lehigh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18235-113					
<b>Full Name of Contributor</b> Mr. Brian Eury				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 18.75
<b>Mailing Address</b> 1835 Market Street 10 Floor				11	26	2008	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19103-296					
<b>Full Name of Contributor</b> Mr. Robert E Greenwood				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 18.75
<b>Mailing Address</b> 4750 Lindle Road Post Office Box 8600				11	26	2008	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111-245					
<b>Full Name of Contributor</b> Ms. Julie A. Kissinger				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 18.75
<b>Mailing Address</b> 4750 Lindle Road P.O. Box 8600				11	26	2008	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111-245					
<b>Full Name of Contributor</b> Joanne B. Ladley				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 150.00
<b>Mailing Address</b> 129 Deer Ford Drive				12	1	2008	
<b>City</b> Lancaster	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17601-561					
<b>Full Name of Contributor</b> Mr. Garry L Scheib				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 55.00
<b>Mailing Address</b> 3400 Spruce Street				12	1	2008	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19104-420					

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

<b>PAGE TOTAL</b>
\$ 598.75

**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.**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>	
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	<b>From:</b> <u>1/1/2008</u>	<b>To:</b> <u>12/31/2008</u>

				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$	3,000.00
Tenet Healthcare Corporation PAC								
Mailing Address								
13737 Noel Road Suite 100				12	23	2008		
City		State	Zip Code (Plus 4)					
Dallas		TX	75240					

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

<b>PAGE TOTAL</b>	
\$	3,000.00

**PART D**  
**ALL OTHER CONTRIBUTIONS**  
**OVER \$250.00**

**Use this Part to itemize all other contributions with an aggregate value of  
over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C.)**

<b>Name of Filing Committee or Candidate</b>  Hospital & Healthsystem Assoc of PA PAC (HAPAC)	<b>Reporting Period</b>  <b>From:</b> <u>1/1/2008</u> <b>To:</b> <u>12/31/2008</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mr. Gregory T Wozniak					\$ 500.00
<b>Mailing Address</b> Langhorne-Newtown Road					
<b>City</b> Langhorne				12	17
<b>State</b> PA				2008	
<b>Zip Code (Plus 4)</b> 19047-129					
<b>Employer Name</b> St. Mary Medical Center				<b>Occupation</b> President and Chief Execu	
<b>Employer Mailing Address/Principal Place of Business</b>	<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>		
Langhorne-Newtown Road	Langhorne	PA	19047-129		

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

<b>PAGE TOTAL</b>
\$ 500.00

## PART E OTHER RECEIPTS

### REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

**Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.**

<b>Name of Filing Committee or Candidate</b>  Hospital & Healthsystem Assoc of PA PAC (HAPAC)	<b>Reporting Period</b>  <b>From:</b> <u>1/1/2008</u> <b>To:</b> <u>12/31/2008</u>
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				DATE	AMOUNT	
Full Name				MO	DAY	YEAR
Commerce Bank-PA						
Mailing Address						
3801 Paxton St						
City	State	Zip Code (Plus 4)				
Harrisburg	PA	17111		12	8	2008
Receipt Description November 2008 interest income						
Full Name				MO	DAY	YEAR
Commerce Bank-PA						
Mailing Address						
3801 Paxton St						
City	State	Zip Code (Plus 4)				
Harrisburg	PA	17111		12	8	2008
Receipt Description November 2008 interest income						
Full Name				MO	DAY	YEAR
Commerce Bank-PA						
Mailing Address						
3801 Paxton St						
City	State	Zip Code (Plus 4)				
Harrisburg	PA	17111		12	31	2008
Receipt Description December 2008 interest income						
Full Name				MO	DAY	YEAR
Commerce Bank-PA						
Mailing Address						
3801 Paxton St						
City	State	Zip Code (Plus 4)				
Harrisburg	PA	17111		12	31	2008
Receipt Description December 2008 interest income						
Full Name				MO	DAY	YEAR
Commerce Bank-PA						
Mailing Address						
3801 Paxton St						
City	State	Zip Code (Plus 4)				
Harrisburg	PA	17111		12	31	2008
Receipt Description December 2008 interest income						

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

PAGE TOTAL	
\$	9.90



## 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
Hospital & Healthsystem Assoc of PA PAC (HAPAC)		From: <u>1/1/2008</u> To: <u>12/31/2008</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	0.00

**SCHEDULE II**  
**PART F**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period  From: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						<b>PAGE TOTAL</b>  \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	From <u>1/1/2008</u> To: <u>12/31/2008</u>

DATE				AMOUNT
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Commerce Bank-PA				
<b>Mailing Address</b> 3801 Paxton St	12	8	2008	\$ 2.57
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111	<b>Description of Expenditure</b>	
			November 2008 bank fees	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Commerce Bank-PA				
<b>Mailing Address</b> 3801 Paxton St	12	31	2008	\$ 6.28
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111	<b>Description of Expenditure</b>	
			December 2008 bank fees	
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>				<b>PAGE TOTAL</b>
				\$ 8.85

