Campaign Finance Report

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

| Filer Identificati Number : | on 7900 | 0364 | | | Rep File | | | CANDI | COMMITTEE V LOBBYIST | | | | | | | | |
|--|---------------------------------|-------------|-------------------------|-------|-------------|-------|----------------|-------------|----------------------|--------|------------|-----------------------|----------------|----------|-----------|----------|----------|
| Name of Filing C | Committee, Candid | late or L | obbyist: | | Hosp | pital | & He | althsyste | em Ass | oc of | PA PA | C (HAPA | C) | | | | |
| Street Address: | | | | | | | | | | | | | | | | | |
| City: | HARRISBURG | i | | | | | | State: | PA | | | Zip Cod | le: 17 | 7105-8 | 600 | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY F PRIMARY | PRE- | . 2 | 2. | 30 DA PRIMA | | POST- | 3. | | AMENDMENT Yes REPORT? | | No | | / | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY ELECTION | PRE | - 5 | 5. | 30 DA ELECT | | POST- | 6. | | TERMINA REPORT? | | Yes | No | | / |
| report type) | ANNUAL REPORT | 7. X | Year 2008 | | | | | IG METHO | | | | PAPER / DI | | | DISKE | TTE | |
| Name of Office S | Sought by Candida | rte: | • | | _ | | | DATE 0 | F ELE | CTIO | N | District Number | Office Code | Par | ty Code | Coun | |
| | , | | | | | | | МО | DAY | YE | AR | Number | code | <u> </u> | | couc | |
| | | | | | | | | 11 | | 4 | 2008 | | (SEE IN | STRUCTIO | ONS FOR C | ODES) | 1 |
| | Receipts and | МО | DAY YE | EAR | | | | МО | DAY | YI | AR | FO | R OFFI | CE USE | ONLY | | |
| Expenditures | s trom: | | 1 1 | 20 | 800 | Т | 0 | 12 | | 31 | 2008 | | | | | | |
| A. Amount Bro | ught Forward Fro | m Last R | eport | | | | \$ | | | 17,3 | 353.23 | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | I) | \$ | | | 4,9 | 36.20 | | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | \$ | | | 22,2 | 289.43 | | | | | | | |
| D. Total Expend | ditures (From Sch | edule II | I) | | | | \$ | | | | 8.85 | | | | | | |
| E. Ending Cash | Balance (Subtra | t Line D | From Line C) | | | | \$ | | | 22,2 | 80.58 | | | | | | |
| F. Value Of In- | Kind Contribution | s Receiv | ed (From Sche | edul | e II) |) | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | ts And Obligations | (From S | Schedule IV) | | | | \$ | | | | 0.00 | | | 1 | | | |
| | | | А | \FF | IDA | VI | T SE | CTION | | | | | | | | | |
| PART I - If this is | s a Committee rep | ort, trea | surer sign her | re. I | f thi | is is | a Can | ididate re | eport, d | andi | date sig | ın here. | | | | | |
| I swear (or affirm) correct and comple |) that this report, inc ete. | luding the | e attached sched | lules | filed | l 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 | s | 20 | | | | | | | S | ignature | of Perso | n Submit | ting Rep | ort | | _ |
| | Signate | ıre | | | | | - | | | | | Prin | ted Name | e | | | _ |
| My Commission Ex | cpires | | | | | | _ | | | | | Ema | il | | | | |
| | МО | D | AY | ΥR | | | | | Are | ea Cod | le | Daytim | e Telepi | none Nu | mber | | Ш |
| Part II- If this is | a report of a can | didate's | authorized Co | mm | itte | e, C | andida | ate shall | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of ed. | my knowl | edge and belief | this | politi | ical | commi | ittee has n | ot viola | ted an | y provisi | ions of the | e act of J | une 3,19 | 937 (P.L | . 1333 | 3, |
| Sworn to and subsc | ribed before me this day of | | 20 | | | | | | | | Si | ignature o | of Candid | ate | | | - |
| - | | | | | | | - | | | | | Printe | d Name | | | | - |
| My Commission Exp | Signature | | | | | | - | | | | | Ema | il | | | | - |
| | | | | | | | - | | | | | | | | | | - |
| | МО | D | AY | YR | | | | | Area | Code | | Da | aytime T | elephon | e Numb | er | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| , - | | | | |
|--|-----------|----------|--------------|------------|
| Name of Filing Committee or Candidate | Reporting | g Period | | |
| Hospital & Healthsystem Assoc of PA PAC (HAPAC) | From: | 1/1/200 | <u>8</u> To: | 12/31/2008 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting |) Period | (1) | \$ | 827.55 |
| 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) | \$ | 598.75 | | |
| TOTAL for the Reporting |) Period | (2) | \$ | 598.75 |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | | | |
| Contributions Received From Political Committees (Part C) | | | \$ | 3,000.00 |
| All Other Contributions (Part D) | | | \$ | 500.00 |
| TOTAL for the Reporting | Period | (3) | \$ | 3,500.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | | | |
| TOTAL for the Reporting |) Period | (4) | \$ | 9.90 |
| 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 | | | \$ | 4,936.20 |

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 | : | |
| | | | | 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)

Reporting Period Name of Filing Committee or Candidate Hospital & Healthsystem Assoc of PA PAC (HAPAC) From: <u>1/1/2008</u> **To:** 12/31/2008 DATE **AMOUNT Full Name of Contributor** МО DAY YEAR Ms. Julie A. Kissinger **Mailing Address** 18.75 City State Zip Code (Plus 4) 12 31 2008 Harrisburg PA 17111-245 **Full Name of Contributor** МО DAY YEAR Mr. Brian Eury **Mailing Address** 18.75 31 2008 State Zip Code (Plus 4) 12 City Philadelphia PA 19103-296 **Full Name of Contributor** мо DAY YEAR Mr. Robert E Greenwood **Mailing Address** 18.75 City 2008 State Zip Code (Plus 4) 12 31 Harrisburg PΑ 17111-245 **Full Name of Contributor** МО DAY YEAR Ms. Julie A. Kissinger **Mailing Address** 18.75 15 2008 12 City Harrisburg State Zip Code (Plus 4) PA 17111-245 **Full Name of Contributor** MO DAY YEAR Mr. Brian Eury **Mailing Address** 18.75 15 2008 City State Zip Code (Plus 4) 12 Philadelphia PA 19103-296 **Full Name of Contributor** МО DAY YEAR Mr. Robert E Greenwood **Mailing Address** 18.75 2008 15 12 Harrisburg State Zip Code (Plus 4) PA 17111-245 **Full Name of Contributor** МО DAY **YEAR** Alan Stock **Mailing Address** 150.00 2008 City New Oxford State Zip Code (Plus 4) 12 30 PA 17350

| ı Full N | ame of Contributor | | | | | | |
|--|--|-------------|--|-------------|-----------------|------------------------|-----------------------|
| | sa F. Lewis RN, MSN, CNAA | | | МО | DAY | YEAR | |
| | g Address | | | | | | \$ 75.00 |
| City | Lehighton | State | Zip Code (Plus 4) | 12 | 4 | 2008 | 75100 |
| | J | PA | 18235-113 | | | | |
| Full N | ame of Contributor | | | МО | DAY | YEAR | |
| Mr. B | rian Eury | | | 140 | DAI | ILAK | |
| Mailing Address | | | | | | | \$ 18.75 |
| City | Philadelphia | State | Zip Code (Plus 4) | 11 | 26 | 2008 | |
| | | PA | 19103-296 | | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | |
| Mr. Robert E Greenwood | | | | | | | |
| Mailin | g Address | Т | Τ | | | | \$ 18.75 |
| City | Harrisburg | State | Zip Code (Plus 4) | 11 | 26 | 2008 | |
| | | PA | 17111-245 | | | | |
| Full Name of Contributor | | | | | | | |
| Full N | ame of Contributor | | | мо | DAY | YEAR | |
| | ame of Contributor ulie A. Kissinger | | | мо | DAY | YEAR | |
| Ms. Ju | | | | мо | DAY | YEAR | \$ 18.75 |
| Ms. Ju | ulie A. Kissinger | State | Zip Code (Plus 4) | MO | DAY 26 | YEAR 2008 | \$ 18.75 |
| Ms. Ju | ulie A. Kissinger g Address | State PA | Zip Code (Plus 4) 17111-245 | | | | \$ 18.75 |
| Ms. Ju | ulie A. Kissinger g Address | | | 11 | 26 | 2008 | \$ 18.75 |
| Ms. Ju Mailin City Full N | ulie A. Kissinger g Address Harrisburg | | | | | | \$ 18.75 |
| Ms. Ju Mailin City Full N Joann | ulie A. Kissinger g Address Harrisburg ame of Contributor | | | 11 | 26 | 2008 | \$ 18.75 \$ 150.00 |
| Ms. Ju Mailin City Full N Joann | alie A. Kissinger g Address Harrisburg ame of Contributor e B. Ladley | | | 11 | 26 | 2008 | |
| Ms. Ju Mailin City Full N Joann Mailin | allie A. Kissinger ag Address Harrisburg ame of Contributor be B. Ladley ag Address | РА | 17111-245 | 11 MO | 26 | 2008 YEAR | |
| Ms. Ju Mailin City Full N Joann Mailin City | allie A. Kissinger ag Address Harrisburg ame of Contributor be B. Ladley ag Address | PA State | 17111-245 Zip Code (Plus 4) | 11 MO | 26 DAY | 2008 YEAR 2008 | |
| Ms. Ju Mailin City Full N Joann Mailin City | allie A. Kissinger By Address Harrisburg ame of Contributor B. Ladley By Address Lancaster | PA State | 17111-245 Zip Code (Plus 4) | 11 MO | 26 | 2008 YEAR | |
| Ms. Ju Mailin City Full N Joann Mailin City Full N Mr. G | alie A. Kissinger g Address Harrisburg ame of Contributor e B. Ladley g Address Lancaster ame of Contributor | PA State | 17111-245 Zip Code (Plus 4) | 11 MO | 26 DAY | 2008 YEAR 2008 | |
| Ms. Ju Mailin City Full N Joann Mailin City Full N Mr. G | ame of Contributor By Address Harrisburg By Ladley By Address Lancaster Ame of Contributor Ame of Contributor By Address American Contributor By Address By Address American Contributor By Address By | PA State | 17111-245 Zip Code (Plus 4) | 11 MO | 26 DAY | 2008 YEAR 2008 | \$ 150.00 |
| Ms. Ju Mailin City Full N Joann Mailin City Full N Mr. G Mailin | ame of Contributor B. Ladley B. Lancaster ame of Contributor B. Lancaster B. Lancaster B. Lancaster B. Lancaster B. Lancaster | State PA | 17111-245 Zip Code (Plus 4) 17601-561 | 11 MO 12 MO | 26 DAY 1 DAY | 2008 YEAR 2008 YEAR | \$ 150.00 |

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

| PAGE TOTAL \$ 598.75 | | | | | | |
|-----------------------------|--|--|--|--|--|--|
| \$ 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.

| Name of Filing Committee or Candidate | Reporting Period | | | | | | |
|---|------------------|----------|-----|------------|--|--|--|
| Hospital & Healthsystem Assoc of PA PAC (HAPAC) | From: | 1/1/2008 | То: | 12/31/2008 | | | |

DATE AMOUNT

| Full N | Full Name of Contributing Committee | | | | DAY | YEAR | | |
|--------|-------------------------------------|-------|-------------------|----|-----|--------|---|----|
| Tenet | Tenet Healthcare Corporation PAC | | | МО | | 1 2711 | \$ 3,000. | 00 |
| Mailin | Mailing Address | | | 12 | 23 | 2008 | , | |
| City | Dallas | State | Zip Code (Plus 4) | 12 | 23 | 2000 | | |
| | | TX | 75240 | | | | | |

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

PAGE TOTAL \$ 3,000.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

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

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

| Name of Filing Committee or Candidate | | | Rep | porting Period | | | | | |
|---------------------------------------|-------------------|----------------|-----|--------------------------------------|-------|----------------|------------|--------|--|
| Hospital & Healthsystem Assoc | of PA PAC (HAPAC) | PAC (HAPAC) Fr | | | 1/1/2 | 008 To: | 12/31/2008 | | |
| | | | | D | ATE | | A | MOUNT | |
| Full Name of Contributor | | | | мо | DAY | YEAR | <u> </u> | E00.00 | |
| Mr. Gregory T Wozniak | | | | | 2711 | | \$ | 500.00 | |
| Mailing Address | | | | 12 | 17 | 2008 | | | |
| City Langhorne | State | Zip Code (Plus | 4) | 1 | 17 | 2000 | | | |
| | I _{PA} | 19047-129 | | | | | | | |
| Employer Name St. Mary Medical Center | | | | Occupation President and Chief Execu | | | | | |

City

Langhorne

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

Employer Mailing Address/Principal Place of Business

| PAGE TOTAL |
|--------------|
| \$ 500.00 |

Zip Code (Plus 4)

19047-129

State

PΑ

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 Comm | ittee or Candidate | | | Report | ing Perio | od | | | | |
|------------------------|--------------------|---------------------|------------|---------|-----------|---------|----------------|------------|------------|--|
| Hospital & Healthsys | tem Assoc of PA PA | AC (HAPAC) | | From: | | 1/1/200 | 18 To : | 12/31/2008 | | |
| | | | | | D | ATE | | | AMOUNT | |
| Full Name | | | | | мо | DAY | YEAR | | 0.61 | |
| Commerce Bank-PA | | | | | MO | DAT | TEAR | \$ | 0.61 | |
| Mailing Address | | T | | | 12 | 8 | 2008 | 3 | | |
| City Harrisburg | | State | Zip Code (| Plus 4) | | | | | | |
| | | PA | 17111 | | | | | | | |
| Receipt Description | November 2008 | interest income | • | | | | | | | |
| Full Name | | | | | мо | DAY | YEAR | | 6.02 | |
| Commerce Bank-PA | | | | | MO | DAT | ILAK | \$ | 6.92 | |
| Mailing Address | | | | | 12 | 8 | 2008 | 3 | | |
| City Harrisburg | | State | Zip Code (| Plus 4) | | | | | | |
| | | PA | 17111 | | | | | | | |
| Receipt Description | November 2008 | interest income | • | | | | | | | |
| Full Name | | | | | мо | DAY | YEAR | | 0.25 | |
| Commerce Bank-PA | | | | | MO | DAT | TEAR | \$ | 0.35 | |
| Mailing Address | | | | | 12 | 31 | 2008 | 3 | | |
| City Harrisburg | | State | Zip Code (| Plus 4) | | | | | | |
| | | PA | 17111 | | | | | | | |
| Receipt Description | December 2008 | interest income | • | | | | | | | |
| Full Name | | | | | | 5.00 | V=45 | | | |
| Commerce Bank-PA | | | | | МО | DAY | YEAR | \$ | 2.02 | |
| Mailing Address | | | | | 12 | 31 | 2008 | 3 | | |
| City Harrisburg | | State | Zip Code (| Plus 4) | | | | | | |
| | | PA | 17111 | | | | | | | |
| Receipt Description | December 2008 | interest income | | | | | | | | |
| | | | | | | | | | PAGE TOTAL | |
| Enter Grand Total of | Part E on Schedu | le I, Detailed Sumn | nary Page, | Section | 4. | | | \$ | 0.00 | |
| | | | | | | | ı | ¥ | 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

| Name of Filing Committee or Candidate | Reporting Period | | | | | | | | |
|--|------------------|----------------------------|------------|--|--|--|--|--|--|
| Hospital & Healthsystem Assoc of PA PAC (HAPAC) | From: | <u>1/1/2008</u> To: | 12/31/2008 | | | | | | |
| 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, 1 | | \$ | 0.00 | | | | | | |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate | | | Reporting Period | | | | | |
|---------------------------------------|-----------------------|------------------------|------------------|----------|------|-------------|------------|--|
| | | | From: | | | To: | | |
| | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | 7 \$ | 0.00 | |
| City | State | Zip Code (Plus 4) | | | | | | |
| Description of Contribution: | - | - | | | | | | |
| Enter Grand Total of Part F | on Schedule II, In-Ki | nd Contributions Detai | led Sun | ımary Pa | ige, | | PAGE TOTAL | |
| Section 2. | | | | | | \$ | 0.00 | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | Reporting Period | | | | | | | |
|---|------------------|------|------------------|--------|-------|--------------|-------|------|----------------------|------------|
| | | | | Fro | m: | | To: | | | |
| | | | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | | | \$ | 0.00 |
| City | State | | Zip Code(Plus 4) | | | | | | | |
| Employer of Contributor | | | | | Occup | ation | | | | |
| Employer Mailing Address/Principal Plac | e of Business | City | у | State | e Zip | Code(Plus 4) | Desci | ript | tion of Contribution | on |
| Enter Grand Total of Part G on Scho | edule II, In-Kir | nd C | Contributions De | etaile | ed | | | | PAGE TOT | FAL |
| Summary Page, Section 3. | , | | | | | | | | | 0.00 |

8.85

SCHEDULE III STATEMENT OF EXPENDITURES

| N. 4711 6 111 6 111 1 | | | | | | | | | |
|---|---------|------------------|--------|-----|------------|--|--|--|--|
| Name of Filing Committee or Candidate | Reporti | Reporting Period | | | | | | | |
| Hospital & Healthsystem Assoc of PA PAC (HAPAC) | From | <u>1/:</u> | 1/2008 | To: | 12/31/2008 | | | | |
| | | DATE AI | | | | | | | |
| To Whom Paid | мо | DAY | YEAR | | | | | | |
| Commerce Bank-PA | 1410 | ואמו | LAK | | | | | | |

| To Whom Full | | | мо | DAY | YEAR | | |
|-----------------------------------|---------------------|--------------------|----------------------------|-----------|----------|----|------------|
| Commerce Bank-PA | | | | | | | |
| Mailing Address | | | 12 | 8 | 2008 | \$ | 2.57 |
| City Harrisburg | State | Zip Code (Plus 4) | Description of Expenditure | | | | |
| | PA | 17111 | November 2008 bank fees | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | |
| Commerce Bank-PA | | | 140 | | ILAK | | |
| Mailing Address | | | 12 | 31 | 2008 | \$ | 6.28 |
| City Harrisburg | State | Zip Code (Plus 4) | Description of Expenditure | | | | |
| | PA | 17111 | Decemb | er 2008 b | ank fees | | |
| Enter Grand Total of Expenditures | on Page 1. Report (| Cover Page, Item D | | | | ı | PAGE TOTAL |