

# 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>												
<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. <input checked="" type="checkbox"/>	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2009	<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	3	2009				
									(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	2009		3	30	2009				
<b>A. Amount Brought Forward From Last Report</b>						\$		5,918.59				
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$		5,522.50				
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$		11,441.09				
<b>D. Total Expenditures (From Schedule III)</b>						\$		4,927.85				
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$		6,513.24				
<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)	From: <u>1/1/2009</u> To: <u>3/30/2009</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 997.50

<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>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 3,525.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 3,525.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 1,000.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 1,000.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<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>	\$ 5,522.50
---	-------------

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> <b>To:</b>

	DATE	AMOUNT
--	------	--------

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

<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> Hospital & Healthsystem Assoc of PA PAC (HAPAC)				<b>Reporting Period</b> From: <u>1/1/2009</u> To: <u>3/30/2009</u>			
				<b>DATE</b>		<b>AMOUNT</b>	

  

<b>Full Name of Contributor</b> Kathryn Yecko			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 175.00
<b>Mailing Address</b>			3	27	2009	
<b>City</b> Washington	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15301-339				

  

<b>Full Name of Contributor</b> John D. Six			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 75.00
<b>Mailing Address</b>			3	27	2009	
<b>City</b> Canonsburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15317-238				

  

<b>Full Name of Contributor</b> Dr. Kyra Bannister MD			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b>			3	27	2009	
<b>City</b> Elmira	<b>State</b> NY	<b>Zip Code (Plus 4)</b> 14905				

  

<b>Full Name of Contributor</b> John Petersen			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 75.00
<b>Mailing Address</b>			3	27	2009	
<b>City</b> Du Bois	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15801-149				

  

<b>Full Name of Contributor</b> Evelyn Oteng-Bediako			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b>			3	27	2009	
<b>City</b> Sayre	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18840-214				

  

<b>Full Name of Contributor</b> Richard E. Rohr			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 75.00
<b>Mailing Address</b>			3	26	2009	
<b>City</b> Horseheads	<b>State</b> NY	<b>Zip Code (Plus 4)</b> 14845-133				

  

<b>Full Name of Contributor</b> Ralph Andy			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 125.00
<b>Mailing Address</b>			3	26	2009	
<b>City</b> California	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15419638				

Full Name of Contributor R. Timothy Weston			MO	DAY	YEAR	\$ 125.00
Mailing Address			3	25	2009	
City    Lemoyne	State PA	Zip Code (Plus 4) 17043-123				
Full Name of Contributor Mrs. Wendy Cameron			MO	DAY	YEAR	\$ 250.00
Mailing Address			3	24	2009	
City    Washington	State PA	Zip Code (Plus 4) 15301-292				
Full Name of Contributor Mr. Edward C Pitchford			MO	DAY	YEAR	\$ 250.00
Mailing Address			3	20	2009	
City    Coudersport	State PA	Zip Code (Plus 4) 16915				
Full Name of Contributor Charles Updegraff Jr.			MO	DAY	YEAR	\$ 125.00
Mailing Address			3	20	2009	
City    Coudersport	State PA	Zip Code (Plus 4) 16915502				
Full Name of Contributor Dr. Wolfgang Hans Baerwald MD			MO	DAY	YEAR	\$ 100.00
Mailing Address			3	20	2009	
City    Kingston	State PA	Zip Code (Plus 4) 18704-472				
Full Name of Contributor Edmond Hardesty			MO	DAY	YEAR	\$ 100.00
Mailing Address			3	20	2009	
City    Coudersport	State PA	Zip Code (Plus 4) 16915				
Full Name of Contributor Elizabeth A. Schmieler			MO	DAY	YEAR	\$ 75.00
Mailing Address			3	20	2009	
City    Canonsburg	State PA	Zip Code (Plus 4) 15317-480				
Full Name of Contributor Kristen J. Rogers			MO	DAY	YEAR	\$ 75.00
Mailing Address			3	20	2009	
City    Washington	State PA	Zip Code (Plus 4) 15301-954				
Full Name of Contributor Mr. Michael P. Strazzella			MO	DAY	YEAR	\$ 250.00
Mailing Address			3	20	2009	
City    Arlington	State VA	Zip Code (Plus 4) 22206-131				

Full Name of Contributor Dr. E. Ronald Salvitti MD			MO	DAY	YEAR	\$ 100.00
Mailing Address			3	20	2009	
City Washington	State PA	Zip Code (Plus 4) 15301-339				
Full Name of Contributor Ms. Shirley Hardy			MO	DAY	YEAR	\$ 250.00
Mailing Address			3	20	2009	
City McMurray	State PA	Zip Code (Plus 4) 15317-268				
Full Name of Contributor Dr. Edward Foley MD			MO	DAY	YEAR	\$ 175.00
Mailing Address			3	20	2009	
City McMurray	State PA	Zip Code (Plus 4) 15317-303				
Full Name of Contributor Ms. Staci J. Covey			MO	DAY	YEAR	\$ 75.00
Mailing Address			3	17	2009	
City Troy	State PA	Zip Code (Plus 4) 16947-113				
Full Name of Contributor Henry Koskoski			MO	DAY	YEAR	\$ 100.00
Mailing Address			3	17	2009	
City Washington	State PA	Zip Code (Plus 4) 15301-339				
Full Name of Contributor Ms. Tina True			MO	DAY	YEAR	\$ 75.00
Mailing Address			3	17	2009	
City Harrisburg	State PA	Zip Code (Plus 4) 17112-100				
Full Name of Contributor Ms. Kirsten Saweikis			MO	DAY	YEAR	\$ 75.00
Mailing Address			3	16	2009	
City Harrisburg	State PA	Zip Code (Plus 4) 17111-242				
Full Name of Contributor Lawrence H. Lee			MO	DAY	YEAR	\$ 175.00
Mailing Address			3	16	2009	
City Bethel Park	State PA	Zip Code (Plus 4) 15102-244				
Full Name of Contributor Mr. John Campbell			MO	DAY	YEAR	\$ 125.00
Mailing Address			3	16	2009	
City Washington	State PA	Zip Code (Plus 4) 15301-471				

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

**PAGE TOTAL**

\$ 3,525.00

			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 C on Schedule I, Detailed Summary Page, Section 3.**

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



**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>1/1/2009</u> <b>To:</b> <u>3/30/2009</u>
---	---

				DATE	AMOUNT
<b>Full Name of Contributor</b> Dr. William P Pearson M.D.				<b>MO</b>	<b>DAY</b>
<b>Mailing Address</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>City</b> Washington </div> <div style="width: 20%;"> <b>State</b> PA </div> <div style="width: 30%;"> <b>Zip Code (Plus 4)</b> 15301-339 </div> </div>				3	17
				YEAR	2009
				\$	500.00
<b>Employer Name</b> Washington Hospital				<b>Occupation</b> Vice President Medical Af	
<b>Employer Mailing Address/Principal Place of Business</b>				<b>City</b> Washington	<b>State</b> PA
				<b>Zip Code (Plus 4)</b> 15301-339	
<b>Full Name of Contributor</b> Mr. Telford W. Thomas CHE				<b>MO</b>	<b>DAY</b>
<b>Mailing Address</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>City</b> Washington </div> <div style="width: 20%;"> <b>State</b> PA </div> <div style="width: 30%;"> <b>Zip Code (Plus 4)</b> 15301-339 </div> </div>				3	20
				YEAR	2009
				\$	500.00
<b>Employer Name</b> Washington Hospital				<b>Occupation</b> President & Chief Executi	
<b>Employer Mailing Address/Principal Place of Business</b>				<b>City</b> Washington	<b>State</b> PA
				<b>Zip Code (Plus 4)</b> 15301-339	

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

<b>PAGE TOTAL</b>
\$ 1,000.00

## 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.**

Name of Filing Committee or Candidate	Reporting Period
	<div style="display: flex; justify-content: space-between;"> <span>From:</span> <span>To:</span> </div>

			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

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

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

## 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>1/1/2009</u> To: <u>3/30/2009</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>
---------------------------------------	--

			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

9/14/2025 11:04:55 AM

# 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>1/1/2009</u> To: <u>3/30/2009</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
Committee to Elect Frank Burns				
Mailing Address	3	27	2009	\$ 200.00
City Johnstown	State PA	Zip Code (Plus 4) 15906	Description of Expenditure	
			Frank Burns, STATE HOUSE 72nd PA	
To Whom Paid	MO	DAY	YEAR	
HAPSCO Group				
Mailing Address	3	27	2009	\$ 72.16
City Harrisburg	State PA	Zip Code (Plus 4) 17101-860	Description of Expenditure	
			HAPSCO-ARGALL EVENT -PRINTING COSTS / \$72.16 Allocated To Volunteers for Argall	
To Whom Paid	MO	DAY	YEAR	
The Hospital & Healthsystem Association of Pennsylvania				
Mailing Address	3	27	2009	\$ 305.69
City Harrisburg	State PA	Zip Code (Plus 4) 17105-860	Description of Expenditure	
			HAP-ARGALL EVENT - ADMINISTRATIVE COSTS / \$305.69 Allocated To Volunteers for Argall	
To Whom Paid	MO	DAY	YEAR	
Robbins for Senate Committee				
Mailing Address	3	27	2009	\$ 1,000.00
City Greenville	State PA	Zip Code (Plus 4) 16125	Description of Expenditure	
			Robert Robbins, STATE SENATE 50th PA	
To Whom Paid	MO	DAY	YEAR	
Friends of Chuck McIlhinney-Senate				
Mailing Address	3	23	2009	\$ 500.00
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure	
			Charles McIlhinney, STATE SENATE 10th PA	
To Whom Paid	MO	DAY	YEAR	
Folmer for State Senate				
Mailing Address	3	23	2009	\$ 350.00
City Jonestown	State PA	Zip Code (Plus 4) 17038	Description of Expenditure	
			Michael Folmer, STATE SENATE 48th PA	

<b>To Whom Paid</b> Friends of Kathy Watson			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b>			3	23	2009	
<b>City</b> Warrington	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18976	<b>Description of Expenditure</b> Katherine Watson, STATE HOUSE 144th PA			

  

<b>To Whom Paid</b> Tomlinson for Senate			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b>			3	23	2009	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Description of Expenditure</b> Robert Tomlinson, STATE SENATE 6th PA			

  

<b>To Whom Paid</b> Pileggi for Senate Committee			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,000.00
<b>Mailing Address</b>			3	23	2009	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Description of Expenditure</b> Dominic Pileggi, STATE SENATE 9th PA			

  

<b>To Whom Paid</b> Jay Costa for State Senate Committee			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b>			3	23	2009	
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15221	<b>Description of Expenditure</b> Jay Costa, STATE SENATE 43rd PA			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						<b>\$</b> 4,927.85

