

# Campaign Finance Report

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

|  |                          |                   |                         |                             |                 |   |   |                     |            |                     |                                     |
|--|--------------------------|-------------------|-------------------------|-----------------------------|-----------------|---|---|---------------------|------------|---------------------|-------------------------------------|
| Filer Identification Number : 7900364  |                          | Report Filed By : |                         | CANDIDATE                   |                 | COMMITTEE <input checked="" type="checkbox"/> |   | LOBBYIST            |            |                     |                                     |
| Name of Filing Committee, Candidate or Lobbyist: Hospital & Healthsystem Assoc of PA PAC (HAPAC) |                          |                   |                         |                             |                 |   |   |                     |            |                     |                                     |
| Street Address:  |                          |                   |                         |                             |                 |   |   |                     |            |                     |                                     |
| City: HARRISBURG   |                          |                   |                         | State: PA                   |                 | Zip Code: 17105-8600                          |   |                     |            |                     |                                     |
| TYPE OF REPORT<br><br>(place X to the right of report type)                                      | 6TH TUESDAY PRE-PRIMARY  | 1.                | 2ND FRIDAY PRE-PRIMARY  | 2.X                         | 30 DAY PRIMARY  | POST-   | 3.  | AMENDMENT REPORT?   | Yes        | No                  | <input checked="" type="checkbox"/> |
|  | 6TH TUESDAY PRE-ELECTION | 4.                | 2ND FRIDAY PRE-ELECTION | 5.                          | 30 DAY ELECTION | POST-   | 6.  | TERMINATION REPORT? | Yes        | No                  | <input checked="" type="checkbox"/> |
|  | ANNUAL REPORT            | 7.                | Year 2009               | FILING METHOD ( ) CHECK ONE |                 |   | PAPER <input checked="" type="checkbox"/> |                     | DISKETTE   |                     |                                     |
| Name of Office Sought by Candidate:  |                          |                   |                         | DATE OF ELECTION            |                 |   | District Number                           | Office Code         | Party Code | County Code         |                                     |
|  |                          |                   |                         | MO                          | DAY             | YEAR  |   |                     |            |                     |                                     |
|  |                          |                   |                         | 11                          | 3               | 2009  | (SEE INSTRUCTIONS FOR CODES)              |                     |            |                     |                                     |
| Summary of Receipts and Expenditures from:   |                          | MO                | DAY                     | YEAR                        | TO              |   | MO  | DAY                 | YEAR       | FOR OFFICE USE ONLY |                                     |
|  |                          | 1                 | 1                       | 2009                        |                 |   | 5   | 4                   | 2009       |                     |                                     |
| A. Amount Brought Forward From Last Report   |                          |                   |                         | \$                          |                 | 6,513.24                                      |   |                     |            |                     |                                     |
| B. Total Monetary Contributions And Receipts (From Schedule I)                                   |                          |                   |                         | \$                          |                 | 25,372.81                                     |   |                     |            |                     |                                     |
| C. Total Funds Available (Sum Of Lines A and B)  |                          |                   |                         | \$                          |                 | 31,886.05                                     |   |                     |            |                     |                                     |
| D. Total Expenditures (From Schedule III)  |                          |                   |                         | \$                          |                 | 9,728.97                                      |   |                     |            |                     |                                     |
| E. Ending Cash Balance (Subtract Line D From Line C)   |                          |                   |                         | \$                          |                 | 22,157.08                                     |   |                     |            |                     |                                     |
| F. Value Of In-Kind Contributions Received (From Schedule II)                                    |                          |                   |                         | \$                          |                 | 0.00  |   |                     |            |                     |                                     |
| G. Unpaid Debts And Obligations (From Schedule IV)   |                          |                   |                         | \$                          |                 | 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>5/4/2009</u> |

|  |             |
|--|-------------|
| <b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b> |             |
| <b>TOTAL for the Reporting Period (1)</b>                                      | \$ 5,278.51 |

|  |             |
|--|-------------|
| <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>  | \$ 9,337.50 |
| <b>TOTAL for the Reporting Period (2)</b>  | \$ 9,337.50 |

|   |              |
|---|--------------|
| <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>                                 | \$ 10,750.00 |
| <b>TOTAL for the Reporting Period (3)</b>                               | \$ 10,750.00 |

|  |         |
|--|---------|
| <b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b> |         |
| <b>TOTAL for the Reporting Period (4)</b>  | \$ 6.80 |

|   |              |
|---|--------------|
| <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> | \$ 25,372.81 |
|---|--------------|



## 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><br>Hospital & Healthsystem Assoc of PA PAC (HAPAC) |  |  |  | <b>Reporting Period</b><br>From: <u>1/1/2009</u> To: <u>5/4/2009</u> |  |               |  |
|   |  |  |  | <b>DATE</b>  |  | <b>AMOUNT</b> |  |

  

|   |                    |                                       |           |            |             |           |
|---|--------------------|---------------------------------------|-----------|------------|-------------|-----------|
| <b>Full Name of Contributor</b><br>Gary D. Ott M.D. |                    |                                       | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 250.00 |
| <b>Mailing Address</b>                              |                    |                                       | 5         | 1          | 2009        |           |
| <b>City</b> Dubois                                  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15801-146 |           |            |             |           |

  

|   |                    |                                       |           |            |             |           |
|---|--------------------|---------------------------------------|-----------|------------|-------------|-----------|
| <b>Full Name of Contributor</b><br>Mr. John Innocenti |                    |                                       | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 250.00 |
| <b>Mailing Address</b>                                |                    |                                       | 5         | 1          | 2009        |           |
| <b>City</b> Pittsburgh                                | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15213-254 |           |            |             |           |

  

|   |                    |                                       |           |            |             |           |
|---|--------------------|---------------------------------------|-----------|------------|-------------|-----------|
| <b>Full Name of Contributor</b><br>Tamra Merryman |                    |                                       | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 150.00 |
| <b>Mailing Address</b>                            |                    |                                       | 5         | 1          | 2009        |           |
| <b>City</b> Pittsburgh                            | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15232-138 |           |            |             |           |

  

|  |                    |                                       |           |            |             |           |
|--|--------------------|---------------------------------------|-----------|------------|-------------|-----------|
| <b>Full Name of Contributor</b><br>Susan J. Mitchell |                    |                                       | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 175.00 |
| <b>Mailing Address</b>                               |                    |                                       | 4         | 30         | 2009        |           |
| <b>City</b> Wellsboro                                | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16901-123 |           |            |             |           |

  

|   |                    |                                   |           |            |             |          |
|---|--------------------|-----------------------------------|-----------|------------|-------------|----------|
| <b>Full Name of Contributor</b><br>Lawrence Tama MD |                    |                                   | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 75.00 |
| <b>Mailing Address</b>                              |                    |                                   | 4         | 30         | 2009        |          |
| <b>City</b> Towanda                                 | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>18848 |           |            |             |          |

  

|   |                    |                                     |           |            |             |           |
|---|--------------------|-------------------------------------|-----------|------------|-------------|-----------|
| <b>Full Name of Contributor</b><br>Mr. Craig Litchfield |                    |                                     | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 100.00 |
| <b>Mailing Address</b>                                  |                    |                                     | 4         | 30         | 2009        |           |
| <b>City</b> Wellsboro                                   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>1690158 |           |            |             |           |

  

|  |                    |                                       |           |            |             |           |
|--|--------------------|---------------------------------------|-----------|------------|-------------|-----------|
| <b>Full Name of Contributor</b><br>Jerry Hostetter |                    |                                       | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 125.00 |
| <b>Mailing Address</b>                             |                    |                                       | 4         | 29         | 2009        |           |
| <b>City</b> Ephrata                                | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17522-241 |           |            |             |           |

|                          |              |       |                   |     |      |           |
|--------------------------|--------------|-------|-------------------|-----|------|-----------|
| Full Name of Contributor |              |       | MO                | DAY | YEAR | \$ 75.00  |
| Aaron Groff              |              |       | 4                 | 29  | 2009 |           |
| Mailing Address          |              |       |                   |     |      |           |
| City                     | Lititz       | State | Zip Code (Plus 4) |     |      |           |
|                          |              | PA    | 17543-916         |     |      |           |
| Full Name of Contributor |              |       | MO                | DAY | YEAR | \$ 62.50  |
| Mr. Joseph Tomko         |              |       | 4                 | 29  | 2009 |           |
| Mailing Address          |              |       |                   |     |      |           |
| City                     | Ephrata      | State | Zip Code (Plus 4) |     |      |           |
|                          |              | PA    | 17522-175         |     |      |           |
| Full Name of Contributor |              |       | MO                | DAY | YEAR | \$ 75.00  |
| Mr. Robert J. Lengyel    |              |       | 4                 | 29  | 2009 |           |
| Mailing Address          |              |       |                   |     |      |           |
| City                     | Uniontown    | State | Zip Code (Plus 4) |     |      |           |
|                          |              | PA    | 15401-398         |     |      |           |
| Full Name of Contributor |              |       | MO                | DAY | YEAR | \$ 75.00  |
| Mrs. Bertha Sproul RN    |              |       | 4                 | 29  | 2009 |           |
| Mailing Address          |              |       |                   |     |      |           |
| City                     | Ohiopyle     | State | Zip Code (Plus 4) |     |      |           |
|                          |              | PA    | 15470-138         |     |      |           |
| Full Name of Contributor |              |       | MO                | DAY | YEAR | \$ 75.00  |
| Mr. Ronald Napikoski     |              |       | 4                 | 29  | 2009 |           |
| Mailing Address          |              |       |                   |     |      |           |
| City                     | Lewistown    | State | Zip Code (Plus 4) |     |      |           |
|                          |              | PA    | 17044-950         |     |      |           |
| Full Name of Contributor |              |       | MO                | DAY | YEAR | \$ 75.00  |
| Mr Steven P Handy , CPA  |              |       | 4                 | 29  | 2009 |           |
| Mailing Address          |              |       |                   |     |      |           |
| City                     | Uniontown    | State | Zip Code (Plus 4) |     |      |           |
|                          |              | PA    | 15401-551         |     |      |           |
| Full Name of Contributor |              |       | MO                | DAY | YEAR | \$ 150.00 |
| Ms. Jane Montgomery      |              |       | 4                 | 28  | 2009 |           |
| Mailing Address          |              |       |                   |     |      |           |
| City                     | Warrendale   | State | Zip Code (Plus 4) |     |      |           |
|                          |              | PA    | 15086-751         |     |      |           |
| Full Name of Contributor |              |       | MO                | DAY | YEAR | \$ 150.00 |
| Mr. Fred Peterson        |              |       | 4                 | 28  | 2009 |           |
| Mailing Address          |              |       |                   |     |      |           |
| City                     | Warrendale   | State | Zip Code (Plus 4) |     |      |           |
|                          |              | PA    | 15086-751         |     |      |           |
| Full Name of Contributor |              |       | MO                | DAY | YEAR | \$ 150.00 |
| Mr. Kevin Holleran Esq.  |              |       | 4                 | 28  | 2009 |           |
| Mailing Address          |              |       |                   |     |      |           |
| City                     | West Chester | State | Zip Code (Plus 4) |     |      |           |
|                          |              | PA    | 19380-442         |     |      |           |

|  |          |                             |    |     |      |           |
|--|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributor<br>Ms. Chloe Eichelberger |          |                             | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address                                    |          |                             | 4  | 24  | 2009 |           |
| City York  | State PA | Zip Code (Plus 4) 17404-111 |    |     |      |           |
| Full Name of Contributor<br>Mark Miller            |          |                             | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address                                    |          |                             | 4  | 24  | 2009 |           |
| City Somerset                                      | State PA | Zip Code (Plus 4) 15501-208 |    |     |      |           |
| Full Name of Contributor<br>Kirk E. Thomas         |          |                             | MO | DAY | YEAR | \$ 75.00  |
| Mailing Address                                    |          |                             | 4  | 24  | 2009 |           |
| City Lewistown                                     | State PA | Zip Code (Plus 4) 17044-116 |    |     |      |           |
| Full Name of Contributor<br>Stephen L. Spearing    |          |                             | MO | DAY | YEAR | \$ 75.00  |
| Mailing Address                                    |          |                             | 4  | 24  | 2009 |           |
| City Lewistown                                     | State PA | Zip Code (Plus 4) 17044-116 |    |     |      |           |
| Full Name of Contributor<br>Kimberly B. Schriver   |          |                             | MO | DAY | YEAR | \$ 75.00  |
| Mailing Address                                    |          |                             | 4  | 24  | 2009 |           |
| City Pittsburgh                                    | State PA | Zip Code (Plus 4) 15217-250 |    |     |      |           |
| Full Name of Contributor<br>Douglass E. Harrison   |          |                             | MO | DAY | YEAR | \$ 75.00  |
| Mailing Address                                    |          |                             | 4  | 24  | 2009 |           |
| City Glenshaw                                      | State PA | Zip Code (Plus 4) 15116-113 |    |     |      |           |
| Full Name of Contributor<br>Leeann K. Cerimele     |          |                             | MO | DAY | YEAR | \$ 75.00  |
| Mailing Address                                    |          |                             | 4  | 24  | 2009 |           |
| City Sewickley                                     | State PA | Zip Code (Plus 4) 15143-887 |    |     |      |           |
| Full Name of Contributor<br>Thomas M. Newman       |          |                             | MO | DAY | YEAR | \$ 75.00  |
| Mailing Address                                    |          |                             | 4  | 24  | 2009 |           |
| City Pittsburgh                                    | State PA | Zip Code (Plus 4) 15241-156 |    |     |      |           |
| Full Name of Contributor<br>Mr. Charles M. Rudek   |          |                             | MO | DAY | YEAR | \$ 75.00  |
| Mailing Address                                    |          |                             | 4  | 24  | 2009 |           |
| City Apollo  | State PA | Zip Code (Plus 4) 15613-171 |    |     |      |           |

|  |             |                                |    |     |      |           |
|--|-------------|--------------------------------|----|-----|------|-----------|
| Full Name of Contributor<br>Ms. Kay A. Hamilton RN, MS |             |                                | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address  |             |                                | 4  | 24  | 2009 |           |
| City   Lewistown                                       | State<br>PA | Zip Code (Plus 4)<br>17044-116 |    |     |      |           |
| Full Name of Contributor<br>Mr. David T. Martin        |             |                                | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address  |             |                                | 4  | 24  | 2009 |           |
| City   Pittsburgh                                      | State<br>PA | Zip Code (Plus 4)<br>15215-330 |    |     |      |           |
| Full Name of Contributor<br>Michelle Robertson         |             |                                | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address  |             |                                | 4  | 24  | 2009 |           |
| City   Erie  | State<br>PA | Zip Code (Plus 4)<br>165502    |    |     |      |           |
| Full Name of Contributor<br>Mr John R Carroll          |             |                                | MO | DAY | YEAR | \$ 75.00  |
| Mailing Address  |             |                                | 4  | 24  | 2009 |           |
| City   Pittsburgh                                      | State<br>PA | Zip Code (Plus 4)<br>15215-330 |    |     |      |           |
| Full Name of Contributor<br>Trudi B. Stafford          |             |                                | MO | DAY | YEAR | \$ 75.00  |
| Mailing Address  |             |                                | 4  | 22  | 2009 |           |
| City   Pittsburgh                                      | State<br>PA | Zip Code (Plus 4)<br>15222-560 |    |     |      |           |
| Full Name of Contributor<br>George C. Schmieler        |             |                                | MO | DAY | YEAR | \$ 175.00 |
| Mailing Address  |             |                                | 4  | 22  | 2009 |           |
| City   Canonsburg                                      | State<br>PA | Zip Code (Plus 4)<br>15317-480 |    |     |      |           |
| Full Name of Contributor<br>Karen Borosky              |             |                                | MO | DAY | YEAR | \$ 75.00  |
| Mailing Address  |             |                                | 4  | 22  | 2009 |           |
| City   Pittsburgh                                      | State<br>PA | Zip Code (Plus 4)<br>15237-584 |    |     |      |           |
| Full Name of Contributor<br>Kenneth H. Taylor Jr.      |             |                                | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address  |             |                                | 4  | 20  | 2009 |           |
| City   Wyalusing                                       | State<br>PA | Zip Code (Plus 4)<br>18853-970 |    |     |      |           |
| Full Name of Contributor<br>Mrs. Cynthia T. Tolsma     |             |                                | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address  |             |                                | 4  | 20  | 2009 |           |
| City   Lemoyne   | State<br>PA | Zip Code (Plus 4)<br>17043-120 |    |     |      |           |

|  |          |                             |    |     |      |           |
|--|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributor<br>Mr. John Snader          |          |                             | MO | DAY | YEAR | \$ 175.00 |
| Mailing Address                                      |          |                             | 4  | 16  | 2009 |           |
| City Ephrata   | State PA | Zip Code (Plus 4) 17522-175 |    |     |      |           |
| Full Name of Contributor<br>William Lafferty Jr.     |          |                             | MO | DAY | YEAR | \$ 75.00  |
| Mailing Address                                      |          |                             | 4  | 16  | 2009 |           |
| City Ephrata   | State PA | Zip Code (Plus 4) 17522-175 |    |     |      |           |
| Full Name of Contributor<br>David R. Kreider         |          |                             | MO | DAY | YEAR | \$ 175.00 |
| Mailing Address                                      |          |                             | 4  | 16  | 2009 |           |
| City Millersville                                    | State PA | Zip Code (Plus 4) 17551-951 |    |     |      |           |
| Full Name of Contributor<br>Michael Kane             |          |                             | MO | DAY | YEAR | \$ 75.00  |
| Mailing Address                                      |          |                             | 4  | 16  | 2009 |           |
| City Leola   | State PA | Zip Code (Plus 4) 17540-973 |    |     |      |           |
| Full Name of Contributor<br>Ronald L Miller          |          |                             | MO | DAY | YEAR | \$ 75.00  |
| Mailing Address                                      |          |                             | 4  | 16  | 2009 |           |
| City Lititz  | State PA | Zip Code (Plus 4) 17543-281 |    |     |      |           |
| Full Name of Contributor<br>Mr. Dennis H. Tomassetti |          |                             | MO | DAY | YEAR | \$ 150.00 |
| Mailing Address                                      |          |                             | 4  | 15  | 2009 |           |
| City Pittsburgh                                      | State PA | Zip Code (Plus 4) 15237-584 |    |     |      |           |
| Full Name of Contributor<br>Ms. Donna Jasko          |          |                             | MO | DAY | YEAR | \$ 150.00 |
| Mailing Address                                      |          |                             | 4  | 15  | 2009 |           |
| City Pittsburgh                                      | State PA | Zip Code (Plus 4) 15237-584 |    |     |      |           |
| Full Name of Contributor<br>Ms. Teresa Petrick       |          |                             | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address                                      |          |                             | 4  | 15  | 2009 |           |
| City Pittsburgh                                      | State PA | Zip Code (Plus 4) 15237-584 |    |     |      |           |
| Full Name of Contributor<br>Mr Gary Mignogna         |          |                             | MO | DAY | YEAR | \$ 150.00 |
| Mailing Address                                      |          |                             | 4  | 15  | 2009 |           |
| City McKeesport                                      | State PA | Zip Code (Plus 4) 15132-242 |    |     |      |           |

|  |          |                             |    |     |      |           |
|--|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributor<br>Mr. Mark Stensager |          |                             | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address                                |          |                             | 4  | 15  | 2009 |           |
| City Sayre                                     | State PA | Zip Code (Plus 4) 18840-162 |    |     |      |           |

|  |          |                             |    |     |      |           |
|--|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributor<br>Mr. Roger P Winn |          |                             | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address                              |          |                             | 4  | 13  | 2009 |           |
| City Everett                                 | State PA | Zip Code (Plus 4) 15537-704 |    |     |      |           |

|   |          |                             |    |     |      |           |
|---|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributor<br>William L. Cook III |          |                             | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address                                 |          |                             | 4  | 13  | 2009 |           |
| City Pittsburgh                                 | State PA | Zip Code (Plus 4) 15206-423 |    |     |      |           |

|   |          |                             |    |     |      |           |
|---|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributor<br>Michelle A. Speck |          |                             | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address                               |          |                             | 4  | 13  | 2009 |           |
| City Bedford                                  | State PA | Zip Code (Plus 4) 15522-501 |    |     |      |           |

|  |          |                            |    |     |      |           |
|--|----------|----------------------------|----|-----|------|-----------|
| Full Name of Contributor<br>Mr. John S. Sutika |          |                            | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address                                |          |                            | 4  | 13  | 2009 |           |
| City Grampian                                  | State PA | Zip Code (Plus 4) 16838235 |    |     |      |           |

|   |          |                         |    |     |      |           |
|---|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributor<br>Paula M. Thomas |          |                         | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address                             |          |                         | 4  | 13  | 2009 |           |
| City Hastings                               | State PA | Zip Code (Plus 4) 16646 |    |     |      |           |

|   |          |                             |    |     |      |           |
|---|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributor<br>Mr. Robert A. DeMichiei |          |                             | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address                                     |          |                             | 4  | 13  | 2009 |           |
| City Gibsonia                                       | State PA | Zip Code (Plus 4) 15044-749 |    |     |      |           |

|  |          |                             |    |     |      |           |
|--|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributor<br>Julie Peer |          |                             | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address                        |          |                             | 4  | 13  | 2009 |           |
| City Brookville                        | State PA | Zip Code (Plus 4) 15825-136 |    |     |      |           |

|  |          |                             |    |     |      |           |
|--|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributor<br>Ms. Sherrill S. Wylie RN |          |                             | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address                                      |          |                             | 4  | 13  | 2009 |           |
| City Everett   | State PA | Zip Code (Plus 4) 15537-704 |    |     |      |           |

|   |               |       |    |                   |           |           |
|---|---------------|-------|----|-------------------|-----------|-----------|
| Full Name of Contributor                |               |       | MO | DAY               | YEAR      | \$ 100.00 |
| John L. Galley                          |               |       | 4  | 13                | 2009      |           |
| Mailing Address                         |               |       |    |                   |           |           |
| City                                    | Pittsburgh    | State | PA | Zip Code (Plus 4) | 15243-186 |           |
| Full Name of Contributor                |               |       | MO | DAY               | YEAR      | \$ 175.00 |
| Daniel Sporn                            |               |       | 4  | 13                | 2009      |           |
| Mailing Address                         |               |       |    |                   |           |           |
| City                                    | Sayre         | State | PA | Zip Code (Plus 4) | 18840     |           |
| Full Name of Contributor                |               |       | MO | DAY               | YEAR      | \$ 125.00 |
| David P. Gibbons                        |               |       | 4  | 13                | 2009      |           |
| Mailing Address                         |               |       |    |                   |           |           |
| City                                    | Voorhees      | State | NJ | Zip Code (Plus 4) | 80432868  |           |
| Full Name of Contributor                |               |       | MO | DAY               | YEAR      | \$ 75.00  |
| Mr. David Clark                         |               |       | 4  | 8                 | 2009      |           |
| Mailing Address                         |               |       |    |                   |           |           |
| City                                    | Monongahela   | State | PA | Zip Code (Plus 4) | 15063-109 |           |
| Full Name of Contributor                |               |       | MO | DAY               | YEAR      | \$ 250.00 |
| Mr. Louis J. Panza Jr., CHE, CPA, FHFMA |               |       | 4  | 8                 | 2009      |           |
| Mailing Address                         |               |       |    |                   |           |           |
| City                                    | Monongahela   | State | PA | Zip Code (Plus 4) | 15063-109 |           |
| Full Name of Contributor                |               |       | MO | DAY               | YEAR      | \$ 75.00  |
| Mr. Gerald C. Smith                     |               |       | 4  | 8                 | 2009      |           |
| Mailing Address                         |               |       |    |                   |           |           |
| City                                    | Belle Vernon  | State | PA | Zip Code (Plus 4) | 15012-352 |           |
| Full Name of Contributor                |               |       | MO | DAY               | YEAR      | \$ 75.00  |
| Dr. Brian M. Uniacke MD                 |               |       | 4  | 8                 | 2009      |           |
| Mailing Address                         |               |       |    |                   |           |           |
| City                                    | Mechanicsburg | State | PA | Zip Code (Plus 4) | 17050-210 |           |
| Full Name of Contributor                |               |       | MO | DAY               | YEAR      | \$ 75.00  |
| George Grode                            |               |       | 4  | 8                 | 2009      |           |
| Mailing Address                         |               |       |    |                   |           |           |
| City                                    | Camp Hill     | State | PA | Zip Code (Plus 4) | 17011-840 |           |
| Full Name of Contributor                |               |       | MO | DAY               | YEAR      | \$ 75.00  |
| Cheryl L. Key                           |               |       | 4  | 8                 | 2009      |           |
| Mailing Address                         |               |       |    |                   |           |           |
| City                                    | Carlisle      | State | PA | Zip Code (Plus 4) | 17013-814 |           |

|   |          |                             |    |     |      |           |
|---|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributor<br>Ms. Cynthia M Dorundo     |          |                             | MO | DAY | YEAR | \$ 125.00 |
| Mailing Address                                       |          |                             | 4  | 8   | 2009 |           |
| City Pittsburgh                                       | State PA | Zip Code (Plus 4) 15215-330 |    |     |      |           |
| Full Name of Contributor<br>Dr. Corey Rigberg MD      |          |                             | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address                                       |          |                             | 4  | 8   | 2009 |           |
| City Harrisburg                                       | State PA | Zip Code (Plus 4) 17105-870 |    |     |      |           |
| Full Name of Contributor<br>Ms. Susan Storch          |          |                             | MO | DAY | YEAR | \$ 150.00 |
| Mailing Address                                       |          |                             | 4  | 6   | 2009 |           |
| City Troy   | State PA | Zip Code (Plus 4) 16947-942 |    |     |      |           |
| Full Name of Contributor<br>Mr. Donald R. Owrey       |          |                             | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address                                       |          |                             | 4  | 6   | 2009 |           |
| City Grove City                                       | State PA | Zip Code (Plus 4) 16127     |    |     |      |           |
| Full Name of Contributor<br>Francis W. Pinkosky       |          |                             | MO | DAY | YEAR | \$ 75.00  |
| Mailing Address                                       |          |                             | 4  | 6   | 2009 |           |
| City Sayre  | State PA | Zip Code (Plus 4) 18840-932 |    |     |      |           |
| Full Name of Contributor<br>Randall A. Gross          |          |                             | MO | DAY | YEAR | \$ 75.00  |
| Mailing Address                                       |          |                             | 4  | 6   | 2009 |           |
| City York   | State PA | Zip Code (Plus 4) 17403-448 |    |     |      |           |
| Full Name of Contributor<br>Ms. C. Angela Bontempo    |          |                             | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address                                       |          |                             | 4  | 6   | 2009 |           |
| City Erie   | State PA | Zip Code (Plus 4) 165442    |    |     |      |           |
| Full Name of Contributor<br>Dr. Douglas R. Trostle MD |          |                             | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address                                       |          |                             | 4  | 6   | 2009 |           |
| City Sayre  | State PA | Zip Code (Plus 4) 18840-130 |    |     |      |           |
| Full Name of Contributor<br>Barry Skeist MD           |          |                             | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address                                       |          |                             | 4  | 6   | 2009 |           |
| City Sayre  | State PA | Zip Code (Plus 4) 18840-162 |    |     |      |           |

|   |                    |                                       |           |            |             |          |
|---|--------------------|---------------------------------------|-----------|------------|-------------|----------|
| <b>Full Name of Contributor</b><br>Ms. Pamela E. Clarke |                    |                                       | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 75.00 |
| <b>Mailing Address</b>                                  |                    |                                       | 4         | 6          | 2009        |          |
| <b>City</b> Harrisburg                                  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17111-245 |           |            |             |          |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 9,337.50       |

**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 |     |
|                                       | 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 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>    | <b>Reporting Period</b>                                 |
| Hospital & Healthsystem Assoc of PA PAC (HAPAC) | <b>From:</b> <u>1/1/2009</u> <b>To:</b> <u>5/4/2009</u> |

|   |              |              |    | DATE                                       |            | AMOUNT                   |             |
|---|--------------|--------------|----|--|------------|--------------------------|-------------|
| <b>Full Name of Contributor</b>                             |              |              |    | <b>MO</b>                                  | <b>DAY</b> | <b>YEAR</b>              | \$ 500.00   |
| Mr. Garry L Scheib  |              |              |    |  |            |                          |             |
| <b>Mailing Address</b>                                      |              |              |    |  |            |                          |             |
| <b>City</b>   | Philadelphia | <b>State</b> | PA | <b>Zip Code (Plus 4)</b>                   | 19104-420  |                          |             |
| <b>Employer Name</b>  |              |              |    | Hospital of the University of Pennsylvania |            |                          |             |
| <b>Employer Mailing Address/Principal Place of Business</b> |              |              |    | <b>Occupation</b>                          |            |                          |             |
| Philadelphia  |              |              |    | Executive Director                         |            |                          |             |
| <b>Employer Mailing Address/Principal Place of Business</b> |              |              |    | <b>State</b>                               |            | <b>Zip Code (Plus 4)</b> |             |
| PA  |              |              |    | 19104-428                                  |            |                          |             |
| <b>Full Name of Contributor</b>                             |              |              |    | <b>MO</b>                                  | <b>DAY</b> | <b>YEAR</b>              | \$ 500.00   |
| Dawn Fuchs Hesier   |              |              |    |  |            |                          |             |
| <b>Mailing Address</b>                                      |              |              |    |  |            |                          |             |
| <b>City</b>   | Houston      | <b>State</b> | PA | <b>Zip Code (Plus 4)</b>                   | 15342-125  |                          |             |
| <b>Employer Name</b>  |              |              |    | Weavertown Env                             |            |                          |             |
| <b>Employer Mailing Address/Principal Place of Business</b> |              |              |    | <b>Occupation</b>                          |            |                          |             |
| Houston   |              |              |    | President                                  |            |                          |             |
| <b>Employer Mailing Address/Principal Place of Business</b> |              |              |    | <b>State</b>                               |            | <b>Zip Code (Plus 4)</b> |             |
| PA  |              |              |    | 15342-125                                  |            |                          |             |
| <b>Full Name of Contributor</b>                             |              |              |    | <b>MO</b>                                  | <b>DAY</b> | <b>YEAR</b>              | \$ 1,000.00 |
| Mr. John J. Lynch III                                       |              |              |    |  |            |                          |             |
| <b>Mailing Address</b>                                      |              |              |    |  |            |                          |             |
| <b>City</b>   | Wayne        | <b>State</b> | PA | <b>Zip Code (Plus 4)</b>                   | 19087-472  |                          |             |
| <b>Employer Name</b>  |              |              |    | Main Line Health/Main Line Hospitals       |            |                          |             |
| <b>Employer Mailing Address/Principal Place of Business</b> |              |              |    | <b>Occupation</b>                          |            |                          |             |
| Bryn Mawr   |              |              |    | President and Chief Execu                  |            |                          |             |
| <b>Employer Mailing Address/Principal Place of Business</b> |              |              |    | <b>State</b>                               |            | <b>Zip Code (Plus 4)</b> |             |
| PA  |              |              |    | 19010-312                                  |            |                          |             |
| <b>Full Name of Contributor</b>                             |              |              |    | <b>MO</b>                                  | <b>DAY</b> | <b>YEAR</b>              | \$ 500.00   |
| Mr. Edward T. Karlovich                                     |              |              |    |  |            |                          |             |
| <b>Mailing Address</b>                                      |              |              |    |  |            |                          |             |
| <b>City</b>   | Pittsburgh   | <b>State</b> | PA | <b>Zip Code (Plus 4)</b>                   | 15213-254  |                          |             |
| <b>Employer Name</b>  |              |              |    | Magee-Womens Hospital of UPMC              |            |                          |             |
| <b>Employer Mailing Address/Principal Place of Business</b> |              |              |    | <b>Occupation</b>                          |            |                          |             |
| Pittsburgh  |              |              |    | CFO  |            |                          |             |
| <b>Employer Mailing Address/Principal Place of Business</b> |              |              |    | <b>State</b>                               |            | <b>Zip Code (Plus 4)</b> |             |
| PA  |              |              |    | 15213-318                                  |            |                          |             |

|   |                    |                                       |                           |                             |            |                                       |                    |
|---|--------------------|---------------------------------------|---------------------------|-----------------------------|------------|---------------------------------------|--------------------|
| <b>Full Name of Contributor</b><br>Ms. Leslie Davis         |                    |                                       |                           | <b>MO</b>                   | <b>DAY</b> | <b>YEAR</b>                           | <b>\$</b> 1,000.00 |
| <b>Mailing Address</b>                                      |                    |                                       |                           | 4                           | 13         | 2009                                  |                    |
| <b>City</b> Pittsburgh                                      | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15213-318 |                           |                             |            |                                       |                    |
| <b>Employer Name</b> Magee-Womens Hospital of UPMC          |                    |                                       |                           | <b>Occupation</b> President |            |                                       |                    |
| <b>Employer Mailing Address/Principal Place of Business</b> |                    |                                       | <b>City</b><br>Pittsburgh | <b>State</b><br>PA          |            | <b>Zip Code (Plus 4)</b><br>15213-318 |                    |

  

|  |                    |                                   |                           |  |            |                                       |                  |
|--|--------------------|-----------------------------------|---------------------------|--|------------|---------------------------------------|------------------|
| <b>Full Name of Contributor</b><br>Ms. Elizabeth Concordia   |                    |                                   |                           | <b>MO</b>                                  | <b>DAY</b> | <b>YEAR</b>                           | <b>\$</b> 500.00 |
| <b>Mailing Address</b>                                       |                    |                                   |                           | 4  | 13         | 2009                                  |                  |
| <b>City</b> Pittsburgh                                       | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15238 |                           |  |            |                                       |                  |
| <b>Employer Name</b> University of Pittsburgh Medical Center |                    |                                   |                           | <b>Occupation</b> Executive Vice President |            |                                       |                  |
| <b>Employer Mailing Address/Principal Place of Business</b>  |                    |                                   | <b>City</b><br>Pittsburgh | <b>State</b><br>PA                         |            | <b>Zip Code (Plus 4)</b><br>15213-254 |                  |

  

|   |                    |                                       |                          |                                   |            |                                       |                  |
|---|--------------------|---------------------------------------|--------------------------|-----------------------------------|------------|---------------------------------------|------------------|
| <b>Full Name of Contributor</b><br>Mr. Ron J. Butler CHE    |                    |                                       |                          | <b>MO</b>                         | <b>DAY</b> | <b>YEAR</b>                           | <b>\$</b> 500.00 |
| <b>Mailing Address</b>                                      |                    |                                       |                          | 4                                 | 16         | 2009                                  |                  |
| <b>City</b> Wellsboro                                       | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16901-789 |                          |                                   |            |                                       |                  |
| <b>Employer Name</b> Laurel Health System                   |                    |                                       |                          | <b>Occupation</b> President & CEO |            |                                       |                  |
| <b>Employer Mailing Address/Principal Place of Business</b> |                    |                                       | <b>City</b><br>Wellsboro | <b>State</b><br>PA                |            | <b>Zip Code (Plus 4)</b><br>16901-155 |                  |

  

|   |                    |                                       |                          |   |            |                                       |                  |
|---|--------------------|---------------------------------------|--------------------------|---|------------|---------------------------------------|------------------|
| <b>Full Name of Contributor</b><br>Ms. Jan E. Fisher        |                    |                                       |                          | <b>MO</b>                                   | <b>DAY</b> | <b>YEAR</b>                           | <b>\$</b> 500.00 |
| <b>Mailing Address</b>                                      |                    |                                       |                          | 4   | 16         | 2009                                  |                  |
| <b>City</b> Wellsboro                                       | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16901-184 |                          |   |            |                                       |                  |
| <b>Employer Name</b> Soldiers and Sailors Memorial Hospital |                    |                                       |                          | <b>Occupation</b> President & Chief Executi |            |                                       |                  |
| <b>Employer Mailing Address/Principal Place of Business</b> |                    |                                       | <b>City</b><br>Wellsboro | <b>State</b><br>PA                          |            | <b>Zip Code (Plus 4)</b><br>16901-189 |                  |

  

|   |                    |                                       |                           |   |            |                                       |                  |
|---|--------------------|---------------------------------------|---------------------------|---|------------|---------------------------------------|------------------|
| <b>Full Name of Contributor</b><br>Ms. Patricia J. Raffaele |                    |                                       |                           | <b>MO</b>                                   | <b>DAY</b> | <b>YEAR</b>                           | <b>\$</b> 500.00 |
| <b>Mailing Address</b>                                      |                    |                                       |                           | 4   | 28         | 2009                                  |                  |
| <b>City</b> McMurray  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15317-272 |                           |   |            |                                       |                  |
| <b>Employer Name</b> Hospital Council of Western PA         |                    |                                       |                           | <b>Occupation</b> VP, Advocacy & Communicat |            |                                       |                  |
| <b>Employer Mailing Address/Principal Place of Business</b> |                    |                                       | <b>City</b><br>Warrendale | <b>State</b><br>PA                          |            | <b>Zip Code (Plus 4)</b><br>15086-751 |                  |

  

|   |                    |                                       |                           |                             |            |                                       |                  |
|---|--------------------|---------------------------------------|---------------------------|-----------------------------|------------|---------------------------------------|------------------|
| <b>Full Name of Contributor</b><br>Mr. Alvin J. Harper      |                    |                                       |                           | <b>MO</b>                   | <b>DAY</b> | <b>YEAR</b>                           | <b>\$</b> 500.00 |
| <b>Mailing Address</b>                                      |                    |                                       |                           | 4                           | 28         | 2009                                  |                  |
| <b>City</b> Lyndhurst                                       | <b>State</b><br>OH | <b>Zip Code (Plus 4)</b><br>44124-107 |                           |                             |            |                                       |                  |
| <b>Employer Name</b> Hospital Council of Western PA         |                    |                                       |                           | <b>Occupation</b> President |            |                                       |                  |
| <b>Employer Mailing Address/Principal Place of Business</b> |                    |                                       | <b>City</b><br>Warrendale | <b>State</b><br>PA          |            | <b>Zip Code (Plus 4)</b><br>15086-751 |                  |

|   |                    |                                       |                          |   |            |                                       |                  |
|---|--------------------|---------------------------------------|--------------------------|---|------------|---------------------------------------|------------------|
| <b>Full Name of Contributor</b><br>Mr. Paul Bacharach       |                    |                                       |                          | <b>MO</b>                                   | <b>DAY</b> | <b>YEAR</b>                           | <b>\$</b> 500.00 |
| <b>Mailing Address</b>                                      |                    |                                       |                          | 4   | 29         | 2009                                  |                  |
| <b>City</b> Uniontown                                       | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15401-551 |                          |   |            |                                       |                  |
| <b>Employer Name</b> Uniontown Hospital                     |                    |                                       |                          | <b>Occupation</b> President & Chief Executi |            |                                       |                  |
| <b>Employer Mailing Address/Principal Place of Business</b> |                    |                                       | <b>City</b><br>Uniontown | <b>State</b><br>PA                          |            | <b>Zip Code (Plus 4)</b><br>15401-551 |                  |

  

|   |                    |                                       |                          |                                       |            |                                       |                  |
|---|--------------------|---------------------------------------|--------------------------|---------------------------------------|------------|---------------------------------------|------------------|
| <b>Full Name of Contributor</b><br>Ms. Elouise Eberly       |                    |                                       |                          | <b>MO</b>                             | <b>DAY</b> | <b>YEAR</b>                           | <b>\$</b> 500.00 |
| <b>Mailing Address</b>                                      |                    |                                       |                          | 4                                     | 29         | 2009                                  |                  |
| <b>City</b> Uniontown                                       | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15401-564 |                          |                                       |            |                                       |                  |
| <b>Employer Name</b> Uniontown Hospital Auxiliary, The      |                    |                                       |                          | <b>Occupation</b> PAHA Past President |            |                                       |                  |
| <b>Employer Mailing Address/Principal Place of Business</b> |                    |                                       | <b>City</b><br>Uniontown | <b>State</b><br>PA                    |            | <b>Zip Code (Plus 4)</b><br>15401-551 |                  |

  

|   |                    |                                       |                             |   |            |                                       |                    |
|---|--------------------|---------------------------------------|-----------------------------|---|------------|---------------------------------------|--------------------|
| <b>Full Name of Contributor</b><br>Mr. H. L. Perry Pepper FACHE |                    |                                       |                             | <b>MO</b>                                   | <b>DAY</b> | <b>YEAR</b>                           | <b>\$</b> 1,000.00 |
| <b>Mailing Address</b>  |                    |                                       |                             | 4   | 29         | 2009                                  |                    |
| <b>City</b> West Chester  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19380-442 |                             |   |            |                                       |                    |
| <b>Employer Name</b> Chester County Hospital                    |                    |                                       |                             | <b>Occupation</b> President & Chief Executi |            |                                       |                    |
| <b>Employer Mailing Address/Principal Place of Business</b>     |                    |                                       | <b>City</b><br>West Chester | <b>State</b><br>PA                          |            | <b>Zip Code (Plus 4)</b><br>19380-442 |                    |

  

|   |                    |                                       |                         |   |            |                                       |                  |
|---|--------------------|---------------------------------------|-------------------------|---|------------|---------------------------------------|------------------|
| <b>Full Name of Contributor</b><br>Mr. Rexford O. Catlin    |                    |                                       |                         | <b>MO</b>                                 | <b>DAY</b> | <b>YEAR</b>                           | <b>\$</b> 750.00 |
| <b>Mailing Address</b>                                      |                    |                                       |                         | 5   | 1          | 2009                                  |                  |
| <b>City</b> Montrose  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>18801-110 |                         |   |            |                                       |                  |
| <b>Employer Name</b> Endless Mountain Health Systems        |                    |                                       |                         | <b>Occupation</b> Chief Executive Officer |            |                                       |                  |
| <b>Employer Mailing Address/Principal Place of Business</b> |                    |                                       | <b>City</b><br>Montrose | <b>State</b><br>PA                        |            | <b>Zip Code (Plus 4)</b><br>18801-110 |                  |

  

|  |                    |                                       |                       |   |            |                                       |                    |
|--|--------------------|---------------------------------------|-----------------------|---|------------|---------------------------------------|--------------------|
| <b>Full Name of Contributor</b><br>Mr. Joseph T. Sebastianelli |                    |                                       |                       | <b>MO</b>                                   | <b>DAY</b> | <b>YEAR</b>                           | <b>\$</b> 1,000.00 |
| <b>Mailing Address</b>   |                    |                                       |                       | 4   | 13         | 2009                                  |                    |
| <b>City</b> Radnor   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19087-524 |                       |   |            |                                       |                    |
| <b>Employer Name</b> Jefferson Health System                   |                    |                                       |                       | <b>Occupation</b> President and Chief Execu |            |                                       |                    |
| <b>Employer Mailing Address/Principal Place of Business</b>    |                    |                                       | <b>City</b><br>Radnor | <b>State</b><br>PA                          |            | <b>Zip Code (Plus 4)</b><br>19087-528 |                    |

  

|  |                    |                                       |                       |   |            |                                       |                    |
|--|--------------------|---------------------------------------|-----------------------|---|------------|---------------------------------------|--------------------|
| <b>Full Name of Contributor</b><br>Mr. Joseph T. Sebastianelli |                    |                                       |                       | <b>MO</b>                                   | <b>DAY</b> | <b>YEAR</b>                           | <b>\$</b> 1,000.00 |
| <b>Mailing Address</b>   |                    |                                       |                       | 5   | 1          | 2009                                  |                    |
| <b>City</b> Radnor   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19087-524 |                       |   |            |                                       |                    |
| <b>Employer Name</b> Jefferson Health System                   |                    |                                       |                       | <b>Occupation</b> President and Chief Execu |            |                                       |                    |
| <b>Employer Mailing Address/Principal Place of Business</b>    |                    |                                       | <b>City</b><br>Radnor | <b>State</b><br>PA                          |            | <b>Zip Code (Plus 4)</b><br>19087-528 |                    |

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

**PAGE TOTAL**

\$ 10,750.00

## 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><br><br>Hospital & Healthsystem Assoc of PA PAC (HAPAC) | <b>Reporting Period</b><br><br><b>From:</b> <u>1/1/2009</u> <b>To:</b> <u>5/4/2009</u> |
|---|--|

|   |                    |                                   |  | DATE    |          | AMOUNT       |            |
|---|--------------------|-----------------------------------|--|---------|----------|--------------|------------|
| <b>Full Name</b><br>Commerce Bank-PA                  |                    |                                   |  | MO<br>4 | DAY<br>8 | YEAR<br>2009 | \$<br>4.00 |
| <b>Mailing Address</b>                                |                    |                                   |  |         |          |              |            |
| <b>City</b><br>Harrisburg                             | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17111 |  |         |          |              |            |
| <b>Receipt Description</b> March 2009 interest income |                    |                                   |  |         |          |              |            |
| <b>Full Name</b><br>Commerce Bank-PA                  |                    |                                   |  | MO<br>4 | DAY<br>8 | YEAR<br>2009 | \$<br>2.80 |
| <b>Mailing Address</b>                                |                    |                                   |  |         |          |              |            |
| <b>City</b><br>Harrisburg                             | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17111 |  |         |          |              |            |
| <b>Receipt Description</b> March 2009 interest income |                    |                                   |  |         |          |              |            |

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

| PAGE TOTAL |      |
|------------|------|
| \$         | 6.80 |

## 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>5/4/2009</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:            | To: |

| DATE  |       |                   |     | AMOUNT     |
|---|-------|-------------------|-----|------------|
| Full Name of Contributor  |       |                   |     | \$ 0.00    |
| Mailing Address   |       |                   | MO  |            |
| City  | State | Zip Code (Plus 4) | DAY |            |
| YEAR  |       |                   |     |            |
| Description of Contribution:  |       |                   |     |            |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2. |       |                   |     | PAGE TOTAL |
|   |       |                   |     | \$ 0.00    |

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# 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>5/4/2009</u> |

| DATE                                 |                 |                                |   | AMOUNT      |
|--------------------------------------|-----------------|--------------------------------|---|-------------|
| <b>To Whom Paid</b>                  | <b>MO</b>       | <b>DAY</b>                     | <b>YEAR</b>   |             |
| HRCC                                 |                 |                                |   |             |
| <b>Mailing Address</b>               | 4               | 30                             | 2009  | \$ 500.00   |
| <b>City</b> Harrisburg               | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 17108 | <b>Description of Expenditure</b> HRCC RECEPTION 4/24/09                  |             |
| <b>To Whom Paid</b>                  | <b>MO</b>       | <b>DAY</b>                     | <b>YEAR</b>   |             |
| Friends of Marguerite Quinn          |                 |                                |   |             |
| <b>Mailing Address</b>               | 4               | 30                             | 2009  | \$ 200.00   |
| <b>City</b> Doylestown               | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 18901 | <b>Description of Expenditure</b> Marguerite Quinn, STATE HOUSE 143rd PA  |             |
| <b>To Whom Paid</b>                  | <b>MO</b>       | <b>DAY</b>                     | <b>YEAR</b>   |             |
| FRIENDS OF JEFF PICCOLA              |                 |                                |   |             |
| <b>Mailing Address</b>               | 4               | 30                             | 2009  | \$ 250.00   |
| <b>City</b> HARRISBURG               | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 17108 | <b>Description of Expenditure</b> Jeffrey Piccola, STATE SENATE 15th PA   |             |
| <b>To Whom Paid</b>                  | <b>MO</b>       | <b>DAY</b>                     | <b>YEAR</b>   |             |
| Friends of Nick Micozzie             |                 |                                |   |             |
| <b>Mailing Address</b>               | 4               | 30                             | 2009  | \$ 500.00   |
| <b>City</b> Harrisburg               | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 17108 | <b>Description of Expenditure</b> Nicholas Micozzie, STATE HOUSE 163rd PA |             |
| <b>To Whom Paid</b>                  | <b>MO</b>       | <b>DAY</b>                     | <b>YEAR</b>   |             |
| Friends of Senator Don White         |                 |                                |   |             |
| <b>Mailing Address</b>               | 4               | 30                             | 2009  | \$ 500.00   |
| <b>City</b> Harrisburg               | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 17108 | <b>Description of Expenditure</b> Don White, STATE SENATE 41st PA         |             |
| <b>To Whom Paid</b>                  | <b>MO</b>       | <b>DAY</b>                     | <b>YEAR</b>   |             |
| Senate Republican Campaign Committee |                 |                                |   |             |
| <b>Mailing Address</b>               | 4               | 30                             | 2009  | \$ 5,000.00 |
| <b>City</b> Harrisburg               | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 17108 | <b>Description of Expenditure</b> SRCC- LEADERSHIP CUP EVENT              |             |

|  |             |       |                   |     |                                      |           |
|--|-------------|-------|-------------------|-----|--------------------------------------|-----------|
| To Whom Paid                             |             |       | MO                | DAY | YEAR                                 | \$ 500.00 |
| DeLuca for Legislative Committee         |             |       |                   |     |                                      |           |
| Mailing Address                          |             |       | 4                 | 30  | 2009                                 |           |
| City                                     | Verona      | State | Zip Code (Plus 4) |     | Description of Expenditure           |           |
|  |             | PA    | 15147             |     | Anthony DeLuca, STATE HOUSE 32nd PA  |           |
| To Whom Paid                             |             |       | MO                | DAY | YEAR                                 | \$ 250.00 |
| Citizens for Ron Buxton                  |             |       |                   |     |                                      |           |
| Mailing Address                          |             |       | 4                 | 30  | 2009                                 |           |
| City                                     | Harrisburg  | State | Zip Code (Plus 4) |     | Description of Expenditure           |           |
|  |             | PA    | 17108             |     | Ronald Buxton, STATE HOUSE 103rd PA  |           |
| To Whom Paid                             |             |       | MO                | DAY | YEAR                                 | \$ 5.00   |
| Commerce Bank-PA                         |             |       |                   |     |                                      |           |
| Mailing Address                          |             |       | 4                 | 10  | 2009                                 |           |
| City                                     | Harrisburg  | State | Zip Code (Plus 4) |     | Description of Expenditure           |           |
|  |             | PA    | 17111             |     | March bank fee                       |           |
| To Whom Paid                             |             |       | MO                | DAY | YEAR                                 | \$ 0.00   |
| VOID CHECK                               |             |       |                   |     |                                      |           |
| Mailing Address                          |             |       | 4                 | 8   | 2009                                 |           |
| City                                     |             | State | Zip Code (Plus 4) |     | Description of Expenditure           |           |
|  |             |       |                   |     | void check #8604                     |           |
| To Whom Paid                             |             |       | MO                | DAY | YEAR                                 | \$ 23.97  |
| Commerce Bank-PA                         |             |       |                   |     |                                      |           |
| Mailing Address                          |             |       | 4                 | 8   | 2009                                 |           |
| City                                     | Harrisburg  | State | Zip Code (Plus 4) |     | Description of Expenditure           |           |
|  |             | PA    | 17111             |     | March 2009 bank fees                 |           |
| To Whom Paid                             |             |       | MO                | DAY | YEAR                                 | \$ 500.00 |
| Baker for Senate Committee               |             |       |                   |     |                                      |           |
| Mailing Address                          |             |       | 4                 | 8   | 2009                                 |           |
| City                                     | Dallas      | State | Zip Code (Plus 4) |     | Description of Expenditure           |           |
|  |             | PA    | 18612             |     | Lisa Baker, STATE SENATE 20th PA     |           |
| To Whom Paid                             |             |       | MO                | DAY | YEAR                                 | \$ 200.00 |
| Boyd Victory Committee                   |             |       |                   |     |                                      |           |
| Mailing Address                          |             |       | 4                 | 8   | 2009                                 |           |
| City                                     | Lampeter    | State | Zip Code (Plus 4) |     | Description of Expenditure           |           |
|  |             | PA    | 17537             |     | Scott Boyd, STATE HOUSE 43rd PA      |           |
| To Whom Paid                             |             |       | MO                | DAY | YEAR                                 | \$ 500.00 |
| Markosek for State Legislature Committee |             |       |                   |     |                                      |           |
| Mailing Address                          |             |       | 4                 | 8   | 2009                                 |           |
| City                                     | Monroeville | State | Zip Code (Plus 4) |     | Description of Expenditure           |           |
|  |             | PA    | 15146             |     | Joseph Markosek, STATE HOUSE 25th PA |           |

|   |                    |                                   |   |            |             |                  |
|---|--------------------|-----------------------------------|---|------------|-------------|------------------|
| <b>To Whom Paid</b><br>Friends of Ron Marsico |                    |                                   | <b>MO</b>   | <b>DAY</b> | <b>YEAR</b> | <b>\$</b> 500.00 |
| <b>Mailing Address</b>                        |                    |                                   | 4   | 8          | 2009        |                  |
| <b>City</b> Harrisburg                        | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17112 | <b>Description of Expenditure</b><br>Ronald Marsico, STATE HOUSE 105th PA |            |             |                  |

  

|   |                    |                                   |   |            |             |                  |
|---|--------------------|-----------------------------------|---|------------|-------------|------------------|
| <b>To Whom Paid</b><br>Godshall for Legislature Committee |                    |                                   | <b>MO</b>   | <b>DAY</b> | <b>YEAR</b> | <b>\$</b> 300.00 |
| <b>Mailing Address</b>                                    |                    |                                   | 4   | 8          | 2009        |                  |
| <b>City</b> Souderton                                     | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>18964 | <b>Description of Expenditure</b><br>Robert Godshall, STATE HOUSE 53rd PA |            |             |                  |

  

|  |  |  |  |  |  |                    |
|--|--|--|--|--|--|--------------------|
| <b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b> |  |  |  |  |  | <b>PAGE TOTAL</b>  |
|  |  |  |  |  |  | <b>\$</b> 9,728.97 |

