

# 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> ✓		<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.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	✓		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	✓		
	ANNUAL REPORT	7.	Year 2009	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b> ✓	<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>FOR OFFICE USE ONLY</b>					
				1	1	2009	<b>TO</b>	10	19	2009		
<b>A. Amount Brought Forward From Last Report</b>						\$ 36,223.03						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 8,100.00						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 44,323.03						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 0.00						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 44,323.03						
<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

Signature

Printed Name

My Commission Expires

Email

MO DAY YR

Area Code Daytime Telephone Number

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

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

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	<b>From:</b> <u>1/1/2009</u> <b>To:</b> <u>10/19/2009</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<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>	\$ 4,675.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 4,675.00

<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>	\$ 3,425.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 3,425.00

<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>	\$ 8,100.00
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PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

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

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

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

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

PAGE TOTAL
\$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> <b>From:</b> <u>1/1/2009</u> <b>To:</b> <u>10/19/2009</u>			
				<b>DATE</b>		<b>AMOUNT</b>	

  

<b>Full Name of Contributor</b> Mr. Frank Anastasi			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 75.00
<b>Mailing Address</b>			10	19	2009	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19107-613				

  

<b>Full Name of Contributor</b> Mr. Stuart H. Fine			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 200.00
<b>Mailing Address</b>			10	19	2009	
<b>City</b> Sellersville	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18960-158				

  

<b>Full Name of Contributor</b> Ms. Linda J. Grass			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 200.00
<b>Mailing Address</b>			10	19	2009	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19111-244				

  

<b>Full Name of Contributor</b> Mr. Anthony Szuszcwicz			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 200.00
<b>Mailing Address</b>			10	19	2009	
<b>City</b> Huntingdon Valley	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19006-192				

  

<b>Full Name of Contributor</b> Mr. Thomas J. Lewis			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 200.00
<b>Mailing Address</b>			10	19	2009	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19107-508				

  

<b>Full Name of Contributor</b> Mr. Hugh Lavery			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 200.00
<b>Mailing Address</b>			10	19	2009	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19107-420				

  

<b>Full Name of Contributor</b> Carole Medoff			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 200.00
<b>Mailing Address</b>			10	19	2009	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19114-420				

Full Name of Contributor Mr. Alan N Rosenberg			MO	DAY	YEAR	\$ 200.00
Mailing Address			10	19	2009	
City Philadelphia	State PA	Zip Code (Plus 4) 19104-420				
Full Name of Contributor Mr. Robert H. Lux CPA			MO	DAY	YEAR	\$ 200.00
Mailing Address			10	19	2009	
City Philadelphia	State PA	Zip Code (Plus 4) 19140-518				
Full Name of Contributor Mr John Finger			MO	DAY	YEAR	\$ 200.00
Mailing Address			10	19	2009	
City Philadelphia	State PA	Zip Code (Plus 4) 19141-301				
Full Name of Contributor Mr Roosevelt Hairston			MO	DAY	YEAR	\$ 200.00
Mailing Address			10	19	2009	
City Philadelphia	State PA	Zip Code (Plus 4) 19104-430				
Full Name of Contributor Dr. Stanton Smullens M.D., FACS			MO	DAY	YEAR	\$ 100.00
Mailing Address			10	19	2009	
City Philadelphia	State PA	Zip Code (Plus 4) 19107-441				
Full Name of Contributor Mr. James E. Robinson			MO	DAY	YEAR	\$ 200.00
Mailing Address			10	19	2009	
City Philadelphia	State PA	Zip Code (Plus 4) 19148-359				
Full Name of Contributor Mr. Todd A. Shamash			MO	DAY	YEAR	\$ 200.00
Mailing Address			10	19	2009	
City Radnor	State PA	Zip Code (Plus 4) 19087-524				
Full Name of Contributor Mr. Thomas V. Whalen Jr.			MO	DAY	YEAR	\$ 200.00
Mailing Address			10	19	2009	
City Allentown	State PA	Zip Code (Plus 4) 18104-469				
Full Name of Contributor Michael C Mullane			MO	DAY	YEAR	\$ 200.00
Mailing Address			10	19	2009	
City Baltimore	State MD	Zip Code (Plus 4) 21210-150				

Full Name of Contributor			MO	DAY	YEAR	\$ 200.00
Edmond F. Notebaert			10	19	2009	
Mailing Address						
City	Paoli	State	Zip Code (Plus 4)			
		PA	19301-190			
Full Name of Contributor			MO	DAY	YEAR	\$ 200.00
Calvin B. Johnson			10	19	2009	
Mailing Address						
City	Bala Cynwyd	State	Zip Code (Plus 4)			
		PA	19004646			
Full Name of Contributor			MO	DAY	YEAR	\$ 200.00
Mr. William K. Ryan			10	19	2009	
Mailing Address						
City	Bristol	State	Zip Code (Plus 4)			
		PA	19007-671			
Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
Ms. Mary Ensslin			10	19	2009	
Mailing Address						
City	Allentown	State	Zip Code (Plus 4)			
		PA	18103-620			
Full Name of Contributor			MO	DAY	YEAR	\$ 200.00
Ms. Jo Ann Lawer			10	19	2009	
Mailing Address						
City	Lancaster	State	Zip Code (Plus 4)			
		PA	17602-220			
Full Name of Contributor			MO	DAY	YEAR	\$ 200.00
Edward J Rodgers			10	19	2009	
Mailing Address						
City	Berwyn	State	Zip Code (Plus 4)			
		PA	19312-144			
Full Name of Contributor			MO	DAY	YEAR	\$ 200.00
Mr. Mark T. Bullock Esq.			10	19	2009	
Mailing Address						
City	Wayne	State	Zip Code (Plus 4)			
		PA	19087-470			
Full Name of Contributor			MO	DAY	YEAR	\$ 200.00
Mr. Barry R. Freedman			10	19	2009	
Mailing Address						
City	Philadelphia	State	Zip Code (Plus 4)			
		PA	19141-301			
Full Name of Contributor			MO	DAY	YEAR	\$ 200.00
Sandra Gomberg RN, MSN			10	19	2009	
Mailing Address						
City	Havertown	State	Zip Code (Plus 4)			
		PA	19083-262			

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

**PAGE TOTAL**

\$ 4,675.00

**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>10/19/2009</u>

				DATE	AMOUNT	
Full Name of Contributor				MO	DAY	YEAR
Capt. Kenneth J. Braithwaite II, USNR						
Mailing Address				10	12	2009
City	West Chester	State	Zip Code (Plus 4)			
	PA		19382			
Employer Name DVHC of HAP				Occupation Senior Vice President		
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)	
			Philadelphia	PA	19103-296	
Full Name of Contributor				MO	DAY	YEAR
Ms. Kathleen Kinslow						
Mailing Address				10	13	2009
City	Glen Mills	State	Zip Code (Plus 4)			
	PA		19342-135			
Employer Name Pennsylvania Hospital				Occupation Executive Director		
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)	
			Philadelphia	PA	19107-619	
Full Name of Contributor				MO	DAY	YEAR
Mr. Joseph Cascerceri						
Mailing Address				10	19	2009
City	Philadelphia	State	Zip Code (Plus 4)			
	PA		19104			
Employer Name Nazareth Hospital				Occupation		
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)	
			Philadelphia	PA	19152-209	
Full Name of Contributor				MO	DAY	YEAR
Dr. Elliot J. Sussman MD						
Mailing Address				10	19	2009
City	Allentown	State	Zip Code (Plus 4)			
	PA		18105-155			
Employer Name Lehigh Valley Hospital & Health Network, Inc.				Occupation President & CEO		
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)	
			Allentown	PA	18103-624	

<b>Full Name of Contributor</b> Mr. H. Ray Welch Jr.			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 400.00
<b>Mailing Address</b>			10	19	2009	
<b>City</b> Blue Bell	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19422-320				
<b>Employer Name</b> Mercy Health System of Southeast PA			<b>Occupation</b> CEO			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b> Conshohocken	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 19428-200	

  

<b>Full Name of Contributor</b> Mr. David F. Simon			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 400.00
<b>Mailing Address</b>			10	19	2009	
<b>City</b> Radnor	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19087-524				
<b>Employer Name</b> Jefferson Health System			<b>Occupation</b> Sr. Vice President and Ge			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b> Radnor	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 19087-528	

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

<b>PAGE TOTAL</b>
<b>\$</b> 3,425.00

## 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  From: <span style="float: right;">To:</span>
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			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>10/19/2009</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>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						<b>PAGE TOTAL</b>  \$ 0.00

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

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

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



