

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		7900364		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> Hospital & Healthsystem Assoc of PA PAC (HAPAC)												
<b>Street Address:</b> 4750 LINDLE RD PO BX 8600												
<b>City:</b> HARRISBURG						<b>State:</b> PA			<b>Zip Code:</b> 17105-8600			
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2009		<b>FILING METHOD ( ) CHECK ONE</b>		<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>				
						11	3	2009				
<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>
<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

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

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

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

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	<b>From:</b> <u>1/1/2009</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>	<b>\$ 0.00</b>

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	<b>\$ 0.00</b>
<b>All Other Contributions (Part B)</b>	<b>\$ 4,675.00</b>
<b>TOTAL for the Reporting Period (2)</b>	<b>\$ 4,675.00</b>

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	<b>\$ 0.00</b>
<b>All Other Contributions (Part D)</b>	<b>\$ 3,425.00</b>
<b>TOTAL for the Reporting Period (3)</b>	<b>\$ 3,425.00</b>

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

<b>Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)</b>	<b>\$ 8,100.00</b>
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<div> <div> <div>PART A</div> <div>CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</div> <div>\$50.01 TO \$250.00</div> <div>           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.         </div> </div> </div>							
Name of Filing Committee or Candidate				Reporting Period			
				From: _____ To: _____			
				DATE	AMOUNT		
Full Name of Contributing Committee				MO	DAY	YEAR	\$ _____ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

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

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

**PART B**  
**ALL OTHER CONTRIBUTIONS**

**\$50.01 TO \$250.00**

**Use this Part to itemize all other contributions with an aggregate value from  
\$50.01 to \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part A)**

<b>Name of Filing Committee or Candidate</b> 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. Mark T. Bullock Esq.				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 200.00
<b>Mailing Address</b> 511 Maplewood Avenue				10	19	2009	
<b>City</b> Wayne	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19087-470					

  

<b>Full Name of Contributor</b> Edward J Rodgers				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 200.00
<b>Mailing Address</b> 757 Old State Rd				10	19	2009	
<b>City</b> Berwyn	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19312-144					

  

<b>Full Name of Contributor</b> Ms. Jo Ann Lawer				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 200.00
<b>Mailing Address</b> 609 N. Cherry St.				10	19	2009	
<b>City</b> Lancaster	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17602-220					

  

<b>Full Name of Contributor</b> Ms. Mary Ensslin				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> 1249 S. Cedar Crest Boulevard				10	19	2009	
<b>City</b> Allentown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18103-620					

  

<b>Full Name of Contributor</b> Mr. William K. Ryan				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 200.00
<b>Mailing Address</b> 1729 Ritter Avenue				10	19	2009	
<b>City</b> Bristol	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19007-671					

  

<b>Full Name of Contributor</b> Calvin B. Johnson				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 200.00
<b>Mailing Address</b> P.O. Box 646				10	19	2009	
<b>City</b> Bala Cynwyd	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19004646					

Full Name of Contributor			MO	DAY	YEAR	\$ 200.00
Edmond F. Notebaert			10	19	2009	
Mailing Address 7 Horeseshoe Lane						
City Paoli	State PA	Zip Code (Plus 4) 19301-190				
Full Name of Contributor			MO	DAY	YEAR	\$ 200.00
Michael C Mullane			10	19	2009	
Mailing Address 14 Hamlet Hill Road						
City Baltimore	State MD	Zip Code (Plus 4) 21210-150				
Full Name of Contributor			MO	DAY	YEAR	\$ 200.00
Mr. Thomas V. Whalen Jr.			10	19	2009	
Mailing Address 609K Springhouse Road						
City Allentown	State PA	Zip Code (Plus 4) 18104-469				
Full Name of Contributor			MO	DAY	YEAR	\$ 200.00
Mr. Todd A. Shamash			10	19	2009	
Mailing Address 259 Radnor Chester Road Suite 290						
City Radnor	State PA	Zip Code (Plus 4) 19087-524				
Full Name of Contributor			MO	DAY	YEAR	\$ 200.00
Mr. James E. Robinson			10	19	2009	
Mailing Address 2301 South Broad Street						
City Philadelphia	State PA	Zip Code (Plus 4) 19148-359				
Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
Dr. Stanton Smullens M.D., FACS			10	19	2009	
Mailing Address 833 Chestnut East Suite1002						
City Philadelphia	State PA	Zip Code (Plus 4) 19107-441				
Full Name of Contributor			MO	DAY	YEAR	\$ 200.00
Mr Roosevelt Hairston			10	19	2009	
Mailing Address 34th St & Civic Center Blvd						
City Philadelphia	State PA	Zip Code (Plus 4) 19104-430				
Full Name of Contributor			MO	DAY	YEAR	\$ 200.00
Mr John Finger			10	19	2009	
Mailing Address 5501 Old York Road						
City Philadelphia	State PA	Zip Code (Plus 4) 19141-301				
Full Name of Contributor			MO	DAY	YEAR	\$ 200.00
Mr. Robert H. Lux CPA			10	19	2009	
Mailing Address 3401 North Broad Street						
City Philadelphia	State PA	Zip Code (Plus 4) 19140-518				

Full Name of Contributor			MO	DAY	YEAR	\$ 200.00
Mr. Alan N Rosenberg			10	19	2009	
Mailing Address 3400 Spruce Street						
City Philadelphia	State PA	Zip Code (Plus 4) 19104-420				
Full Name of Contributor			MO	DAY	YEAR	\$ 200.00
Carole Medoff			10	19	2009	
Mailing Address Knights & Red Lion Roads						
City Philadelphia	State PA	Zip Code (Plus 4) 19114-420				
Full Name of Contributor			MO	DAY	YEAR	\$ 200.00
Mr. Hugh Lavery			10	19	2009	
Mailing Address 925 Chestnut Street Suite 311						
City Philadelphia	State PA	Zip Code (Plus 4) 19107-420				
Full Name of Contributor			MO	DAY	YEAR	\$ 200.00
Mr. Thomas J. Lewis			10	19	2009	
Mailing Address 111 South 11th Street						
City Philadelphia	State PA	Zip Code (Plus 4) 19107-508				
Full Name of Contributor			MO	DAY	YEAR	\$ 200.00
Mr. Anthony Szuszcwicz			10	19	2009	
Mailing Address 3993 Huntingdon Pike						
City Huntingdon Valley	State PA	Zip Code (Plus 4) 19006-192				
Full Name of Contributor			MO	DAY	YEAR	\$ 200.00
Ms. Linda J. Grass			10	19	2009	
Mailing Address 7600 Central Avenue						
City Philadelphia	State PA	Zip Code (Plus 4) 19111-244				
Full Name of Contributor			MO	DAY	YEAR	\$ 200.00
Mr. Stuart H. Fine			10	19	2009	
Mailing Address 700 Lawn Avenue						
City Sellersville	State PA	Zip Code (Plus 4) 18960-158				
Full Name of Contributor			MO	DAY	YEAR	\$ 75.00
Mr. Frank Anastasi			10	19	2009	
Mailing Address 800 Spruce Street						
City Philadelphia	State PA	Zip Code (Plus 4) 19107-613				
Full Name of Contributor			MO	DAY	YEAR	\$ 200.00
Mr. Barry R. Freedman			10	19	2009	
Mailing Address 5501 Old York Road						
City Philadelphia	State PA	Zip Code (Plus 4) 19141-301				

Full Name of Contributor				MO	DAY	YEAR	\$ 200.00
Sandra Gomberg RN, MSN							
Mailing Address				10	19	2009	
903 Beechwood Road							
City	Havertown	State	Zip Code (Plus 4)				
		PA	19083-262				

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

<b>PAGE TOTAL</b>
\$ 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: <span style="float: right;">To:</span>

DATE				AMOUNT
Full Name of Contributing Committee				
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
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**PART D**  
**ALL OTHER CONTRIBUTIONS**  
**OVER \$250.00**

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

<b>Name of Filing Committee or Candidate</b>  Hospital & Healthsystem Assoc of PA PAC (HAPAC)	<b>Reporting Period</b>  <b>From:</b> <u>1/1/2009</u> <b>To:</b> <u>10/19/2009</u>
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				DATE		AMOUNT	
<b>Full Name of Contributor</b> Capt. Kenneth J. Braithwaite II, USNR				MO	DAY	YEAR	\$ 750.00
<b>Mailing Address</b> Twin Magnolias 165 Harvey Road							
<b>City</b> West Chester	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19382					
<b>Employer Name</b> DVHC of HAP				<b>Occupation</b> Senior Vice President			
<b>Employer Mailing Address/Principal Place of Business</b> 1835 Market Street10 Floor			<b>City</b> Philadelphia		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 19103-296
<b>Full Name of Contributor</b> Ms. Kathleen Kinslow				MO	DAY	YEAR	\$ 375.00
<b>Mailing Address</b> 16 Annesley Drive							
<b>City</b> Glen Mills	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19342-135					
<b>Employer Name</b> Pennsylvania Hospital				<b>Occupation</b> Executive Director			
<b>Employer Mailing Address/Principal Place of Business</b> 800 Spruce Street			<b>City</b> Philadelphia		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 19107-619
<b>Full Name of Contributor</b> Mr. Joseph Cascerceri				MO	DAY	YEAR	\$ 1,000.00
<b>Mailing Address</b> Drexel Univ 3141 Chestnut Street							
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19104					
<b>Employer Name</b> Nazareth Hospital				<b>Occupation</b>			
<b>Employer Mailing Address/Principal Place of Business</b> 2601 Holme Avenue			<b>City</b> Philadelphia		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 19152-209
<b>Full Name of Contributor</b> Dr. Elliot J. Sussman MD				MO	DAY	YEAR	\$ 500.00
<b>Mailing Address</b> PO Box 689							
<b>City</b> Allentown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18105-155					
<b>Employer Name</b> Lehigh Valley Hospital & Health Network, Inc.				<b>Occupation</b> President & CEO			
<b>Employer Mailing Address/Principal Place of Business</b> 1200 S. Cedar Crest Boulevard			<b>City</b> Allentown		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 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> 104 Interlachen Road			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> One West Elm Street		<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> 259 Radnor Chester Road Suite 290			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> 259 Radnor-Chester Rd., Ste. 2		<b>City</b> Radnor	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 19087-528	

  

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

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

**SCHEDULE III**  
**STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate	Reporting Period  From To:
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			DATE			AMOUNT
To Whom Paid			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)	Description of Expenditure			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 0.00

