

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 (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.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2010	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	2	2010	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:				MO	DAY	YEAR	FOR OFFICE USE ONLY					
				1	1	2010	TO	11	22	2010		
A. Amount Brought Forward From Last Report						\$ 27,235.41						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 10,898.18						
C. Total Funds Available (Sum Of Lines A and B)						\$ 38,133.59						
D. Total Expenditures (From Schedule III)						\$ 3,356.07						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 34,777.52						
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

Name of Filing Committee or Candidate	Reporting Period
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	From: <u>1/1/2010</u> To: <u>11/22/2010</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 38.42

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 2,750.00
TOTAL for the Reporting Period (2)	\$ 2,750.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 4,000.00
All Other Contributions (Part D)	\$ 3,100.00
TOTAL for the Reporting Period (3)	\$ 7,100.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 1,009.76

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.)	\$ 10,898.18
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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)**

Name of Filing Committee or Candidate Hospital & Healthsystem Assoc of PA PAC (HAPAC)				Reporting Period From: <u>1/1/2010</u> To: <u>11/22/2010</u>			
				DATE		AMOUNT	

Full Name of Contributor Mr. Philip Okala			MO	DAY	YEAR	\$ 250.00
Mailing Address			10	19	2010	
City West Conshohocken	State PA	Zip Code (Plus 4) 19428				

Full Name of Contributor Dr. Harvey L. Nisenbaum MD			MO	DAY	YEAR	\$ 150.00
Mailing Address			10	19	2010	
City Wynnewood	State PA	Zip Code (Plus 4) 19096				

Full Name of Contributor Mr. H. Ray Welch Jr.			MO	DAY	YEAR	\$ 100.00
Mailing Address			10	27	2010	
City Blue Bell	State PA	Zip Code (Plus 4) 19422				

Full Name of Contributor Ms. Elizabeth B. Johnston			MO	DAY	YEAR	\$ 250.00
Mailing Address			10	28	2010	
City Philadelphia	State PA	Zip Code (Plus 4) 19118				

Full Name of Contributor John L. Galley			MO	DAY	YEAR	\$ 150.00
Mailing Address			10	28	2010	
City Pittsburgh	State PA	Zip Code (Plus 4) 15243				

Full Name of Contributor Ms. Elizabeth Concordia			MO	DAY	YEAR	\$ 250.00
Mailing Address			11	1	2010	
City Pittsburgh	State PA	Zip Code (Plus 4) 15238				

Full Name of Contributor Ms. Sherrill S. Wylie RN, CPSO, CPHRM			MO	DAY	YEAR	\$ 150.00
Mailing Address			11	8	2010	
City Everett	State PA	Zip Code (Plus 4) 15537				

Full Name of Contributor Mr. Roger P Winn			MO	DAY	YEAR	\$ 250.00
Mailing Address			11	8	2010	
City Everett	State PA	Zip Code (Plus 4) 15537				
Full Name of Contributor Mr William J Obert			MO	DAY	YEAR	\$ 150.00
Mailing Address			11	8	2010	
City Everett	State PA	Zip Code (Plus 4) 15537				
Full Name of Contributor Ms. Michelle A. Speck			MO	DAY	YEAR	\$ 150.00
Mailing Address			11	8	2010	
City Bedford	State PA	Zip Code (Plus 4) 15522				
Full Name of Contributor Ms. Paula Thomas			MO	DAY	YEAR	\$ 150.00
Mailing Address			11	8	2010	
City Hastings	State PA	Zip Code (Plus 4) 16646				
Full Name of Contributor Mr. Donald R. Owrey			MO	DAY	YEAR	\$ 250.00
Mailing Address			11	8	2010	
City Grove City	State PA	Zip Code (Plus 4) 16127				
Full Name of Contributor Ms. Deborah Redmond			MO	DAY	YEAR	\$ 100.00
Mailing Address			11	10	2010	
City Pittsburgh	State PA	Zip Code (Plus 4) 15208				
Full Name of Contributor Mr. Will L. Cook			MO	DAY	YEAR	\$ 250.00
Mailing Address			11	18	2010	
City Pittsburgh	State PA	Zip Code (Plus 4) 15206				
Full Name of Contributor Mr. Nick Barcellona			MO	DAY	YEAR	\$ 150.00
Mailing Address			11	18	2010	
City Pittsburgh	State PA	Zip Code (Plus 4) 15212				

PAGE TOTAL

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

\$ 2,750.00

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
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	From: <u>1/1/2010</u> To: <u>11/22/2010</u>

				DATE			AMOUNT		
Full Name of Contributing Committee					MO	DAY	YEAR	\$	4,000.00
Tenet Healthcare Corporation PAC									
Mailing Address					10	22	2010		
City	Dallas		State	TX				Zip Code (Plus 4)	75240

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

PAGE TOTAL
\$ 4,000.00

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.)**

Name of Filing Committee or Candidate	Reporting Period
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	From: <u>1/1/2010</u> To: <u>11/22/2010</u>

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$
Ms. Dorothy L. Hanna							
Mailing Address							
City	Erie	State	PA	Zip Code (Plus 4)		16506	
Employer Name				Saint Vincent Health Center			
Employer Mailing Address/Principal Place of Business				Occupation			
Saint Vincent Health Center				Senior Vice President			
Employer Mailing Address/Principal Place of Business				City		State	Zip Code (Plus 4)
Erie				PA		16544	
Full Name of Contributor				MO	DAY	YEAR	\$
Mr. Christopher A. Gessner							
Mailing Address							
City	Gibsonia	State	PA	Zip Code (Plus 4)		15044	
Employer Name				Children's Hospital of Pittsburgh of UPMC			
Employer Mailing Address/Principal Place of Business				City		State	Zip Code (Plus 4)
Pittsburgh				PA		15213	
Full Name of Contributor				MO	DAY	YEAR	\$
Dr. Kathleen A. Kinslow PhD							
Mailing Address							
City	Philadelphia	State	PA	Zip Code (Plus 4)		19130	
Employer Name				Aria Health			
Employer Mailing Address/Principal Place of Business				City		State	Zip Code (Plus 4)
Philadelphia				PA		19114	
Full Name of Contributor				MO	DAY	YEAR	\$
Mr. Jack E. Yakish							
Mailing Address							
City	Erie	State	PA	Zip Code (Plus 4)		16506	
Employer Name				Saint Vincent Health Center			
Employer Mailing Address/Principal Place of Business				City		State	Zip Code (Plus 4)
Erie				PA		16544	

Full Name of Contributor Mr. Christopher P. Markley Esq.			MO	DAY	YEAR	\$ 600.00
Mailing Address			10	22	2010	
City Harrisburg	State PA	Zip Code (Plus 4) 17104				
Employer Name Pinnacle Health System			Occupation Sr. VP, Community & Gov't			
Employer Mailing Address/Principal Place of Business		City Harrisburg	State PA	Zip Code (Plus 4) 17105		

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

PAGE TOTAL
\$ 3,100.00

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 Hospital & Healthsystem Assoc of PA PAC (HAPAC)	Reporting Period From: <u>1/1/2010</u> To: <u>11/22/2010</u>
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	
Metro Bank/Commerce-PA						\$ 8.95
Mailing Address						
City Harrisburg	State PA	Zip Code (Plus 4) 17111	11	8	2010	
Receipt Description October interest income						

			MO	DAY	YEAR	
Metro Bank/Commerce-PA						\$ 0.81
Mailing Address						
City Harrisburg	State PA	Zip Code (Plus 4) 17111	11	8	2010	
Receipt Description October interest income						

			MO	DAY	YEAR	
Jay Costa for State Senate Committee						\$ 1,000.00
Mailing Address						
City Pittsburgh	State PA	Zip Code (Plus 4) 15221	10	25	2010	
Receipt Description Void - Jay Costa for State Senate Committee						

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

PAGE TOTAL
\$ 1,009.76

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.**

Detailed Summary Page

Name of Filing Committee or Candidate		Reporting Period	
Hospital & Healthsystem Assoc of PA PAC (HAPAC)		From: <u>1/1/2010</u> To: <u>11/22/2010</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
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:
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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.						PAGE TOTAL \$ 0.00

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	From <u>1/1/2010</u> To: <u>11/22/2010</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
Metro Bank/Commerce-PA				
Mailing Address	11	8	2010	\$ 6.07
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure October bank fees	
To Whom Paid	MO	DAY	YEAR	
Friends of Sheryl Delozier				
Mailing Address	11	5	2010	\$ 250.00
City New Cumberland	State PA	Zip Code (Plus 4) 17070	Description of Expenditure Sheryl Delozier, STATE HOUSE 88th PA	
To Whom Paid	MO	DAY	YEAR	
HRCC				
Mailing Address	11	5	2010	\$ 350.00
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure HRCC-RECEPTION 9/30/2010	
To Whom Paid	MO	DAY	YEAR	
Friends of Mike Turzai				
Mailing Address	11	5	2010	\$ 500.00
City Wexford	State PA	Zip Code (Plus 4) 15090	Description of Expenditure Michael Turzai, STATE HOUSE 28th PA	
To Whom Paid	MO	DAY	YEAR	
Citizens for Clymer				
Mailing Address	11	5	2010	\$ 200.00
City Sellersville	State PA	Zip Code (Plus 4) 18960	Description of Expenditure Paul Clymer, STATE HOUSE 145th PA	
To Whom Paid	MO	DAY	YEAR	
John Galloway for State Rep				
Mailing Address	10	25	2010	\$ 250.00
City Levittown	State PA	Zip Code (Plus 4) 19054	Description of Expenditure John Galloway, STATE HOUSE 140th PA	

To Whom Paid Senate Republican Campaign Committee			MO	DAY	YEAR	\$ 800.00
Mailing Address			10	25	2010	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure SRCC-MACNETT EVENT 9/28/10			

To Whom Paid Levdansky for Legislature			MO	DAY	YEAR	\$ 500.00
Mailing Address			10	25	2010	
City Elizabeth	State PA	Zip Code (Plus 4) 15037	Description of Expenditure David Levdansky, STATE HOUSE 39th PA			

To Whom Paid Jay Costa for State Senate Committee			MO	DAY	YEAR	\$ 500.00
Mailing Address			10	25	2010	
City Pittsburgh	State PA	Zip Code (Plus 4) 15221	Description of Expenditure Jay Costa, STATE SENATE 43rd PA			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 3,356.07

