

# 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.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2010	<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	2	2010				
									(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		1	1	2010		11	22	2010				
<b>A. Amount Brought Forward From Last Report</b>						\$ 27,235.41						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 10,898.18						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 38,133.59						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 3,356.07						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 34,777.52						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 0.00						

## AFFIDAVIT SECTION

**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

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

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

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

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

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

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

<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>	\$ 2,750.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 2,750.00

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

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

<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>	\$ 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)**

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

<b>Full Name of Contributor</b> Mr. Philip Okala				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 415 Spring Garden Lane				10	19	2010	
<b>City</b> West Conshohocken	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19428					

<b>Full Name of Contributor</b> Dr. Harvey L. Nisenbaum MD				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 150.00
<b>Mailing Address</b> 618 Greyshorne Road				10	19	2010	
<b>City</b> Wynnwood	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19096					

<b>Full Name of Contributor</b> Mr. H. Ray Welch Jr.				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> 104 Interlachen Road				10	27	2010	
<b>City</b> Blue Bell	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19422					

<b>Full Name of Contributor</b> Ms. Elizabeth B. Johnston				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 235 W. Willow Grove Avenue				10	28	2010	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19118					

<b>Full Name of Contributor</b> John L. Galley				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 150.00
<b>Mailing Address</b> 1316 Lakemont Drive				10	28	2010	
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15243					

<b>Full Name of Contributor</b> Ms. Elizabeth Concordia				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 606 Valley Road				11	1	2010	
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15238					

Full Name of Contributor Ms. Sherrill S. Wylie RN, CPSO, CPHRM				MO	DAY	YEAR	\$ 150.00
Mailing Address 10455 Lincoln Highway				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 10455 Lincoln Highway				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 10455 Lincoln Highway				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 6950 Main Road				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 4th Ave				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 594 George Jr. Road				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 426 Glen Arden Drive				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 353 S Highland Ave				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 500 Armandale St.				11	18	2010	
City Pittsburgh	State PA	Zip Code (Plus 4) 15212					

**PAGE TOTAL**

\$ 2,750.00

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

**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.**

<b>Name of Filing Committee or Candidate</b>  Hospital & Healthsystem Assoc of PA PAC (HAPAC)	<b>Reporting Period</b>  <b>From:</b> <u>1/1/2010</u> <b>To:</b> <u>11/22/2010</u>
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				DATE			AMOUNT		
Full Name of Contributing Committee					MO	DAY	YEAR	\$	4,000.00
Tenet Healthcare Corporation PAC									
Mailing Address					10	22	2010		
13737 Noel Road Suite 100									
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.)**

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

				DATE	AMOUNT		
<b>Full Name of Contributor</b> Mr. Christopher P. Markley Esq.				<b>MO</b>  10	<b>DAY</b>  22	<b>YEAR</b>  2010	\$ 600.00
<b>Mailing Address</b> 409 South Second Street PO Box 8700							
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17104					
<b>Employer Name</b> Pinnacle Health System				<b>Occupation</b> Sr. VP, Community & Gov't			
<b>Employer Mailing Address/Principal Place of Business</b> P O Box 8700			<b>City</b> Harrisburg		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 17105
<b>Full Name of Contributor</b> Mr. Jack E. Yakish				<b>MO</b>  11	<b>DAY</b>  1	<b>YEAR</b>  2010	\$ 500.00
<b>Mailing Address</b> 3682 W 32nd St							
<b>City</b> Erie	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16506					
<b>Employer Name</b> Saint Vincent Health Center				<b>Occupation</b> Physician			
<b>Employer Mailing Address/Principal Place of Business</b> 232 West 25th Street			<b>City</b> Erie		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 16544
<b>Full Name of Contributor</b> Dr. Kathleen A. Kinslow PhD				<b>MO</b>  11	<b>DAY</b>  5	<b>YEAR</b>  2010	\$ 1,000.00
<b>Mailing Address</b> 1634 North st							
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19130					
<b>Employer Name</b> Aria Health				<b>Occupation</b> CEO			
<b>Employer Mailing Address/Principal Place of Business</b> Knights and Red Lion Roads			<b>City</b> Philadelphia		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 19114
<b>Full Name of Contributor</b> Mr. Christopher A. Gessner				<b>MO</b>  11	<b>DAY</b>  17	<b>YEAR</b>  2010	\$ 500.00
<b>Mailing Address</b> 5133 Karrington Drive							
<b>City</b> Gibsonia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15044					
<b>Employer Name</b> Children's Hospital of Pittsburgh of UPMC				<b>Occupation</b> President			
<b>Employer Mailing Address/Principal Place of Business</b> 3705 Fifth Avenue			<b>City</b> Pittsburgh		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 15213



<b>Full Name of Contributor</b> Ms. Dorothy L. Hanna			<b>MO</b> 11	<b>DAY</b> 18	<b>YEAR</b> 2010	<b>\$</b> 500.00
<b>Mailing Address</b> 5421 Pepperwood Circle						
<b>City</b> Erie	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16506				
<b>Employer Name</b> Saint Vincent Health Center			<b>Occupation</b> Senior Vice President			
<b>Employer Mailing Address/Principal Place of Business</b> 232 West 25th Street		<b>City</b> Erie	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16544		

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

<b>PAGE TOTAL</b>
<b>\$</b> 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.**

<b>Name of Filing Committee or Candidate</b>  Hospital & Healthsystem Assoc of PA PAC (HAPAC)	<b>Reporting Period</b>  <b>From:</b> <u>1/1/2010</u> <b>To:</b> <u>11/22/2010</u>
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			DATE	AMOUNT
Full Name	MO	DAY	YEAR	\$
Metro Bank/Commerce-PA	11	8	2010	8.95
<b>Mailing Address</b> 3801 Paxton St				
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111		
<b>Receipt Description</b> October interest income				

Full Name	MO	DAY	YEAR	\$
Metro Bank/Commerce-PA	11	8	2010	0.81
<b>Mailing Address</b> 3801 Paxton St				
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111		
<b>Receipt Description</b> October interest income				

Full Name	MO	DAY	YEAR	\$
Jay Costa for State Senate Committee	10	25	2010	1,000.00
<b>Mailing Address</b> 314 Newport Road				
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15221		
<b>Receipt Description</b> Void - Jay Costa for State Senate Committee				

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

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

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

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

DATE				AMOUNT
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Metro Bank/Commerce-PA				
<b>Mailing Address</b> 3801 Paxton St	11	8	2010	\$ 6.07
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111	<b>Description of Expenditure</b> October bank fees	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Friends of Sheryl Delozier				
<b>Mailing Address</b> P.O. Box 66	11	5	2010	\$ 250.00
<b>City</b> New Cumberland	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17070	<b>Description of Expenditure</b> Sheryl Delozier, STATE HOUSE 88th PA	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
HRCC				
<b>Mailing Address</b> P.O. Box 11787	11	5	2010	\$ 350.00
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Description of Expenditure</b> HRCC-RECEPTION 9/30/2010	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Friends of Mike Turzai				
<b>Mailing Address</b> P.O. Box 721	11	5	2010	\$ 500.00
<b>City</b> Wexford	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15090	<b>Description of Expenditure</b> Michael Turzai, STATE HOUSE 28th PA	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Citizens for Clymer				
<b>Mailing Address</b> P.O. Box 205	11	5	2010	\$ 200.00
<b>City</b> Sellersville	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18960	<b>Description of Expenditure</b> Paul Clymer, STATE HOUSE 145th PA	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
John Galloway for State Rep				
<b>Mailing Address</b> 74 Viewpoint Lane	10	25	2010	\$ 250.00
<b>City</b> Levittown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19054	<b>Description of Expenditure</b> John Galloway, STATE HOUSE 140th PA	

<b>To Whom Paid</b> Senate Republican Campaign Committee			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 800.00
<b>Mailing Address</b> P.O. Box 792 Federal Square Station			10	25	2010	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Description of Expenditure</b> SRCC-MACNETT EVENT 9/28/10			

  

<b>To Whom Paid</b> Levdansky for Legislature			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b> 5118 Dorris Drive			10	25	2010	
<b>City</b> Elizabeth	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15037	<b>Description of Expenditure</b> David Levdansky, STATE HOUSE 39th PA			

  

<b>To Whom Paid</b> Jay Costa for State Senate Committee			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b> 314 Newport Road			10	25	2010	
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15221	<b>Description of Expenditure</b> Jay Costa, STATE SENATE 43rd PA			

  

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

