

# 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><br><br>(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.                      | TERMINATION REPORT?                              | Yes  | No                           | <input checked="" type="checkbox"/> |                   |                    |
|   | ANNUAL REPORT            | 7. X      | 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                               |                      | 12                      | 31   | 2010   |                              |                                     |                   |                    |
| <b>A. Amount Brought Forward From Last Report</b>   |                          |           |                         |                                    |                      | \$ 34,777.52            |  |  |                              |                                     |                   |                    |
| <b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>                                   |                          |           |                         |                                    |                      | \$ 11,559.80            |  |  |                              |                                     |                   |                    |
| <b>C. Total Funds Available (Sum Of Lines A and B)</b>  |                          |           |                         |                                    |                      | \$ 46,337.32            |  |  |                              |                                     |                   |                    |
| <b>D. Total Expenditures (From Schedule III)</b>  |                          |           |                         |                                    |                      | \$ 2,190.99             |  |  |                              |                                     |                   |                    |
| <b>E. Ending Cash Balance (Subtract Line D From Line C)</b>   |                          |           |                         |                                    |                      | \$ 44,146.33            |  |  |                              |                                     |                   |                    |
| <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>12/31/2010</u> |

|  |             |
|--|-------------|
| <b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b> |             |
| <b>TOTAL for the Reporting Period (1)</b>                                      | \$ 1,464.31 |

|  |             |
|--|-------------|
| <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>  | \$ 4,530.00 |
| <b>TOTAL for the Reporting Period (2)</b>  | \$ 4,530.00 |

|   |             |
|---|-------------|
| <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>                                 | \$ 4,500.00 |
| <b>TOTAL for the Reporting Period (3)</b>                               | \$ 4,500.00 |

|  |             |
|--|-------------|
| <b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b> |             |
| <b>TOTAL for the Reporting Period (4)</b>  | \$ 1,065.49 |

|   |              |
|---|--------------|
| <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> | \$ 11,559.80 |
|---|--------------|

| <b>PART A</b><br><b>CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</b><br><b>\$50.01 TO \$250.00</b><br><b>Use this Part to itemize only contributions received from political committees</b><br><b>with an aggregate value from \$50.01 to \$250.00 in the reporting period.</b> |       |                   |  |                  |        |      |         |
|---|-------|-------------------|--|------------------|--------|------|---------|
| 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><br>Hospital & Healthsystem Assoc of PA PAC (HAPAC) |  |  |  | <b>Reporting Period</b><br>From: <u>1/1/2010</u> To: <u>12/31/2010</u> |  |               |  |
|   |  |  |  | <b>DATE</b>  |  | <b>AMOUNT</b> |  |

  

|  |                    |                                   |           |            |             |           |
|--|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| <b>Full Name of Contributor</b><br>Mr. Robert J. Richards CPA  |                    |                                   | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 150.00 |
| <b>Mailing Address</b> Fourth and Walnut Streets P.O. Box 1281 |                    |                                   | 11        | 23         | 2010        |           |
| <b>City</b> Lebanon  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17042 |           |            |             |           |

  

|   |                    |                                   |           |            |             |           |
|---|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| <b>Full Name of Contributor</b><br>Thomas M. Gronow |                    |                                   | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 150.00 |
| <b>Mailing Address</b> 3801 Penn Ave #3             |                    |                                   | 11        | 23         | 2010        |           |
| <b>City</b> Pittsburgh                              | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15201 |           |            |             |           |

  

|   |                    |                                   |           |            |             |           |
|---|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| <b>Full Name of Contributor</b><br>Margaret Mars Dicuccio |                    |                                   | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 150.00 |
| <b>Mailing Address</b> 304 Raven Crest                    |                    |                                   | 11        | 23         | 2010        |           |
| <b>City</b> Gibsonia                                      | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15044 |           |            |             |           |

  

|   |                    |                                   |           |            |             |           |
|---|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| <b>Full Name of Contributor</b><br>Deborah J. Kaczynski |                    |                                   | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 150.00 |
| <b>Mailing Address</b> 420 Settlers Village Circle      |                    |                                   | 11        | 23         | 2010        |           |
| <b>City</b> Cranberry Township                          | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16066 |           |            |             |           |

  

|  |                    |                                   |           |            |             |           |
|--|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| <b>Full Name of Contributor</b><br>Ms. Ruth Lefton |                    |                                   | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 150.00 |
| <b>Mailing Address</b> 60 East Township Line Road  |                    |                                   | 11        | 24         | 2010        |           |
| <b>City</b> Elkins Park                            | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19027 |           |            |             |           |

  

|   |                    |                                   |           |            |             |           |
|---|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| <b>Full Name of Contributor</b><br>Dr. Arnold W. Cohen MD |                    |                                   | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 150.00 |
| <b>Mailing Address</b> 1925 W. Point Drive                |                    |                                   | 11        | 24         | 2010        |           |
| <b>City</b> Cherry Hill                                   | <b>State</b><br>NJ | <b>Zip Code (Plus 4)</b><br>80032 |           |            |             |           |

|   |          |                            |  |    |     |      |           |
|---|----------|----------------------------|--|----|-----|------|-----------|
| Full Name of Contributor<br>Ms. Kimberly Feeman       |          |                            |  | MO | DAY | YEAR | \$ 150.00 |
| Mailing Address 308 Ramblewood Lane                   |          |                            |  | 11 | 23  | 2010 |           |
| City Lebanon  | State PA | Zip Code (Plus 4)<br>17042 |  |    |     |      |           |
| Full Name of Contributor<br>Leonard Warren            |          |                            |  | MO | DAY | YEAR | \$ 150.00 |
| Mailing Address 5501 Old York Road                    |          |                            |  | 11 | 24  | 2010 |           |
| City Philadelphia                                     | State PA | Zip Code (Plus 4)<br>19141 |  |    |     |      |           |
| Full Name of Contributor<br>Michael A. Nuccio         |          |                            |  | MO | DAY | YEAR | \$ 80.00  |
| Mailing Address 110 Runnymede Drive                   |          |                            |  | 11 | 24  | 2010 |           |
| City Lansdale   | State PA | Zip Code (Plus 4)<br>19446 |  |    |     |      |           |
| Full Name of Contributor<br>Mr Bruce Haviland         |          |                            |  | MO | DAY | YEAR | \$ 150.00 |
| Mailing Address 300 Halket Street                     |          |                            |  | 11 | 24  | 2010 |           |
| City Pittsburgh                                       | State PA | Zip Code (Plus 4)<br>15213 |  |    |     |      |           |
| Full Name of Contributor<br>Mr. Richard Fine MD       |          |                            |  | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 2 Emerald Court                       |          |                            |  | 11 | 24  | 2010 |           |
| City Princeton Jct                                    | State NJ | Zip Code (Plus 4)<br>85505 |  |    |     |      |           |
| Full Name of Contributor<br>Paul A. Castillo          |          |                            |  | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 619 Karrastyn Court                   |          |                            |  | 11 | 30  | 2010 |           |
| City Gibsonia   | State PA | Zip Code (Plus 4)<br>15044 |  |    |     |      |           |
| Full Name of Contributor<br>Mr. Louis Goodman         |          |                            |  | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 210 Lakeside Dr                       |          |                            |  | 11 | 30  | 2010 |           |
| City Mc Kees Rocks                                    | State PA | Zip Code (Plus 4)<br>15136 |  |    |     |      |           |
| Full Name of Contributor<br>Mr. Mark Sevco            |          |                            |  | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 621 Karrastyn Court                   |          |                            |  | 11 | 30  | 2010 |           |
| City Gibsonia   | State PA | Zip Code (Plus 4)<br>15044 |  |    |     |      |           |
| Full Name of Contributor<br>Ms. Ron Andro RN, MS, HSM |          |                            |  | MO | DAY | YEAR | \$ 150.00 |
| Mailing Address 7009 Oak Park Dr                      |          |                            |  | 11 | 30  | 2010 |           |
| City Gibsonia   | State PA | Zip Code (Plus 4)<br>15044 |  |    |     |      |           |

|   |          |                         |    |     |      |           |
|---|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributor<br>Mr. A.J. Pinevich MD, MBA |          |                         | MO | DAY | YEAR | \$ 150.00 |
| Mailing Address 1649 Pinehurst Ct                     |          |                         | 11 | 30  | 2010 |           |
| City Pittsburgh                                       | State PA | Zip Code (Plus 4) 15237 |    |     |      |           |
| Full Name of Contributor<br>Ms. Holly Lorenz          |          |                         | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 9100 Babcock Boulevard                |          |                         | 11 | 30  | 2010 |           |
| City Pittsburgh                                       | State PA | Zip Code (Plus 4) 15237 |    |     |      |           |
| Full Name of Contributor<br>Sandy Rader               |          |                         | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 305 Wynfield Court                    |          |                         | 11 | 30  | 2010 |           |
| City Wexford  | State PA | Zip Code (Plus 4) 15090 |    |     |      |           |
| Full Name of Contributor<br>Mr. Louis A. Baverso      |          |                         | MO | DAY | YEAR | \$ 75.00  |
| Mailing Address 529 Burkes Drive                      |          |                         | 11 | 30  | 2010 |           |
| City Coraopolis                                       | State PA | Zip Code (Plus 4) 15108 |    |     |      |           |
| Full Name of Contributor<br>Mr. John Innocenti , Sr.  |          |                         | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 200 Lothrop Street, N-739 MUH         |          |                         | 11 | 30  | 2010 |           |
| City Pittsburgh                                       | State PA | Zip Code (Plus 4) 15213 |    |     |      |           |
| Full Name of Contributor<br>Margaret E. Reidy         |          |                         | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 3090 Woodland Rd                      |          |                         | 11 | 30  | 2010 |           |
| City Allison Park                                     | State PA | Zip Code (Plus 4) 15101 |    |     |      |           |
| Full Name of Contributor<br>Mr. Albert Wright         |          |                         | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 1407 Mystic Valley Dr                 |          |                         | 11 | 30  | 2010 |           |
| City Sewickley  | State PA | Zip Code (Plus 4) 15143 |    |     |      |           |
| Full Name of Contributor<br>Michaeline Gula           |          |                         | MO | DAY | YEAR | \$ 75.00  |
| Mailing Address 740 East State Street                 |          |                         | 12 | 6   | 2010 |           |
| City Sharon   | State PA | Zip Code (Plus 4) 16146 |    |     |      |           |
| Full Name of Contributor<br>Brenda Defeo              |          |                         | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 200 W. Hathaway Lane                  |          |                         | 12 | 6   | 2010 |           |
| City Ardmore  | State PA | Zip Code (Plus 4) 19003 |    |     |      |           |

|  |  |       |                   |    |     |      |           |
|--|--|-------|-------------------|----|-----|------|-----------|
| Full Name of Contributor                             |  |       |                   | MO | DAY | YEAR | \$ 250.00 |
| Henry S. Mayer                                       |  |       |                   | 12 | 9   | 2010 |           |
| Mailing Address 175 Little Turtle Way                |  | State | Zip Code (Plus 4) |    |     |      |           |
| City Berwyn  |  | PA    | 19312             |    |     |      |           |
| Full Name of Contributor                             |  |       |                   | MO | DAY | YEAR | \$ 100.00 |
| Mr. Norman F. Mitry                                  |  |       |                   | 12 | 16  | 2010 |           |
| Mailing Address 1000 Dutch Ridge Road                |  | State | Zip Code (Plus 4) |    |     |      |           |
| City Beaver  |  | PA    | 15009             |    |     |      |           |
| Full Name of Contributor                             |  |       |                   | MO | DAY | YEAR | \$ 150.00 |
| Alan Stock   |  |       |                   | 12 | 16  | 2010 |           |
| Mailing Address Eicholtz Company 208 Lincolnway East |  | State | Zip Code (Plus 4) |    |     |      |           |
| City New Oxford                                      |  | PA    | 17350             |    |     |      |           |
| Full Name of Contributor                             |  |       |                   | MO | DAY | YEAR | \$ 250.00 |
| Ms. Laverne L. Leese                                 |  |       |                   | 12 | 16  | 2010 |           |
| Mailing Address 982 Bollinger Road                   |  | State | Zip Code (Plus 4) |    |     |      |           |
| City Littlestown                                     |  | PA    | 17340             |    |     |      |           |
| Full Name of Contributor                             |  |       |                   | MO | DAY | YEAR | \$ 250.00 |
| Mr. Daniel D Blough , Jr.                            |  |       |                   | 12 | 28  | 2010 |           |
| Mailing Address 81 Hillcrest Drive                   |  | State | Zip Code (Plus 4) |    |     |      |           |
| City Punxsutawney                                    |  | PA    | 15767             |    |     |      |           |
| Full Name of Contributor                             |  |       |                   | MO | DAY | YEAR | \$ 100.00 |
| Deborah L. Hetrick                                   |  |       |                   | 12 | 28  | 2010 |           |
| Mailing Address 3334 Pierson Drive                   |  | State | Zip Code (Plus 4) |    |     |      |           |
| City Wilmington                                      |  | DE    | 19810             |    |     |      |           |
| Full Name of Contributor                             |  |       |                   | MO | DAY | YEAR | \$ 100.00 |
| Mr. Anthony Zumpano                                  |  |       |                   | 12 | 31  | 2010 |           |
| Mailing Address 2014 Derbyshire Road                 |  | State | Zip Code (Plus 4) |    |     |      |           |
| City Furlong   |  | PA    | 18925             |    |     |      |           |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 4,530.00       |

**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>1/1/2010</u> <b>To:</b> <u>12/31/2010</u> |

|   |                    |                                   |                             | DATE  | AMOUNT               |                         |                                   |
|---|--------------------|-----------------------------------|-----------------------------|---|----------------------|-------------------------|-----------------------------------|
| <b>Full Name of Contributor</b><br>Dr. Stephen R. Whitmoyer MD                    |                    |                                   |                             | <b>MO</b><br><br>11                         | <b>DAY</b><br><br>23 | <b>YEAR</b><br><br>2010 | \$ 500.00                         |
| <b>Mailing Address</b> 16 Hummingbird Road  |                    |                                   |                             |   |                      |                         |                                   |
| <b>City</b> Wyomissing  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19610 |                             |   |                      |                         |                                   |
| <b>Employer Name</b> Good Samaritan Hospital, The                                 |                    |                                   |                             | <b>Occupation</b> PAC Contributor           |                      |                         |                                   |
| <b>Employer Mailing Address/Principal Place of Business</b><br>P O Box 1281       |                    |                                   | <b>City</b><br>Lebanon      |   | <b>State</b><br>PA   |                         | <b>Zip Code (Plus 4)</b><br>17042 |
| <b>Full Name of Contributor</b><br>Mr. Howard B. Kessler                          |                    |                                   |                             | <b>MO</b><br><br>11                         | <b>DAY</b><br><br>23 | <b>YEAR</b><br><br>2010 | \$ 500.00                         |
| <b>Mailing Address</b> 1453 Flat Rock Road  |                    |                                   |                             |   |                      |                         |                                   |
| <b>City</b> Penn Valley   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19072 |                             |   |                      |                         |                                   |
| <b>Employer Name</b> Good Samaritan Hospital, The                                 |                    |                                   |                             | <b>Occupation</b> Physician                 |                      |                         |                                   |
| <b>Employer Mailing Address/Principal Place of Business</b><br>P O Box 1281       |                    |                                   | <b>City</b><br>Lebanon      |   | <b>State</b><br>PA   |                         | <b>Zip Code (Plus 4)</b><br>17042 |
| <b>Full Name of Contributor</b><br>Mr. Barry R. Freedman                          |                    |                                   |                             | <b>MO</b><br><br>11                         | <b>DAY</b><br><br>24 | <b>YEAR</b><br><br>2010 | \$ 1,000.00                       |
| <b>Mailing Address</b> 5501 Old York Road   |                    |                                   |                             |   |                      |                         |                                   |
| <b>City</b> Philadelphia  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19141 |                             |   |                      |                         |                                   |
| <b>Employer Name</b> Albert Einstein Medical Center                               |                    |                                   |                             | <b>Occupation</b> President and Chief Execu |                      |                         |                                   |
| <b>Employer Mailing Address/Principal Place of Business</b><br>5501 Old York Road |                    |                                   | <b>City</b><br>Philadelphia |   | <b>State</b><br>PA   |                         | <b>Zip Code (Plus 4)</b><br>19141 |
| <b>Full Name of Contributor</b><br>Mr. Fred E. Braemer                            |                    |                                   |                             | <b>MO</b><br><br>11                         | <b>DAY</b><br><br>24 | <b>YEAR</b><br><br>2010 | \$ 500.00                         |
| <b>Mailing Address</b> 1500 Melrose Avenue  |                    |                                   |                             |   |                      |                         |                                   |
| <b>City</b> Elkins Park   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19027 |                             |   |                      |                         |                                   |
| <b>Employer Name</b> Albert Einstein Healthcare Network                           |                    |                                   |                             | <b>Occupation</b> Retired                   |                      |                         |                                   |
| <b>Employer Mailing Address/Principal Place of Business</b><br>5501 Old York Road |                    |                                   | <b>City</b><br>Philadelphia |   | <b>State</b><br>PA   |                         | <b>Zip Code (Plus 4)</b><br>19141 |

|   |                    |                                   |                             |                                 |                    |             |                                   |
|---|--------------------|-----------------------------------|-----------------------------|---------------------------------|--------------------|-------------|-----------------------------------|
| <b>Full Name of Contributor</b><br>Ms. Ellen Kraftsow-Kogan                       |                    |                                   |                             | <b>MO</b>                       | <b>DAY</b>         | <b>YEAR</b> | <b>\$</b> 500.00                  |
| <b>Mailing Address</b> 503 Cypress Street   |                    |                                   |                             | 11                              | 24                 | 2010        |                                   |
| <b>City</b> Philadelphia  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19106 |                             |                                 |                    |             |                                   |
| <b>Employer Name</b> Self Employed  |                    |                                   |                             | <b>Occupation</b> Self Employed |                    |             |                                   |
| <b>Employer Mailing Address/Principal Place of Business</b><br>503 Cypress Street |                    |                                   | <b>City</b><br>Philadelphia |                                 | <b>State</b><br>PA |             | <b>Zip Code (Plus 4)</b><br>19106 |

  

|   |                    |                                   |             |                           |              |             |                          |
|---|--------------------|-----------------------------------|-------------|---------------------------|--------------|-------------|--------------------------|
| <b>Full Name of Contributor</b><br>Mr. Victor L. Johnson    |                    |                                   |             | <b>MO</b>                 | <b>DAY</b>   | <b>YEAR</b> | <b>\$</b> 1,000.00       |
| <b>Mailing Address</b> Hidden Glen 1585 Warner Road         |                    |                                   |             | 11                        | 24           | 2010        |                          |
| <b>City</b> Meadowbrook                                     | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19046 |             |                           |              |             |                          |
| <b>Employer Name</b> Retired                                |                    |                                   |             | <b>Occupation</b> Retired |              |             |                          |
| <b>Employer Mailing Address/Principal Place of Business</b> |                    |                                   | <b>City</b> |                           | <b>State</b> |             | <b>Zip Code (Plus 4)</b> |

  

|   |                    |                                   |                          |   |                    |             |                                   |
|---|--------------------|-----------------------------------|--------------------------|---|--------------------|-------------|-----------------------------------|
| <b>Full Name of Contributor</b><br>Mr. Philip Pandolph                            |                    |                                   |                          | <b>MO</b>                                 | <b>DAY</b>         | <b>YEAR</b> | <b>\$</b> 500.00                  |
| <b>Mailing Address</b> 751 Liberty Street   |                    |                                   |                          | 12  | 1                  | 2010        |                                   |
| <b>City</b> Meadville   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16335 |                          |   |                    |             |                                   |
| <b>Employer Name</b> Meadville Medical Center                                     |                    |                                   |                          | <b>Occupation</b> Chief Executive Officer |                    |             |                                   |
| <b>Employer Mailing Address/Principal Place of Business</b><br>751 Liberty Street |                    |                                   | <b>City</b><br>Meadville |   | <b>State</b><br>PA |             | <b>Zip Code (Plus 4)</b><br>16335 |

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

|                    |
|--------------------|
| <b>PAGE TOTAL</b>  |
| <b>\$</b> 4,500.00 |

## 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>1/1/2010</u> <b>To:</b> <u>12/31/2010</u> |
|---|--|

|   |          |                         |  | DATE |     | AMOUNT |           |
|---|----------|-------------------------|--|------|-----|--------|-----------|
| Full Name   |          |                         |  | MO   | DAY | YEAR   | \$ 8.31   |
| Metro Bank/Commerce-PA  |          |                         |  | 12   | 31  | 2010   |           |
| Mailing Address 3801 Paxton St                                |          |                         |  |      |     |        |           |
| City Harrisburg   | State PA | Zip Code (Plus 4) 17111 |  |      |     |        |           |
| Receipt Description December 2010 interest income             |          |                         |  |      |     |        |           |
| Full Name   |          |                         |  | MO   | DAY | YEAR   | \$ 0.73   |
| Metro Bank/Commerce-PA  |          |                         |  | 12   | 31  | 2010   |           |
| Mailing Address 3801 Paxton St                                |          |                         |  |      |     |        |           |
| City Harrisburg   | State PA | Zip Code (Plus 4) 17111 |  |      |     |        |           |
| Receipt Description December 2010 interest income             |          |                         |  |      |     |        |           |
| Full Name   |          |                         |  | MO   | DAY | YEAR   | \$ 250.00 |
| John Galloway for State Rep                                   |          |                         |  | 12   | 28  | 2010   |           |
| Mailing Address 74 Viewpoint Lane                             |          |                         |  |      |     |        |           |
| City Levittown  | State PA | Zip Code (Plus 4) 19054 |  |      |     |        |           |
| Receipt Description Void - John Galloway for State Rep        |          |                         |  |      |     |        |           |
| Full Name   |          |                         |  | MO   | DAY | YEAR   | \$ 500.00 |
| Levdansky for Legislature                                     |          |                         |  | 12   | 28  | 2010   |           |
| Mailing Address 5118 Dorris Drive                             |          |                         |  |      |     |        |           |
| City Elizabeth  | State PA | Zip Code (Plus 4) 15037 |  |      |     |        |           |
| Receipt Description Void - Levdansky for Legislature          |          |                         |  |      |     |        |           |
| Full Name   |          |                         |  | MO   | DAY | YEAR   | \$ 300.00 |
| Godshall for Legislature Committee                            |          |                         |  | 12   | 28  | 2010   |           |
| Mailing Address 316 Godshall Road                             |          |                         |  |      |     |        |           |
| City Souderton  | State PA | Zip Code (Plus 4) 18964 |  |      |     |        |           |
| Receipt Description Void - Godshall for Legislature Committee |          |                         |  |      |     |        |           |

|   |                    |                                   |  |           |            |             |                |
|---|--------------------|-----------------------------------|--|-----------|------------|-------------|----------------|
| <b>Full Name</b><br>Metro Bank/Commerce-PA          |                    |                                   |  | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | <b>\$</b> 0.60 |
| <b>Mailing Address</b> 3801 Paxton St               |                    |                                   |  | 12        | 6          | 2010        |                |
| <b>City</b> Harrisburg                              | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17111 |  |           |            |             |                |
| <b>Receipt Description</b> November interest income |                    |                                   |  |           |            |             |                |

|  |  |  |  |                     |                     |                         |   |
|--|--|--|--|---------------------|---------------------|-------------------------|---|
| <b>Full Name</b><br>Metro Bank/Commerce-PA |  |  |  | <b>MO</b><br><br>12 | <b>DAY</b><br><br>6 | <b>YEAR</b><br><br>2010 | <b>\$</b><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br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|
|--|--|--|--|---------------------|---------------------|-------------------------|---|

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

|                    |
|--------------------|
| <b>PAGE TOTAL</b>  |
| <b>\$</b> 1,065.49 |

## 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>12/31/2010</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<br><br>From: <span style="float: right;">To:</span> |
|---------------------------------------|--|

|   |       |                   | 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><br><br>\$ 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<br>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>12/31/2010</u> |

|                                       |  |          |  | DATE                    |     |  | AMOUNT      |  |
|---------------------------------------|--|----------|--|-------------------------|-----|--|-------------|--|
| To Whom Paid                          |  |          |  | MO                      | DAY | YEAR   | \$ 9.69     |  |
| Metro Bank/Commerce-PA                |  |          |  |                         |     |  |             |  |
| Mailing Address 3801 Paxton St        |  |          |  | 12                      | 31  | 2010   |             |  |
| City Harrisburg                       |  | State PA |  | Zip Code (Plus 4) 17111 |     | Description of Expenditure<br>December 2010 bank fees              |             |  |
| To Whom Paid                          |  |          |  | MO                      | DAY | YEAR   | \$ 125.00   |  |
| Tobash for a Better 125th             |  |          |  |                         |     |  |             |  |
| Mailing Address P.O. Box 52           |  |          |  | 12                      | 28  | 2010   |             |  |
| City Cressona                         |  | State PA |  | Zip Code (Plus 4) 17929 |     | Description of Expenditure   |             |  |
| To Whom Paid                          |  |          |  | MO                      | DAY | YEAR   | \$ 500.00   |  |
| Committee to Elect Margo Davidson     |  |          |  |                         |     |  |             |  |
| Mailing Address c/o 45 Scottdale Road |  |          |  | 12                      | 28  | 2010   |             |  |
| City Lansdowne                        |  | State PA |  | Zip Code (Plus 4) 19050 |     | Description of Expenditure<br>Margo Davidson, STATE HOUSE 164th PA |             |  |
| To Whom Paid                          |  |          |  | MO                      | DAY | YEAR   | \$ 250.00   |  |
| John Galloway for State Rep           |  |          |  |                         |     |  |             |  |
| Mailing Address 74 Viewpoint Lane     |  |          |  | 12                      | 28  | 2010   |             |  |
| City Levittown                        |  | State PA |  | Zip Code (Plus 4) 19054 |     | Description of Expenditure<br>John Galloway, STATE HOUSE 140th PA  |             |  |
| To Whom Paid                          |  |          |  | MO                      | DAY | YEAR   | \$ 1,000.00 |  |
| Citizens for Hughes                   |  |          |  |                         |     |  |             |  |
| Mailing Address P.O. Box 13031        |  |          |  | 12                      | 28  | 2010   |             |  |
| City Philadelphia                     |  | State PA |  | Zip Code (Plus 4) 19101 |     | Description of Expenditure<br>Vincent Hughes, STATE SENATE 7th PA  |             |  |
| To Whom Paid                          |  |          |  | MO                      | DAY | YEAR   | \$ 300.00   |  |
| Godshall for Legislature Committee    |  |          |  |                         |     |  |             |  |
| Mailing Address 316 Godshall Road     |  |          |  | 12                      | 28  | 2010   |             |  |
| City Souderton                        |  | State PA |  | Zip Code (Plus 4) 18964 |     | Description of Expenditure<br>Robert Godshall, STATE HOUSE 53rd PA |             |  |



|  |                    |                                   |   |            |             |   |
|--|--------------------|-----------------------------------|---|------------|-------------|---|
| <b>To Whom Paid</b><br>Metro Bank/Commerce-PA                                  |                    |                                   | <b>MO</b>   | <b>DAY</b> | <b>YEAR</b> | <b>\$</b> 6.30                          |
| <b>Mailing Address</b> 3801 Paxton St  |                    |                                   | 12  | 6          | 2010        |   |
| <b>City</b> Harrisburg   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17111 | <b>Description of Expenditure</b><br>November bank fees |            |             |   |
| <b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b> |                    |                                   |   |            |             | <b>PAGE TOTAL</b><br><b>\$</b> 2,190.99 |

