### **Campaign Finance Report**

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

Filer Identificati Number :	<b>on</b> 790	00364			Rep File	port		CANDI	DATE		СОМ	<b>4ITTEE</b>	✓	LOBI	BYIST	
Name of Filing C	Committee, Cand	idate or L	obbyist:		Hos	pita	l & He	ealthsyste	em Ass	oc of	PA PA	C (HAPA	C)			
Street Address:	4750 LINDL	E RD PO	BX 8600													
City:	HARRISBUR	G						State:	PA			Zip Cod	le: 17	7105-8	600	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA		POST-	3.		AMENDM REPORT?		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDATELECTION	y pre	≣- !	5.	30 DA		POST-	6.		TERMINATION Yes REPORT?			No	<b>~</b>
report type)	ANNUAL REPOR	7. X	<b>Year</b> 2010					NG METHO				PAPER			DISKE	TTE
Name of Office S	Sought by Candid	late:						DATE 0	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code
								МО	DAY	YE	AR	Number	code			code
								11		2	2010		(SEE IN	ISTRUCTI	ONS FOR (	CODES)
Summary of Expenditures	Receipts and	МО	DAY	YEAR	ł			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY	
Expenditures			1 1	2	010	Т	0	12		31	2010					
A. Amount Bro	ught Forward Fr	om Last R	Report				\$			34,7	777.52					
B. Total Monet	ary Contribution	s And Red	eipts (From	Sche	dule	: I)	\$			11,5	559.80					
C. Total Funds	Available (Sum	Of Lines A	and B)				\$			46,3	37.32					
D. Total Expen	ditures (From So	hedule II	Ί)				\$			2,1	.90.99					
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$			44,1	46.33					
F. Value Of In-	Kind Contributio	ns Receiv	ed (From S	chedu	le II	:)	\$				0.00					
G. Unpaid Debt	s And Obligation	s (From	Schedule IV	)			\$				0.00			•		
				AFF	IDA	\VI	T SE	CTION								
PART I - If this is			_								_					
I swear (or affirm) correct and complete		ncluding th	e attached scl	hedule	s filed	d on	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , true
Sworn to and subs	cribed before me t day of	his	20							S	ignature	of Perso	n Submit	ting Rep	ort	
							-					Prin	ted Name	e		
My Commission Ex	Signa opires	ture										Ema	il			
	мо	D	AY	YR			_		Are	ea Cod	le		e Telepi	none Nu	mber	
Part II- If this is	a report of a ca	ndidate's	authorized	Comn	nitte	e, C	andid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende		f my knowl	edge and beli	ef this	polit	tical	comm	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,1	937 (P.L	. 1333,
Sworn to and subso	ribed before me th	is									Si	ignature o	of Candid	ate		
	day of		_ 20				_									
	C:t	<u> </u>					_					Printe	d Name			
My Commission Exp	Signatur ires	E										Ema	il			
	мо	D	AY	YR	l .		-		Area	Code		Da	aytime T	elephor	ne Numb	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	From:	1/1/201	<u>0</u> To:	12/31/2010
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	1,464.31
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)			\$	4,530.00
TOTAL for the Reporting	g Period	(2)	\$	4,530.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	4,500.00
TOTAL for the Reporting	g Period	(3)	\$	4,500.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	1,065.49
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	11,559.80

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

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

Name of Filing Committee or Ca	ndidate	R	eporting	Period			
		F	rom:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing Commit	ttee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

### 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 Can	lidate		Reporting P	eriod		
Hospital & Healthsystem Assoc o	f PA PAC (HAPAC)		From:	1/1/	2010 To	: <u>12/31/2010</u>
				DATE		AMOUNT
Full Name of Contributor			МО	DAY	YEAR	
Mr. Anthony Zumpano						
Mailing Address 2014 Derbyshi	re Road	1				<b>\$</b> 100.00
<b>City</b> Furlong	State	Zip Code (Plus 4	12	31	2010	
	PA	18925		<u> </u>	<u> </u>	
Full Name of Contributor  Deborah L. Hetrick			мо	DAY	YEAR	
Mailing Address 3334 Pierson D	Prive				İ	<b>\$</b> 100.00
City Wilmington	State	Zip Code (Plus 4	) 12	28	2010	
	DE	19810				
Full Name of Contributor			МО	DAY	YEAR	
Mr. Daniel D Blough , Jr.			МО	DAY	TEAR	
Mailing Address 81 Hillcrest Dri	ve					<b>\$</b> 250.00
City Punxsutawney	State	Zip Code (Plus 4	) 12	28	2010	
	PA	15767				
Full Name of Contributor			мо	DAY	YEAR	
Ms. Laverne L. Leese			1-10		ILAN	
Mailing Address 982 Bollinger F	Road					<b>\$</b> 250.00
<b>City</b> Littlestown	State	Zip Code (Plus 4	12	16	2010	
	PA	17340				
Full Name of Contributor Alan Stock	·		МО	DAY	YEAR	
	any 208 Lincolnway Ea	ct			İ	<b>\$</b> 150.00
City New Oxford	State	Zip Code (Plus 4	12	16	2010	<b>\$</b> 150.00
New Oxioid	PA	17350	,   ==			
Full Name of Contributor	•	•		Day	VEAD	
Mr. Norman F. Mitry			МО	DAY	YEAR	
Mailing Address 1000 Dutch Rid	dge Road					\$ 100.00
City Beaver	State	Zip Code (Plus 4	) 12	16	2010	
	PA	15009		1	I	

Full Na	ame of Contributor			мо	DAY	YEAR	
Henry	S. Mayer						
Mailin	<b>g Address</b> 175 Little	Turtle Way		<u> </u>			<b>\$</b> 250.00
City	Berwyn	State	Zip Code (Plus 4)	12	9	2010	
		PA	19312				
Full Na	ame of Contributor			мо	DAY	YEAR	
Brend	a Defeo						
Mailin	<b>g Address</b> 200 W. Ha	athaway Lane		<u> </u>			\$ 100.00
City	Ardmore	State	Zip Code (Plus 4)	12	6	2010	
		PA	19003				
Full Na	ame of Contributor			мо	DAY	YEAR	
Micha	eline Gula			MO	DAT	TEAR	
Mailin	g Address 740 East S	State Street					<b>\$</b> 75.00
City	Sharon	State	Zip Code (Plus 4)	12	6	2010	
		PA	16146				
Full Na	ame of Contributor	•	•	МО	DAY	VEAD	
Mr. Al	bert Wright			МО	DAY	YEAR	
Mailin	g Address 1407 Myst	tic Valley Dr					\$ 100.00
City	Sewickley	State	Zip Code (Plus 4)	11	30	2010	
		PA	15143				
Full Na	ame of Contributor	•	·		l		
   Marga	ret E. Reidy			МО	DAY	YEAR	
Mailin	g Address 3090 Woo	dland Rd					\$ 250.00
City	Allison Park	State	Zip Code (Plus 4)	11	30	2010	
		PA	15101				
Full Na	ame of Contributor	•	-		Day	VEAD	
Mr. Jo	hn Innocenti , Sr.			МО	DAY	YEAR	
Mailin	g Address 200 Lothro	op Street, N-739 MUH					<b>\$</b> 250.00
City	Pittsburgh	State	Zip Code (Plus 4)	11	30	2010	
		PA	15213				
Full Na	ame of Contributor	·	·	мо	DAY	YEAR	
Mr. Lo	ouis A. Baverso			МО	DAT	TEAR	
Mailin	<b>g Address</b> 529 Burke	es Drive					<b>\$</b> 75.00
City	Coraopolis	State	Zip Code (Plus 4)	11	30	2010	
		PA	15108				
Full Na	ame of Contributor			140	DAY	VEAD	
Sandy	/ Rader			МО	DAY	YEAR	
Mailin	g Address 305 Wynfi	ield Court				İ	\$ 100.00
City	Wexford	State	Zip Code (Plus 4)	11	30	2010	
		PA	15090				
Full Na	ame of Contributor	•	•	140	DAY	VEAS	
Ms. H	olly Lorenz			МО	DAY	YEAR	
		cock Boulevard					<b>\$</b> 100.00
City	Pittsburgh	State	Zip Code (Plus 4)	11	30	2010	
	-	PA	15237				
			!	<u> </u>			·

Full Na	me of Contributor			МО	DAY	YEAR	
Mr. A.J	I. Pinevich MD, MBA			MO	DAT	TEAR	
Mailing	Address 1649 Pinehurst Ci	t					<b>\$</b> 150.00
City	Pittsburgh	State	Zip Code (Plus 4)	11	30	2010	
		PA	15237				
Full Na	me of Contributor					V=45	
Ms. Ro	n Andro RN, MS, HSM			МО	DAY	YEAR	
	Address 7009 Oak Park Di	r					<b>\$</b> 150.00
City	Gibsonia	State	Zip Code (Plus 4)	11	30	2010	
		PA	15044				
Full Na	me of Contributor	<u>'</u>	<u>'</u>				
	rk Sevco			МО	DAY	YEAR	
	Address 621 Karrastyn Co	urt					\$ 100.00
City	Gibsonia	State	Zip Code (Plus 4)	1 11	30	2010	100.00
,	5.5501u	PA	15044				
Eull Na	me of Contributor	<u> </u>					
	uis Goodman			МО	DAY	YEAR	
	Address 210 Lakeside Dr						<b>\$</b> 100.00
City	Mc Kees Rocks	State	Zip Code (Plus 4)	11	30	2010	100.00
,		PA	15136				
Eull Na	me of Contributor						<u> </u>
	. Castillo			МО	DAY	YEAR	
	Address 619 Karrastyn Co	urt					\$ 100.00
City	Gibsonia	State	Zip Code (Plus 4)	11	30	2010	100.00
,	Gibsoriid	PA	15044				
Eull Na	me of Contributor						<u> </u>
	chard Fine MD			МО	DAY	YEAR	
	Address 2 Emerald Court						<b>\$</b> 250.00
	Princeton Jct	State	Zip Code (Plus 4)	11	24	2010	250.00
,	Timecton sec	NJ	85505				
Full No.	me of Contributor	1					
	ce Haviland			МО	DAY	YEAR	
	Address 300 Halket Street	-					<b>\$</b> 150.00
City	Pittsburgh	State	Zip Code (Plus 4)	11	24	2010	130.00
	<b>3</b>	PA	15213				
Full No	me of Contributor	1	<u> </u>				
	el A. Nuccio			МО	DAY	YEAR	
	Address 110 Runnymede I	Drive					\$ 80.00
City	Lansdale	State	Zip Code (Plus 4)	11	24	2010	00.00
,	Landare	PA	19446				
Eull Na	me of Contributor	1	1				<u> </u>
	d Warren			МО	DAY	YEAR	
	Address 5501 Old York Ro	ad					<b>\$</b> 150.00
City	Philadelphia	State	Zip Code (Plus 4)	11	24	2010	150.00
,	· ····································	PA	19141				
		1 ' ' '	1	1	l		l .

Full Name of Contributor Ms. Kimberly Feeman  Mailing Address 308 Ramblewood Lane  City Lebanon State Zip Code (Plus 4) 11 23 2010 PA 17042  Full Name of Contributor  MO DAY YEAR	<b>\$</b> 150.00
Ms. Kimberly Feeman  Mailing Address 308 Ramblewood Lane  City Lebanon  State Zip Code (Plus 4) 11 23 2010  PA 17042  Full Name of Contributor  MO DAY YEAR	<b>\$</b> 150.00
City Lebanon State PA 17042 11 23 2010  Full Name of Contributor MO DAY YEAR	\$ 150.00
PA 17042  Full Name of Contributor  MO DAY YEAR	
Full Name of Contributor  MO DAY YEAR	
MO DAY YEAR	
Dr. Arnold W. Cohen MD	
Mailing Address 1925 W. Point Drive	<b>\$</b> 150.00
City         Cherry Hill         State         Zip Code (Plus 4)         11         24         2010	
NJ 80032	
Full Name of Contributor  MO DAY YEAR	
Ms. Ruth Lefton	
Mailing Address 60 East Township Line Road	<b>\$</b> 150.00
City         Elkins Park         State         Zip Code (Plus 4)         11         24         2010	
PA 19027	
Full Name of Contributor	
Deborah J. Kaczynski	
Mailing Address 420 Settlers Village Circle	<b>\$</b> 150.00
City Cranberry Township State Zip Code (Plus 4) 11 23 2010	
PA 16066	
Full Name of Contributor	
Mo DAY YEAR Margaret Mars Dicuccio	
Mailing Address 304 Raven Crest	<b>\$</b> 150.00
City         Gibsonia         State         Zip Code (Plus 4)         11         23         2010	
PA 15044	
Full Name of Contributor  MO DAY YEAR	
Thomas M. Gronow	
Mailing Address 3801 Penn Ave #3	<b>\$</b> 150.00
City         Pittsburgh         State         Zip Code (Plus 4)         11         23         2010	
PA 15201	
Full Name of Contributor  MO DAY YEAR	
Mr. Robert J. Richards CPA	
Mailing Address Fourth and Walnut Streets P.O. Box 1281	<b>\$</b> 150.00
City         Lebanon         State         Zip Code (Plus 4)         11         23         2010	
PA 17042	

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

**PAGE TOTAL \$** 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:			То:			
				DA	TE		ı	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							<b>-</b>   \$	,	0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	L
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	age, Sectio	n 3.			\$	0.	.00

## 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			Rep	orting Pe	riod				
Hospital & Healthsystem Assoc of PA PA	AC (HAPAC)		Fror	n:	<u>1/1/2</u>	<u>010</u> To	<u>12/31/2010</u>		
			·	DA	ATE		АМС	DUNT	
Full Name of Contributor				мо	DAY	YEAR		500.00	
Mr. Philip Pandolph				MO	DAT	ILAK	\$	500.00	
Mailing Address 751 Liberty Street				12	1	2010			
<b>City</b> Meadville	State	Zip Code (P	lus 4)	12	_	2010			
	PA	16335							
Employer Name Meadville Medical Cen	ter			Occupat	tion	Chief Ex	ecutive Of	fficer	
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code	(Plus 4)	
751 Liberty Street		Meadvi	le		PA		16335		
Full Name of Contributor		'			,				
Mr. Victor L. Johnson				МО	DAY	YEAR	\$	1,000.00	
Mailing Address Hidden Glen 1585 \	Warner Road	ner Road					1		
City Meadowbrook	State	Zip Code (P	lus 4)	11	24	2010			
	PA	19046							
Employer Name Retired				Occupat	ion	Retired			
. ,						10111 04			
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code	(Plus 4)	
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code	(Plus 4)	
Employer Mailing Address/Principal Place Full Name of Contributor	e of Business	City						(Plus 4)	
	e of Business	City		МО	State	YEAR	Zip Code	(Plus 4) 500.00	
Full Name of Contributor	e of Business	City			DAY				
Full Name of Contributor  Ms. Ellen Kraftsow-Kogan	e of Business	City Zip Code (P	lus 4)	<b>MO</b> 11		<b>YEAR</b> 2010			
Full Name of Contributor  Ms. Ellen Kraftsow-Kogan  Mailing Address 503 Cypress Street			lus 4)		DAY				
Full Name of Contributor  Ms. Ellen Kraftsow-Kogan  Mailing Address 503 Cypress Street	State	Zip Code (P	lus 4)		<b>DAY</b> 24		\$		
Full Name of Contributor  Ms. Ellen Kraftsow-Kogan  Mailing Address 503 Cypress Street  City Philadelphia	<b>State</b> PA	Zip Code (P	lus 4)	11	<b>DAY</b> 24	2010	\$	500.00	
Full Name of Contributor  Ms. Ellen Kraftsow-Kogan  Mailing Address 503 Cypress Street  City Philadelphia  Employer Name Self Employed	<b>State</b> PA	<b>Zip Code (P</b> 19106		11	DAY 24	2010	\$ bloyed	500.00	
Full Name of Contributor  Ms. Ellen Kraftsow-Kogan  Mailing Address 503 Cypress Street  City Philadelphia  Employer Name Self Employed  Employer Mailing Address/Principal Place	<b>State</b> PA	Zip Code (P 19106		11 Occupat	DAY  24  cion  State  PA	2010 Self Em	\$ poloyed Zip Code (19106	500.00 (Plus 4)	
Full Name of Contributor  Ms. Ellen Kraftsow-Kogan  Mailing Address 503 Cypress Street  City Philadelphia  Employer Name Self Employed  Employer Mailing Address/Principal Place 503 Cypress Street	<b>State</b> PA	Zip Code (P 19106		11	DAY 24	2010	\$ Dloyed Zip Code	500.00	
Full Name of Contributor  Ms. Ellen Kraftsow-Kogan  Mailing Address 503 Cypress Street  City Philadelphia  Employer Name Self Employed  Employer Mailing Address/Principal Place 503 Cypress Street  Full Name of Contributor	State PA e of Business	Zip Code (P 19106		11 Occupat	DAY  24  cion  State  PA	2010 Self Em	\$ bloyed Zip Code (19106 \$	500.00 (Plus 4)	
Full Name of Contributor  Ms. Ellen Kraftsow-Kogan  Mailing Address 503 Cypress Street  City Philadelphia  Employer Name Self Employed  Employer Mailing Address/Principal Place 503 Cypress Street  Full Name of Contributor  Mr. Fred E. Braemer	State PA e of Business	Zip Code (P 19106	phia	Occupat	DAY  24  cion State PA  DAY	2010 Self Em	\$ bloyed Zip Code (19106 \$	500.00 (Plus 4)	
Full Name of Contributor  Ms. Ellen Kraftsow-Kogan  Mailing Address 503 Cypress Street  City Philadelphia  Employer Name Self Employed  Employer Mailing Address/Principal Place 503 Cypress Street  Full Name of Contributor  Mr. Fred E. Braemer  Mailing Address 1500 Melrose Avenua	State PA Se of Business	Zip Code (P 19106 City Philade	phia	Occupat	DAY  24  cion State PA  DAY	2010 Self Em	\$ bloyed Zip Code (19106 \$	500.00 (Plus 4)	
Full Name of Contributor  Ms. Ellen Kraftsow-Kogan  Mailing Address 503 Cypress Street  City Philadelphia  Employer Name Self Employed  Employer Mailing Address/Principal Place 503 Cypress Street  Full Name of Contributor  Mr. Fred E. Braemer  Mailing Address 1500 Melrose Avenua	State PA Se of Business State PA PA	Zip Code (P 19106 City Philade	phia	Occupat	DAY  24  State PA  DAY  24	2010 Self Em	\$ bloyed Zip Code (19106 \$	500.00 (Plus 4)	
Full Name of Contributor  Ms. Ellen Kraftsow-Kogan  Mailing Address 503 Cypress Street  City Philadelphia  Employer Name Self Employed  Employer Mailing Address/Principal Place 503 Cypress Street  Full Name of Contributor  Mr. Fred E. Braemer  Mailing Address 1500 Melrose Avenu  City Elkins Park	State PA  PA  State PA  State PA  Care Network	Zip Code (P 19106 City Philade	phia	Occupat	DAY  24  State PA  DAY  24	2010 Self Em  YEAR  2010	\$ bloyed Zip Code (19106 \$	500.00 (Plus 4) 500.00	

Full Name of Contributor				мо	DAY	YEAR	1 000 00	_
Mr. Barry R. Freedman					27.1		\$ 1,000.00	U
Mailing Address 5501 Old York Road				11	24	2010		
City Philadelphia	State	Zip	Code (Plus 4)			2010		
	PA	19	141				1	
Employer Name Albert Einstein Medica	l Center			Occupat	ion	Presiden	nt and Chief Execu	
Employer Mailing Address/Principal Plac	e of Business		City		State		Zip Code (Plus 4)	
5501 Old York Road			Philadelphia		PA		19141	
Full Name of Contributor				мо	DAY	YEAR	<b>.</b>	^
Mr. Howard B. Kessler				1-10	DAI	ILAK	\$ 500.00	U
Mailing Address 1453 Flat Rock Road	d			11	23	2010		
City Penn Valley	State	Zip	Code (Plus 4)					
	PA	19	072			-		
Employer Name Good Samaritan Hosp	ital, The			Occupat	ion	Physicia	n	
Employer Mailing Address/Principal Plac	e of Business		City		State		Zip Code (Plus 4)	
P O Box 1281			Lebanon		PA		17042	
Full Name of Contributor				мо	DAY	YEAR		
Dr. Stephen R. Whitmoyer MD				140	DAI	ILAK	\$ 500.00	U
Mailing Address 16 Hummingbird Ro	ad			11	23	2010		
City Wyomissing	State	Zip	Code (Plus 4)		23	2010		
	PA	19	610					
Employer Name Good Samaritan Hosp	ital, The			Occupat	ion	PAC Con	ntributor	
Employer Mailing Address/Principal Plac	e of Business		City		State		Zip Code (Plus 4)	
P O Box 1281			Lebanon		l <sub>PA</sub>		17042	

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

PAGE TOTAL
\$ 4,500.00

## 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			Report	ing Perio	d			
Hospital & Healthsystem Assoc of PA PA	AC (HAPAC)		From:		1/1/201	<u>0</u> To:		12/31/2010
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.21
Metro Bank/Commerce-PA				МО	DAT	ILAK	⇒	8.31
Mailing Address 3801 Paxton St				12	31	2010		
<b>City</b> Harrisburg	State	Zip Code (I	Plus 4)					
	PA	17111						
Receipt Description December 2010	interest income							
Full Name								
Metro Bank/Commerce-PA				МО	DAY	YEAR	\$	0.73
Mailing Address 3801 Paxton St				12	21	2010		
<b>City</b> Harrisburg	State	Zip Code (I	Plus 4)	12	31	2010		
· •	PA	17111						
<b>Receipt Description</b> December 2010	interest income							
							_	
Full Name				мо	DAY	VEAD	4	250.00
Full Name John Galloway for State Rep				мо	DAY	YEAR	\$	250.00
				<b>MO</b> 12	<b>DAY</b> 28	<b>YEAR</b> 2010	\$	250.00
John Galloway for State Rep	State	Zip Code (I	Plus 4)				\$	250.00
John Galloway for State Rep  Mailing Address 74 Viewpoint Lane	State PA	<b>Zip Code (</b> I 19054	Plus 4)				\$	250.00
John Galloway for State Rep  Mailing Address 74 Viewpoint Lane  City Levittown			Plus 4)				\$	250.00
John Galloway for State Rep  Mailing Address 74 Viewpoint Lane  City Levittown	PA		Plus 4)				\$	250.00
John Galloway for State Rep  Mailing Address 74 Viewpoint Lane  City Levittown  Receipt Description Void - John Gallo  Full Name	PA		Plus 4)				\$	250.00 500.00
John Galloway for State Rep  Mailing Address 74 Viewpoint Lane  City Levittown  Receipt Description Void - John Gallo  Full Name  Levdansky for Legislature	PA		Plus 4)	12 MO	28 DAY	2010 YEAR		
John Galloway for State Rep  Mailing Address 74 Viewpoint Lane  City Levittown  Receipt Description Void - John Gallo  Full Name  Levdansky for Legislature  Mailing Address 5118 Dorris Drive	PA	19054		12	28	2010		
John Galloway for State Rep  Mailing Address 74 Viewpoint Lane  City Levittown  Receipt Description Void - John Gallo  Full Name  Levdansky for Legislature	PA  oway for State Rep  State			12 MO	28 DAY	2010 YEAR		
John Galloway for State Rep  Mailing Address 74 Viewpoint Lane  City Levittown  Receipt Description Void - John Gallo  Full Name  Levdansky for Legislature  Mailing Address 5118 Dorris Drive  City Elizabeth	PA  oway for State Rep  State PA	19054		12 MO	28 DAY	2010 YEAR		
John Galloway for State Rep  Mailing Address 74 Viewpoint Lane  City Levittown  Receipt Description Void - John Gallo  Full Name  Levdansky for Legislature  Mailing Address 5118 Dorris Drive  City Elizabeth  Receipt Description Void - Levdansky	PA  oway for State Rep  State PA	19054		12 MO	28 DAY	2010 YEAR		
John Galloway for State Rep  Mailing Address 74 Viewpoint Lane  City Levittown  Receipt Description Void - John Gallo  Full Name  Levdansky for Legislature  Mailing Address 5118 Dorris Drive  City Elizabeth  Receipt Description Void - Levdansky  Full Name	PA  oway for State Rep  State PA	19054		12 MO	28 DAY	2010 YEAR	\$	500.00
John Galloway for State Rep  Mailing Address 74 Viewpoint Lane  City Levittown  Receipt Description Void - John Gallo  Full Name Levdansky for Legislature  Mailing Address 5118 Dorris Drive  City Elizabeth  Receipt Description Void - Levdansky  Full Name Godshall for Legislature Committee	PA  oway for State Rep  State PA	19054		12 MO 12	28 DAY 28	2010 YEAR 2010		
Mailing Address 74 Viewpoint Lane  City Levittown  Receipt Description Void - John Gallo  Full Name Levdansky for Legislature  Mailing Address 5118 Dorris Drive  City Elizabeth  Receipt Description Void - Levdansky  Full Name Godshall for Legislature Committee  Mailing Address 316 Godshall Road	PA  oway for State Rep  State PA  y for Legislature	<b>Zip Code (I</b> 15037	Plus 4)	12 MO 12	28 DAY 28	2010 YEAR 2010	\$	500.00
John Galloway for State Rep  Mailing Address 74 Viewpoint Lane  City Levittown  Receipt Description Void - John Gallo  Full Name Levdansky for Legislature  Mailing Address 5118 Dorris Drive  City Elizabeth  Receipt Description Void - Levdansky  Full Name Godshall for Legislature Committee	PA  oway for State Rep  State PA	19054	Plus 4)	12 MO 12	28 DAY 28	2010  YEAR  2010  YEAR	\$	500.00

Void - Godshall for Legislature Committee

**Receipt Description** 

Full Name				DAY	VEAD		0.60
Metro Bank/Commerce-PA			МО	DAY	YEAR	\$	0.60
Mailing Address 3801 Paxton St			12	6	2010		
<b>City</b> Harrisburg	State	Zip Code (Plus 4)	]		2010		
	PA	17111					
Receipt Description November	interest income	•					
Full Name			мо	DAY	VEAD	_	F 0.5
Full Name  Metro Bank/Commerce-PA			мо	DAY	YEAR	\$	5.85
						\$	5.85
Metro Bank/Commerce-PA	State	Zip Code (Plus 4)	<b>MO</b> 12	<b>DAY</b> 6	<b>YEAR</b> 2010	\$	5.85
Metro Bank/Commerce-PA  Mailing Address 3801 Paxton St	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111				\$	5.85

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

**PAGE TOTAL \$** 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

Name of Filing Committee or Candidate	Reporting Period		
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	From:	<u>1/1/2010</u> <b>To:</b>	12/31/2010
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candidate			Reporting	g Period				
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				<b> </b>		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:		•	•	•		•		
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (	Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Rep	orting	Period			
				Fro	m:		To:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	State	e Zip	Code(Plus 4)	Descri	iptio	n of Contribution
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd (	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.	-								0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	riod		
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	From	1/1/2010	То:	<u>12/31/2010</u>

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To Who	om Paid			МО	DAY	YEAR	
Metro I	Bank/Commerce-PA			МО	DAT	TEAR	
Mailing	Address 3801 Paxton St			12	6	2010	\$ 6.30
City	Harrisburg	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure	
		PA	17111	Novemb	er bank fe	ees	
							PAGE TOTAL
nter	Grand Total of Expenditures o	on Page 1, Rep	ort Cover Page, Item D				\$
inter	Grand Total of Expenditures o	on Page 1, Rep	ort Cover Page, Item D				\$
Enter	Grand Total of Expenditures o	on Page 1, Rep	ort Cover Page, Item D				\$
Enter	Grand Total of Expenditures o	on Page 1, Rep	ort Cover Page, Item D				\$ <b>PAGE TOTAL</b> 2,190.99
Enter	Grand Total of Expenditures o	on Page 1, Rep	ort Cover Page, Item D				\$
Enter	Grand Total of Expenditures o	on Page 1, Rep	ort Cover Page, Item D	•			\$