

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

ADDRESS (number and street) Post Office Box 8600
 Check if different than previously reported. (ACC)
Harrisburg PA 17105 8600

2. **FEC IDENTIFICATION NUMBER** C00128082
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2008 through 06 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr James M. Redmond

Signature of Treasurer Electronically Filed by Mr James M. Redmond Date 07 11 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		13758.35
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	9445.71									
(c) Total Receipts (from Line 19)	32772.47	38611.83								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	42218.18	52370.18								
7. Total Disbursements (from Line 31)	30000.00	40152.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12218.18	12218.18								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	11675.00	16475.00
(i) Itemized (use Schedule A)	21076.61	22081.61
(ii) Unitemized	32751.61	38556.61
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	32751.61	38556.61
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	20.86	55.22
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	32772.47	38611.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	32772.47	38611.83

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	30000.00	40000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	152.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	30000.00	40152.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30000.00	40152.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	32751.61	38556.61
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32751.61	38556.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

A.	Full Name (Last, First, Middle Initial) Mr. Telford W. Thomas, CHE		Date of Receipt
	Mailing Address 155 Wilson Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 4 / 1 4 / 2 0 0 8
	City	State	Zip Code
	Washington	PA	15301-3398
	FEC ID number of contributing federal political committee. C		Transaction ID: 15337085
Name of Employer Washington Hospital		Occupation President & Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			Contribution

B.	Full Name (Last, First, Middle Initial) Ms. Sally J. Dixon		Date of Receipt
	Mailing Address 325 South Belmont Street P.O. Box 15118		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 4 / 1 7 / 2 0 0 8
	City	State	Zip Code
	York	PA	17403-2609
	FEC ID number of contributing federal political committee. C		Transaction ID: 15346815
Name of Employer Memorial Hospital		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Dr. Roger Longenderfer, , M.D.		Date of Receipt
	Mailing Address P O Box 8700		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 5 / 2 1 / 2 0 0 8
	City	State	Zip Code
	Harrisburg	PA	17105-8700
	FEC ID number of contributing federal political committee. C		Transaction ID: 15497747
Name of Employer PinnacleHealth System		Occupation President and Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

A.	Full Name (Last, First, Middle Initial) Dr. Stephen R. Whitmoyer, MD		Date of Receipt
	Mailing Address 16 Hummingbird Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 03 / 2008
	City	State	Zip Code
	Wyomissing	PA	19610-2815
	FEC ID number of contributing federal political committee. C		Transaction ID: 15542698
Name of Employer Good Samaritan Hospital, The		Occupation Medical Doctor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Corey Rigberg, MD		Date of Receipt
	Mailing Address P.O. Box 8700		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 03 / 2008
	City	State	Zip Code
	Harrisburg	PA	17105-8700
	FEC ID number of contributing federal political committee. C		Transaction ID: 15543210
Name of Employer PinnacleHealth System		Occupation Chair, Department of Psychiatry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	Contribution

C.	Full Name (Last, First, Middle Initial) Dr. Kevin P. Caputo, MD		Date of Receipt
	Mailing Address 2600 West Ninth Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 09 / 2008
	City	State	Zip Code
	Chester	PA	19013-2098
	FEC ID number of contributing federal political committee. C		Transaction ID: 15573694
Name of Employer Crozer-Chester Medical Center Communit		Occupation Physician/Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 375.00
		<input type="text"/> 375.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 875.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

A.	Full Name (Last, First, Middle Initial) Mr. Craig B. Thompson	Date of Receipt MM / DD / YYYY 06 / 10 / 2008
	Mailing Address 304 Mallwyd Road	Transaction ID: 15574499
	City State Zip Code Merion Station PA 19066-1411	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Hospital of the University of Pennsylv	
Occupation Aggregate Year-to-Date ▼ 375.00		

B.	Full Name (Last, First, Middle Initial) Mr. John E. Simodejka	Date of Receipt MM / DD / YYYY 06 / 10 / 2008
	Mailing Address 420 South Jackson Street	Transaction ID: 15574503
	City State Zip Code Pottsville PA 17901-3692	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Pottsville Hospital and Warne Clinic	
Occupation President & Chief Executive Officer Aggregate Year-to-Date ▼ 750.00		

C.	Full Name (Last, First, Middle Initial) Mr. Ronald M. Gilbert, Jr.	Date of Receipt MM / DD / YYYY 06 / 18 / 2008
	Mailing Address 22 Walnut Street	Transaction ID: 15597098
	City State Zip Code Wellsboro PA 16901-1550	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Laurel Health System	
Occupation Chief Financial Officer Aggregate Year-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional)	1875.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

A. Full Name (Last, First, Middle Initial)
Dr. Richard Salcido, MD

Mailing Address 1660 Minden Lane

City Malvern State PA Zip Code 19355-8769

FEC ID number of contributing federal political committee. **C**

Name of Employer Hospital of the University of Pennsylv Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 18 / 2008
Transaction ID: 15597100
 Amount of Each Receipt this Period 750.00

B. Full Name (Last, First, Middle Initial)
Ms. Jan E. Fisher

Mailing Address 32-36 Central Avenue

City Wellsboro State PA Zip Code 16901-1840

FEC ID number of contributing federal political committee. **C**

Name of Employer Soldiers and Sailors Memorial Hospital Occupation President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 18 / 2008
Transaction ID: 15597104
 Amount of Each Receipt this Period 750.00

C. Full Name (Last, First, Middle Initial)
Dr. Bennett Johnson, Jr., MD

Mailing Address 3400 Spruce Street

City Philadelphia State PA Zip Code 19104-4208

FEC ID number of contributing federal political committee. **C**

Name of Employer Hospital of the University of Pennsylv Occupation Sr. Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 18 / 2008
Transaction ID: 15597113
 Amount of Each Receipt this Period 375.00

SUBTOTAL of Receipts This Page (optional) ► **1875.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

A.	Full Name (Last, First, Middle Initial) Mr. Ron J. Butler, CHE		Date of Receipt
	Mailing Address 447 Horse Thief Run Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 18 / 2008
	City	State	Zip Code
	Wellsboro	PA	16901-7893
	FEC ID number of contributing federal political committee. C		Transaction ID: 15597121
Name of Employer Laurel Health System		Occupation President & CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 750.00

B.	Full Name (Last, First, Middle Initial) Dr. E. Ronald Salvitti, MD		Date of Receipt
	Mailing Address 155 Wilson Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 18 / 2008
	City	State	Zip Code
	Washington	PA	15301-3398
	FEC ID number of contributing federal political committee. C		Transaction ID: 15597125
Name of Employer Washington Hospital		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 225.00

C.	Full Name (Last, First, Middle Initial) Ms. Michele M Volpe		Date of Receipt
	Mailing Address 39th and Market Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 18 / 2008
	City	State	Zip Code
	Philadelphia	PA	19104-2699
	FEC ID number of contributing federal political committee. C		Transaction ID: 15597127
Name of Employer Presbyterian Medical Center of the Uni		Occupation Executive Director and Chief Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 375.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1350.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 16
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

A.

Full Name (Last, First, Middle Initial)
Mr. Thomas Owlett, Esq.

Mailing Address Owlett & Lewis
PO Box 878

City Wellsboro State PA Zip Code 16901

FEC ID number of contributing federal political committee. **C**

Name of Employer Soldiers and Sailors Memorial Hospital Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2008

Transaction ID: 15597153

Amount of Each Receipt this Period
375.00

B.

Full Name (Last, First, Middle Initial)
Mr. Craig Litchfield

Mailing Address Citizens & Northern Bank
PO Box 58

City Wellsboro State PA Zip Code 16901-0058

FEC ID number of contributing federal political committee. **C**

Name of Employer Laurel Health System Occupation Banker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2008

Transaction ID: 15597155

Amount of Each Receipt this Period
375.00

C.

Full Name (Last, First, Middle Initial)
Dr. James L. Mullen, MD

Mailing Address 3223 Saw Mill Road

City Newtown Square State PA Zip Code 19073-1704

FEC ID number of contributing federal political committee. **C**

Name of Employer Hospital of the University of Pennsylv Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2008

Transaction ID: 15597171

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional) ► **1125.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 16
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

A.

Full Name (Last, First, Middle Initial)
Ms. Elizabeth B. Johnston

Mailing Address 235 W. Willow Grove Avenue

City Philadelphia State PA Zip Code 19118-3918

FEC ID number of contributing federal political committee. **C**

Name of Employer Pennsylvania Hospital Occupation Health Care Administration

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 18 / 2008

Transaction ID: 15597173

Amount of Each Receipt this Period 375.00

B.

Full Name (Last, First, Middle Initial)
Dr. Stuart L. Fine, MD

Mailing Address 914 Sorrell Lane

City Bryn Mawr State PA Zip Code 19010-1927

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Pennsylvania Health Syst Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 18 / 2008

Transaction ID: 15597183

Amount of Each Receipt this Period 375.00

C.

Full Name (Last, First, Middle Initial)
Ms. Paula Bussard

Mailing Address 99 E. Yellow Breeches Rd.

City Carlisle State PA Zip Code 17015

FEC ID number of contributing federal political committee. **C**

Name of Employer Hospital and Healthsystem Assn of Penn Occupation Senior VP, Policy & Regulatory Service

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt 06 / 20 / 2008

Transaction ID: 15604546

Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional) ▶ **825.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 / 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

A.	Full Name (Last, First, Middle Initial) Mr. James M. Redmond	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 1016 Chippenham Road	Transaction ID: 15604598
	City State Zip Code Mechanicsburg PA 17050-7687	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Hospital and Healthsystem Assn of Penn	Occupation Sr. Vice President, Legislative Serv	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

B.	Full Name (Last, First, Middle Initial) Ms. Maryanne Spallucci	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 100 West Sproul Road Healthplex Pavilion II	Transaction ID: 15611194
	City State Zip Code Springfield PA 19064-2033	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Crozer-Keystone Health System	Occupation Budget/Reimbursement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C.	Full Name (Last, First, Middle Initial) Ms. Joan K. Richards	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 100 West Sproul Road	Transaction ID: 15611217
	City State Zip Code Springfield PA 19064-2033	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Crozer-Keystone Health System	Occupation President & Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 16
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

A. Full Name (Last, First, Middle Initial)
Mr. Michael A. Suchanick

Mailing Address 1646 Whitley Drive

City Harrisburg State PA Zip Code 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer Hospital and Healthsystem Assn of Penn Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt 06 / 25 / 2008
Transaction ID: 15611228
Amount of Each Receipt this Period 75.00

B. Full Name (Last, First, Middle Initial)
Ms. Kay A. Hamilton, RN, MS

Mailing Address 400 Highland Avenue

City Lewistown State PA Zip Code 17044-1167

FEC ID number of contributing federal political committee. **C**

Name of Employer Lewistown Hospital Occupation Nursing Care Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 25 / 2008
Transaction ID: 15611236
Amount of Each Receipt this Period 375.00

C. Full Name (Last, First, Middle Initial)
Mr. Richard I. Bennett, CPA

Mailing Address Healthplex Pavilion II
100 West Sproul Road

City Springfield State PA Zip Code 19064-2033

FEC ID number of contributing federal political committee. **C**

Name of Employer Crozer-Keystone Health System Occupation Senior Vice President & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 25 / 2008
Transaction ID: 15611269
Amount of Each Receipt this Period 375.00

SUBTOTAL of Receipts This Page (optional) ▶ **825.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

A.	Full Name (Last, First, Middle Initial) Dr. Peter D. Quinn, DMD, MD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8		
	Mailing Address 3400 Spruce Street		Transaction ID: 15615383		
	City Philadelphia	State PA	Zip Code 19104-4208	Amount of Each Receipt this Period 375.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hospital of the University of Pennsylv		Occupation Oral & Maxillofacial Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

B.	Full Name (Last, First, Middle Initial) Mr. Marlin Miller, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8		
	Mailing Address Arrow International, Inc. PO Box 12888, 3000 Bernville Road		Transaction ID: 15617990		
	City Reading	State PA	Zip Code 19612	Amount of Each Receipt this Period 375.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Reading Hospital and Medi-cal Center		Occupation Trustee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

C.	Full Name (Last, First, Middle Initial) Samuel McCullough		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8		
	Mailing Address Dept of Community & Economic Devel Commonwealth Keystone Bldg		Transaction ID: 15617994		
	City Harrisburg	State PA	Zip Code 17120-0001	Amount of Each Receipt this Period 375.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Reading Hospital and Medi-cal Center		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

SUBTOTAL of Receipts This Page (optional)	▶	1125.00
TOTAL This Period (last page this line number only)	▶	11675.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) AHAPAC-American Hospital Association Federal PAC</p> <p>Mailing Address 325 Seventh Street, N.W. Suite 700</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement AHAPAC-2008 2ND TRANSFER</p> <p>Candidate Name AHAPAC-American Hospital Association Federal PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 15503402</p> <p>Date of Disbursement 05 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 10000.00</p> <p>008 Category/ Type</p> <p>AHAPAC-2008 2ND TRANSFER</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) AHAPAC-American Hospital Association Federal PAC</p> <p>Mailing Address 325 Seventh Street, N.W. Suite 700</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement AHAPAC-2008 3RD TRANSFER</p> <p>Candidate Name AHAPAC-American Hospital Association Federal PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 15588049</p> <p>Date of Disbursement 06 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 10000.00</p> <p>011 Category/ Type</p> <p>AHAPAC-2008 3RD TRANSFER</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) AHAPAC-American Hospital Association Federal PAC</p> <p>Mailing Address 325 Seventh Street, N.W. Suite 700</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement AHAPAC-2008 4TH TRANSFER</p> <p>Candidate Name AHAPAC-American Hospital Association Federal PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 15622051</p> <p>Date of Disbursement 06 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 10000.00</p> <p>011 Category/ Type</p> <p>AHAPAC-2008 4TH TRANSFER</p>

SUBTOTAL of Disbursements This Page (optional) ►

30000.00

TOTAL This Period (last page this line number only) ►

30000.00