

**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 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. 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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 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 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)	1875.00
TOTAL This Period (last page this line number only)	