

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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		3227.40
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	3227.40									
(c) Total Receipts (from Line 19)	70455.27	70455.27								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	73682.67	73682.67								
7. Total Disbursements (from Line 31)	52295.58	52295.58								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21387.09	21387.09								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From: To:

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		
(i) Itemized (use Schedule A)	37537.50	37537.50
(ii) Unitemized	30819.95	30819.95
(iii) TOTAL (add Lines 11(a)(i) and (ii)	68357.45	68357.45
(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)	68357.45	68357.45
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.)	2097.82	2097.82
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))	70455.27	70455.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	70455.27	70455.27

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	50000.00	50000.00
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.....	2295.58	2295.58
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))..	52295.58	52295.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	52295.58	52295.58

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	68357.45	68357.45
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	68357.45	68357.45
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 / 44
	<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. James M. Redmond	Date of Receipt MM / DD / YYYY 01 / 26 / 2009
	Mailing Address 1016 Chippenham Road	Transaction ID: 16281713
	City State Zip Code Mechanicsburg PA 17050-7687	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Hospital and Healthsystem Assn of Penn	Occupation Sr. Vice President, Legislative Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. John E. Simodejka	Date of Receipt MM / DD / YYYY 01 / 29 / 2009
	Mailing Address 420 South Jackson Street	Transaction ID: 16292912
	City State Zip Code Pottsville PA 17901-3692	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Schuylkill 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 ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. Timothy L. Ohrum	Date of Receipt MM / DD / YYYY 02 / 05 / 2009
	Mailing Address 404 West North Avenue	Transaction ID: 16321009
	City State Zip Code Pittsburgh PA 15212-4637	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Hospital and Healthsystem Assn of Penn	Occupation Regional Director, Legislative Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
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 7 / 44
	<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. Michael A. Suchanick	Date of Receipt MM / DD / YYYY 02 / 16 / 2009
	Mailing Address 1646 Whitley Drive	Transaction ID: 16348350
	City State Zip Code Harrisburg PA 17111	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Hospital and Healthsystem Assn of Penn Occupation: Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Ms. Paula Bussard	Date of Receipt MM / DD / YYYY 02 / 16 / 2009
	Mailing Address 99 E. Yellow Breeches Rd.	Transaction ID: 16348352
	City State Zip Code Carlisle PA 17015-9174	Amount of Each Receipt this Period 500.00
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Ms. Carolyn F. Scanlan	Date of Receipt MM / DD / YYYY 02 / 16 / 2009
	Mailing Address 5 Merion Court	Transaction ID: 16348354
	City State Zip Code Hummelstown PA 17036-9287	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Hospital and Healthsystem Assn of Penn Occupation: President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	Contribution

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
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 8 / 44
	<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. Martin J Ciccocioppo	Date of Receipt MM / DD / YYYY 02 / 19 / 2009
	Mailing Address 1769 Wellington Drive	Transaction ID: 16370553
	City State Zip Code Middletown PA 17057-3425	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Hospital and Healthsystem Assn of Penn	Occupation Vice President, Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Capt. Kenneth J. Braithwaite, II, USNR	Date of Receipt MM / DD / YYYY 02 / 19 / 2009
	Mailing Address Twin Magnolias 165 Harvey Road	Transaction ID: 16370557
	City State Zip Code West Chester PA 19382	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer DVHC of HAP	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. Thomas L. Grace	Date of Receipt MM / DD / YYYY 03 / 02 / 2009
	Mailing Address 594 Forest Road	Transaction ID: 16663658
	City State Zip Code Wayne PA 19087-2322	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer DVHC of HAP	Occupation Administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
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 9 / 44
	<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 Gary B Weinstein		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
	City	State	Zip Code
	Washington	PA	15301-3398
	FEC ID number of contributing federal political committee. C		Transaction ID: 16895310
Name of Employer Washington Hospital		Occupation Executive 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"/>
		<input type="text"/> 250.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Mr. Steven P Johnson, FACHE		Date of Receipt
	Mailing Address 777 Rural 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
	City	State	Zip Code
	Williamsport	PA	17701-3109
	FEC ID number of contributing federal political committee. C		Transaction ID: 16909838
Name of Employer Susquehanna Health		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"/>
		<input type="text"/> 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Dr. William P Pearson, M.D.		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
	City	State	Zip Code
	Washington	PA	15301-3398
	FEC ID number of contributing federal political committee. C		Transaction ID: 16914489
Name of Employer Washington Hospital		Occupation Vice President Medical Affairs	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"/>
		<input type="text"/> 500.00	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
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 10 / 44
	<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. Telford W. Thomas, CHE	Date of Receipt MM / DD / YYYY 03 / 20 / 2009
	Mailing Address 155 Wilson Avenue	Transaction ID: 16935169
	City State Zip Code Washington PA 15301-3398	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Washington Hospital President & Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Ms. Shirley Hardy	Date of Receipt MM / DD / YYYY 03 / 20 / 2009
	Mailing Address 111 Oakwood Road	Transaction ID: 16935173
	City State Zip Code McMurray PA 15317-2686	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Washington Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. Michael P. Strazzella	Date of Receipt MM / DD / YYYY 03 / 20 / 2009
	Mailing Address 2860 S. Abingdon Street	Transaction ID: 16935177
	City State Zip Code Arlington VA 22206-1317	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Hospital and Healthsystem Assn of Penn Vice President, Federal Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 11 / 44

(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. Edward C Pitchford

Mailing Address 1001 East Second Street

City State Zip Code
Coudersport PA 16915

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

Name of Employer Occupation
Charles Cole Memorial Hos- President and Chief Executive Officer
pital

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 9

Transaction ID: 16935909

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Wendy Cameron

Mailing Address 982 E. Beau Street

City State Zip Code
Washington PA 15301-2925

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

Name of Employer Occupation
Washington Hospital Trustee

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 9

Transaction ID: 16940370

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Evelyn Oteng-Bediako

Mailing Address 134 W Lockhart St Apt 2

City State Zip Code
Sayre PA 18840-2148

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

Name of Employer Occupation
Guthrie Healthcare System Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 16976788

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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 12 / 44
	<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. Kyra Bannister, MD		Date of Receipt
	Mailing Address 154 Dr A Strathmont Pk.		<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
	City	State	Zip Code
	Elmira	NY	14905
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: 16976799
Name of Employer Robert Packer Hospital		Occupation Anesthesiologist	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

B.	Full Name (Last, First, Middle Initial) Ms. C. Angela Bontempo		Date of Receipt
	Mailing Address 232 West 25th 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
	City	State	Zip Code
	Erie	PA	16544-0002
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: 17036734
Name of Employer Saint Vincent Health Center		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

Contribution

C.	Full Name (Last, First, Middle Initial) Mr. Garry L Scheib		Date of Receipt
	Mailing Address 3400 Spruce 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
	City	State	Zip Code
	Philadelphia	PA	19104-4208
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: 17041205
Name of Employer Hospital of the University of Pennsylv		Occupation Executive Director	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"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
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 13 / 44
(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)
Dr. Corey Rigberg, MD

Mailing Address P.O. Box 8700

City Harrisburg State PA Zip Code 17105-8700

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

Name of Employer PinnacleHealth System Occupation Chair, Department of Psychiatry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 08 / 2009
Transaction ID: 17041209
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Louis J. Panza, Jr., CHE,

Mailing Address 1163 Country Club Road

City Monongahela State PA Zip Code 15063-1095

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

Name of Employer Monongahela Valley Hospital Occupation President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 08 / 2009
Transaction ID: 17041245
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Dawn Fuchs Heiser

Mailing Address 1000 W Pike St

City Houston State PA Zip Code 15342-1255

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

Name of Employer Weavertown Env Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 08 / 2009
Transaction ID: 17041253
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 14 / 44
	<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. Mark Stensager	Date of Receipt MM / DD / YYYY 04 / 15 / 2009
	Mailing Address One Guthrie Square	Transaction ID: 17060187
	City State Zip Code Sayre PA 18840-1625	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Guthrie Healthcare System President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Ron J. Butler, CHE	Date of Receipt MM / DD / YYYY 04 / 16 / 2009
	Mailing Address 447 Horse Thief Run Road	Transaction ID: 17060436
	City State Zip Code Wellsboro PA 16901-7893	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Laurel Health System President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Ms. Jan E. Fisher	Date of Receipt MM / DD / YYYY 04 / 16 / 2009
	Mailing Address 32-36 Central Avenue	Transaction ID: 17060444
	City State Zip Code Wellsboro PA 16901-1840	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Soldiers and Sailors Memorial Hospital President & Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
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 / 44
	<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) Ms. Kay A. Hamilton, RN, MS		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 9		
	Mailing Address 400 Highland Avenue		Transaction ID: 17083352		
	City Lewistown	State PA	Zip Code 17044-1167	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lewistown Hospital	Occupation Nursing Care Services	Aggregate Year-to-Date 250.00		

B.	Full Name (Last, First, Middle Initial) Ms. Chloe Eichelberger		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 9		
	Mailing Address 1455 Detwiler Drive		Transaction ID: 17083392		
	City York	State PA	Zip Code 17404-1111	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Memorial Hospital	Occupation CEO	Aggregate Year-to-Date 250.00		

C.	Full Name (Last, First, Middle Initial) Mr. Paul Bacharach		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 9		
	Mailing Address 500 West Berkeley Street		Transaction ID: 17134265		
	City Uniontown	State PA	Zip Code 15401-5514	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Uniontown Hospital	Occupation President & Chief Executive Officer	Aggregate Year-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 16 / 44

(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)

Gary D. Ott, M.D.

Mailing Address 145 Hospital Ave

City State Zip Code
Dubois PA 15801-1462

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

Name of Employer Occupation
DuBois Regional Medical Center Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 9

Transaction ID: 17175037

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Joan K. Richards

Mailing Address 100 West Sproul Road

City State Zip Code
Springfield PA 19064-2033

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

Name of Employer Occupation
Crozer-Keystone Health System President & Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: 17183765

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard L. Jones, Jr., FACHE

Mailing Address 1200 Old York Road

City State Zip Code
Abington PA 19001-3788

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

Name of Employer Occupation
Abington Memorial Hospital President & Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: 17183769

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

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 17 / 44
	<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. Norman V. Edmonson		Date of Receipt MM / DD / YYYY 05 / 05 / 2009		
	Mailing Address 607 North Chester Road		Transaction ID: 17183783		
	City Swarthmore	State PA	Zip Code 19081-1014	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Crozer-Keystone Health System		Occupation Trustee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Mr. Donald A. Pizer, CPA		Date of Receipt MM / DD / YYYY 05 / 05 / 2009		
	Mailing Address 606 Runnymede Avenue		Transaction ID: 17183809		
	City Jenkintown	State PA	Zip Code 19046-2240	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer self employed		Occupation CPA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Ms. Margaret M McGoldrick		Date of Receipt MM / DD / YYYY 05 / 05 / 2009		
	Mailing Address 1200 York Road		Transaction ID: 17183831		
	City Abington	State PA	Zip Code 19001-3788	Amount of Each Receipt this Period 750.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Abington Memorial Hospital		Occupation Executive Vice President and Administrator		
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)	▶	1250.00
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 18 / 44
	<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) Shailesh D. Patel		Date of Receipt MM / DD / YYYY 05 / 05 / 2009		
	Mailing Address 1110 Cardinal Lane		Transaction ID: 17183852		
	City Williamsport	State PA	Zip Code 17701-9349	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Susquehanna Health System	Occupation Anesthesiologist	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Ms. Sally J. Dixon		Date of Receipt MM / DD / YYYY 05 / 05 / 2009		
	Mailing Address 325 South Belmont Street		Transaction ID: 17183986		
	City York	State PA	Zip Code 17403-2609	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Memorial Hospital	Occupation President and Chief Executive Officer	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Mr. William H. Pugh		Date of Receipt MM / DD / YYYY 05 / 08 / 2009		
	Mailing Address 5 Woods Lane		Transaction ID: 17189480		
	City Hanover	State PA	Zip Code 17331-9233	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PinnacleHealth System	Occupation CFO	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 19 / 44
(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)
Ms. Linda J. Ramsey, Esq.

Mailing Address 524 Strathmore Road

City State Zip Code
Havertown PA 19083

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

Name of Employer Crozer-Chester Medical Center
Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2009

Transaction ID: 17189933

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Rita Spangler

Mailing Address 1001 Grampian Boulevard

City State Zip Code
Williamsport PA 17701-1946

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

Name of Employer Susquehanna Health
Occupation VP Facility Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2009

Transaction ID: 17198294

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Susan A. Duchman

Mailing Address 1001 Grampian Blvd

City State Zip Code
Williamsport PA 17701-1946

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

Name of Employer Susquehanna Health
Occupation Admin. Dir. Heart Center

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2009

Transaction ID: 17198300

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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 20 / 44
(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)
Ms. Candace P. Dewar, RN

Mailing Address 777 Rural Avenue

City State Zip Code
Williamsport PA 17701-3145

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

Name of Employer Occupation
Susquehanna Health VP/Chief Nursing Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2009

Transaction ID: 17198304

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address Owlett & Lewis
PO Box 878

City State Zip Code
Wellsboro PA 16901

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

Name of Employer Occupation
Soldiers and Sailors Memorial Hospital Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2009

Transaction ID: 17199977

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Kevin P. Caputo, MD

Mailing Address 2600 West Ninth Street

City State Zip Code
Chester PA 19013-2098

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

Name of Employer Occupation
Crozer-Chester Medical Center Community Physician/Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2009

Transaction ID: 17203535

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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 21 / 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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. Fred W. Shaffer		Date of Receipt MM / DD / YYYY 05 / 18 / 2009		
	Mailing Address 1711 Sharpless Road		Transaction ID: 17203539		
	City Meadowbrook	State PA	Zip Code 19046-1029	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Abington Memorial Hospital	Occupation Retired	Aggregate Year-to-Date 250.00		

B.	Full Name (Last, First, Middle Initial) Ms. Lorraine Pruitt		Date of Receipt MM / DD / YYYY 05 / 18 / 2009		
	Mailing Address 1151 George Road		Transaction ID: 17203565		
	City Meadowbrook	State PA	Zip Code 19046-1109	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Abington Memorial Hospital	Occupation Chair, Abington Memorial Hospital Board	Aggregate Year-to-Date 250.00		

C.	Full Name (Last, First, Middle Initial) Mr. Robert J Riethmiller, Jr.		Date of Receipt MM / DD / YYYY 05 / 18 / 2009		
	Mailing Address 1200 Old York Road		Transaction ID: 17203585		
	City Abington	State PA	Zip Code 19001-3788	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Abington Memorial Hospital	Occupation Manager	Aggregate Year-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional)	750.00
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 22 / 44
	<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. John H. Durham	Date of Receipt MM / DD / YYYY 05 / 18 / 2009
	Mailing Address P.O. Box 819 1316 Gypsy Hill Rd	Transaction ID: 17203593
	City Gwynedd Valley State PA Zip Code 19437-0819	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Abington Memorial Hospital Occupation Trustee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. William C McCauley	Date of Receipt MM / DD / YYYY 05 / 19 / 2009
	Mailing Address 1001 Grampian Boulevard	Transaction ID: 17207814
	City Williamsport State PA Zip Code 17701-1946	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Susquehanna Health Occupation Medical Staff Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. George Manchester, M.D.	Date of Receipt MM / DD / YYYY 05 / 19 / 2009
	Mailing Address 1001 Grampian Boulevard	Transaction ID: 17207854
	City Williamsport State PA Zip Code 17701-1946	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Susquehanna Health Occupation Senior Vice President Medical Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	Contribution

SUBTOTAL of Receipts This Page (optional)	750.00
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 23 / 44
	<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) Ms. Christine A. Ballard, RN	Date of Receipt MM / DD / YYYY 05 / 19 / 2009
	Mailing Address 215 E. Water Street	Transaction ID: 17207856
	City State Zip Code Muncy PA 17756-8828	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Muncy Valley Hospital Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Ronald M. Gilbert, Jr.	Date of Receipt MM / DD / YYYY 05 / 28 / 2009
	Mailing Address 22 Walnut Street	Transaction ID: 17221749
	City State Zip Code Wellsboro PA 16901-1550	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Laurel Health System Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) James Turri	Date of Receipt MM / DD / YYYY 06 / 01 / 2009
	Mailing Address 1100 Grampian Boulevard	Transaction ID: 17223317
	City State Zip Code Williamsport PA 17701-1909	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Susquehanna Health Sr. Vice President Outreach Services/S	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 24 / 44
(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)
Ms Meghan Patton

Mailing Address 1200 York Road

City State Zip Code
Abington PA 19001-3788

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

Name of Employer Occupation
Abington Memorial Hospital Director Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2009

Transaction ID: 17240508

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Robert Harbison, III

Mailing Address 2185 Papermill Road

City State Zip Code
Huntingdon Valley PA 19006-5817

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

Name of Employer Occupation
Abington Memorial Hospital Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2009

Transaction ID: 17240518

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Norman B Epstein, , FACHE

Mailing Address 112 North Seventh Street

City State Zip Code
Chambersburg PA 17201-1720

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

Name of Employer Occupation
Summit Health President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: 17248661

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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 25 / 44
(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)
Robert E. Wilson

Mailing Address 1790 Ridley Creek Road

City State Zip Code
Media PA 19063-4528

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

Name of Employer: Crozer-Keystone Health System
Occupation: Sr. Vice President & CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 05 / 2009
Transaction ID: 17249350
Amount of Each Receipt this Period: 250.00

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

Mailing Address Healthplex Pavilion II
100 West Sproul Road

City State Zip Code
Springfield PA 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 ▼ 250.00

Date of Receipt: 06 / 08 / 2009
Transaction ID: 17250902
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert Dietz

Mailing Address Gannett Fleming, Inc.
PO Box 67100

City State Zip Code
Harrisburg PA 17106

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

Name of Employer:
Occupation: Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 08 / 2009
Transaction ID: 17250914
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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 26 / 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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 Joseph Torchia, , M.D.		Date of Receipt
	Mailing Address 503 North 21st 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 / 08 / 2009
	City	State	Zip Code
	Camp Hill	PA	17011-2204
	FEC ID number of contributing federal political committee. C		Transaction ID: 17250926
Name of Employer Holy Spirit Hospital		Occupation Vice President Clinical Resource Manag	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 ▼ 250.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Dr John J Kelly, , M.D.		Date of Receipt
	Mailing Address 1119 Hawthorne Lane		<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 / 09 / 2009
	City	State	Zip Code
	Abington	PA	19001-3788
	FEC ID number of contributing federal political committee. C		Transaction ID: 17255414
Name of Employer Abington Memorial Hospital		Occupation Chief of Staff	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 ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Dr Thomas Anderson, M.D.		Date of Receipt
	Mailing Address 112 North Seventh 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 / 12 / 2009
	City	State	Zip Code
	Chambersburg	PA	17201-1720
	FEC ID number of contributing federal political committee. C		Transaction ID: 17262170
Name of Employer Summit Health		Occupation Vice President Medical Affairs	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 ▼ 750.00	<input type="text"/> 750.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
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 27 / 44
	<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. Kenneth L. Shur		Date of Receipt MM / DD / YYYY 06 / 12 / 2009		
	Mailing Address 501 East Main Street		Transaction ID: 17262184		
	City Waynesboro	State PA	Zip Code 17268-2394	Amount of Each Receipt this Period 225.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Waynesboro Hospital	Occupation Vice President, Chief Operating Office			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00			

B.	Full Name (Last, First, Middle Initial) Julia Winton		Date of Receipt MM / DD / YYYY 06 / 12 / 2009		
	Mailing Address 3930 Chestnut Street		Transaction ID: 17262186		
	City Philadelphia	State PA	Zip Code 19104-3111	Amount of Each Receipt this Period 262.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hospital of the University of Pennsylv	Occupation Senior Director, Human Resources			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 262.50			

C.	Full Name (Last, First, Middle Initial) Dr. Elliot J. Sussman, MD		Date of Receipt MM / DD / YYYY 06 / 12 / 2009		
	Mailing Address PO Box 689		Transaction ID: 17262188		
	City Allentown	State PA	Zip Code 18105-1556	Amount of Each Receipt this Period 375.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lehigh Valley Hospital & Health Networ	Occupation President & CEO			
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)	862.50
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 28 / 44
(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)
Ms. Sherri H. Stahl

Mailing Address 4316 Lemar Road

City State Zip Code
Mercersburg PA 17236-9676

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

Name of Employer Summit Health Occupation CNO-VP Patient Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt
MM / DD / YYYY
06 / 12 / 2009

Transaction ID: 17262190

Amount of Each Receipt this Period
262.50

B.

Full Name (Last, First, Middle Initial)
David J. McConnell

Mailing Address RD# 4 Box 239d

City State Zip Code
Altoona PA 16601-9754

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

Name of Employer Clearfield Hospital Occupation President & CEO / CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt
MM / DD / YYYY
06 / 17 / 2009

Transaction ID: 17270086

Amount of Each Receipt this Period
262.50

C.

Full Name (Last, First, Middle Initial)
Ms. Mary L. Libengood

Mailing Address 200 Hospital Drive

City State Zip Code
Meyersdale PA 15552-1247

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

Name of Employer Meyersdale Medical Center Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: 17273523

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional) ► 900.00

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 29 / 44
(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. Edward H. DePasquale

Mailing Address 1086 Franklin Street

City State Zip Code
Johnstown PA 15905-4398

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

Name of Employer Occupation
Conemaugh Health System Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 06 / 19 / 2009
Transaction ID: 17273527
Amount of Each Receipt this Period: 750.00

B. Full Name (Last, First, Middle Initial)
Mr. Steven E Tucker

Mailing Address 320 Main Street

City State Zip Code
Johnstown PA 15901-1601

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

Name of Employer Occupation
Memorial Medical Center President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 562.50

Date of Receipt: 06 / 19 / 2009
Transaction ID: 17273529
Amount of Each Receipt this Period: 562.50

C. Full Name (Last, First, Middle Initial)
Dr. Ronald Barg, M.D.

Mailing Address 122 Broome Lane

City State Zip Code
Merion Station PA 19066-1702

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

Name of Employer Occupation
University of Pennsylvania Health Syst Chief Medical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 06 / 19 / 2009
Transaction ID: 17273531
Amount of Each Receipt this Period: 375.00

SUBTOTAL of Receipts This Page (optional) ► **1687.50**

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 30 / 44
	<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. Scott A. Becker		Date of Receipt
	Mailing Address 1086 Franklin Street		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Johnstown	PA	15905-4398
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Conemaugh Health System		Occupation Chief Executive Officer	Transaction ID: 17273533
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1125.00"/>	<input type="text" value="1125.00"/>

B.	Full Name (Last, First, Middle Initial) Mr. William R. Crowe, MBA		Date of Receipt
	Mailing Address 290 Haida Avenue PO Box 689		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Hastings	PA	16646-0689
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Miners Medical Center		Occupation President and Chief Executive Officer	Transaction ID: 17273535
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="375.00"/>	<input type="text" value="375.00"/>

C.	Full Name (Last, First, Middle Initial) John M. Moryken		Date of Receipt
	Mailing Address 111 Highland Ave		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Hollidaysburg	PA	16648-9736
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Conemaugh Health System		Occupation System Executive, Development & Mktng	Transaction ID: 17273537
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="562.50"/>	<input type="text" value="562.50"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2062.50"/>
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 31 / 44
<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) Joseph Dado		Date of Receipt MM / DD / YYYY 06 / 19 / 2009		
	Mailing Address 1130 Lauralynn Dr		Transaction ID: 17273539		
	City Johnstown	State PA	Zip Code 15905	Amount of Each Receipt this Period 562.50	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 562.50		
	Name of Employer Conemaugh Health System		Occupation Adminstrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Mary A. York		Date of Receipt MM / DD / YYYY 06 / 19 / 2009		
	Mailing Address 334 Rockfield Road		Transaction ID: 17273541		
	City Pittsburgh	State PA	Zip Code 15243-1408	Amount of Each Receipt this Period 562.50	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 562.50		
	Name of Employer Conemaugh Health System		Occupation Chief Learning Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Claudia Rager		Date of Receipt MM / DD / YYYY 06 / 19 / 2009		
	Mailing Address 1252 Adams Ave		Transaction ID: 17273545		
	City Mineral Point	State PA	Zip Code 15942-4502	Amount of Each Receipt this Period 562.50	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 562.50		
	Name of Employer Conemaugh Health System		Occupation VP Patient Care Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	1687.50
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 32 / 44
(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)
Elaine M. Lambert

Mailing Address 145 Burkey Drive

City State Zip Code
Portage PA 15946-7506

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

Name of Employer Conemaugh Health System Occupation President-CHI

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
562.50

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: 17273547

Amount of Each Receipt this Period
562.50

B.

Full Name (Last, First, Middle Initial)
David J. Carlson

Mailing Address 451 Orchard St

City State Zip Code
Johnstown PA 15905-2537

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

Name of Employer Conemaugh Health System Occupation CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
562.50

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: 17273555

Amount of Each Receipt this Period
562.50

C.

Full Name (Last, First, Middle Initial)
Stephen Tambolas

Mailing Address 2719 Keystone Dr

City State Zip Code
Johnstown PA 15905

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

Name of Employer Conemaugh Health System Occupation VP Facilities & Supply Chain

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: 17273560

Amount of Each Receipt this Period
262.50

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1387.50**

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 33 / 44
(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. John J. McElwee, Jr.

Mailing Address 9724 Lock Tender Lane

City State Zip Code
Williamsport MD 21795-4065

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

Name of Employer Occupation
Chambersburg Hospital VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2009

Transaction ID: 17279848

Amount of Each Receipt this Period
375.00

B. Full Name (Last, First, Middle Initial)
Gerald E. Murray

Mailing Address 302 Logan Blvd

City State Zip Code
Altoona PA 16602-3119

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

Name of Employer Occupation
Altoona Regional Health System CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2009

Transaction ID: 17279886

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Karen G Aichele

Mailing Address 1401 Rickert Road

City State Zip Code
Perkasie PA 18944-2617

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

Name of Employer Occupation
Best effort Best effort

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2009

Transaction ID: 17279890

Amount of Each Receipt this Period
375.00

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: (check only one)	PAGE 34 / 44
	<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 Patrick W O'Donnell, CPA	Date of Receipt MM / DD / YYYY 06 / 24 / 2009
	Mailing Address 112 North Seventh Street	Transaction ID: 17284314
	City State Zip Code Chambersburg PA 17201-1720	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Summit Health	Occupation Vice President Finance	
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) Craig Pate	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 1001 South George Street	Transaction ID: 17285271
	City State Zip Code York PA 17403-3676	Amount of Each Receipt this Period 262.50
	FEC ID number of contributing federal political committee. C	
Name of Employer WellSpan Health	Occupation Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	

C.	Full Name (Last, First, Middle Initial) Ms. Patricia G. Sullivan	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 21st Floor Penn Tower 3990 South 34th Street	Transaction ID: 17285275
	City State Zip Code Philadelphia PA 19104-4321	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
Name of Employer University of Pennsylvania Health Syst	Occupation Assistant Vice President, Clinical Dev	
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)	1012.50
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 35 / 44
	<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) Ms. Joan M. Doyle	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 399 South 34th St 21st Floor	Transaction ID: 17287388
	City Philadelphia State PA Zip Code 19104-4316	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer University of Pennsylvania Health Syst Occupation Executive Director 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) Charles T. Aitken	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 314 Sherry Way	Transaction ID: 17287390
	City Cherry Hill State NJ Zip Code 08034-3005	Amount of Each Receipt this Period 262.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hospital of the University of Pennsylv Occupation Hospital Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50

C.	Full Name (Last, First, Middle Initial) Dr. James L. Mullen, MD	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 3223 Saw Mill Road	Transaction ID: 17287392
	City Newtown Square State PA Zip Code 19073-1704	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 Surgeon 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)	1012.50
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 36 / 44
(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)
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 / 25 / 2009

Transaction ID: 17287394

Amount of Each Receipt this Period 375.00

B. Full Name (Last, First, Middle Initial)
Dr. R. Nick Bryan, MD

Mailing Address 316 South Front Street

City Philadelphia State PA Zip Code 19106-4310

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

Name of Employer Hospital of the University of Pennsylv Occupation Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 25 / 2009

Transaction ID: 17287396

Amount of Each Receipt this Period 750.00

C. Full Name (Last, First, Middle Initial)
Mr. Keith A. Kasper

Mailing Address 1325 E. Meetinghouse Road

City Lower Gwynedd State PA Zip Code 19002-1302

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

Name of Employer University of Pennsylvania Health Syst Occupation AVP Finance & Budget

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 25 / 2009

Transaction ID: 17287398

Amount of Each Receipt this Period 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: (check only one)	PAGE 37 / 44
	<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. Albert Black, Jr.	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 3400 Spruce Street	Transaction ID: 17287405
	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 Chief Operating Officer 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) Dr. Stuart L. Fine, MD	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 914 Sorrell Lane	Transaction ID: 17287410
	City Bryn Mawr State PA Zip Code 19010-1927	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer University of Pennsylvania Health Syst Occupation Ophthalmologist 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) Judy Schueler	Date of Receipt MM / DD / YYYY 06 / 26 / 2009
	Mailing Address 3411 Chestnut St	Transaction ID: 17288385
	City Philadelphia State PA Zip Code 19104-5530	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer University of Pennsylvania Health Syst Occupation VP, Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	Contribution

SUBTOTAL of Receipts This Page (optional)	1500.00
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 38 / 44	
	(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"/> 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) Ms. Kathleen Kinslow		Date of Receipt	
	Mailing Address 16 Annesley Drive		M M / D D / Y Y Y Y 06 / 29 / 2009	
	City	State	Zip Code	Transaction ID: 17291460
	Glen Mills	PA	19342-1358	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	750.00
	Name of Employer Pennsylvania Hospital		Occupation Executive Director	Contribution
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)	750.00
TOTAL This Period (last page this line number only)	37537.50

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

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

FOR LINE NUMBER: PAGE 39 / 44

(check only one)

<input 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 checked="" 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)

Citizens For Altmire

Mailing Address P.O. Box 1776

City State Zip Code
Freedom PA 15042

FEC ID number of contributing federal political committee. **C** C00413310

Name of Employer Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

510.32

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 17041360

Amount of Each Receipt this Period

510.32

Prepaid event costs

B.

Full Name (Last, First, Middle Initial)

Kathy Dahlkemper For Congress

Mailing Address PO Box 1045

City State Zip Code
Erie PA 16512

FEC ID number of contributing federal political committee. **C** C00440271

Name of Employer Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

986.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: 17052432

Amount of Each Receipt this Period

986.01

Prepayment-Event costs

C.

Full Name (Last, First, Middle Initial)

Kathy Dahlkemper For Congress

Mailing Address PO Box 1045

City State Zip Code
Erie PA 16512

FEC ID number of contributing federal political committee. **C** C00440271

Name of Employer Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1081.82

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 17142921

Amount of Each Receipt this Period

95.81

Prepayment-Event costs

SUBTOTAL of Receipts This Page (optional)

1592.14

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 40 / 44	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" 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) Allyson Schwartz For Congress		Date of Receipt	
	Mailing Address P.O. Box 2232		M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 17185323
	Jenkintown	PA	19046	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C C00389197	486.73
	Name of Employer		Occupation	Prepayment-Event costs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 486.73		

SUBTOTAL of Receipts This Page (optional)	486.73
TOTAL This Period (last page this line number only)	2078.87

**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

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) AHAPAC-American Hospital Association Federal PAC	Transaction ID: 17041361 Date of Disbursement																			
	Mailing Address 325 Seventh Street, N.W. Suite 700	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	8		2	0	0	9												
	City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period																			
	Purpose of Disbursement AHAPAC 1ST TRANSFER 2009 4/8/09	<table border="1"><tr><td>10000.00</td></tr></table>	10000.00																		
10000.00																					
	Candidate Name AHAPAC-American Hospital Association Federal PAC	<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																		
011																					
	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) ▼	AHAPAC 1ST TRANSFER 2009 4/8/09																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) AHAPAC-American Hospital Association Federal PAC	Transaction ID: 17216285 Date of Disbursement																			
	Mailing Address 325 Seventh Street, N.W. Suite 700	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	8		2	0	0	9												
	City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period																			
	Purpose of Disbursement AHAPAC 2ND TRANSFER 5/08/09	<table border="1"><tr><td>10000.00</td></tr></table>	10000.00																		
10000.00																					
	Candidate Name AHAPAC-American Hospital Association Federal PAC	<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																		
011																					
	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) ▼	AHAPAC 2ND TRANSFER 5/08/- 09																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) AHAPAC-American Hospital Association Federal PAC	Transaction ID: 17222417 Date of Disbursement																			
	Mailing Address 325 Seventh Street, N.W. Suite 700	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	0	9												
	City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period																			
	Purpose of Disbursement AHAPAC 3RD TRANSFER-5/26/09	<table border="1"><tr><td>20000.00</td></tr></table>	20000.00																		
20000.00																					
	Candidate Name AHAPAC-American Hospital Association Federal PAC	<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																		
011																					
	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) ▼	AHAPAC 3RD TRANSFER-5/26/- 09																			
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>40000.00</td></tr></table>	40000.00
40000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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)

PAGE 42 / 44

<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)

A.

Full Name (Last, First, Middle Initial)

AHAPAC-American Hospital Association Federal PAC

Mailing Address 325 Seventh Street, N.W.
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement
AHAPAC 4TH TRANSFER-6/25/09

Candidate Name
AHAPAC-American Hospital Association Federal PAC

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17289347

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	9

Amount of Each Disbursement this Period

10000.00

011
Category/
Type

AHAPAC 4TH TRANSFER-6/25/-
09

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

50000.00

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)

PAGE 43 / 44

<input type="checkbox"/> 21b	<input 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 checked="" 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. Full Name (Last, First, Middle Initial) The Hospital & Healthsystem Association of Pennsylvania</p> <p>Mailing Address P.O. Box 8600</p> <p>City Harrisburg State PA Zip Code 17105-8600</p> <p>Purpose of Disbursement HAP ALTMIRE EVENT ADMINISTRATIVE COSTS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17041362 Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 439.47</p> <p>003 Category/ Type</p> <p>HAP ALTMIRE EVENT ADMINIS- TRATIVE COSTS</p>
<p>B. Full Name (Last, First, Middle Initial) The Hospital & Healthsystem Association of Pennsylvania</p> <p>Mailing Address P.O. Box 8600</p> <p>City Harrisburg State PA Zip Code 17105-8600</p> <p>Purpose of Disbursement HAP- DAHLKEMPER EVENT-ADMINISTRATIVE COSTS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17052424 Date of Disbursement 04 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 492.29</p> <p>003 Category/ Type</p> <p>HAP- DAHLKEMPER EVENT-ADM- INISTRATIVE COSTS</p>
<p>C. Full Name (Last, First, Middle Initial) Sue Stewart</p> <p>Mailing Address 792 Garriston Road</p> <p>City Lewisberry State PA Zip Code 17339</p> <p>Purpose of Disbursement SUE STEWART-DAHLKEMPER EVENT- VENUE COSTS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17052426 Date of Disbursement 04 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 423.75</p> <p>003 Category/ Type</p> <p>SUE STEWART-DAHLKEMPER EV- ENT- VENUE COSTS</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1355.51

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

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 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 checked="" 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)

A.	Full Name (Last, First, Middle Initial) Sue Stewart <hr/> Mailing Address 792 Garriston Road <hr/> City Lewisberry State PA Zip Code 17339 <hr/> Purpose of Disbursement SUE STEWART-DAHLKEMPER EVENT-VENUE COSTS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17142882 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 95.81 <hr/> SUE STEWART-DAHLKEMPER EV- ENT-VENUE COSTS
B.	Full Name (Last, First, Middle Initial) HAPSCO Group <hr/> Mailing Address P.O. Box 8600 <hr/> City Harrisburg State PA Zip Code 17101-8600 <hr/> Purpose of Disbursement HAPSCO SCHWARTS PRINTING COSTS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17184773 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 78.61 <hr/> HAPSCO SCHWARTS PRINTING COSTS
C.	Full Name (Last, First, Middle Initial) The Hospital & Healthsystem Association of Pennsylvania <hr/> Mailing Address P.O. Box 8600 <hr/> City Harrisburg State PA Zip Code 17105-8600 <hr/> Purpose of Disbursement HAP-SCHWARTZ-ADMINISTRATIVE COSTS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17184775 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 408.12 <hr/> HAP-SCHWARTZ-ADMINISTRATI- VE COSTS

SUBTOTAL of Disbursements This Page (optional) ▶

582.54

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

1938.05