

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2009 through 12 31 2009

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

Type or Print Name of Treasurer Mr James M. Redmond

Signature of Treasurer Electronically Filed by Mr James M. Redmond Date 01 15 2010

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

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

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	21387.09									
(c) Total Receipts (from Line 19)	32653.97	103109.24								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	54041.06	106336.64								
7. Total Disbursements (from Line 31)	45751.08	98046.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8289.98	8289.98								
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)	16988.03	54525.53
(ii) Unitemized	13746.27	44566.22
(iii) TOTAL (add Lines 11(a)(i) and (ii)	30734.30	99091.75
(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)	30734.30	99091.75
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.)	1919.67	4017.49
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))	32653.97	103109.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	32653.97	103109.24

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.....	43550.00	93550.00
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.....	2201.08	4496.66
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))..	45751.08	98046.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45751.08	98046.66

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 30

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)	30734.30	99091.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30734.30	99091.75
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 / 30
	<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) Ms. Patricia Barbarowicz	Date of Receipt MM / DD / YYYY 07 / 02 / 2009
	Mailing Address 112 North 7th Street	Transaction ID: 17327310
	City State Zip Code Chambersburg PA 17201-1700	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Chambersburg Hospital Vice President for Planning & Marketin	
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) Mr. Kevin B. Mahoney	Date of Receipt MM / DD / YYYY 07 / 08 / 2009
	Mailing Address 1450 LeBoutillier Road	Transaction ID: 17342813
	City State Zip Code Malvern PA 19355-8741	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation University of Pennsylvania Health Syst Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) Mr. Ralph W. Muller	Date of Receipt MM / DD / YYYY 07 / 08 / 2009
	Mailing Address 21st Floor Penn Tower 3990 South 34th Street	Transaction ID: 17342815
	City State Zip Code Philadelphia PA 19104-4321	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation University of Pennsylvania Health Syst Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	▶	1725.00
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 7 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Ms. Diane P Corrigan

Mailing Address 399 South 34th Street, 21st floor

City Philadelphia State PA Zip Code 19104-4316

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

Name of Employer University of Pennsylvania Health Syst Occupation Director, Finance

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 08 / 2009
Transaction ID: 17342817
Amount of Each Receipt this Period 375.00

B. Full Name (Last, First, Middle Initial)
Mr. Brian L. Strom

Mailing Address 332 Hidden River Road

City Narberth State PA Zip Code 19072-1111

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

Name of Employer Hospital of the University of Pennsylv Occupation Prof. of Medicine

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 08 / 2009
Transaction ID: 17342821
Amount of Each Receipt this Period 375.00

C. Full Name (Last, First, Middle Initial)
Ms. Michele A. Fletcher

Mailing Address 54 Berkshire Drive

City Sewell State NJ Zip Code 08080-3103

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

Name of Employer University of Pennsylvania Health Syst Occupation Director-Compensation & Benefits

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 262.50

Date of Receipt 07 / 08 / 2009
Transaction ID: 17342823
Amount of Each Receipt this Period 262.50

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 8 / 30
	<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	

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) Robert K. Brandt		Date of Receipt MM / DD / YYYY 07 / 08 / 2009		
	Mailing Address 1695 Wyndham Drive South		Transaction ID: 17342825		
	City York	State PA	Zip Code 17403-5927	Amount of Each Receipt this Period 375.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer York Hospital	Occupation Consultant			
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) Nancy N. Kneeland		Date of Receipt MM / DD / YYYY 07 / 08 / 2009		
	Mailing Address 527 Louella Avenue		Transaction ID: 17342829		
	City Wayne	State PA	Zip Code 19087-4856	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 Pac Contributor			
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) Dr. Stephen C. Rubin, MD		Date of Receipt MM / DD / YYYY 07 / 08 / 2009		
	Mailing Address 335 Cherry Lane		Transaction ID: 17342833		
	City Wynnewood	State PA	Zip Code 19096-1710	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 Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Dr. John J. Bianrosa, MD, JD

Mailing Address 2121 Race Street

City Philadelphia State PA Zip Code 19103-1009

FEC ID number of contributing federal political committee. C

Name of Employer Presbyterian Medical Center of the Uni Occupation Chief of Anesthesiology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt 07 / 08 / 2009

Transaction ID: 17342835

Amount of Each Receipt this Period 262.50

B. Full Name (Last, First, Middle Initial)
Ms. Beth Albright

Mailing Address 1469 Link Drive

City Garnet Valley State PA Zip Code 19061-1829

FEC ID number of contributing federal political committee. C

Name of Employer Crozer-Chester Medical Center Occupation Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 08 / 2009

Transaction ID: 17342837

Amount of Each Receipt this Period 225.00

C. Full Name (Last, First, Middle Initial)
Mr. Richard L. Seim

Mailing Address 1001 South George Street

City York State PA Zip Code 17403-3676

FEC ID number of contributing federal political committee. C

Name of Employer York Hospital Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 562.50

Date of Receipt 07 / 08 / 2009

Transaction ID: 17342839

Amount of Each Receipt this Period 562.50

SUBTOTAL of Receipts This Page (optional) 1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 30
(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

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)
Dr. Gregory Seth Weinstein, MD

Mailing Address 1035 Sentry Lane

City Gladwyne State PA Zip Code 19035-1009

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

Name of Employer Hospital of the University of Pennsylv Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 08 / 2009

Transaction ID: 17342843

Amount of Each Receipt this Period 750.00

B. Full Name (Last, First, Middle Initial)
Dr. Robert Fry, MD

Mailing Address 225 Maple Hill Road

City Gladwyne State PA Zip Code 19035-1307

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

Name of Employer Pennsylvania Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 08 / 2009

Transaction ID: 17342845

Amount of Each Receipt this Period 750.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Anthony P. Campisi

Mailing Address 1938 High Rock Lane

City York State PA Zip Code 17406-7082

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

Name of Employer Glatfelter Ins. Group Occupation Insurance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt 07 / 09 / 2009

Transaction ID: 17344808

Amount of Each Receipt this Period 262.50

SUBTOTAL of Receipts This Page (optional) ► **1762.50**

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 11 / 30
	<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) Douglas Danko	Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address 1211 Wilmington Avenue	Transaction ID: 17346732
	City State Zip Code New Castle PA 16105-2516	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Jameson Hospital Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00

B.	Full Name (Last, First, Middle Initial) Mr. Michael B. Walsh	Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address 1200 Old York Road	Transaction ID: 17346734
	City State Zip Code Abington PA 19001-3788	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Abington Memorial Hospital Occupation VP Finance, CFO 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) Mr. Scott R Wolfe, CPA	Date of Receipt MM / DD / YYYY 07 / 15 / 2009
	Mailing Address P O Box 16052	Transaction ID: 17356668
	City State Zip Code West Reading PA 19612-6052	Amount of Each Receipt this Period 187.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Reading Hospital and Medical Center 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 ▼ 375.00

SUBTOTAL of Receipts This Page (optional)	▶	937.50
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 12 / 30
(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

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) P. Ehlerman		Date of Receipt MM / DD / YYYY 07 / 15 / 2009
Mailing Address Yuasa Battery, Inc. PO Box 14715		Transaction ID: 17356702
City Reading	State PA	Zip Code 19612-4715
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer Reading Hospital and Medical Center	Occupation Best effort	
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) Samuel McCullough		Date of Receipt MM / DD / YYYY 07 / 22 / 2009
Mailing Address Dept of Community & Economic Devel Commonwealth Keystone Bldg		Transaction ID: 17365461
City Harrisburg	State PA	Zip Code 17120-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer Reading Hospital and Medical Center	Occupation Best effort	
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) Mr. Lee A. Fleisher		Date of Receipt MM / DD / YYYY 07 / 27 / 2009
Mailing Address 200 Cathcart Road, Box 197		Transaction ID: 17373443
City Gwynedd Valley	State PA	Zip Code 19104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer Hospital of the University of Pennsylv	Occupation Professor & Chair of Anesthesia	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 30
	<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. Armando L. Chardiet	Date of Receipt MM / DD / YYYY 07 / 27 / 2009
	Mailing Address 290 Stonegate Drive	Transaction ID: 17373445
	City State Zip Code Devon PA 19333-1857	Amount of Each Receipt this Period 262.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer University of Pennsylvania Health Syst Occupation VP Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 262.50	

B.	Full Name (Last, First, Middle Initial) Maryann M. Salcido	Date of Receipt MM / DD / YYYY 07 / 27 / 2009
	Mailing Address 1660 Minden Lane	Transaction ID: 17373447
	City State Zip Code Malvern PA 19355-8769	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Best effort Occupation Best effort 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) Dr. Peter D. Quinn, DMD, MD	Date of Receipt MM / DD / YYYY 07 / 27 / 2009
	Mailing Address 3400 Spruce Street	Transaction ID: 17373449
	City State Zip Code Philadelphia PA 19104-4208	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hospital of the University of Pennsylv Occupation Oral & Maxillofacial Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

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 14 / 30
	<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	

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) Dr. Victoria L. Rich, PhD, RN, C	Date of Receipt MM / DD / YYYY 07 / 27 / 2009
	Mailing Address One Founders 3400 Spruce Street	Transaction ID: 17373453
	City Philadelphia State PA Zip Code 19104-4208	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 Chief Nursing Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 262.50	

B.	Full Name (Last, First, Middle Initial) Mr. Dan Cochran	Date of Receipt MM / DD / YYYY 07 / 27 / 2009
	Mailing Address PO Box 16052	Transaction ID: 17373573
	City Reading State PA Zip Code 19612-6052	Amount of Each Receipt this Period 262.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Reading Hospital and Medi- cal Center Occupation VP Finance 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) Mr. Marlin Miller, Jr.	Date of Receipt MM / DD / YYYY 07 / 27 / 2009
	Mailing Address Arrow International, Inc. PO Box 12888, 3000 Bernville Road	Transaction ID: 17373579
	City Reading State PA Zip Code 19612	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Reading Hospital and Medi- cal Center Occupation Trustee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

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 15 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Dr. Bert W. O'Malley, MD

Mailing Address 133 Old Gulph Road

City Wynnewood State PA Zip Code 19096-1016

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

Name of Employer University of Pennsylvania Health Syst Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 27 / 2009
Transaction ID: 17373583
 Amount of Each Receipt this Period 375.00

B. Full Name (Last, First, Middle Initial)
Mr. John Ferretti, DO

Mailing Address 5515 Peach Street

City Erie State PA Zip Code 16509-2695

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

Name of Employer Millcreek Community Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt 07 / 27 / 2009
Transaction ID: 17373591
 Amount of Each Receipt this Period 262.50

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. John R. Morahan, CHE

Mailing Address 12th & Walnut Streets PO Box 316

City Reading State PA Zip Code 19603-0316

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

Name of Employer St. Joseph Medical Center Occupation President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 08 / 17 / 2009
Transaction ID: 17445208
 Amount of Each Receipt this Period 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 16 / 30
	<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	

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) Robert Gongaware		Date of Receipt
	Mailing Address 97 East Pike		<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 08 / 28 / 2009
	City	State	Zip Code
	Indiana	PA	15701-2224
	FEC ID number of contributing federal political committee. C		Transaction ID: 17467429
Name of Employer Indiana Regional Medical Center		Occupation CFO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 225.00
		<input type="text"/> 225.00	

B.	Full Name (Last, First, Middle Initial) Mr Dominic Paccapaniccia		Date of Receipt
	Mailing Address 835 Hospital Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 16 / 2009
	City	State	Zip Code
	Indiana	PA	15701-3629
	FEC ID number of contributing federal political committee. C		Transaction ID: 17526510
Name of Employer Indiana Regional Medical Center		Occupation Senior Vice President Operations	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"/> 187.50
		<input type="text"/> 187.50	

C.	Full Name (Last, First, Middle Initial) Mr Dominic Paccapaniccia		Date of Receipt
	Mailing Address 835 Hospital Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 16 / 2009
	City	State	Zip Code
	Indiana	PA	15701-3629
	FEC ID number of contributing federal political committee. C		Transaction ID: 17526512
Name of Employer Indiana Regional Medical Center		Occupation Senior Vice President Operations	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"/> 187.50
		<input type="text"/> 375.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 600.00
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 17 / 30
	<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	

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) Sister Mary Ellen Dwyer, SSJ	Date of Receipt MM / DD / YYYY 09 / 17 / 2009
	Mailing Address Sisters of St. Joseph of NW PA 5031 West Ridge Road	Transaction ID: 17528740
	City State Zip Code Erie PA 16506-1249	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Best effort Best effort	
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) Ms. Kathleen C. Mebus	Date of Receipt MM / DD / YYYY 09 / 17 / 2009
	Mailing Address 4750 Lindle Road P.O. Box 8600	Transaction ID: 17528748
	City State Zip Code Harrisburg PA 17111-2451	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Hospital and Healthsystem Assn of Penn Vice President, State Legislation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	Contribution

C.	Full Name (Last, First, Middle Initial) Mr. Gerald Miller	Date of Receipt MM / DD / YYYY 09 / 25 / 2009
	Mailing Address 100 W. Sproul Road	Transaction ID: 17550331
	City State Zip Code Springfield PA 19064-2033	Amount of Each Receipt this Period 262.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Crozer-Keystone Health System President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	Contribution

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 18 / 30
(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

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)

<p>A. Full Name (Last, First, Middle Initial) Ms. Paula Bussard</p> <p>Mailing Address 99 E. Yellow Breeches Rd.</p> <p>City State Zip Code Carlisle PA 17015-9174</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Hospital and Healthsystem Assn of Penn Occupation: Senior VP, Policy & Regulatory Service</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1100.00</p>	<p>Date of Receipt 09 / 25 / 2009</p> <p>Transaction ID: 17550333</p> <p>Amount of Each Receipt this Period 600.00</p> <p>Contribution</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Mr. Michael A. Suchanick</p> <p>Mailing Address 1646 Whitley Drive</p> <p>City State Zip Code Harrisburg PA 17111-6949</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Hospital and Healthsystem Assn of Penn Occupation: Chief Operating Officer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1250.00</p>	<p>Date of Receipt 09 / 28 / 2009</p> <p>Transaction ID: 17550755</p> <p>Amount of Each Receipt this Period 750.00</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Jack Yakish</p> <p>Mailing Address 3682 W 32nd St</p> <p>City State Zip Code Erie PA 16506-2223</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Saint Vincent Health Center Occupation: Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 375.00</p>	<p>Date of Receipt 09 / 28 / 2009</p> <p>Transaction ID: 17550781</p> <p>Amount of Each Receipt this Period 375.00</p>
--	---

SUBTOTAL of Receipts This Page (optional)	1725.00
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 19 / 30
	<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) Ms. Carolyn F. Scanlan	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 5 Merion Court	Transaction ID: 17558197
	City State Zip Code Hummelstown PA 17036-9287	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	Contribution
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 ▼ 1250.00	

B.	Full Name (Last, First, Middle Initial) Capt. Kenneth J. Braithwaite, II, USNR	Date of Receipt MM / DD / YYYY 10 / 12 / 2009
	Mailing Address Twin Magnolias 165 Harvey Road	Transaction ID: 17605366
	City State Zip Code West Chester PA 19382	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 Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) Ms. Kathleen Kinslow	Date of Receipt MM / DD / YYYY 10 / 13 / 2009
	Mailing Address 16 Annesley Drive	Transaction ID: 17606165
	City State Zip Code Glen Mills PA 19342-1358	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Pennsylvania Hospital	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 30
	<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	

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. Victor L. Johnson	Date of Receipt MM / DD / YYYY 12 / 07 / 2009
	Mailing Address Hidden Glen 1585 Warner Road	Transaction ID: 17801345
	City State Zip Code Meadowbrook PA 19046-1914	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Retired Occupation Retired 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. Robert E Greenwood	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 4750 Lindle Road Post Office Box 8600	Transaction ID: PR1179646823132
	City State Zip Code Harrisburg PA 17111-2451	Amount of Each Receipt this Period 171.08
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hospital and Healthsystem Assn of Penn Occupation Vp, Healthcare Finance and Insurance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 263.16 P/R Deduction (\$0.00)	

C.	Full Name (Last, First, Middle Initial) Mr. Brian Eury	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 1835 Market Street 10 Floor	Transaction ID: PR1346083723132
	City State Zip Code Philadelphia PA 19103-2966	Amount of Each Receipt this Period 441.95
	FEC ID number of contributing federal political committee. C	
	Name of Employer DVHC of HAP Occupation Regional Director, Legislative Service Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 534.03 P/R Deduction (\$0.00)	

SUBTOTAL of Receipts This Page (optional)	863.03
TOTAL This Period (last page this line number only)	16988.03

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

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

FOR LINE NUMBER: PAGE 21 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Committee to Elect Charlie Dent
Mailing Address P.O. Box 545

City State Zip Code
Harrisburg PA 17108

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
483.46

Date of Receipt

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

Transaction ID: 17452602
 Amount of Each Receipt this Period
483.46
 Prepayment fund raiser

B. Full Name (Last, First, Middle Initial)
Fattah For Congress
Mailing Address 3900 Ford Road Suite 12-O

City State Zip Code
Philadelphia PA 19131

FEC ID number of contributing federal political committee. **C** C00254441

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.49

Date of Receipt

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

Transaction ID: 17513909
 Amount of Each Receipt this Period
378.49
 Prepayment fund raiser

C. Full Name (Last, First, Middle Initial)
Friends of Curt Schröder Committee
Mailing Address 366 Donofrio Drive

City State Zip Code
Downington PA 19335

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	6	/	2	0	0	9

Transaction ID: 17526618
 Amount of Each Receipt this Period
300.03
 Prepayment fund raiser

SUBTOTAL of Receipts This Page (optional) ► **1161.98**

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 22 / 30
	(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 type="checkbox"/> 16	<input checked="" 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) Friends of Curt Schroder Committee		Date of Receipt
	Mailing Address 366 Donofrio Drive		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Downington	PA	19335
	FEC ID number of contributing federal political committee.		Transaction ID: 17703883
Name of Employer		Occupation	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" value="408.74"/>
		<input type="text" value="708.77"/>	Pre-Payment fund raiser

B.	Full Name (Last, First, Middle Initial) Friends of Curt Schroder Committee		Date of Receipt
	Mailing Address 366 Donofrio Drive		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Downington	PA	19335
	FEC ID number of contributing federal political committee.		Transaction ID: 17720874
Name of Employer		Occupation	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" value="293.18"/>
		<input type="text" value="1001.95"/>	Pre-payment fund raiser

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="701.92"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1863.90"/>

**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 23 / 30

<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

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) Commerce / Metro Bank-PA	Transaction ID: 17344816 Date of Disbursement
	Mailing Address 3801 Paxton St	<input type="text" value="07"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Harrisburg State PA Zip Code 17111	Amount of Each Disbursement this Period
	Purpose of Disbursement June 2009 bank fees	<input type="text" value="84.78"/>
	Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		June 2009 bank fees

B.	Full Name (Last, First, Middle Initial) Commerce / Metro Bank-PA	Transaction ID: 17430720 Date of Disbursement
	Mailing Address 3801 Paxton St	<input type="text" value="08"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Harrisburg State PA Zip Code 17111	Amount of Each Disbursement this Period
	Purpose of Disbursement July 2009 bank fees	<input type="text" value="150.62"/>
	Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		July 2009 bank fees

C.	Full Name (Last, First, Middle Initial) HAPSCO Group	Transaction ID: 17455445 Date of Disbursement
	Mailing Address P.O. Box 8600	<input type="text" value="08"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Harrisburg State PA Zip Code 17101-8600	Amount of Each Disbursement this Period
	Purpose of Disbursement HAPSCO DENT HAPAC SPONSORED EVENT-PRINTING	<input type="text" value="105.84"/>
	Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		HAPSCO DENT HAPAC SPONSOR- ED EVENT-PRINTING

SUBTOTAL of Disbursements This Page (optional) ▶

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)

PAGE 24 / 30

<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

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) HAPSCO Group	Transaction ID: 17455457 Date of Disbursement 08 / 25 / 2009
	Mailing Address P.O. Box 8600	Amount of Each Disbursement this Period -105.84
	City Harrisburg State PA Zip Code 17101-8600	
	Purpose of Disbursement Void - HAPSCO Group	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void - HAPSCO Group

B.	Full Name (Last, First, Middle Initial) HAPSCO Group	Transaction ID: 17455481 Date of Disbursement 08 / 25 / 2009
	Mailing Address P.O. Box 8600	Amount of Each Disbursement this Period 105.84
	City Harrisburg State PA Zip Code 17101-8600	
	Purpose of Disbursement HAPSCO DENT HAPAC SPONSORED EVENT-PRINTING	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		HAPSCO DENT HAPAC SPONSOR- ED EVENT-PRINTING

C.	Full Name (Last, First, Middle Initial) The Hospital & Healthsystem Association of Pennsylvania	Transaction ID: 17455483 Date of Disbursement 08 / 25 / 2009
	Mailing Address P.O. Box 8600	Amount of Each Disbursement this Period 377.62
	City Harrisburg State PA Zip Code 17105-8600	
	Purpose of Disbursement HAP-Dent HAPAC Sponsored Event-Administrative Costs	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		HAP-Dent HAPAC Sponsored Event-Administrative Costs

SUBTOTAL of Disbursements This Page (optional) ▶

377.62

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)

PAGE 25 / 30

<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

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) Commerce / Metro Bank-PA	Transaction ID: 17520437 Date of Disbursement
	Mailing Address 3801 Paxton St	<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City Harrisburg State PA Zip Code 17111	Amount of Each Disbursement this Period
	Purpose of Disbursement August 2009 bank fees	<input type="text" value="50.58"/>
	Candidate Name	Category/Type <input type="text" value="001"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		August 2009 bank fees

B.	Full Name (Last, First, Middle Initial) HAPSCO Group	Transaction ID: 17528427 Date of Disbursement
	Mailing Address P.O. Box 8600	<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City Harrisburg State PA Zip Code 17101-8600	Amount of Each Disbursement this Period
	Purpose of Disbursement HAPSCO-SCHRODER-PHILADELPHIA EVENT-PRINTING CHARGES	<input type="text" value="52.02"/>
	Candidate Name	Category/Type <input type="text" value="003"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		HAPSCO-SCHRODER-PHILADELPHIA EVENT-PRINTING CHARGES

C.	Full Name (Last, First, Middle Initial) The Hospital & Healthsystem Association of Pennsylvania	Transaction ID: 17528428 Date of Disbursement
	Mailing Address P.O. Box 8600	<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City Harrisburg State PA Zip Code 17105-8600	Amount of Each Disbursement this Period
	Purpose of Disbursement HAP-SCHRODER PHILADELPHIA EVENT-ADMINISTRATIVE COSTS	<input type="text" value="248.01"/>
	Candidate Name	Category/Type <input type="text" value="003"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		HAP-SCHRODER PHILADELPHIA EVENT-ADMINISTRATIVE COSTS

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="350.61"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 26 / 30

<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

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)

<p>A. Full Name (Last, First, Middle Initial) HAPSCO Group</p> <p>Mailing Address P.O. Box 8600</p> <p>City Harrisburg State PA Zip Code 17101-8600</p> <p>Purpose of Disbursement HAPSCO-FATTAH-PRINTING 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: 17528429 Date of Disbursement 09 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 92.79</p> <p>003 Category/ Type</p> <p>HAPSCO-FATTAH-PRINTING CO-STS</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-FATTAH - 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: 17528430 Date of Disbursement 09 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 285.69</p> <p>003 Category/ Type</p> <p>HAP-FATTAH - ADMINISTRATI-VE COSTS</p>
<p>C. Full Name (Last, First, Middle Initial) Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)</p> <p>Mailing Address Post Office Box 8600</p> <p>City Harrisburg State PA Zip Code 17105-8600</p> <p>Purpose of Disbursement HAP-SCHRODER EVENT-ADMINISTRATIVE COSTS</p> <p>Candidate Name Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)</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: 17588387 Date of Disbursement 10 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 344.53</p> <p>003 Category/ Type</p> <p>HAP-SCHRODER EVENT-ADMINI-STRATIVE COSTS</p>

SUBTOTAL of Disbursements This Page (optional)	723.01
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)

PAGE 27 / 30

<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

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)

<p>A. Full Name (Last, First, Middle Initial) HAPSCO Group</p> <p>Mailing Address P.O. Box 8600</p> <p>City Harrisburg State PA Zip Code 17101-8600</p> <p>Purpose of Disbursement HAPSCO-SCHRODER EVENT - PRINTING 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: 17588388 Date of Disbursement 10 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 64.21</p> <p>003 Category/ Type</p> <p>HAPSCO-SCHRODER EVENT - PRINTING COSTS</p>
<p>B. Full Name (Last, First, Middle Initial) Commerce / Metro Bank-PA</p> <p>Mailing Address 3801 Paxton St</p> <p>City Harrisburg State PA Zip Code 17111</p> <p>Purpose of Disbursement September 2009 bank fees</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: 17595205 Date of Disbursement 10 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 24.16</p> <p>001 Category/ Type</p> <p>September 2009 bank fees</p>
<p>C. Full Name (Last, First, Middle Initial) Commerce / Metro Bank-PA</p> <p>Mailing Address 3801 Paxton St</p> <p>City Harrisburg State PA Zip Code 17111</p> <p>Purpose of Disbursement October 2009 bank fees</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: 17692092 Date of Disbursement 11 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 7.50</p> <p>001 Category/ Type</p> <p>October 2009 bank fees</p>

SUBTOTAL of Disbursements This Page (optional) ▶

95.87

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

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) HAPSCO Group Mailing Address P.O. Box 8600 City Harrisburg State PA Zip Code 17101-8600 Purpose of Disbursement HAPSOC-SCHRODER-PRINTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17754422 Date of Disbursement 12 / 04 / 2009	Amount of Each Disbursement this Period 129.53 HAPSOC-SCHRODER-PRINTING
B.	Full Name (Last, First, Middle Initial) Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC) Mailing Address Post Office Box 8600 City Harrisburg State PA Zip Code 17105-8600 Purpose of Disbursement HAP- SCHRODER-ADMINISTRATIVE COSTS Candidate Name Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC) Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17754425 Date of Disbursement 12 / 04 / 2009	Amount of Each Disbursement this Period 163.65 HAP- SCHRODER-ADMINISTRATIVE COSTS
C.	Full Name (Last, First, Middle Initial) Commerce / Metro Bank-PA Mailing Address 3801 Paxton St City Harrisburg State PA Zip Code 17111 Purpose of Disbursement November 2009 bank fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17801509 Date of Disbursement 12 / 08 / 2009	Amount of Each Disbursement this Period 17.05 November 2009 bank fees

SUBTOTAL of Disbursements This Page (optional) ▶

310.23

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

2198.58

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)

<p>A. Full Name (Last, First, Middle Initial) AHAPAC-American Hospital Association Federal PAC</p> <p>Mailing Address 325 Seventh Street, N.W. Suite 700</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement AHAPAC 5TH TRANSFER 8/10/09</p> <p>Candidate Name AHAPAC-American Hospital Association Federal PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 17351078 Date of Disbursement 08 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p> <p>AHAPAC 5TH TRANSFER 8/10/-09</p>
<p>B. Full Name (Last, First, Middle Initial) AHAPAC-American Hospital Association Federal PAC</p> <p>Mailing Address 325 Seventh Street, N.W. Suite 700</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement AHAPAC 6TH TRANSFER 7/13/09</p> <p>Candidate Name AHAPAC-American Hospital Association Federal PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 17351085 Date of Disbursement 07 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 10000.00</p> <p>011 Category/ Type</p> <p>AHAPAC 6TH TRANSFER 7/13/-09</p>
<p>C. Full Name (Last, First, Middle Initial) AHAPAC-American Hospital Association Federal PAC</p> <p>Mailing Address 325 Seventh Street, N.W. Suite 700</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement AHAPAC 7TH TRANSFER 8/18/09</p> <p>Candidate Name AHAPAC-American Hospital Association Federal PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 17453030 Date of Disbursement 08 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 10000.00</p> <p>011 Category/ Type</p> <p>AHAPAC 7TH TRANSFER 8/18/-09</p>

SUBTOTAL of Disbursements This Page (optional) ▶

35000.00

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)

PAGE 30 / 30

<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: 17588390

Date of Disbursement

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

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

City Washington State DC Zip Code 20004

Amount of Each Disbursement this Period

8550.00

Purpose of Disbursement
AHAPAC 8TH CONTRIBUTION 2009

011
Category/ Type

Candidate Name
AHAPAC-American Hospital Association Federal PAC

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

AHAPAC 8TH CONTRIBUTION
2009

State: District:

SUBTOTAL of Disbursements This Page (optional)

8550.00

TOTAL This Period (last page this line number only)

43550.00
