

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **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)

 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER ▼** **CITY ▲** **STATE ▲** **ZIP CODE ▲**
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 Year-End 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 (12S)
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 / / through / /

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 Scott Bishop

Signature of Treasurer Mr Scott Bishop *[Electronically Filed]* Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="14991.46"/>	<input type="text" value="14991.46"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="14404.90"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="102242.57"/>	<input type="text" value="132637.78"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="116647.47"/>	<input type="text" value="147629.24"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="24168.46"/>	<input type="text" value="55150.23"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="92479.01"/>	<input type="text" value="92479.01"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

Report Covering the Period: From: / / 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).....	73452.03	97106.57
(ii) Unitemized	23753.00	30189.28
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	97205.03	127295.85
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	102205.03	132295.85
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.).....	37.54	341.93
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 Transfers (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))..... ▶	102242.57	132637.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	102242.57	132637.78

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	23550.00	53550.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	618.46	1600.23
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	24168.46	55150.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24168.46	55150.23

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	102205.03	132295.85
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	102205.03	132295.85
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: PAGE 6 OF 58
(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. Ms. Daneen Schroder
 Full Name (Last, First, Middle Initial)
 Mailing Address 1818 Geisel Highpoint Circle
 City Harrisburg State PA Zip Code 17112-9293
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital and Healthsystem Assn of Penn Occupation Vice President, Member Relations and E
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2015
Transaction ID : 11324789
 Amount of Each Receipt this Period 90.00

B. Mr. Scott A. Bishop
 Full Name (Last, First, Middle Initial)
 Mailing Address 3133 Windsor Drive
 City Landisville State PA Zip Code 17538-1366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital and Healthsystem Assn of Penn Occupation Sr. VP State Legislation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 09 / 30 / 2015
Transaction ID : 18714935
 Amount of Each Receipt this Period 450.00

C. Mr. Andy Carter
 Full Name (Last, First, Middle Initial)
 Mailing Address 4750 Lindle Road Post Office Box 8600
 City Harrisburg State PA Zip Code 17111-2428
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3436.36

Date of Receipt 09 / 30 / 2015
Transaction ID : 19527712
 Amount of Each Receipt this Period 981.82

SUBTOTAL of Receipts This Page (optional).....▶ 1521.82
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 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Mr. Norris E. Bennis Jr ESQ
 Full Name (Last, First, Middle Initial)
 Mailing Address 6178 Spring Knoll Drive
 City Harrisburg State PA Zip Code 17111-6803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Delaware Valley Healthcare Council of
 Occupation Vice President Insurance and Managed C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 259.20

Date of Receipt 09 / 30 / 2015
Transaction ID : 20603091
 Amount of Each Receipt this Period 129.60

B. Jamie Buchenauer
 Full Name (Last, First, Middle Initial)
 Mailing Address 3811 Pamay Drive
 City Mechanicsburg State PA Zip Code 17050-7675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital and Healthsystem Assn of Penn
 Occupation Vice President, Regulatory Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 236.83

Date of Receipt 09 / 30 / 2015
Transaction ID : 20603092
 Amount of Each Receipt this Period 71.07

C. Mr. Richard Pfingstler
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 Moravian Drive
 City Du Bois State PA Zip Code 15801-0201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Penn Highlands DuBois
 Occupation Trustee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 09 / 2015
Transaction ID : 22563452
 Amount of Each Receipt this Period 225.00

SUBTOTAL of Receipts This Page (optional).....▶	425.67
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 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Geraldine Truitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 87 Kara Lane
 City Feasterville Trevose State PA Zip Code 19053-5917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer retired Occupation retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2015
Transaction ID : 22563466
 Amount of Each Receipt this Period
 315.00

B. Dr. David B. Arsht DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 196 W. Sproul Road Suite 103
 City Springfield State PA Zip Code 19064-2045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Crozer-Keystone Health System Occupation Urologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2015
Transaction ID : 22563508
 Amount of Each Receipt this Period
 225.00

C. Mr. Walter E. Farnam
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Sleepy Hollow Drive
 City Newtown Square State PA Zip Code 19073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Crozer Keystone Health System Occupation Trustee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2015
Transaction ID : 22563510
 Amount of Each Receipt this Period
 225.00

SUBTOTAL of Receipts This Page (optional).....▶	765.00
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 OF 58
(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)

Full Name (Last, First, Middle Initial)
A. Michael J. Daly

Mailing Address 920 Saratoga Drive

City West Chester State PA Zip Code 19380-5518

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

Name of Employer Impact Advisors Occupation consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 07 / 10 / 2015
Transaction ID : 22563512

Amount of Each Receipt this Period
 225.00

Full Name (Last, First, Middle Initial)
B. Ivan Gabel

Mailing Address 920 Meetinghouse Road

City Rydal State PA Zip Code 19046-2432

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

Name of Employer Einstein Healthcare Network Occupation retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 07 / 13 / 2015
Transaction ID : 22563568

Amount of Each Receipt this Period
 450.00

Full Name (Last, First, Middle Initial)
c. Mr. Gerard Blaney

Mailing Address 113 Tatham Road

City Bensalem State PA Zip Code 19020-1641

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

Name of Employer Einstein Healthcare Network Occupation Vice President for Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 07 / 13 / 2015
Transaction ID : 22563570

Amount of Each Receipt this Period
 225.00

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: (check only one)	PAGE 10 OF 58
	<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. Mr. Barry R Freedman
 Full Name (Last, First, Middle Initial)
 Mailing Address 5501 Old York Road
 City Philadelphia State PA Zip Code 19141-3018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Einstein Medical Center Philadelphia Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2015
Transaction ID : 22563572
 Amount of Each Receipt this Period
 900.00

B. Mr. Victor L. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address Hidden Glen
 1585 Warner Road
 City Meadowbrook State PA Zip Code 19046-1914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Albert Einstein Healthcare Network Occupation Trustee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2015
Transaction ID : 22563574
 Amount of Each Receipt this Period
 900.00
 contribution

C. Mr. Richard Fine MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Emerald Court
 City Princeton Jct State NJ Zip Code 08550-5229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Einstein Healthcare Network Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2015
Transaction ID : 22563576
 Amount of Each Receipt this Period
 450.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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 11 OF 58
	<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. Mr. Edward C Pitchford
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 East Second Street
 P.O. Box 326
 City Coudersport State PA Zip Code 16915-8161
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Charles Cole Memorial Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1350.00**

Date of Receipt **07 / 20 / 2015**
Transaction ID : 22584237
 Amount of Each Receipt this Period **900.00**
 contribution

B. Elizabeth M. Wise
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Rutledge Court
 City Newark State DE Zip Code 19702-7717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pocono Medical Center Occupation CNO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **07 / 20 / 2015**
Transaction ID : 22584241
 Amount of Each Receipt this Period **225.00**
 contribution

C. Ms. Susan Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 275 Carns Lane
 City Clearfield State PA Zip Code 16830-1903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Penn Highlands Clearfield Occupation PAC Contributor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **07 / 22 / 2015**
Transaction ID : 22584688
 Amount of Each Receipt this Period **225.00**
 Contribution

SUBTOTAL of Receipts This Page (optional)..... **1350.00**
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 OF 58
<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. Mr. Robert J. Bruce
 Full Name (Last, First, Middle Initial)
 Mailing Address 670 Heatherton Lane
 City West Chester State PA Zip Code 19380-5705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Crozer Chester Medical Center Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 24 / 2015
Transaction ID : 22585927
 Amount of Each Receipt this Period 225.00
 Contribution

B. Mr. Grant Gegwich
 Full Name (Last, First, Middle Initial)
 Mailing Address 2600 West Ninth Street
 City Chester State PA Zip Code 19013-2098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Crozer-Chester Medical Center Occupation Director, Public Relations & Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 24 / 2015
Transaction ID : 22585929
 Amount of Each Receipt this Period 225.00
 Contribution

C. Ms. Gwendolyn A. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 West Sproul Road
 City Springfield State PA Zip Code 19064-2097
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Crozer-Chester Medical Center Springfield Occupation V.P., Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 24 / 2015
Transaction ID : 22585931
 Amount of Each Receipt this Period 225.00
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 675.00
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 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Richard J. Braemer
 Full Name (Last, First, Middle Initial)
 Mailing Address 8309 Stenton Avenue
 City Wyndmoor State PA Zip Code 19038-8428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Einstein Healthcare Network Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : 22593676
 Amount of Each Receipt this Period
 225.00

B. Ms. Kathryn Conallen
 Full Name (Last, First, Middle Initial)
 Mailing Address 2701 DeKalb Pike
 City Norristown State PA Zip Code 19401-1820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Suburban Hospital Occupation Interim Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : 22593678
 Amount of Each Receipt this Period
 900.00

C. Ms. Susan Cusack
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 County Claire Lane
 City Aston State PA Zip Code 19014-1225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Hospital of Philadelphia Occupation VP Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : 22593685
 Amount of Each Receipt this Period
 450.00

SUBTOTAL of Receipts This Page (optional).....▶	1575.00
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 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jennifer Puziferro
 Full Name (Last, First, Middle Initial)
 Mailing Address 208 Peter Road
 City Manahawkin State NJ Zip Code 08050-3658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Health System Occupation VP Care Transitions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : 22593692
 Amount of Each Receipt this Period
 450.00

B. Ms. Patricia J. Raffaele
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Sherwood Drive
 City McMurray State PA Zip Code 15317-2724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital Council of Western PA Occupation Vice President, Advocacy , Communicati
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22595811
 Amount of Each Receipt this Period
 450.00

C. Mr. Thomas C. Schnars
 Full Name (Last, First, Middle Initial)
 Mailing Address 777 Rural Avenue
 City Williamsport State PA Zip Code 17701-3145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Williamsport Regional Medical Center Occupation Admin. Director Lab/Imaging Svs.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22595819
 Amount of Each Receipt this Period
 315.00

SUBTOTAL of Receipts This Page (optional).....▶	1215.00
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 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ms. Karen L. Zinobile RN, BSN, M
 Full Name (Last, First, Middle Initial)
 Mailing Address 777 Rural Ave
 City Williamsport State PA Zip Code 17701-3145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Susquehanna Health Occupation Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22595827
 Amount of Each Receipt this Period
 315.00

B. William G Englert
 Full Name (Last, First, Middle Initial)
 Mailing Address 1301 Carlisle Street
 City Natrona Heights State PA Zip Code 15065-1152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegheny Valley Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22595829
 Amount of Each Receipt this Period
 900.00

C. Mr. Ronald Gilbert Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Charleston Street Apt B
 City Wellsboro State PA Zip Code 16901-1603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Soldiers and Sailors Memorial Hospital Occupation Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22595833
 Amount of Each Receipt this Period
 450.00

SUBTOTAL of Receipts This Page (optional).....▶	1665.00
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 16 OF 58
	<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. Mr. Alvin J Harper
 Full Name (Last, First, Middle Initial)
 Mailing Address 515 Dorchester Road
 City Seven Fields State PA Zip Code 16046-4705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Healthcare Council of Western Pennsylv Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **900.00**

Date of Receipt **07 / 29 / 2015**
Transaction ID : 22595837
 Amount of Each Receipt this Period **900.00**

B. Ms. Michele Beener
 Full Name (Last, First, Middle Initial)
 Mailing Address 402 Berry Road
 City Rockwood State PA Zip Code 15557-6934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegheny Health Network Occupation Director of Organizational Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **900.00**

Date of Receipt **07 / 29 / 2015**
Transaction ID : 22595841
 Amount of Each Receipt this Period **900.00**

C. Ms. Louise Urban RN, MHSA,
 Full Name (Last, First, Middle Initial)
 Mailing Address Box 18119
 City Pittsburgh State PA Zip Code 15236-0119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jefferson Regional Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **900.00**

Date of Receipt **07 / 29 / 2015**
Transaction ID : 22595843
 Amount of Each Receipt this Period **900.00**

SUBTOTAL of Receipts This Page (optional).....	2700.00
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 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Raymond Beck
 Full Name (Last, First, Middle Initial)
 Mailing Address 180 Regal Ct.
 City State Zip Code
 Monroeville PA 15146-4736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allegheny Health Network SR VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22595845
 Amount of Each Receipt this Period
 900.00

B. Ms. Renee Monahan
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Mona Lane
 City State Zip Code
 Cresson PA 16630-1457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allegheny Health Network VP-CBO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22595851
 Amount of Each Receipt this Period
 900.00

C. Mr. Craig M Saylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 South Center Avenue
 City State Zip Code
 Somerset PA 15501-2033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Somerset Hospital Interim CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22595855
 Amount of Each Receipt this Period
 225.00

SUBTOTAL of Receipts This Page (optional).....▶	2025.00
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 OF 58
	<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. Ms. Joy Peters
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 324

City Evans City State PA Zip Code 16033-0324

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

Name of Employer Jefferson Hospital Occupation Vice President, Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
07 / 29 / 2015
Transaction ID : **22595857**

Amount of Each Receipt this Period
225.00

B. Charles R. Modispacher
Full Name (Last, First, Middle Initial)
Mailing Address 9401 McKnight Road

City Pittsburgh State PA Zip Code 15237-6000

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

Name of Employer Jefferson Regional Medical Center Occupation CHR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
07 / 29 / 2015
Transaction ID : **22595859**

Amount of Each Receipt this Period
225.00

C. Dr. Scott Whalen PhD, FACHE
Full Name (Last, First, Middle Initial)
Mailing Address 232 West 25th Street

City Erie State PA Zip Code 16544-0002

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

Name of Employer Saint Vincent Health Center Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
07 / 29 / 2015
Transaction ID : **22595861**

Amount of Each Receipt this Period
900.00

SUBTOTAL of Receipts This Page (optional)..... **1350.00**

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 OF 58
(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. Ms. Jacqueline A. Dailey
 Full Name (Last, First, Middle Initial)
 Mailing Address 5415 Gibson Road
 City State Zip Code
 Gibsonia PA 15044-9433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allegheny Health Network CIO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22595863
 Amount of Each Receipt this Period
 225.00

B. Dr. Tony Farah MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 320 East North Avenue
 City State Zip Code
 Pittsburgh PA 15212-4756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allegheny General Hospital President Medical Staff
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22595865
 Amount of Each Receipt this Period
 900.00

C. Mr. John W Paul
 Full Name (Last, First, Middle Initial)
 Mailing Address 2060 Saint Andrews Drive
 City State Zip Code
 Presto PA 15142-1011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allegheny Health Network President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22595871
 Amount of Each Receipt this Period
 900.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2025.00
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 OF 58
	(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"/> 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. Ms. Patricia Ann Liebman
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 Berwyn Road
 City Pittsburgh State PA Zip Code 15237-2803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegheny Health Network Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22595873
 Amount of Each Receipt this Period
 900.00

B. Ms. Jacqueline Bauer Esq.
 Full Name (Last, First, Middle Initial)
 Mailing Address 809 Park Plz.
 City Wexford State PA Zip Code 15090-5642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegheny Health Network Occupation General council
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22595879
 Amount of Each Receipt this Period
 900.00

C. Elizabeth Allen
 Full Name (Last, First, Middle Initial)
 Mailing Address 84 Fair Oaks Drive
 City Pittsburgh State PA Zip Code 15238-1936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegheny Health Network Occupation CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22595881
 Amount of Each Receipt this Period
 900.00

SUBTOTAL of Receipts This Page (optional).....▶	2700.00
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 21 OF 58
	<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. Ms. Jane B Sarra CRNP, MHA
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Medical Boulevard
 City Canonsburg State PA Zip Code 15317-9762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Canonsburg General Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 29 / 2015
Transaction ID : 22595887
 Amount of Each Receipt this Period 900.00

B. David Goldberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 2018 Condor Lane
 City Gibsonia State PA Zip Code 15044-8060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegheny Health Network Occupation Executive VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 29 / 2015
Transaction ID : 22595889
 Amount of Each Receipt this Period 900.00

C. Dr. Paul M. Kiproff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 Frick Road
 City Pittsburgh State PA Zip Code 15238-2629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegheny Health Network Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 29 / 2015
Transaction ID : 22595891
 Amount of Each Receipt this Period 900.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2700.00
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 OF 58
	<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. Dr. George J. Magovern MD
Full Name (Last, First, Middle Initial)
Mailing Address 884 Persimmon Road

City Sewickley	State PA	Zip Code 15143-5306
-------------------	-------------	------------------------

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

Name of Employer Allegheny Health Network	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2015

Transaction ID : 22595893

Amount of Each Receipt this Period
900.00

B. Richard Thompson
Full Name (Last, First, Middle Initial)
Mailing Address 915 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3803
--------------------	-------------	------------------------

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

Name of Employer Allegheny Health Network	Occupation Executive
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2015

Transaction ID : 22595895

Amount of Each Receipt this Period
900.00

C. Dr. William K. Johnjulio MD
Full Name (Last, First, Middle Initial)
Mailing Address 731 Old Mill Road

City Pittsburgh	State PA	Zip Code 15238-1709
--------------------	-------------	------------------------

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

Name of Employer Forbes Regional Hospital	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2015

Transaction ID : 22595897

Amount of Each Receipt this Period
900.00

SUBTOTAL of Receipts This Page (optional).....▶	2700.00
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 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Brian K. Holzer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1511 Abby Rose Court
 City Pittsburgh State PA Zip Code 15237-6647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegheny Health Network Occupation SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 29 / 2015
Transaction ID : 22595899
 Amount of Each Receipt this Period 225.00

B. Michele R. Leone
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Anderson St Apt 428
 City Pittsburgh State PA Zip Code 15212-5829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegheny Health Network Occupation SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 29 / 2015
Transaction ID : 22595901
 Amount of Each Receipt this Period 900.00

C. Deborah W. Linhart
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 Chapel Oak Road
 City Pittsburgh State PA Zip Code 15238-1801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer unknown Occupation unknown
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 29 / 2015
Transaction ID : 22595903
 Amount of Each Receipt this Period 900.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2025.00
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 24 OF 58
	<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. Dr. David S. Parda MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Chestnut Road
 City Sewickley State PA Zip Code 15143-1106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegheny General Hospital Occupation professional
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22595905
 Amount of Each Receipt this Period
 900.00

B. Robert J. McCaughan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1160 Chistlett St
 City Pittsburgh State PA Zip Code 15206-1304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Forbes Regional Hospital Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22595907
 Amount of Each Receipt this Period
 900.00

C. Dr. Donald M. Whiting MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 208 Summit Circle
 City Gibsonia State PA Zip Code 15044-6035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegheny General Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22595909
 Amount of Each Receipt this Period
 900.00

SUBTOTAL of Receipts This Page (optional).....▶	2700.00
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 OF 58
	(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"/> 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. Dr. Daniel G. Snediker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1425 Browing Road
 City Pittsburgh State PA Zip Code 15206-1737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Forbes Regional Hospital Occupation Medical Director - Emergency Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 29 / 2015
Transaction ID : 22595911
 Amount of Each Receipt this Period 225.00

B. Michael J. Alterio
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Woodcrest Drive
 City Canonsburg State PA Zip Code 15317-3851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alpha Structures Inc Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 29 / 2015
Transaction ID : 22595913
 Amount of Each Receipt this Period 900.00

C. L. Theodore Neighbors
 Full Name (Last, First, Middle Initial)
 Mailing Address 1521 Scenery Ridge Drive
 City Pittsburgh State PA Zip Code 15241-3323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Labriola Neighbors LLP Occupation Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 29 / 2015
Transaction ID : 22595915
 Amount of Each Receipt this Period 225.00

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
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 26 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Allan Klapper
 Full Name (Last, First, Middle Initial)
 Mailing Address 803 Chapel Hill Court
 City Gibsonia State PA Zip Code 15044-6165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Penn Hospital Occupation System Chair OB-GYN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22595917
 Amount of Each Receipt this Period
 225.00

B. Jeffrey J. Carlson
 Full Name (Last, First, Middle Initial)
 Mailing Address 714 Rosecliff Road
 City Wexford State PA Zip Code 15090-1537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegheny Health Network Occupation President-Wexford Hlth Pavilion
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22595919
 Amount of Each Receipt this Period
 225.00

C. Michael J. Redlawsk
 Full Name (Last, First, Middle Initial)
 Mailing Address 2601 West 26th Street
 City Erie State PA Zip Code 16506-3063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Westminister Place Partnership Occupation Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22595921
 Amount of Each Receipt this Period
 900.00

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
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 27 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Bruce Mac Leod MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1515 Mohican Drive
 City Pittsburgh State PA Zip Code 15228-1615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegheny Health Network Occupation ER Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 29 / 2015
Transaction ID : 22595923
 Amount of Each Receipt this Period 225.00

B. Terrence W. Cavanaugh
 Full Name (Last, First, Middle Initial)
 Mailing Address 6300 Lake Shore Drive
 City Erie State PA Zip Code 16505-1015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegheny Health Network Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 29 / 2015
Transaction ID : 22595925
 Amount of Each Receipt this Period 900.00

C. Dr. Chong S. Park MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1541 Fox Chase Lane
 City Pittsburgh State PA Zip Code 15241-3147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jefferson Hospital Occupation PA-CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 29 / 2015
Transaction ID : 22595927
 Amount of Each Receipt this Period 225.00

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
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 28 OF 58
	<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. Dr. P. V. Nickell M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 218 Dilworth Road
 City Sewickley State PA Zip Code 15143-8353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegheny Health Network Occupation System Chair-Dept of Psychiatry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22595929
 Amount of Each Receipt this Period
 225.00

B. James W. Rohrbaugh
 Full Name (Last, First, Middle Initial)
 Mailing Address 15451 Old Dory Lane
 City Leesburg State VA Zip Code 20176-5944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jefferson Hospital Occupation VP Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22595931
 Amount of Each Receipt this Period
 225.00

C. Dr. David A. Blandino MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3149 Ellers St
 City Pittsburgh State PA Zip Code 15213-2322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegheny Valley Hospital Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : 22595933
 Amount of Each Receipt this Period
 900.00

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
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 29 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Thomas J. Nigra
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 Altermoor Drive
 City Natrona Heights State PA Zip Code 15065-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegheny Health Network Occupation VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **07 / 29 / 2015**
Transaction ID : 22595935
 Amount of Each Receipt this Period **225.00**

B. Mr. Russell M. Livingston
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Livingston Manor
 City Pittsburgh State PA Zip Code 15238-1819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Babb Inc. Occupation unknown
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt **07 / 30 / 2015**
Transaction ID : 22598965
 Amount of Each Receipt this Period **800.00**

C. Susan M. Manzi
 Full Name (Last, First, Middle Initial)
 Mailing Address 2486 Matterhorn Drive
 City Wexford State PA Zip Code 15090-7612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegheny General Hospital Occupation System chair-Dept of Medicine
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt **07 / 29 / 2015**
Transaction ID : 22598967
 Amount of Each Receipt this Period **800.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **1825.00**
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 30 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Mr. Thomas L. VanKirk
 Full Name (Last, First, Middle Initial)
 Mailing Address 1010 Osage Road
 City Pittsburgh State PA Zip Code 15243-1014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Highmark Health Occupation EVP & Chief Legal Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 30 / 2015
Transaction ID : 22598972
 Amount of Each Receipt this Period 800.00

B. Mr. David J. Malone
 Full Name (Last, First, Middle Initial)
 Mailing Address 251 Timothy Drive
 City Gibsonia State PA Zip Code 15044-8920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gateway Financial Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 30 / 2015
Transaction ID : 22598974
 Amount of Each Receipt this Period 800.00

C. Ms. Megan G. Sanders
 Full Name (Last, First, Middle Initial)
 Mailing Address 5301 5th Avenue Apt. 5
 City Pittsburgh State PA Zip Code 15232-2194
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegheny Health Network Occupation SVP Marketing & Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 30 / 2015
Transaction ID : 22598978
 Amount of Each Receipt this Period 800.00

SUBTOTAL of Receipts This Page (optional).....▶	2400.00
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 31 OF 58
(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. Dr. Ngoc L. Thai MD
Full Name (Last, First, Middle Initial)

Mailing Address 5025 Fifth Avenue
Apt. 2A

City Pittsburgh State PA Zip Code 15232-2131

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

Name of Employer Allegheny General Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
07 / 30 / 2015
Transaction ID : 22599242

Amount of Each Receipt this Period
800.00

B. Ms. Barbara J. Martin
Full Name (Last, First, Middle Initial)

Mailing Address 1221 Linden Vue Drive

City Canonsburg State PA Zip Code 15317-9605

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

Name of Employer KMA Design Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
07 / 30 / 2015
Transaction ID : 22599260

Amount of Each Receipt this Period
400.00

C. Mr. David M. Matter
Full Name (Last, First, Middle Initial)

Mailing Address 201 McLean Place

City Pittsburgh State PA Zip Code 15217-4504

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

Name of Employer Oxford Development Company Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
07 / 30 / 2015
Transaction ID : 22599264

Amount of Each Receipt this Period
800.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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 32 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. James G. Graham
 Full Name (Last, First, Middle Initial)
 Mailing Address 2510 Acorn Court
 City Wexford State PA Zip Code 15090-7702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PNC Bank Occupation EVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt **07 / 30 / 2015**
Transaction ID : 22599266
 Amount of Each Receipt this Period **800.00**

B. Dr. Ahmed E. Badr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 194 Camp meeting road
 City Sewickley State PA Zip Code 15143-8421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegheny General Hospital Occupation Chair-Dept of Anesthesiology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt **07 / 29 / 2015**
Transaction ID : 22599346
 Amount of Each Receipt this Period **800.00**
 Contribution

C. Michele R. Leone
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Anderson St Apt 428
 City Pittsburgh State PA Zip Code 15212-5829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegheny Health Network Occupation SVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **07 / 29 / 2015**
Transaction ID : 22631986
 Amount of Each Receipt this Period **-900.00**
 returned check-stopped pmt

SUBTOTAL of Receipts This Page (optional)..... **700.00**
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 33 OF 58
	<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. Mr. John M. Horne
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Lawn Avenue
 City Sellersville State PA Zip Code 18960-1587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Grand View Health Occupation Vice President, Clinical & Support Svc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : 22633145
 Amount of Each Receipt this Period
 800.00
 Contribution

B. Ms. Marie T Droege
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Guthrie Square
 City Sayre State PA Zip Code 18840-1625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Robert Packer Hospital Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : 22633157
 Amount of Each Receipt this Period
 1200.00

C. Mr. Bruce Fischer
 Full Name (Last, First, Middle Initial)
 Mailing Address 724 Conestoga Road
 City Bryn Mawr State PA Zip Code 19010-1256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Crozer-Keystone Health System Occupation Trustee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : 22633165
 Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional).....▶	2400.00
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 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Richard I. Bennett CPA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1109 Foss Ave
 City Drexel Hill State PA Zip Code 19026-1902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Guthrie Clinic Occupation CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : 22633187
 Amount of Each Receipt this Period
 280.00

B. Dr. Kevin P Caputo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2600 West Ninth Street
 City Chester State PA Zip Code 19013-2098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Crozer-Chester Medical Center Communit Occupation Chairman Psychiatry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2015
Transaction ID : 22634749
 Amount of Each Receipt this Period
 280.00

C. Mr. Norman V. Edmonson
 Full Name (Last, First, Middle Initial)
 Mailing Address 607 North Chester Road
 City Swarthmore State PA Zip Code 19081-1014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Crozer Chester Medical Center Occupation Trustee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2015
Transaction ID : 22634751
 Amount of Each Receipt this Period
 280.00

SUBTOTAL of Receipts This Page (optional).....▶	840.00
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 35 OF 58
(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)

Full Name (Last, First, Middle Initial)
A. Mr. Duke Rupert

Mailing Address 4800 Friendship Avenue

City Pittsburgh State PA Zip Code 15224-1722

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

Name of Employer Forbes Regional Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2015

Transaction ID : 22634761

Amount of Each Receipt this Period
800.00

Full Name (Last, First, Middle Initial)
B. Dr. Irwin Hollander MD

Mailing Address 700 Lawn Avenue

City Sellersville State PA Zip Code 18960-1548

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

Name of Employer Grand View Health Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2015

Transaction ID : 22634767

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
C. Mr. Denis Lukes CPA

Mailing Address 302 E. Grandview Aven

City Zelienople State PA Zip Code 16063-1101

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

Name of Employer Hospital Council of Western PA Occupation VP Pay Relations and Reimbursements

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2015

Transaction ID : 22634773

Amount of Each Receipt this Period
280.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1480.00**

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 36 OF 58
	<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)

Full Name (Last, First, Middle Initial) A. Ms. Maryanne Spallucci		Date of Receipt
Mailing Address 100 West Sproul Road Healthplex Pavilion II		M M / D D / Y Y Y Y Y 08 / 11 / 2015
City	State	Zip Code
Springfield	PA	19064-2033
FEC ID number of contributing federal political committee.	Transaction ID : 22634775	
	Amount of Each Receipt this Period	
	280.00	
Name of Employer	Occupation	
Crozer-Keystone Health System	Vice President, Finance	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	280.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Rose Campbell RN, BSN, M		Date of Receipt
Mailing Address 763 Johnsonburg Road		M M / D D / Y Y Y Y Y 08 / 11 / 2015
City	State	Zip Code
Saint Marys	PA	15857-3417
FEC ID number of contributing federal political committee.	Transaction ID : 22634777	
	Amount of Each Receipt this Period	
	400.00	
Name of Employer	Occupation	
Penn Highlands Elk	President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	400.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David L. Obley		Date of Receipt
Mailing Address P.O. Box 1092		M M / D D / Y Y Y Y Y 08 / 11 / 2015
City	State	Zip Code
Clearfield	PA	16830-5092
FEC ID number of contributing federal political committee.	Transaction ID : 22634790	
	Amount of Each Receipt this Period	
	400.00	
Name of Employer	Occupation	
Penn Highlands Elk	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	400.00	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1080.00
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 OF 58
	<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. Jeffery W. Bechtel
Full Name (Last, First, Middle Initial)

Mailing Address 5016 Muirfield Place

City Mechanicsburg State PA Zip Code 17050-8311

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

Name of Employer Hospital and Healthsystem Assn of Penn Occupation Sr. VP, Health Economics & Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 11 / 2015
Transaction ID : 22634796

Amount of Each Receipt this Period 800.00

B. Keith E. Lejeune
Full Name (Last, First, Middle Initial)

Mailing Address 1002 Manor Valey Ct

City Export State PA Zip Code 15632-3900

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

Name of Employer Allegheny Health Network Occupation Health Exec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 11 / 2015
Transaction ID : 22634800

Amount of Each Receipt this Period 800.00

c. Ms. Cynthia A. Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 301 Fifth Avenue 709

City Pittsburgh State PA Zip Code 15222-2420

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

Name of Employer Allegheny Health Network Occupation Chief Human Resources Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 12 / 2015
Transaction ID : 22635401

Amount of Each Receipt this Period 800.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 2400.00

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 38 OF 58
	<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. Dr. Howard D. Edington MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 176 Thousand Oaks Drive
 City Pittsburgh State PA Zip Code 15241-1841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Penn Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 13 / 2015
Transaction ID : 22636815
 Amount of Each Receipt this Period 800.00
 Contribution

B. Dr. Davie Jane Gilmour
 Full Name (Last, First, Middle Initial)
 Mailing Address PA College of Technology One College Avenue
 City Williamsport State PA Zip Code 17701-5778
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Williamsport Regional Medical Center Occupation College President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 14 / 2015
Transaction ID : 22641085
 Amount of Each Receipt this Period 800.00

C. Ms. Susan Duchman MBA, BSN,
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 High Street
 City Williamsport State PA Zip Code 17701-3100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Susquehanna Health System Occupation Vice President and Chief Nursing Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 08 / 14 / 2015
Transaction ID : 22641087
 Amount of Each Receipt this Period 420.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2020.00
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 39 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. David Lopatofsky MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1005 Kinley Road
 City Williamsport State PA Zip Code 17701-8817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Susquehanna Health Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2015
Transaction ID : 22641091
 Amount of Each Receipt this Period
 800.00

B. Elizabeth W. Brubaker
 Full Name (Last, First, Middle Initial)
 Mailing Address 62 Grampian Blvd
 City Williamsport State PA Zip Code 17701-1863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Susquehanna Health Occupation Director, HR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2015
Transaction ID : 22641093
 Amount of Each Receipt this Period
 280.00

C. Scott D. Croll
 Full Name (Last, First, Middle Initial)
 Mailing Address 1128 Avalon Parkway
 City Williamsport State PA Zip Code 17701-9358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Susquehanna Health Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2015
Transaction ID : 22641095
 Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional).....▶	1480.00
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 40 OF 58
	<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	<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. Ms. Gretchen Regina
Full Name (Last, First, Middle Initial)
Mailing Address 106 Woodhouse Court
City Wellsboro State PA Zip Code 16901-9669
FEC ID number of contributing federal political committee. **C**
Name of Employer Soldiers and Sailors Memorial Hospital Occupation health executive
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 280.00

Date of Receipt 08 / 17 / 2015
Transaction ID : 22641133
Amount of Each Receipt this Period 280.00

B. Mr. Jay B. Minkoff
Full Name (Last, First, Middle Initial)
Mailing Address 262 Indian Creek Road
City Wynnewood State PA Zip Code 19096-3404
FEC ID number of contributing federal political committee. **C**
Name of Employer Albert Einstein Healthcare Network Occupation Trustee
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 08 / 19 / 2015
Transaction ID : 22645869
Amount of Each Receipt this Period 400.00

C. Richard A. Wolfson
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 685
City Blue Bell State PA Zip Code 19422-0685
FEC ID number of contributing federal political committee. **C**
Name of Employer unknown Occupation unknown
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 280.00

Date of Receipt 08 / 19 / 2015
Transaction ID : 22645879
Amount of Each Receipt this Period 280.00

SUBTOTAL of Receipts This Page (optional)..... **960.00**
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 41 OF 58
	<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. Russell Hartman
Full Name (Last, First, Middle Initial)
Mailing Address 5 Ryan Lane
City Langhorne State PA Zip Code 19047-2751
FEC ID number of contributing federal political committee. **C**
Name of Employer Einstein Healthcare Network Occupation Administrator
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 280.00

Date of Receipt 08 / 19 / 2015
Transaction ID : 22645881
Amount of Each Receipt this Period 280.00

B. Richard G Cuming
Full Name (Last, First, Middle Initial)
Mailing Address 1008 Sharpless Road
City Melrose Park State PA Zip Code 19027-3039
FEC ID number of contributing federal political committee. **C**
Name of Employer Einstein Healthcare Network Occupation Chief Nurse Executive
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 280.00

Date of Receipt 08 / 19 / 2015
Transaction ID : 22645885
Amount of Each Receipt this Period 280.00

C. Mr. David W Scott
Full Name (Last, First, Middle Initial)
Mailing Address 25 Heckel Road
City Mc Kees Rocks State PA Zip Code 15136-1651
FEC ID number of contributing federal political committee. **C**
Name of Employer Ohio Valley Hospital Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2000.00

Date of Receipt 08 / 24 / 2015
Transaction ID : 22650076
Amount of Each Receipt this Period 2000.00
contribution

SUBTOTAL of Receipts This Page (optional)..... 2560.00
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 42 OF 58
	<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. Ms. Janie Hilfiger
 Full Name (Last, First, Middle Initial)
 Mailing Address 32-36 Central Avenue
 City Wellsboro State PA Zip Code 16901-1840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Soldiers and Sailors Memorial Hospital Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 27 / 2015
Transaction ID : 22652534
 Amount of Each Receipt this Period
 400.00

B. Frederick J. Bloom
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 Blueberry Hill Road
 City Shavertown State PA Zip Code 18708-9512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Robert Packer Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 27 / 2015
Transaction ID : 22652538
 Amount of Each Receipt this Period
 400.00

C. Ms. Jacqueline B. Werts
 Full Name (Last, First, Middle Initial)
 Mailing Address 1052 Cherry Flats Rd
 City Wellsboro State PA Zip Code 16901-8368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Soldiers and Sailors Memorial Hospital Occupation Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 27 / 2015
Transaction ID : 22652540
 Amount of Each Receipt this Period
 280.00

SUBTOTAL of Receipts This Page (optional).....▶	1080.00
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 43 OF 58
	<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. Mr. Shailesh D. Patel
 Full Name (Last, First, Middle Initial)
 Mailing Address 1110 Cardinal Lane
 City Williamsport State PA Zip Code 17701-9349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Susquehanna Health Occupation M.D.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 27 / 2015
Transaction ID : 22652542
 Amount of Each Receipt this Period
 400.00

B. Dr. Asif Javed
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 Keyser Circle
 City Williamsport State PA Zip Code 17701-9207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Williamsport Regional Medical Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : 22653551
 Amount of Each Receipt this Period
 280.00
 contribution

C. Mark LiBassi M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Alyssa Drive
 City Newtown State PA Zip Code 18940-1342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aria Health Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : 22679718
 Amount of Each Receipt this Period
 280.00
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 960.00
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 44 OF 58
(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. Ms. Michele Zeigler
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 North Seventh Street
 City Chambersburg State PA Zip Code 17201-1720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chambersburg Hospital Occupation Vice President and Chief Information O
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : 22688447
 Amount of Each Receipt this Period
 320.00

B. Mr. John P Massimilla FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 North Seventh Street
 City Chambersburg State PA Zip Code 17201-1720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chambersburg Hospital Occupation Vice President Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : 22688449
 Amount of Each Receipt this Period
 280.00

C. Doug Rich
 Full Name (Last, First, Middle Initial)
 Mailing Address 602 West Lockhart Street
 City Sayre State PA Zip Code 18840-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer unknown Occupation unknown
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : 22688451
 Amount of Each Receipt this Period
 320.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 920.00
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 45 OF 58
	<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. Ms. Sherri Stahl
 Full Name (Last, First, Middle Initial)
 Mailing Address 4316 Lemar Road
 City Mercersburg State PA Zip Code 17236-9676
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chambersburg Hospital Occupation Vice President, Patient Services / CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : 22688457
 Amount of Each Receipt this Period
 600.00

B. Ms. Carolyn George
 Full Name (Last, First, Middle Initial)
 Mailing Address 785 5th Avenue
 City Chambersburg State PA Zip Code 17201-4232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chambersburg Hospital Occupation Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : 22688459
 Amount of Each Receipt this Period
 280.00

C. Dr. David A. Hoffmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 848 Philadelphia Ave
 City Chambersburg State PA Zip Code 17201-1269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chambersburg Hospital Occupation Physician/Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : 22688461
 Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional).....▶	1280.00
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 46 OF 58
	(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"/> 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. Cathy Puhl
Full Name (Last, First, Middle Initial)

Mailing Address 605 Tussey Drive

City Chambersburg State PA Zip Code 17202-9289

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

Name of Employer Chambersburg Hospital Occupation VP-HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : 22688463

Amount of Each Receipt this Period
400.00

B. Mr. Patrick W O'Donnell CPA
Full Name (Last, First, Middle Initial)

Mailing Address 112 North Seventh Street

City Chambersburg State PA Zip Code 17201-1720

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

Name of Employer Chambersburg Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : 22688503

Amount of Each Receipt this Period
800.00

C. Dr. Thomas Anderson MD
Full Name (Last, First, Middle Initial)

Mailing Address 112 North Seventh Street

City Chambersburg State PA Zip Code 17201-1720

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

Name of Employer Summit Health Occupation Vice President Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : 22688505

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
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 47 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Ms. Melissa Dubrow
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 East Main Street
 City Waynesboro State PA Zip Code 17268-2353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Waynesboro Hospital Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : 22688507
 Amount of Each Receipt this Period
 400.00

B. Ms. Lissa N. Showe
 Full Name (Last, First, Middle Initial)
 Mailing Address 11008 Ressler Avenue
 City Hagerstown State MD Zip Code 21740-7665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Summit Health Occupation Best effort
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : 22688509
 Amount of Each Receipt this Period
 400.00

C. Ms. Barbara Rossini RN, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 11421 Eastwood Court
 City Hagerstown State MD Zip Code 21742-4019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Summit Health Occupation VP, Community Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : 22688511
 Amount of Each Receipt this Period
 280.00

SUBTOTAL of Receipts This Page (optional).....▶	1080.00
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 48 OF 58
	(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"/> 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. Mr. Norman F Mitry
 Full Name (Last, First, Middle Initial)
 Mailing Address 720 Blackburn Road
 City Sewickley State PA Zip Code 15143-1459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heritage Valley Sewickley Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : 22688568
 Amount of Each Receipt this Period
 800.00

B. Mr. John R Morahan
 Full Name (Last, First, Middle Initial)
 Mailing Address 3230 Harwood Lane
 City Sinking Spring State PA Zip Code 19608-8806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Joseph Regional Health Network Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2015
Transaction ID : 22690409
 Amount of Each Receipt this Period
 1200.00

C. Mr. David Lim
 Full Name (Last, First, Middle Initial)
 Mailing Address 312 Dartmouth Road
 City Chester Springs State PA Zip Code 19425-3838
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Joseph Regional Health Network Occupation Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2015
Transaction ID : 22690428
 Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional).....▶	2400.00
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 49 OF 58
<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. Ms. Margaret M McGoldrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 Old York Road
 City Abington State PA Zip Code 19001-3720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abington Hospital - Jefferson Health Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : 22691885
 Amount of Each Receipt this Period
 800.00

B. Mr. Thomas M. Owlett Esq.
 Full Name (Last, First, Middle Initial)
 Mailing Address Owlett & Lewis PO Box 878
 City Wellsboro State PA Zip Code 16901-0878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Soldiers and Sailors Memorial Hospital Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : 22691887
 Amount of Each Receipt this Period
 600.00

C. Ms. Jean M Keeler
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 902
 City Sellersville State PA Zip Code 18960-0902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Grand View Health Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : 22691893
 Amount of Each Receipt this Period
 800.00

SUBTOTAL of Receipts This Page (optional).....▶	2200.00
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 50 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Kenneth A. Hoover
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 Grampian Boulevard
 City Williamsport State PA Zip Code 17701-1946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Divine Providence Hospital Occupation Director, Reimbursement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 17 / 2015
Transaction ID : 22691907
 Amount of Each Receipt this Period 280.00

B. Mr. Ronald J Reynolds
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 East Water Street
 City Muncy State PA Zip Code 17756-8828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Muncy Valley Hospital Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 17 / 2015
Transaction ID : 22691939
 Amount of Each Receipt this Period 400.00

C. Ms. Marie T Droege
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Guthrie Square
 City Sayre State PA Zip Code 18840-1625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Robert Packer Hospital Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1220.00

Date of Receipt 09 / 28 / 2015
Transaction ID : 22705817
 Amount of Each Receipt this Period 20.00
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
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 51 OF 58
	<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. Dr. Joseph A Scopelliti MD

Full Name (Last, First, Middle Initial)
Mailing Address Guthrie Square

City Sayre State PA Zip Code 18840

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

Name of Employer Guthrie Clinic Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
09 / 28 / 2015
Transaction ID : 22705829

Amount of Each Receipt this Period
250.00

contribution

B. Ms. Margaret M McGoldrick

Full Name (Last, First, Middle Initial)
Mailing Address 1200 Old York Road

City Abington State PA Zip Code 19001-3720

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

Name of Employer Abington Hospital - Jefferson Health Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
09 / 30 / 2015
Transaction ID : 22734891

Amount of Each Receipt this Period
100.00

C. Dr. Kathleen Kinslow EdD

Full Name (Last, First, Middle Initial)
Mailing Address 10800 Knights Road

City Philadelphia State PA Zip Code 19114-4200

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

Name of Employer Aria Health Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 907.50

Date of Receipt
09 / 30 / 2015
Transaction ID : 22734893

Amount of Each Receipt this Period
7.50

SUBTOTAL of Receipts This Page (optional).....▶	132.50
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 52 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ms. Michele M Volpe
 Full Name (Last, First, Middle Initial)
 Mailing Address 51 North 39th Street
 City Philadelphia State PA Zip Code 19104-2640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Penn Presbyterian Medical Center Occupation Executive Director and Chief Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **457.50**

Date of Receipt
 09 / 30 / 2015
Transaction ID : 22734895
 Amount of Each Receipt this Period
7.50

B. Andrew DeVoe
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 Leaderbrook Rd
 City Ardmore State PA Zip Code 19003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aria Health Occupation CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **907.50**

Date of Receipt
 09 / 30 / 2015
Transaction ID : 22734908
 Amount of Each Receipt this Period
7.50

C. Daniel P. Walsh
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 Pilgrim Lane
 City Drexel Hill State PA Zip Code 19026-4808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aria Health Occupation CIO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **457.50**

Date of Receipt
 09 / 30 / 2015
Transaction ID : 22734910
 Amount of Each Receipt this Period
7.50

SUBTOTAL of Receipts This Page (optional)..... **22.50**
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 53 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Stanton Segal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1133 Oliver Rd
 City State Zip Code
 Huntingdon Valley PA 19006-8434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Aria Health CMO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 907.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : 22734912
 Amount of Each Receipt this Period
 7.50

B. Dr. Gary Welch DO FACOS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Weatherfield Drive
 City State Zip Code
 Newtown PA 18940-2609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Aria Health-Frankford Campus Vice President-Quality
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 457.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : 22734914
 Amount of Each Receipt this Period
 7.50

C. Ms. Michelle E Conley RN, BSN, M
 Full Name (Last, First, Middle Initial)
 Mailing Address 10800 Knights Rd
 City State Zip Code
 Philadelphia PA 19114-4200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Aria Health-Torresdale Campus Chief Nursing Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 457.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : 22734916
 Amount of Each Receipt this Period
 7.50

SUBTOTAL of Receipts This Page (optional).....▶	22.50
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 54 OF 58
(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. Ms. Julie Kissinger
 Full Name (Last, First, Middle Initial)
 Mailing Address 1013 Tiverton Road
 City Mechanicsburg State PA Zip Code 17050-7699
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital and Healthsystem Assn of Penn Occupation Vice President, Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2015
Transaction ID : 3299917
 Amount of Each Receipt this Period 90.00

B. Ms. Sue Stewart
 Full Name (Last, First, Middle Initial)
 Mailing Address 792 Garriston Road
 City Lewisberry State PA Zip Code 17339-9641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital and Healthsystem Assn of Penn Occupation Manager, Political Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.44

Date of Receipt 09 / 30 / 2015
Transaction ID : 6945493
 Amount of Each Receipt this Period 57.28

C. Ms. Tina L. True
 Full Name (Last, First, Middle Initial)
 Mailing Address 2280 Forest Hills Drive
 City Harrisburg State PA Zip Code 17112-1004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital and Healthsystem Assn of Penn Occupation Vice President and Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.52

Date of Receipt 09 / 30 / 2015
Transaction ID : 8745029
 Amount of Each Receipt this Period 94.76

SUBTOTAL of Receipts This Page (optional)..... ▶ 242.04
TOTAL This Period (last page this line number only)..... ▶ 73452.03

**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 55 OF 58
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)

Full Name (Last, First, Middle Initial) A. Highmark PAC		Date of Receipt
Mailing Address 1800 Center Street		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
Camp Hill	PA	17089-0089
FEC ID number of contributing federal political committee.		Transaction ID : 22598005
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00302844"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="5000.00"/>
Occupation		Contribution
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<input type="text"/>
Name of Employer		Contribution
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<input type="text"/>
Name of Employer		Contribution
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="5000.00"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. AHAPAC-American Hospital Association FEDERAL

Mailing Address 800 10th Street, NW
Two City Center, Suite 400

City Washington State DC Zip Code 20001-4956

Purpose of Disbursement
AHAPAC- 3RD CONTRIBUTION

Category/
Type

Candidate Name

AHAPAC-American Hospital Association FEDERAL

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 22630864

Amount of Each Disbursement this Period

AHAPAC- 3RD CONTRIBUTION

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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)

<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)

Full Name (Last, First, Middle Initial)

A. Metro Bank

Mailing Address 3801 Paxton St

City Harrisburg State PA Zip Code 17111

Purpose of Disbursement
bank fees

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : 22565460

Amount of Each Disbursement this Period

59.79

bank fees

Full Name (Last, First, Middle Initial)

B. Metro Bank

Mailing Address 3801 Paxton St

City Harrisburg State PA Zip Code 17111

Purpose of Disbursement
bank fees

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : 22680683

Amount of Each Disbursement this Period

197.19

bank fees

Full Name (Last, First, Middle Initial)

C. Metro Bank

Mailing Address 3801 Paxton St

City Harrisburg State PA Zip Code 17111

Purpose of Disbursement
bank fees

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2015

Transaction ID : 22680687

Amount of Each Disbursement this Period

195.78

bank fees

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

452.76

**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)

Full Name (Last, First, Middle Initial)

A. Metro Bank

Mailing Address 3801 Paxton St

City Harrisburg State PA Zip Code 17111

Purpose of Disbursement
bank fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22680688

Amount of Each Disbursement this Period

bank fees

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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