

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (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 07 01 2010 through 09 30 2010

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

Type or Print Name of Treasurer Mr James M. Redmond

Signature of Treasurer Electronically Filed by Mr James M. Redmond Date 10 04 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		8289.98
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	4848.69									
(c) Total Receipts (from Line 19)	16494.31	74284.58								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	21343.00	82574.56								
7. Total Disbursements (from Line 31)	10295.63	71527.19								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11047.37	11047.37								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: 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)	13634.76	42922.26
(ii) Unitemized	2836.03	30316.21
(iii) TOTAL (add Lines 11(a)(i) and (ii)	16470.79	73238.47
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	16470.79	73238.47
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.)	23.52	1046.11
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	16494.31	74284.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16494.31	74284.58

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	10000.00	70000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	295.63	1527.19
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10295.63	71527.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10295.63	71527.19

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	16470.79	73238.47
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16470.79	73238.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Ms. Carolyn F. Scanlan	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 5 Merion Court	Transaction ID: 18388732
	City State Zip Code Hummelstown PA 17036-9287	Amount of Each Receipt this Period 1125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hospital and Healthsystem Assn of Penn Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Thomas E. Beeman, PhD., FACH	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 609 North Cherry Street P.O. Box 3555	Transaction ID: 18388734
	City State Zip Code Lancaster PA 17602-2201	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Lancaster General Health Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Ms. Chloe Eichelberger	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 1455 Detwiler Drive	Transaction ID: 18395869
	City State Zip Code York PA 17404-1111	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Memorial Hospital Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	Contribution

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr. James M. Redmond	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 1016 Chippenham Road	Transaction ID: 18395871
	City State Zip Code Mechanicsburg PA 17050-7687	Amount of Each Receipt this Period 113.62
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Hospital and Healthsystem Assn of Penn	Occupation Sr. Vice President, Legislative Servic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 863.62	

B.	Full Name (Last, First, Middle Initial) Mr. Richard I. Bennett, CPA	Date of Receipt MM / DD / YYYY 07 / 02 / 2010
	Mailing Address Healthplex Pavilion II 100 West Sproul Road	Transaction ID: 18397992
	City State Zip Code Springfield PA 19064-2033	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Crozer-Keystone Health System	Occupation Senior Vice President & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Robert E. Wilson	Date of Receipt MM / DD / YYYY 07 / 02 / 2010
	Mailing Address 1790 Ridley Creek Road	Transaction ID: 18397998
	City State Zip Code Media PA 19063-4528	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Crozer-Keystone Health System	Occupation Sr. Vice President & CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	863.62
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 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Michael A. Suchanick	Date of Receipt MM / DD / YYYY 07 / 08 / 2010
	Mailing Address 1646 Whitley Drive	Transaction ID: 18417542
	City State Zip Code Harrisburg PA 17111-6949	Amount of Each Receipt this Period 114.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Hospital and Healthsystem Assn of Penn	Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 864.00	

B.	Full Name (Last, First, Middle Initial) Ms. Paula Bussard	Date of Receipt MM / DD / YYYY 07 / 13 / 2010
	Mailing Address 99 E. Yellow Breeches Rd.	Transaction ID: 18427322
	City State Zip Code Carlisle PA 17015-9174	Amount of Each Receipt this Period 116.25
	FEC ID number of contributing federal political committee. C	
Name of Employer Hospital and Healthsystem Assn of Penn	Occupation Senior VP, Policy & Regulatory Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 866.25	

C.	Full Name (Last, First, Middle Initial) Dr Joseph Torchia, M.D.	Date of Receipt MM / DD / YYYY 07 / 16 / 2010
	Mailing Address 503 North 21st Street	Transaction ID: 18441212
	City State Zip Code Camp Hill PA 17011-2204	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Holy Spirit Hospital	Occupation Vice President Clinical Resource Manag	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	605.25
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Gerald Miller	Date of Receipt MM / DD / YYYY 07 / 16 / 2010
	Mailing Address 100 W. Sproul Road	Transaction ID: 18441234
	City State Zip Code Springfield PA 19064-2033	Amount of Each Receipt this Period 262.50
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Crozer-Keystone Health System	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	

B.	Full Name (Last, First, Middle Initial) Robert J. Dietz	Date of Receipt MM / DD / YYYY 08 / 03 / 2010
	Mailing Address 740 Brentwater Road	Transaction ID: 18478505
	City State Zip Code Camp Hill PA 17011-1503	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Holy Spirit Hospital	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Capt. Kenneth J. Braithwaite, II, USNR	Date of Receipt MM / DD / YYYY 08 / 05 / 2010
	Mailing Address Twin Magnolias 165 Harvey Road	Transaction ID: 18496250
	City State Zip Code West Chester PA 19382-8323	Amount of Each Receipt this Period 113.63
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer DVHC of HAP	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 863.63	

SUBTOTAL of Receipts This Page (optional)	751.13
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 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dana M. Begley		Date of Receipt MM / DD / YYYY 08 / 13 / 2010		
	Mailing Address 141 Wyndemere Dr		Transaction ID: 18512546		
	City Johnstown	State PA	Zip Code 15904-3753	Amount of Each Receipt this Period 375.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Conemaugh Health System	Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

B.	Full Name (Last, First, Middle Initial) David J. Carlson		Date of Receipt MM / DD / YYYY 08 / 13 / 2010		
	Mailing Address 451 Orchard St		Transaction ID: 18512547		
	City Johnstown	State PA	Zip Code 15905-2537	Amount of Each Receipt this Period 562.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Conemaugh Health System	Occupation CMO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 562.50			

C.	Full Name (Last, First, Middle Initial) Joseph Dado		Date of Receipt MM / DD / YYYY 08 / 13 / 2010		
	Mailing Address 1130 Lauralynn Dr		Transaction ID: 18512548		
	City Johnstown	State PA	Zip Code 15905	Amount of Each Receipt this Period 562.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Conemaugh Health System	Occupation Adminstrator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 562.50			

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 11 / 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Edward H. DePasquale

Mailing Address 1086 Franklin Street

City State Zip Code
Johnstown PA 15905-4398

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

Name of Employer Occupation
Conemaugh Health System Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 562.50

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: 18512549

Amount of Each Receipt this Period
562.50

B. Full Name (Last, First, Middle Initial)
Elaine M. Lambert

Mailing Address 145 Burkey Drive

City State Zip Code
Portage PA 15946-7506

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

Name of Employer Occupation
Conemaugh Health System President-CHI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 562.50

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: 18512550

Amount of Each Receipt this Period
562.50

C. Full Name (Last, First, Middle Initial)
Renee B. Monahan

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
Conemaugh Health System VP-Revenue cycle

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: 18512551

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Claudia Rager	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 1252 Adams Ave	Transaction ID: 18512552
	City State Zip Code Mineral Point PA 15942-4502	Amount of Each Receipt this Period 562.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Conemaugh Health System VP Patient Care Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 562.50	

B.	Full Name (Last, First, Middle Initial) Kimberly H. Semelsberger	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 912 Louella Drive	Transaction ID: 18512553
	City State Zip Code Windber PA 15963-5208	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Conemaugh Health System Health Exec/Mgmnt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Mr. Scott A. Becker	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 1086 Franklin Street	Transaction ID: 18512554
	City State Zip Code Johnstown PA 15905-4398	Amount of Each Receipt this Period 1125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Conemaugh Health System Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	

SUBTOTAL of Receipts This Page (optional)	▶	2062.50
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 13 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) William Carney		Date of Receipt
	Mailing Address 1402 Murphy Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 13 / 2010
	City	State	Zip Code
	Johnstown	PA	15905-1529
	FEC ID number of contributing federal political committee. C		Transaction ID: 18512555
Name of Employer Conemaugh Health System		Occupation Medical Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 750.00

B.	Full Name (Last, First, Middle Initial) John M. Moryken		Date of Receipt
	Mailing Address 111 Highland Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 13 / 2010
	City	State	Zip Code
	Hollidaysburg	PA	16648-9736
	FEC ID number of contributing federal political committee. C		Transaction ID: 18512556
Name of Employer Conemaugh Health System		Occupation System Executive, Development & Mktng	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 562.50

C.	Full Name (Last, First, Middle Initial) Mr. Stephen Tambolas		Date of Receipt
	Mailing Address 2719 Keystone Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 13 / 2010
	City	State	Zip Code
	Harrisburg	PA	17112-9536
	FEC ID number of contributing federal political committee. C		Transaction ID: 18512557
Name of Employer Conemaugh Health System		Occupation Vice President, Supply Chain Management	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 375.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1687.50
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 19
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dennis W. Sparks

Mailing Address P.O. Box 2547

City Newark State NJ Zip Code 07114-0547

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

Name of Employer Mercy Hospital of Philadelphia Occupation VP Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 14 / 2010
Transaction ID: 18561037
 Amount of Each Receipt this Period 225.00
 Contribution

B.

Full Name (Last, First, Middle Initial)
Jeffrey Snyder

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 09 / 17 / 2010
Transaction ID: 18569128
 Amount of Each Receipt this Period 315.00

C.

Full Name (Last, First, Middle Initial)
Peter Kenniff

Mailing Address 27 North Lane

City North Wales State PA Zip Code 19454-2605

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

Name of Employer Mercy Suburban Hospital Occupation Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 17 / 2010
Transaction ID: 18569137
 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: (check only one)	PAGE 15 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Gretchen Pendleton		Date of Receipt
	Mailing Address 307 Missimer Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 17 / 2010
	City	State	Zip Code
	Royersford	PA	19468-2726
	FEC ID number of contributing federal political committee. C		Transaction ID: 18569139
Name of Employer Mercy Suburban Hospital		Occupation VP HR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 270.00

B.	Full Name (Last, First, Middle Initial) Dr. Wayne G. Miller, DO		Date of Receipt
	Mailing Address 509 Brook Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 17 / 2010
	City	State	Zip Code
	Conshohocken	PA	19428-2406
	FEC ID number of contributing federal political committee. C		Transaction ID: 18569159
Name of Employer Mercy Suburban Hospital		Occupation CMO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 450.00

Contribution

C.	Full Name (Last, First, Middle Initial) Mr. Donald R. Shenk		Date of Receipt
	Mailing Address 1500 Lansdowne Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 22 / 2010
	City	State	Zip Code
	Darby	PA	19023-1200
	FEC ID number of contributing federal political committee. C		Transaction ID: 18579103
Name of Employer Mercy Fitzgerald Hospital		Occupation Chief Financial Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 225.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 945.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Linda Kauffman, RN		Date of Receipt
	Mailing Address 12 Meadow View Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 22 / 2010
	City	State	Zip Code
	Ephrata	PA	17522-9211
	FEC ID number of contributing federal political committee. C		Transaction ID: 18579105
Name of Employer Mercy Fitzgerald Hospital		Occupation CNO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 225.00

B.	Full Name (Last, First, Middle Initial) Mr. George Donald Reed		Date of Receipt
	Mailing Address Healthplex Pavilion II 100 West Sproul Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 22 / 2010
	City	State	Zip Code
	Springfield	PA	19064-2027
	FEC ID number of contributing federal political committee. C		Transaction ID: 18579112
Name of Employer Crozer-Keystone Health System		Occupation Director, Information Systems	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 225.00

C.	Full Name (Last, First, Middle Initial) Ms. Eleanor Albright		Date of Receipt
	Mailing Address 936 Mason Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 22 / 2010
	City	State	Zip Code
	Drexel Hill	PA	19026-2523
	FEC ID number of contributing federal political committee. C		Transaction ID: 18579116
Name of Employer Mercy Fitzgerald Hospital		Occupation VP, Human Resources	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 225.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 675.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Robert E Greenwood	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 4750 Lindle Road Post Office Box 8600	Transaction ID: PR1179646824146
	City Harrisburg State PA Zip Code 17111-2451	Amount of Each Receipt this Period 121.44
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hospital and Healthsystem Assn of Penn Occupation Vp, Healthcare Finance and Insurance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 282.17	P/R Deduction (\$0.00)

B.	Full Name (Last, First, Middle Initial) Mr. Brian Eury	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1835 Market Street 10 Floor	Transaction ID: PR1346083724146
	City Philadelphia State PA Zip Code 19103-2966	Amount of Each Receipt this Period 141.66
	FEC ID number of contributing federal political committee. C	
	Name of Employer DVHC of HAP Occupation Regional Director, Legislative Service Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 266.61	P/R Deduction (\$0.00)

C.	Full Name (Last, First, Middle Initial) Ms. Kathleen C. Mebus	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 4750 Lindle Road P.O. Box 8600	Transaction ID: PR327750724146
	City Harrisburg State PA Zip Code 17111-2451	Amount of Each Receipt this Period 141.66
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hospital and Healthsystem Assn of Penn Occupation Vice President, State Legislation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 266.61	P/R Deduction (\$0.00)

SUBTOTAL of Receipts This Page (optional)	404.76
TOTAL This Period (last page this line number only)	13634.76

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)

A.	Full Name (Last, First, Middle Initial) Metro Bank/Commerce-PA <hr/> Mailing Address 3801 Paxton St <hr/> City Harrisburg State PA Zip Code 17111 <hr/> Purpose of Disbursement June bank fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18421514 Date of Disbursement 07 / 09 / 2010 <hr/> Amount of Each Disbursement this Period 169.48 <hr/> June bank fees
B.	Full Name (Last, First, Middle Initial) Metro Bank/Commerce-PA <hr/> Mailing Address 3801 Paxton St <hr/> City Harrisburg State PA Zip Code 17111 <hr/> Purpose of Disbursement July 2010 Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18496270 Date of Disbursement 08 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 42.58 <hr/> July 2010 Bank Fees
C.	Full Name (Last, First, Middle Initial) Metro Bank/Commerce-PA <hr/> Mailing Address 3801 Paxton St <hr/> City Harrisburg State PA Zip Code 17111 <hr/> Purpose of Disbursement August bank fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18558788 Date of Disbursement 09 / 10 / 2010 <hr/> Amount of Each Disbursement this Period 83.57 <hr/> August bank fees

SUBTOTAL of Disbursements This Page (optional) ▶

295.63

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

295.63

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 19

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

AHAPAC-American Hospital Association Federal PAC

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

City Washington State DC Zip Code 20004

Purpose of Disbursement
AHAPAC 7TH CONTRIBUTION

Candidate Name
AHAPAC-American Hospital Association Federal PAC

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 18501604

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	0

Amount of Each Disbursement this Period

10000.00

AHAPAC 7TH CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

10000.00