

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

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

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