

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 04 01 2006 through 06 30 2006

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 07 07 2006

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)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		13550.66
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	16115.23									
(c) Total Receipts (from Line 19)	44726.81	57430.35								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	60842.04	70981.01								
7. Total Disbursements (from Line 31)	50134.03	60273.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	10708.01	10708.01								
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:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	21375.00	32400.50
(i) Itemized (use Schedule A)	23316.50	24949.00
(ii) Unitemized	44691.50	57349.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	44691.50	57349.50
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.)	35.31	80.85
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))	44726.81	57430.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	44726.81	57430.35

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	50000.00	60000.00
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.....	134.03	273.00
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))..	50134.03	60273.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	50134.03	60273.00

DETAILED SUMMARY PAGE
of Disbursements

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)	44691.50	57349.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44691.50	57349.50
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Mr. Paul Bacharach		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 500 West Berkeley Street		Transaction ID: 12308171
City State Zip Code Uniontown PA 15401-5514	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Uniontown Hospital	Occupation President & Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Steven P. Johnson, FACHE		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6
Mailing Address 777 Rural Avenue		Transaction ID: 12310699
City State Zip Code Williamsport PA 17701-3145	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Susquehanna Health System	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Contribution

Full Name (Last, First, Middle Initial) C. Mr. Garry L. Scheib		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address 3400 Spruce Street		Transaction ID: 12346137
City State Zip Code Philadelphia PA 19104-4208	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Hospital of the University of Pennsylv	Occupation Executive Director/COO, Univ. of PA H	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
Dr. William P Pearson, M.D.

Mailing Address 155 Wilson Avenue

City State Zip Code
Washington PA 15301-3398

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

Name of Employer Occupation
Washington Hospital Vice President Medical Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: 12346141

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Kirk E. Gorman

Mailing Address 1566 Hancock Lane

City State Zip Code
Chesterbrook PA 19087-1116

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

Name of Employer Occupation
Jefferson Health System CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: 12346143

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. David E. Loder, Esq.

Mailing Address One Liberty Place

City State Zip Code
Philadelphia PA 19103-7301

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

Name of Employer Occupation
Duane, Morris & Heckscher Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: 12346315

Amount of Each Receipt this Period
500.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
Don V. Barbuto

Mailing Address 20 Heron Court

City State Zip Code
Phoenixville PA 19460-1074

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	0	6

Transaction ID: 12346317

Amount of Each Receipt this Period
250.00

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

Mailing Address 1163 Country Club Road

City State Zip Code
Monongahela PA 15063-1095

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	0	6

Transaction ID: 12362284

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. John Campbell

Mailing Address 70 E. Beau Street

City State Zip Code
Washington PA 15301-4714

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

Name of Employer Occupation
Washington Hospital Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	0	6

Transaction ID: 12401119

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 16 Annesley Drive

City State Zip Code
Glen Mills PA 19342-1358

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

Name of Employer Pennsylvania Hospital Occupation Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 12401149

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Brent J. Wagner

Mailing Address Sixth Avenue and Spruce Street

City State Zip Code
Reading PA 19611-1428

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

Name of Employer Reading Hospital and Medical Center Occupation Medical Staff

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 12401167

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
Mrs. Wendy Cameron

Mailing Address 982 E. Beau Street

City State Zip Code
Washington PA 15301-2925

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

Name of Employer Washington Hospital Auxiliary, The Occupation Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 6

Transaction ID: 12429816

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	575.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 125 Sherwood Drive

City State Zip Code
McMurray PA 15317-2724

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

Name of Employer: Hospital Council of Western PA
Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 6

Transaction ID: 12429818

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Scott A. Berlucchi, MA, NHA, C

Mailing Address 763 Johnsonburg Road

City State Zip Code
Saint Marys PA 15857-3498

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

Name of Employer: Elk Regional Health Center
Occupation: President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: 12430392

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Daniel D. Blough, Jr., CHE

Mailing Address 81 Hillcrest Drive

City State Zip Code
Punxsutawney PA 15767-2616

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

Name of Employer: Punxsutawney Area Hospital
Occupation: Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: 12430393

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Robert E. Fisher, FHFMA, CHE

Mailing Address 100 Hospital Road

City State Zip Code
Brookville PA 15825-1363

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

Name of Employer Occupation
Brookville Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: 12430396

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Louis A. Ditzel, Jr.

Mailing Address 1020 Thompson Street

City State Zip Code
Jersey Shore PA 17740-1794

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

Name of Employer Occupation
Jersey Shore Hospital President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: 12430398

Amount of Each Receipt this Period
250.00

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

Mailing Address 426 Tippin Drive

City State Zip Code
Clarion PA 16214-2106

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: 12430405

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 31
	<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)

Full Name (Last, First, Middle Initial) A. Dr. Luis W. Lu, MD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 203 Teaberry Road		Transaction ID: 12430406	
City State Zip Code Saint Marys PA 15857-2003	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Elk Regional Health Center	Occupation Medical Doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Craig Litchfield		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address Citizens & Northern Bank PO Box 58		Transaction ID: 12430473	
City State Zip Code Wellsboro PA 16901-0058	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Laurel Health System	Occupation Medical Doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. Ronald J. Butler, CHE		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 22 Walnut Street		Transaction ID: 12430574	
City State Zip Code Wellsboro PA 16901-1550	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Laurel Health System	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 32-36 Central Avenue

City Wellsboro State PA Zip Code 16901-1899

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

Name of Employer: Soldiers and Sailors Memorial Hospital
Occupation: President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 7 / 2 0 0 6

Transaction ID: 12430581

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Ms. Patricia G. Sullivan

Mailing Address 21st Floor Penn Tower
3990 South 34th Street

City Philadelphia State PA Zip Code 19104-4321

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

Name of Employer: University of Pennsylvania Health Syst
Occupation: Assistant Vice President, Clinical Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 7 / 2 0 0 6

Transaction ID: 12430627

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Jody J. Foster, MD, MBA

Mailing Address 2300 Wallace Street

City Philadelphia State PA Zip Code 19130-3128

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

Name of Employer: Pennsylvania Hospital
Occupation: Physician Chair, Dept. of Psychiatry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 7 / 2 0 0 6

Transaction ID: 12430633

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Mr. Marlin Miller, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6	
Mailing Address Arrow International, Inc. PO Box 12888, 3000 Berville Road		Transaction ID: 12470327	
City Reading	State PA	Zip Code 19612	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Reading Hospital and Medical Center		Occupation Trustee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Samuel McCullough		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6	
Mailing Address Dept of Community & Economic Devel Commonwealth Keystone Bldg		Transaction ID: 12470335	
City Harrisburg	State PA	Zip Code 17120-0001	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Reading Hospital and Medical Center		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Bennett Johnson, Jr., MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6	
Mailing Address 3400 Spruce Street		Transaction ID: 12470348	
City Philadelphia	State PA	Zip Code 19104-4208	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hospital of the University of Pennsylv		Occupation Sr. Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	550.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Michael H. Bleshman, MD

Mailing Address 1801 Blackberry Lane

City Gladwyne State PA Zip Code 19035-1101

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

Name of Employer University of Pennsylvania Health Syst Occupation Clinical Professor & Vice Chair

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 0 6

Transaction ID: 12470403

Amount of Each Receipt this Period
250.00

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

Mailing Address 332 Hidden River Road

City Narberth State PA Zip Code 19072-1111

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 0 6

Transaction ID: 12470421

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Stuart L. Fine, MD

Mailing Address 914 Sorrell Lane

City Bryn Mawr State PA Zip Code 19010-1927

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

Name of Employer University of Pennsylvania Health Syst Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 12470657

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial) Mr. David W. Kennedy Mailing Address 399 South 34th St 21st Floor City Philadelphia State PA Zip Code 19104-4316 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6 Transaction ID: 12470895 Amount of Each Receipt this Period 250.00
Name of Employer: University of Pennsylvania Health Syst Occupation: Vice Dean for Professional Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00 Contribution

B. Full Name (Last, First, Middle Initial) Dr. Brian M. Uniacke, MD Mailing Address 3948 Brookridge Drive City Mechanicsburg State PA Zip Code 17050-2103 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6 Transaction ID: 12507217 Amount of Each Receipt this Period 250.00
Name of Employer: PinnacleHealth System Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

C. Full Name (Last, First, Middle Initial) Dr. Corey Rigberg, MD Mailing Address P.O. Box 8700 City Harrisburg State PA Zip Code 17105-8700 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6 Transaction ID: 12548058 Amount of Each Receipt this Period 500.00
Name of Employer: PinnacleHealth System Occupation: Chair, Department of Psychiatry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Ms. Margaret M McGoldrick		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6	
Mailing Address 1200 York Road		Transaction ID: 12548149	
City Abington	State PA	Amount of Each Receipt this Period 250.00	
Zip Code 19001-3788			
FEC ID number of contributing federal political committee. C			
Name of Employer Abington Memorial Hospital	Occupation Executive Vice President and Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. Richard L. Jones, Jr., FACHE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6	
Mailing Address 1200 Old York Road		Transaction ID: 12548153	
City Abington	State PA	Amount of Each Receipt this Period 500.00	
Zip Code 19001-3788			
FEC ID number of contributing federal political committee. C			
Name of Employer Abington Memorial Hospital	Occupation President & Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Ms. Lorraine Pruitt		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6	
Mailing Address 1151 George Road		Transaction ID: 12548159	
City Meadowbrook	State PA	Amount of Each Receipt this Period 250.00	
Zip Code 19046-1109			
FEC ID number of contributing federal political committee. C			
Name of Employer Abington Memorial Hospital	Occupation Chair, Abington Memorial Hospital Board		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Professor Sankey Williams		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address 307 Brentford Road		Transaction ID: 12549927	
City State Zip Code Haverford PA 19041-1718		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Hospital of the University of Pennsylv		Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Albert Black, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6	
Mailing Address 3400 Spruce Street		Transaction ID: 12578671	
City State Zip Code Philadelphia PA 19104-4208		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Hospital of the University of Pennsylv		Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Keith A. Kasper		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6	
Mailing Address 1325 E. Meetinghouse Road		Transaction ID: 12578673	
City State Zip Code Lower Gwynedd PA 19002-1302		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer University of Pennsylvania Health Syst		Occupation AVP Finance & Budget	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Mr. Edward J. Hannon		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address One Hospital Drive		Transaction ID: 12578956
City State Zip Code Clarion PA 16214-8599	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Clarion Hospital	Occupation President & Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Robert H. Zentz		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address 3410 Musselman Court		Transaction ID: 12580028
City State Zip Code Whitehall PA 18052-3332	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. James P. Rush		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address 402 Cherry Lane		Transaction ID: 12580060
City State Zip Code Havertown PA 19083-1619	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer University of Pennsylvania Health Syst	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	750.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 399 South 34th Street, 21st Floor

City Philadelphia State PA Zip Code 19104-4316

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

Name of Employer University of Pennsylvania Health Syst
Occupation Vice President, Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 6

Transaction ID: 12580062

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Susan E. Phillips

Mailing Address 246 John Morgan Building
3620 Hamilton Walk

City Philadelphia State PA Zip Code 19104-6110

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

Name of Employer University of Pennsylvania Health Syst
Occupation Senior V.P. for Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 6

Transaction ID: 12580066

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Joan M. Doyle

Mailing Address 399 South 34th St
21st Floor

City Philadelphia State PA Zip Code 19104-4316

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

Name of Employer University of Pennsylvania Health Syst
Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 6

Transaction ID: 12580068

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 31
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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)

Full Name (Last, First, Middle Initial) A. Alvin J. Harper		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 500 Commonwealth Drive		Transaction ID: 12588048
City Warrendale	State PA	Zip Code 15086-7513
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Hospital Council of Western PA	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Robert J. Russell		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address 510 Justice Drive		Transaction ID: 12605449
City Marlton	State NJ	Zip Code 08053-5345
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Presbyterian Medical Center of the Uni	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. R. Nick Bryan, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address 316 South Front Street		Transaction ID: 12605455
City Philadelphia	State PA	Zip Code 19106-4310
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hospital of the University of Pennsylv	Occupation Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Dr. Bert W. O'Malley, MD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6	
Mailing Address 133 Old Gulph Road		Transaction ID: 12605459	
City State Zip Code Wynnewood PA 19096-1016		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer University of Pennsylvania Health Syst		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Ralph W. Muller		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6	
Mailing Address 21st Floor Penn Tower 3990 South 34th Street		Transaction ID: 12605462	
City State Zip Code Philadelphia PA 19104-4321		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer University of Pennsylvania Health Syst		Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Stephen R. Whitmoyer, MD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6	
Mailing Address 16 Hummingbird Road		Transaction ID: 12605489	
City State Zip Code Wyomissing PA 19610-2815		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Good Samaritan Hospital, The		Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Mr. Christopher P. Markley, Esq.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address 409 South Second Street PO Box 8700		Transaction ID: 12606638
City Harrisburg State PA Zip Code 17104-1612	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer PinnacleHealth System Occupation Sr. VP, Community & Gov't Relations	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Craig B. Wisman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 8700		Transaction ID: 12606643
City Harrisburg State PA Zip Code 17105-8700	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer PinnacleHealth System Occupation Administrator	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. Michele M. Volpe, CHE		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address 39th & Market Streets		Transaction ID: 12606645
City Philadelphia State PA Zip Code 19104	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Presbyterian Medical Center of the Uni Occupation Executive Director & CEO	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Jo Buyske, MD

Mailing Address 2109 Lombard

City Philadelphia State PA Zip Code 19146-1216

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

Name of Employer University of Pennsylvania Health Syst Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 05 / 2006

Transaction ID: 12606668

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Charles Cladel, Jr.

Mailing Address 503 North 21st Street

City Camp Hill State PA Zip Code 17011-2288

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

Name of Employer Holy Spirit Hospital Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 07 / 2006

Transaction ID: 12613199

Amount of Each Receipt this Period
 250.00

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

Mailing Address Gannett Fleming, Inc. PO Box 67100

City Harrisburg State PA Zip Code 17106

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

Name of Employer Occupation Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 07 / 2006

Transaction ID: 12613208

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 1200 York Road

City Abington State PA Zip Code 19001-3788

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

Name of Employer Abington Memorial Hospital Occupation Director Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 6

Transaction ID: 12615727

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
John Kelly, M.D.

Mailing Address 1200 Old York Road

City Abington State PA Zip Code 19001-3788

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

Name of Employer Abington Memorial Hospital Occupation Chairman., Dept of Medicine

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 6

Transaction ID: 12615739

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Geoffrey W. Jackson

Mailing Address 470 Mallard Circle

City Blue Bell State PA Zip Code 19422-2409

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

Name of Employer Fourjay Foundation Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 6

Transaction ID: 12615747

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 31
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Michael B. Walsh

Mailing Address 1200 Old York Road

City State Zip Code
Abington PA 19001-3788

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

Name of Employer Occupation
Abington Memorial Hospital VP Finance, CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 08 / 2006

Transaction ID: 12615759

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Daniel Toran

Mailing Address 616 Creek Lane

City State Zip Code
Flourtown PA 19031-1113

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

Name of Employer Occupation
PML President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 08 / 2006

Transaction ID: 12615763

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Theodore W. Brickman, Jr.

Mailing Address 3219 Buck Road

City State Zip Code
Huntingdon Valley PA 19006-4702

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

Name of Employer Occupation
Brickman Grové Architect

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 08 / 2006

Transaction ID: 12615767

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial) Mr. Richard L. Seim		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 6	
Mailing Address 1001 South George Street		Transaction ID: 12615769	
City York	State PA	Amount of Each Receipt this Period 250.00	
Zip Code 17403-3676			
FEC ID number of contributing federal political committee. C			
Name of Employer York Hospital	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Mr. Edward K. Asplundh		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 6	
Mailing Address 450 Tomlinson Road		Transaction ID: 12615772	
City Huntingdon Valley	State PA	Amount of Each Receipt this Period 250.00	
Zip Code 19006-4818			
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Dr. Peter D. Quinn, DMD, MD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6	
Mailing Address 3400 Spruce Street		Transaction ID: 12659283	
City Philadelphia	State PA	Amount of Each Receipt this Period 250.00	
Zip Code 19104-4208			
FEC ID number of contributing federal political committee. C			
Name of Employer Hospital of the University of Pennsylv	Occupation Oral & Maxillofacial Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 31
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Richard Salcido, MD

Mailing Address 1660 Minden Lane

City Malvern State PA Zip Code 19355-8769

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

Name of Employer Hospital of the University of Pennsylv Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 2 / 2 0 0 6

Transaction ID: 12659291

Amount of Each Receipt this Period
 250.00

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

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 Ce-nter Communit Occupation Physician/Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 7 / 2 0 0 6

Transaction ID: 12667786

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Corliss Boggs

Mailing Address 240 Golf View Road

City Ardmore State PA Zip Code 19003-1002

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

Name of Employer Crozer-Keystone Health Sy-tem Occupation Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 7 / 2 0 0 6

Transaction ID: 12667797

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 29 / 31	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Bruce Fischer

Mailing Address Healthplex Pavilion II
100 West Sproul Ave

City Springfield State PA Zip Code 19064-2027

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

Name of Employer Occupation
Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	7	/	2	0	0	6

Transaction ID: 12667900

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	21375.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 31

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

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

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

Full Name (Last, First, Middle Initial) A. AHAPAC-American Hospital Association Federal PAC		Transaction ID: 12432797 Date of Disbursement
Mailing Address 325 Seventh Street, N.W. Suite 700		<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Washington	State DC	Zip Code 20004
Purpose of Disbursement AHAPAC 2ND TRANSFER 4/19/06		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="20000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	AHAPAC 2ND TRANSFER 4/19/-06
State: District:		

Full Name (Last, First, Middle Initial) B. AHAPAC-American Hospital Association Federal PAC		Transaction ID: 12627606 Date of Disbursement
Mailing Address 325 Seventh Street, N.W. Suite 700		<input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Washington	State DC	Zip Code 20004
Purpose of Disbursement AHAPAC 3RD TRANSFER 6/1/2006		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="20000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	AHAPAC 3RD TRANSFER 6/1/2-006
State: District:		

Full Name (Last, First, Middle Initial) C. AHAPAC-American Hospital Association Federal PAC		Transaction ID: 12652720 Date of Disbursement
Mailing Address 325 Seventh Street, N.W. Suite 700		<input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Washington	State DC	Zip Code 20004
Purpose of Disbursement AHAPAC 4TH TRANSFER 6/14/2006		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="10000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	AHAPAC 4TH TRANSFER 6/14/-2006
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="50000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="50000.00"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 31 / 31

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

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

NAME OF COMMITTEE (In Full)

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

<p>A. PNC Bank</p> <p>Full Name (Last, First, Middle Initial) PNC Bank</p> <p>Mailing Address P.O. Box 8874</p> <p>City Camp Hill State PA Zip Code 17001-8874</p> <p>Purpose of Disbursement April 2006 bank fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 12470553</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="39.40"/></p> <p>April 2006 bank fees</p>
<p>B. PNC Bank</p> <p>Full Name (Last, First, Middle Initial) PNC Bank</p> <p>Mailing Address P.O. Box 8874</p> <p>City Camp Hill State PA Zip Code 17001-8874</p> <p>Purpose of Disbursement May 2006 bank fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 12613889</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="55.63"/></p> <p>May 2006 bank fees</p>

SUBTOTAL of Disbursements This Page (optional) ►

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