



## Interim Lobbying - Quarterly Expense Report

Received  
 JAN 28 2013  
 Philadelphia Board of Ethics

(Please Type or Print in Ink)

**Check Box if AMENDMENT**

01 Today's Date (month/day/year)	Year	Quarter	PLIS Number (Office Use Only)
1/25/2013	2012	4 Q	

Type of Filer

<input checked="" type="checkbox"/> Principal	<input type="checkbox"/> Lobbyist	<input type="checkbox"/> Lobbying Firm
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**02 FILER INFORMATION**

Name of Filer	Email Address	Phone Number	
The Hospital & Healthsystem Association of Pennsylvania		(717) 564-9200	
Permanent Business Address	City	State	Zip Code
4750 Lindle Road	Harrisburg	PA	17105



**03 LOBBYING EXPENDITURES**

Total Lobbying Expenses did not exceed \$2,500 during this quarter.  
 If you check this box, leave the rest of this section blank and move to Section 09.

Total Expenditures for Direct Communication	\$	
Total Expenditures for Indirect Communication	\$	
Total Expenditures for Gifts, Hospitality, Transportation and Lodging	\$	
Total Lobbying Expenditures for the Quarter	\$	

**04 LOBBYING CONDUCTED ON BEHALF OF THE PRINCIPAL – Direct Communication**

Lobbying Category (Select from the list on page 9)	Specific Subject Matter (Issue, Bill Number)	Position Taken (Support/Oppose/Amend/Proposed/Other)	Name of City Official & Agency



**06 CITY OFFICIALS/EMPLOYEES WHO RECEIVED GIFTS, HOSPITALITY, TRANSPORTATION OR LODGING**

Name of Recipient City Official/Employee	Department & Position of Recipient City Official/Employee	Description of Item	Value of Item	Date	Place of Receipt	Name & Address of the Source of the Item

**07 REPAYMENTS TO PRINCIPALS FOR GIFTS, HOSPITALITY, TRANSPORTATION OR LODGING**

Recipient of Item	Description of Item	Value of Item	Repayment Amount

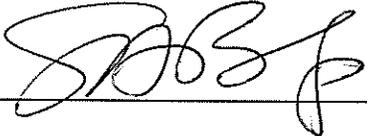
**08 SOURCE(S) OF CONTRIBUTIONS TO PRINCIPAL**

<b>Name of Individual, Association, Corporation, Partnership, Business Trust or Other Business</b>	<b>Permanent Business Address</b>	<b>City, State, Zip</b>	<b>Daytime Telephone Number</b>

**09 PRINCIPAL AFFIRMATION**

By affixing my signature to this expense report, I affirm that I have actual knowledge of the contents of this expense report and that the information reported herein is valid, accurate, and complete to the best of my knowledge. To the best of my knowledge at all times relevant to this quarterly expense reporting period, I have complied with the requirements of City Code §20-1205(5). I acknowledge that this affirmation is being made subject to 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities). I consent to receive service of notices, other official mailings, or process at the address or email listed in this expense report.

**INDIVIDUAL AFFIRMING CONTENTS OF EXPENSE REPORT**

NAME	PHONE NUMBER	EMAIL ADDRESS
Scott Bishop	(717) 561-5235	sbishop@haponline.org
SIGNATURE	DATE	
	1/23/2013	

NAME OF PRINCIPAL:

The Hospital & Healthsystem Association of Pennsylvania

YEAR:

2012

QUARTER:

4 Q

**10 LOBBYIST OR LOBBYING FIRM AFFIRMATION - Use a separate sheet for each Lobbyist or Lobbying Firm.**

Name of Lobbyist or Lobbying Firm	Email Address	Phone Number	
Curt Schroder	cschroder@dvhc.org	(215) 575-3737	
Permanent Business Address	City	State	Zip Code
1835 Market St. Suite 1050	Philadelphia	PA	19103

**LOBBYIST OR LOBBYING FIRM AFFIRMATION**

- By affixing my signature to this expense report, I affirm that I have actual knowledge of the contents of this expense report and that the information reported herein is valid, accurate, and complete to the best of my knowledge. To the best of my knowledge at all times relevant to this quarterly expense reporting period, I have complied with the requirements of City Code §20-1205(5). I acknowledge that this affirmation is being made subject to 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities). I consent to receive service of notices, other official mailings, or process at the address or email listed in this expense report.
- By affixing my signature to this expense report, I affirm that I have actual knowledge of the contents of this expense report to the extent described in my statement which follows. I affirm that the information reported on this expense report of which I have knowledge is valid, accurate, and complete to the best of my knowledge. To the best of my knowledge at all times relevant to this quarterly expense reporting period, I have complied with the requirements of City Code §20-1205(5). I acknowledge that this affirmation is being made subject to 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities). I consent to receive service of notices, other official mailings, or process at the address or email listed in this expense report.
- By affixing my signature to this expense report, I affirm that I engaged in no lobbying activity for this principal during this expense report period. I acknowledge that this affirmation is being made subject to 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities). I consent to receive service of notices, other official mailings, or process at the address or email listed in this expense report.

**AUTHORIZED SIGNATURE**

*Curt Schroder*

**DATE**

1/22/2013

**STATEMENT OF LIMITED KNOWLEDGE**

**NAME OF PRINCIPAL:**

The Hospital & Healthsystem Association of PA

**YEAR:**

2012

**QUARTER:** 4

**10 LOBBYIST OR LOBBYING FIRM AFFIRMATION - Use a separate sheet for each Lobbyist or Lobbying Firm.**

Name of Lobbyist or Lobbying Firm	Email Address	Phone Number	
Brian Eury	beury@dvhc.org	(215) 510-5135	
Permanent Business Address	City	State	Zip Code
1835 Market St Suite 1050	Philadelphia	PA	19103

**LOBBYIST OR LOBBYING FIRM AFFIRMATION**

- By affixing my signature to this expense report, I affirm that I have actual knowledge of the contents of this expense report and that the information reported herein is valid, accurate, and complete to the best of my knowledge. To the best of my knowledge at all times relevant to this quarterly expense reporting period, I have complied with the requirements of City Code §20-1205(5). I acknowledge that this affirmation is being made subject to 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities). I consent to receive service of notices, other official mailings, or process at the address or email listed in this expense report.
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**AUTHORIZED SIGNATURE**

**DATE**



1/24/2013

**STATEMENT OF LIMITED KNOWLEDGE**

