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LD 37DEU 7003

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SECRETARY OF THE SENATE

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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name			
THE HOSPITAL & HEALTHSYSTEM ASSOCIATIO	N OF PENNSYLVASNIA		
2. Address Check if different than previously reported			
4750 LINDLE ROAD			
Principal Place of Business (if different from line 2)			
City: HARRISBURG State/Z	ip (or Country) PA 17111		
4. Contact Name Telephone	E-mail (optional) 5. Senate ID #		
TINA LATIN-TRUE (717) 561-5311	TLTRUE@HAPONLINE.ORG 18672-12		
7. Client Name Self	6. House ID#		
9. Check if this filing amends a previously filed version of this 10. Check if this is a Termination Report □ ⇒ Termination INCOME OR EXPENSES - Complete Either	Date 11. No Lobbying		
12. Lobbying Firms	13. Organizations		
INCOME relating to lobbying activities for this reporting period was:			
Less than \$10,000	Less than \$10,000		
_	\$10,000 or more \(\sqrt{\sq}}}}}}}}}}}}}} \simenimen\signtiftitithet{\sintity}}}}}}}} \ender\signtiftititititititith{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \sqrt{\sqrt{\sintititititititititititititit}}}}}}}}} \sqrt{\sintitititititititititititititititititit		
\$10,000 or more	Expenses (nearest \$20,0 14. REPORTING METHOD. Check box to indicat		
Provide a good faith estimate, rounded to the nearest \$20,000,	accounting method. See instructions for description o		
of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying	☐ Method A. Reporting amounts using LDA defini		
activities on behalf of the client).	Method B. Reporting amounts under section 603		
	Internal Revenue Code		
	Method C. Reporting amounts under section 162 Internal Revenue Code		
Signature E Moles			
Printed Name and Title SCOTT E. MALAN, VICE I	PRESIDENT, LEGISLATIVE SERVICES		

Filing #04688cd8-116e-48fb-a77c-617b824a9388 - Page 1 of 10

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eng	aged in lo	ACTIVITY. Select as obbying on behalf of the as requested. Attach add	client during the	reporting per				
15.	General	issue area code MMM	(one per pa	ige)				
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18	. Name o	of each individual who a	cted as a lobbyist	in this issue a	area			
		Name			Covered Of	ficial Position	(if applicable)	
	ii	SCOTT E. MALAN						
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19). Interest	of each foreign entity in th	e specific issues lis	ted on line 16	above 🚨 C	heck if No	ne	
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P	rinted Nar	ne and Title SCOTI	E. MALAN, V	ICE PRESII	DENT, LEGISL	ATIVE SI	ERVICES	

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Registrant Nan	THE HOSPITAL & H ASSOCIATION OF P	EALTHSYSTEM ENNSYLVANI <mark>A</mark> lient Nan	neSELF	
engaged in lo		client during the reportir	y to reflect the general issue ng period. Using a separate i.	
15. General	issue area code <u>MMM</u>	(one per page)		
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17. House(s) of Congress and Federa	منيد العدام الدول فيزين المحافظية والمتحيظية الد	☐ Check if None	
/	UNITED STATE HOUS	E OF REPRESENTATI	VES	
18. Name o	f each individual who ac	ted as a lobbyist in this i	ssue area	
	Name		Covered Official Po	osition (if applicable)
	SCOIT E. MALAN			
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19. Interest	of each foreign entity in the	l e specific issues listed on li	ne 16 above	if None
Signature	ne and Title SCOTT E	MALAN, VICE PRE	Date	AUGUST 14, 200 SERVICES



HOSPITAL & Registrant Name ASSOCIATIO	HEALTHSYSTEM OF PENNSYLVANICATION	NameSE	LF	
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18. Name of each individua	l who acted as a lobbyist in t	1	avered Official D	osition (if applicable)
SCOTT E. MALAN			overed Official P	osition (if applicable)
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19. Interest of each foreign en	tity in the specific issues listed	on line 16 above	☐ Check	if None
Signature Signat	COTT E. MALAN, VICE	PRESIDENT IF	Date	AUGUST 14, 2002



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	. Hous	se(s) of Congress and F	ederal agenci	es contacted	□ cı	heck if None	-	e mercenes.
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	,	SCOTT E. MALAN						

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