### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Filer Identificati<br>Number : | <b>on</b> 7900                 | 364      |                       |            | Report Files |      |          | CA      | NDI      | DATE     |        | СОМІ     | MITTEE             | <b>~</b>       | LC     | DDT   | 151      |                |
|--------------------------------|--------------------------------|----------|-----------------------|------------|--------------|------|----------|---------|----------|----------|--------|----------|--------------------|----------------|--------|-------|----------|----------------|
| Name of Filing C               | ommittee, Candid               | ate or L | obbyist:              |            | Hosp         | ital | & He     | ealths  | yste     | em Ass   | oc of  | PA PA    | C (HAPA            | (C)            |        |       |          |                |
| Street Address:                | 4750 Lindle R                  | .oad     |                       |            |              |      |          |         |          |          |        |          |                    |                |        |       |          |                |
| City:                          | Harrisburg                     |          |                       |            |              |      |          | State   | <b>:</b> | PA       |        |          | Zip Co             | de: 1          | 7105   |       |          |                |
| TYPE OF<br>REPORT              | 6TH TUESDAY<br>PRE-PRIMARY     | 1.       | 2ND FRIDA<br>PRIMARY  | Y PRE-     | - 2          |      | 30 DA    |         | P        | POST-    | 3.     |          | AMENDI<br>REPORT   |                | Yes    | 5     | No       | <b>\</b>       |
| (place X to<br>the right of    | 6TH TUESDAY<br>PRE-ELECTION    | 4.       | 2ND FRIDA<br>ELECTION | Y PRE      | - 5          |      | 30 DA    |         | P        | POST-    | 6.     |          | TERMINA<br>REPORT  |                | Yes    | S     | No       | <b>\</b>       |
| report type)                   | ANNUAL REPORT                  | 7.       | <b>Year</b> 2015      |            |              |      |          | NG ME   |          |          |        |          | PAPER              |                | V      |       | ISKET    | TE             |
| Name of Office S               | ought by Candida               | te:      |                       |            | -            |      |          | DAT     | ΕO       | F ELE    | СТІО   | N        | District<br>Number | Office<br>Code | Ī      | Party | Code     | County<br>Code |
|                                |                                |          |                       |            |              |      |          | МО      |          | DAY      | YE     | AR       |                    |                | ·      |       |          |                |
|                                |                                |          |                       |            |              |      |          |         | 11       |          | 3      | 2015     |                    | (SEE IN        | ISTRU  | TION  | S FOR CO | DDES)          |
| Summary of Expenditures        | Receipts and                   | МО       | DAY                   | YEAR       |              |      | _        | МО      |          | DAY      | YI     | AR       | FC                 | OR OFFI        | CE U   | SE O  | NLY      |                |
|                                |                                |          | 1 1                   | 20         | 015          | T    | <b>O</b> |         | 5        |          | 4      | 2015     | ]                  |                |        |       |          |                |
| A. Amount Bro                  | ught Forward Froi              | n Last R | eport                 |            |              |      | \$       |         |          |          |        | 116.60   |                    |                |        |       |          |                |
| B. Total Moneta                | ary Contributions              | And Rec  | eipts (Fron           | Sche       | dule 1       | I)   | \$       |         |          |          | 8,1    | 167.49   |                    |                |        |       |          |                |
| C. Total Funds                 | Available (Sum O               | Lines A  | and B)                |            |              |      | \$       |         |          |          | 138,5  | 84.09    |                    |                |        |       |          |                |
| D. Total Expend                | ditures (From Sch              | edule II | I)                    |            |              |      | \$       |         |          |          | 46,3   | 356.49   |                    |                |        |       |          |                |
| E. Ending Cash                 | Balance (Subtrac               | t Line D | From Line             | C)         |              |      | \$       |         |          |          | 92,2   | 27.60    | -                  |                |        |       |          |                |
| F. Value Of In-                | Kind Contribution              | Receiv   | ed (From S            | chedu      | le II)       |      | \$       |         |          |          |        | 0.00     | -                  |                |        |       |          |                |
| G. Unpaid Debt                 | s And Obligations              | (From S  | Schedule IV           | <b>'</b> ) |              |      | \$       |         |          |          |        | 0.00     |                    |                |        |       |          |                |
|                                |                                |          |                       | AFF        | 'IDA'        | VI٦  | ΓSE      | CTIC    | NC       |          |        |          |                    |                |        |       |          |                |
|                                | a Committee rep                | -        | _                     |            |              |      |          |         |          |          |        |          |                    | of my kno      | wled   | ge an | d belief | , true         |
| correct and comple             | ete.<br>cribed before me this  |          |                       |            |              |      |          |         |          |          |        |          |                    |                |        |       |          |                |
|                                | day of                         | •        | 20                    |            |              |      | _        |         |          |          | S      | ignature | e of Perso         | n Submit       | ting I | Repoi | rt       |                |
|                                | Signatu                        | re       |                       |            |              |      | -        |         |          |          |        |          | Prin               | ted Nam        | е      |       |          |                |
| My Commission Ex               | rpires                         |          |                       |            |              |      | _        |         | •        |          |        |          | Ema                | il             |        |       |          |                |
|                                | МО                             |          | AY                    | YR         |              |      |          |         |          |          | ea Coc | le       | Daytin             | ne Telep       | hone   | Numi  | ber      |                |
|                                | a report of a can              |          |                       |            |              |      |          |         |          | _        |        |          |                    |                |        |       | - (- )   | 4000           |
| No 320) as amende              |                                | ny knowi | eage and bei          | er this    | politic      | cai  | comm     | ittee n | as n     | ot viola | ted an | y provis | ions or th         | e act or I     | une 3  | 5,193 | / (P.L.  | 1333,          |
| Sworn to and subsc             | ribed before me this<br>day of |          | 20                    |            |              |      |          |         |          |          |        | s        | ignature           | of Candid      | late   |       |          |                |
|                                |                                |          | _                     |            |              |      | -        |         |          |          |        |          | Printe             | ed Name        |        |       |          |                |
| My Commission Exp              | Signature<br>ires              |          |                       |            |              |      | -        |         | ,        |          |        |          | Ema                | iil            |        |       |          | —              |
|                                | мо                             | D        | AY                    | YR         |              |      | •        |         |          | Area     | Code   |          | D                  | aytime 1       | Teleph | none  | Numbe    | <br>r          |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate   | Reporting                   | J Period  |              |                 |
|---|-----------------------------|-----------|--------------|-----------------|
| Hospital & Healthsystem Assoc of PA PAC (HAPAC)   | From:                       | 1/1/201   | <u>5</u> To: | <u>5/4/2015</u> |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor   |                             |           |              |                 |
| TOTAL for the Reporting   | g Period                    | (1)       | \$           | 1,029.50        |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)   |                             |           |              |                 |
| Contributions Received From Political Committees (Part A)   |                             |           | \$           | 0.00            |
| All Other Contributions (Part B)  |                             |           | \$           | 1,408.62        |
| TOTAL for the Reporting   | g Period                    | (2)       | \$           | 1,408.62        |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)  |                             |           |              |                 |
| Contributions Received From Political Committees (Part C)   |                             |           | \$           | 0.00            |
| All Other Contributions (Part D)  |                             |           | \$           | 4,675.00        |
| TOTAL for the Reporting   | g Period                    | (3)       | \$           | 4,675.00        |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)  |                             |           |              |                 |
| TOTAL for the Reporting   | g Period                    | (4)       | \$           | 1,054.37        |
| Total Monetary Contributions and Receipts During this Reporting Period (Add ar<br>totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa | nd enter am<br>ige, Item B. | ount<br>) | \$           | 8,167.49        |

#### **PART A**

#### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

| Name of Filing Committee or Candidat | e     | R                 | eporting | Period |      |    |        |
|--------------------------------------|-------|-------------------|----------|--------|------|----|--------|
|                                      |       | F                 | rom:     |        | То   | :  |        |
|                                      |       |                   |          | DATE   |      |    | AMOUNT |
| Full Name of Contributing Committee  |       |                   | МО       | DAY    | YEAR |    |        |
| Mailing Address                      |       |                   |          |        |      | \$ | 0.00   |
| City                                 | State | Zip Code (Plus 4) |          |        |      |    |        |

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

### ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

| Name of Filing Committee or Candidate                |                     |                                   | Reportin | eporting Period |      |                 |    |          |
|--|---------------------|-----------------------------------|----------|-----------------|------|-----------------|----|----------|
| Hospital & Healthsystem Assoc of P                   | A PAC (HAPAC)       |                                   | From:    |                 | 1/1/ | 2015 <b>T</b> o | ): | 5/4/2015 |
|  |                     |                                   |          |                 | DATE |                 |    | AMOUNT   |
| Full Name of Contributor Mr. Andy Carter             |                     |                                   | МО       |                 | DAY  | YEAR            |    |          |
| Mailing Address 4750 Lindle Road                     | Post Office Box 860 | 0                                 |          |                 |      |                 | \$ | 27.27    |
| <b>City</b> Harrisburg                               | <b>State</b><br>PA  | <b>Zip Code (Plus 4</b> 171112428 | )        | 4               | 30   | 2015            |    |          |
| Full Name of Contributor Mr. Scott A. Bishop         |                     |                                   |          |                 | DAY  | YEAR            |    |          |
| Mailing Address 3133 Windsor Dri                     | ve                  |                                   |          |                 |      |                 | \$ | 12.50    |
| City Landisville                                     | <b>State</b><br>PA  | <b>Zip Code (Plus 4</b> 175381366 | )        | 4               | 30   | 2015            |    |          |
| Full Name of Contributor Mr. Andy Carter             |                     |                                   | МО       |                 | DAY  | YEAR            |    |          |
| Mailing Address 4750 Lindle Road                     | Post Office Box 860 | 0                                 |          |                 |      |                 | \$ | 27.27    |
| <b>City</b> Harrisburg                               | <b>State</b><br>PA  | <b>Zip Code (Plus 4</b> 171112428 | )        | 4               | 15   | 2015            |    |          |
| Full Name of Contributor Mr. Scott A. Bishop         |                     | •                                 | МО       |                 | DAY  | YEAR            |    |          |
| Mailing Address 3133 Windsor Dri                     | ve                  |                                   |          |                 |      |                 | \$ | 12.50    |
| City Landisville                                     | <b>State</b><br>PA  | <b>Zip Code (Plus 4</b> 175381366 | )        | 4               | 15   | 2015            |    |          |
| Full Name of Contributor Dr. Jack A Carroll PhD, MHA |                     |                                   | МО       |                 | DAY  | YEAR            |    |          |
| Mailing Address 2805 Cottage Cov                     | ve Drive            |                                   |          |                 |      |                 | \$ | 100.00   |
| <b>City</b> Richmond                                 | <b>State</b><br>VA  | <b>Zip Code (Plus 4</b> 232333366 | )        | 4               | 13   | 2015            |    |          |
| Full Name of Contributor Mr. Andy Carter             |                     |                                   | МО       |                 | DAY  | YEAR            |    |          |
| Mailing Address 4750 Lindle Road                     | Post Office Box 860 | 0                                 |          |                 |      |                 | \$ | 27.27    |
| <b>City</b> Harrisburg                               | <b>State</b><br>PA  | <b>Zip Code (Plus 4</b> 171112428 | )        | 3               | 31   | 2015            |    |          |

| Full Nar | me of Contri              | butor             |                     |                   | МО  | DAY  | YEAR |                  |
|----------|---------------------------|-------------------|---------------------|-------------------|-----|------|------|------------------|
| Mr. And  | dy Carter                 |                   |                     |                   |     |      |      |                  |
| Mailing  | Address                   | 4750 Lindle Road  | Post Office Box 860 | 00                | _   |      |      | <b>\$</b> 27.27  |
| City     | Harrisburg                |                   | State               | Zip Code (Plus 4) | 3   | 13   | 2015 |                  |
|          |                           |                   | PA                  | 171112428         |     |      |      |                  |
| Full Nar | me of Contri              | butor             |                     |                   | МО  | DAY  | YEAR |                  |
| Mr. And  | dy Carter                 |                   |                     |                   |     |      |      |                  |
| Mailing  | Address                   | 4750 Lindle Road  | Post Office Box 860 | 00                |     |      |      | <b>\$</b> 27.27  |
| City     | Harrisburg                |                   | State               | Zip Code (Plus 4) | 2   | 27   | 2015 |                  |
|          |                           |                   | PA                  | 171112428         |     |      |      |                  |
| Full Nar | me of Contri              | butor             |                     |                   | МО  | DAY  | YEAR |                  |
| Mr. Sco  | ott A. Bishop             |                   |                     |                   |     |      |      |                  |
| Mailing  | Address                   | 3133 Windsor Driv | /e                  |                   | _   |      |      | <b>\$</b> 12.50  |
| City     | Landisville               |                   | State               | Zip Code (Plus 4) | 3   | 31   | 2015 |                  |
|          |                           |                   | PA                  | 175381366         |     |      |      |                  |
| Full Nar | me of Contri              | butor             |                     |                   | МО  | DAY  | YEAR |                  |
| Mr. Sco  | ott A. Bishop             |                   |                     |                   |     |      |      |                  |
| Mailing  | Address                   | 3133 Windsor Driv | /e                  | _                 |     |      |      | <b>\$</b> 12.50  |
| City     | Landisville               |                   | State               | Zip Code (Plus 4) | 3   | 23   | 2015 |                  |
|          |                           |                   | PA                  | 175381366         |     |      |      |                  |
| Full Nar | me of Contri              | butor             |                     |                   | МО  | DAY  | YEAR |                  |
| Mr. Sco  | ott A. Bishop             |                   |                     |                   |     |      |      |                  |
| Mailing  | Address                   | 3133 Windsor Driv | /e                  | _                 |     |      |      | <b>\$</b> 12.50  |
| City     | Landisville               |                   | State               | Zip Code (Plus 4) | 2   | 27   | 2015 |                  |
|          |                           |                   | PA                  | 175381366         |     |      |      |                  |
| Full Nar | me of Contri              | butor             |                     |                   | МО  | DAY  | YEAR |                  |
| Mr. And  | dy Carter                 |                   |                     |                   |     |      |      |                  |
| Mailing  | Address                   | 4750 Lindle Road  | Post Office Box 860 | 00                |     |      |      | <b>\$</b> 27.27  |
| City     | Harrisburg                |                   | State               | Zip Code (Plus 4) | 2   | 13   | 2015 |                  |
|          |                           |                   | PA                  | 171112428         |     |      |      |                  |
| Full Nar | me of Contri              | butor             |                     |                   | мо  | DAY  | YEAR |                  |
| Mr. Sco  | ott A. Bishop             | ı                 |                     |                   | 140 | DAI  | ILAK |                  |
| Mailing  | Address                   | 3133 Windsor Driv | /e                  |                   | ]   |      |      | <b>\$</b> 12.50  |
| City     | Landisville               |                   | State               | Zip Code (Plus 4) | 2   | 13   | 2015 |                  |
|          |                           |                   | PA                  | 175381366         |     |      |      |                  |
| Full Nar | me of Contri              | butor             |                     |                   | МО  | DAY  | YEAR |                  |
| Mr. Mar  | rtin Ciccocio             | рро               |                     |                   | MO  | DAT  | ILAK |                  |
| Mailing  | Address                   | 1769 Wellington D | rive                |                   |     |      |      | <b>\$</b> 150.00 |
| City     | Middletown                |                   | State               | Zip Code (Plus 4) | 2   | 13   | 2015 |                  |
|          |                           |                   | PA                  | 170573425         |     |      |      |                  |
| Full Nar | me of Contri              | butor             |                     |                   | 1:5 | DAY  | VE   |                  |
| Mr. Tho  | Mr. Thomas R Harlow FACHE |                   |                     | МО                | DAY | YEAR |      |                  |
|          | Address                   | 4200 Hospital Roa | d                   |                   |     |      |      | <b>\$</b> 150.00 |
| City     | Coal Towns                |                   | State               | Zip Code (Plus 4) | 2   | 11   | 2015 |                  |
|          |                           |                   | PA                  | 178669668         |     |      |      |                  |
|          |                           |                   | 1                   | 1                 |     |      | ·    |                  |

| City   Carlisle   State   PA   170159174   2  |                                  |                    |         |                   |      |      |        | PAGE | 6      |
|---|----------------------------------|--------------------|---------|-------------------|------|------|--------|------|--------|
| Ms. Paula Bussard   | Full Name of Cont                | ributor            |         |                   | МО   | DAY  | YFAR   |      |        |
| City   Carlisle   State   PA   170159174   2  | Ms. Paula Bussard                | I                  |         |                   | 1-10 | ואס  | ILAK   |      |        |
| PA  | Mailing Address                  | 99 E. Yellow Breed | hes Rd. |                   |      |      |        | \$   | 100.00 |
| Full Name of Contributor   Mo   | <b>City</b> Carlisle             |                    | State   | Zip Code (Plus 4) | 2    | 11   | 2015   |      |        |
| Mo  |                                  |                    | PA      | 170159174         |      |      |        |      |        |
| Ms. Lynne A. Stilley       Mailing Address       1718 Hibberd lane       Zip Code (Plus 4)       1       15       2015       \$       101         City West Chester       State pA       Zip Code (Plus 4)       1       15       2015       \$       101         Full Name of Contributor       Mo DAY       YEAR       \$       101         Full Name of Contributor       Mo DAY       YEAR       \$       101         Full Name of Contributor       MO DAY       YEAR       \$       101         Full Name of Contributor       MO DAY       YEAR       \$       55         Full Name of Contributor       MO DAY       YEAR       \$       55         Full Name of Contributor       PA       191193329       \$       101         Full Name of Contributor       MO DAY       YEAR       \$       55   | Full Name of Cont                | ributor            |         |                   | МО   | DAY  | VFΔR   |      |        |
| City         West Chester         State PA         Zip Code (Plus 4) 193806400         1         15         2015           Full Name of Contributor Dr. Sander Levinson MD           Mailing Address         746 Jefferson Ave         Zip Code (Plus 4) 185101624         1         13         2015         \$ 100           Full Name of Contributor Terri L. Krevey         Mo         DAY         YEAR         \$ 100           Full Name of Contributor Terri L. Krevey         State PA         Zip Code (Plus 4) 185101624         1         13         2015         \$ 100           Full Name of Contributor Mailing Address         State PA         Zip Code (Plus 4) 185101624         1         13         2015         \$ 100           Full Name of Contributor Mailing Address         831 W. Mt. Airy Avenue         State PA         Zip Code (Plus 4) 191193329         1         13         2015         \$ 55           Full Name of Contributor         Mo         DAY         YEAR         \$ 55   | Ms. Lynne A. Still               | еу                 |         |                   | 1-10 | DAI  | ILAK   |      |        |
| PA  | Mailing Address                  | 1718 Hibberd lane  |         |                   |      |      |        | \$   | 100.00 |
| Full Name of Contributor   Dr. Sander Levinson MD   | City West Ches                   | ter                | State   | Zip Code (Plus 4) | 1    | 15   | 2015   |      |        |
| Mo  |                                  |                    | PA      | 193806400         |      |      |        |      |        |
| Dr. Sander Levinson MD  | Full Name of Cont                | ributor            |         |                   | MO   | DAY  | VEAD   |      |        |
| City         Scranton         State PA         Zip Code (Plus 4) 185101624         1         13         2015           Full Name of Contributor Terri L. Krevey         MO         DAY         YEAR         YEAR           Mailing Address         746 Jefferson Ave-ue         Zip Code (Plus 4) 185101624         1         13         2015           Full Name of Contributor Ms. Marilyn H. Rivers         MO         DAY         YEAR         YEAR           Mailing Address         831 W. Mt. Airy Avenue         Tip Code (Plus 4) 191193329         1         13         2015           Full Name of Contributor         PA         191193329         1         13         2015         \$   | Dr. Sander Levins                | on MD              |         |                   | 140  | DAI  | ILAK   |      |        |
| PA  | Mailing Address                  | 746 Jefferson Ave  |         |                   |      |      |        | \$   | 100.00 |
| Full Name of Contributor           Terri L. Krevey         MO         DAY         YEAR         YEAR         YEAR         YEAR         \$ 100         MO         DAY         YEAR         \$ 100         MO         DAY         YEAR         YEAR | <b>City</b> Scranton             |                    | State   | Zip Code (Plus 4) | 1    | 13   | 2015   |      |        |
| Terri L. Krevey   |                                  |                    | PA      | 185101624         |      |      |        |      |        |
| Terri L. Krevey   | Full Name of Cont                | ributor            |         |                   | МО   | DAY  | VEAD   |      |        |
| City         Scranton         State PA         Zip Code (Plus 4) 185101624         1         13         2015           Full Name of Contributor Ms. Marilyn H. Rivers         MO         DAY         YEAR           Mailing Address         831 W. Mt. Airy Avenue         \$ 55           City         Philadelphia         State PA         191193329         1         13         2015         2015           Full Name of Contributor         MO         DAY         YEAR         YEAR         4         YEAR         YEAR         4         4         YEAR         4         4         4         4         4         4         4         4         4         4         4         4         4         4         4         4         4         4         4   | Terri L. Krevey                  |                    |         |                   | MO   | DAT  | TEAR   |      |        |
| Full Name of Contributor Ms. Marilyn H. Rivers  Mailing Address 831 W. Mt. Airy Avenue  City Philadelphia  State PA  185101624  MO DAY  YEAR  \$ 59  Full Name of Contributor  MO DAY  YEAR  PA  191193329  | Mailing Address                  | 746 Jefferson Aver | nue     |                   |      |      |        | \$   | 100.00 |
| Full Name of Contributor  Ms. Marilyn H. Rivers  Mailing Address 831 W. Mt. Airy Avenue  City Philadelphia  State PA  191193329  Full Name of Contributor  MO DAY  YEAR  \$ 55  | City Scranton                    |                    | State   | Zip Code (Plus 4) | 1    | 13   | 2015   |      |        |
| Ms. Marilyn H. Rivers  Mo DAY YEAR  Mailing Address 831 W. Mt. Airy Avenue  City Philadelphia State Zip Code (Plus 4) 1 13 2015  PA 191193329  Full Name of Contributor  MO DAY YEAR  \$ 55   |                                  |                    | PA      | 185101624         |      |      |        |      |        |
| Ms. Marilyn H. Rivers         San Mailing Address         831 W. Mt. Airy Avenue         \$ 59           City         Philadelphia         State         Zip Code (Plus 4)         1         13         2015         < | Full Name of Cont                | ributor            |         |                   | МО   | DAY  | VEAD   |      |        |
| City Philadelphia State Zip Code (Plus 4) 1 13 2015 PA 191193329  Full Name of Contributor MO DAY YEAR  | Ms. Marilyn H. Riv               | rers               |         |                   | МО   | DAT  | TEAR   |      |        |
| PA 191193329  Full Name of Contributor  MO DAY YEAR   | Mailing Address                  | 831 W. Mt. Airy Av | enue/   |                   |      |      |        | \$   | 55.00  |
| Full Name of Contributor  MO DAY YEAR   | <b>City</b> Philadelph           | ia                 | State   | Zip Code (Plus 4) | 1    | 13   | 2015   |      |        |
| MO   DAY   YEAR   |                                  |                    | PA      | 191193329         |      |      |        |      |        |
|   | Full Name of Cont                | ributor            |         |                   | МО   | DAY  | VEAD   |      |        |
| I'IS. DEILY AUIEI LOQ   | Ms. Betty Adler Es               | SQ.                |         |                   | МО   | DAT  | TEAR   |      |        |
| Mailing Address   407 Heartwood Road   \$ 150   | Mailing Address                  | 407 Heartwood Ro   | ad      |                   |      |      |        | \$   | 150.00 |
| City         Cherry Hill         State         Zip Code (Plus 4)         1         11         2015  | City Cherry Hil                  |                    | State   | Zip Code (Plus 4) | 1    | 11   | 2015   |      |        |
| NJ 080033335  |                                  |                    | NJ      | 080033335         |      |      |        |      |        |
| Full Name of Contributor  | Full Name of Cont                | ributor            |         |                   | МО   | DAY  | VEAD   |      |        |
| Mr. Robert L. Challender  |                                  |                    |         | MO                | DAY  | TEAR |        |      |        |
| Mailing Address 161 Whitney Lane \$ 16.   | Mailing Address 161 Whitney Lane |                    |         |                   |      | \$   | 165.00 |      |        |
| City Richboro State Zip Code (Plus 4) 1 9 2015  | City Richboro                    |                    | State   | Zip Code (Plus 4) | 1    | 9    | 2015   |      |        |
| PA 189541081  |                                  |                    | PA      | 189541081         |      |      |        |      |        |

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PAGE TOTAL \$** 1,408.62

#### **PART C**

### **Contributions Received From Political Committees**

**OVER \$250.00** 

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

| Name of Filing Committee or Candidate |                      |          | Reporting Period |      |     |      |               |         |             |
|---------------------------------------|----------------------|----------|------------------|------|-----|------|---------------|---------|-------------|
|                                       |                      |          | From:            |      |     | То:  |               |         |             |
|                                       |                      |          |                  | DA   | TE  |      | A             | AMOUNT  |             |
| Full Name of Contributing Committee   |                      |          |                  | мо   | DAY | YEAR |               |         | 0.00        |
| Mailing Address                       |                      |          |                  |      |     |      | <b>-</b>   \$ |         | 0.00        |
| City                                  | State                | Zip Cod  | e (Plus 4)       |      |     |      |               |         |             |
|                                       |                      |          |                  |      |     |      |               | PAGE TO | Γ <b>AL</b> |
| Enter Grand Total of Part C on Scheo  | dule I, Detailed Sun | nmary Pa | age, Sectio      | n 3. |     |      | \$            |         | 0.00        |

### ALL OTHER CONTRIBUTIONS

**OVER \$250.00** 

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

| Name of Filing Committee or Candidate Reporting Period       |  |     |                         |      |           |       |                       |          |           |               |
|--|--|-----|-------------------------|------|-----------|-------|-----------------------|----------|-----------|---------------|
| Hospital & Healthsystem Assoc of PA P                        | AC (HAPAC)   |     |                         | Fron | n:        | 1/1/2 | <u>015</u> <b>T</b> o | :        | <u>5/</u> | <u>4/2015</u> |
|  |  |     |                         |      | D.A       | ATE   |                       |          | AMOUN     | г             |
| Full Name of Contributor                                     |  |     |                         |      | мо        | DAY   | YEAR                  |          |           |               |
| Mr. David E. Loder Esq.                                      |  |     |                         |      | МО        | DAT   | TEAR                  | \$       |           | 1,000.00      |
| Mailing Address One Liberty Place                            |  |     |                         |      | 4         | 27    | 2015                  |          |           |               |
| <b>City</b> Philadelphia                                     | State  | Zip | Code (Plus              | 4)   | ]         | 2,    | 2013                  | Ī        |           |               |
|  | PA   | 19  | 1037301                 |      |           |       |                       |          |           |               |
| Employer Name Duane Morris LLP                               |  |     |                         |      | Occupat   | ion   | Partner               |          |           |               |
| Employer Mailing Address/Principal Plac                      | e of Business  |     | City                    |      |           | State |                       | Zip C    | ode (Plu  | s 4)          |
| United Plaza30 South 17th Street                             |  |     | Philadelph              | iia  |           | PA    |                       | 1910     | 34196     |               |
| Full Name of Contributor                                     |  | •   |                         |      |           |       |                       |          |           |               |
| Ms. Gail E Latimer MSN, RN, FACHE, FA                        | AN   |     |                         |      | МО        | DAY   | YEAR                  | \$       |           | 500.00        |
| Mailing Address 201 First St                                 |  |     |                         |      | 2         | 10    | 2015                  | 7        |           |               |
| City Oakmont   | State  | Zip | Code (Plus              | 4)   | 2         | 19    | 2015                  |          |           |               |
|  | PA   | 15  | 1392193                 |      |           |       |                       |          |           |               |
| Employer Name Siemens Medical Solu                           | tions-Cerner Corp  |     |                         |      | Occupat   | ion   |                       |          |           |               |
| Employer Mailing Address/Principal Plac                      | e of Business  |     | City                    |      | -         | State |                       | Zip C    | ode (Plu  | s 4)          |
| 51 Valley Stream Parkway                                     |  |     | Malvern                 |      |           | PA    |                       | 1935     | 51406     |               |
| Full Name of Contributor                                     |  | •   |                         |      |           |       |                       |          |           |               |
| Mr. David K Miles  |  |     |                         |      | МО        | DAY   | YEAR                  | \$       |           | 500.00        |
| Mailing Address 315 W Hutchinson A                           | Ave  |     |                         |      | 2         | 17    | 2015                  | 7        |           |               |
| City Pittsburgh  | State  | Zip | Code (Plus              | 4)   | 2         | 17    | 2015                  |          |           |               |
|  | PA   | 15  | 2171350                 |      |           |       |                       |          |           |               |
| Employer Name Children's Institute of                        | Pittsburgh, The  |     |                         |      | Occupat   | ion   | Presider              | nt and   | Chief Ex  | kecu          |
| Employer Mailing Address/Principal Plac                      | ce of Business   |     | City                    |      |           | State |                       | Zip C    | ode (Plu  | s 4)          |
| 1405 Shady Avenue  |  |     | Pittsburgh              | ı    |           | PA    |                       | 1521     | 71396     |               |
| Full Name of Contributor                                     |  |     |                         |      |           |       |                       |          |           |               |
| Kimberly S. McCoy  |  |     |                         |      | МО        | DAY   | YEAR                  | \$       |           | 350.00        |
| Mailing Address 1117 Charles St                              |  |     |                         |      | 2         | 3     | 2015                  | 7        |           |               |
| City Mechanicsburg   | State  | Zip | Code (Plus              | 4)   | 2         | 3     | 2015                  |          |           |               |
|  | PA   | 17  | 0553947                 |      |           |       |                       |          |           |               |
| Employer Name Hospital and Healthsystem Assn of Pennsylvania |  |     | Occupation Director, HR |      |           |       |                       |          |           |               |
| Employer Mailing Address/Principal Place                     | mployer Mailing Address/Principal Place of Business City |     |                         |      | State     |       | Zip C                 | ode (Plu | s 4)      |               |
| 4750 Lindle RoadPost Office Box 8600                         |  |     |                         | 1    | ΡΔ 171112 |       |                       | 12451    |           |               |

|  |  |                                       |  |                         |            | TAGE 9             |
|--|--|---------------------------------------|--|-------------------------|------------|--------------------|
| Full Name of Contributor                                       |  |                                       | мо   | DAY                     | YEAR       | <b>.</b>           |
| Dr. Donald M. Whiting  |  |                                       | 1-10   | JA I                    | ILAK       | <b>\$</b> 550.00   |
| Mailing Address 208 Summit Circle                              |  |                                       | 1  | 14                      | 2015       |                    |
| <b>City</b> Gibsonia   | State  | Zip Code (Plus 4)                     |  |                         | 2015       |                    |
|  | PA   | 150446035                             |  |                         |            |                    |
| Employer Name Allegheny Health Netw                            | vork   |                                       | Occupat  | ion                     | Physicia   | n                  |
| Employer Mailing Address/Principal Plac                        | e of Business  | City                                  |  | State                   |            | Zip Code (Plus 4)  |
| 120 Fifth Avenue, Suite 2901                                   |  | Pittsburgh                            |  | PA                      |            | 152223002          |
| Full Name of Contributor                                       |  |                                       |  |                         |            |                    |
| Howard Cutler  |  |                                       | МО   | DAY                     | YEAR       | \$ 500.00          |
| Mailing Address 625 Wyndrise Drive                             |  |                                       | 1  | 12                      | 2015       |                    |
| City Blue Bell   | State  | Zip Code (Plus 4)                     | 1       1  | 13                      | 2015       |                    |
|  | PA   | 194222902                             |  |                         |            |                    |
| Employer Name Main Line Health                                 |  |                                       | Occupat  | ion                     | Vice Pre   | sident             |
| Employer Mailing Address/Principal Plac                        | e of Business  | City                                  | •  | State                   |            | Zip Code (Plus 4)  |
| 130 South Bryn Mawr Avenue                                     |  | Bryn Mawr                             |  | PA                      |            | 190103121          |
| Full Name of Contributor                                       |  | · · · · · · · · · · · · · · · · · · · |  |                         |            |                    |
| John Schwarz   |  |                                       | МО   | DAY                     | YEAR       | \$ 500.00          |
| Mailing Address 236 Dudley Avenue                              |  |                                       |  |                         |            | -                  |
| City Narberth  | State  | Zip Code (Plus 4)                     | 1  | 8                       | 2015       |                    |
| Naiberan   | PA   | 190722106                             |  |                         |            |                    |
| Employer Name Main Line Health                                 | 177.   | 130722100                             | Occupat  | ion                     | VP Adm     | inistration        |
| Employer Mailing Address/Principal Plac                        | e of Business  | City                                  | 1  | State                   | 11 / / (a) | Zip Code (Plus 4)  |
| 130 South Bryn Mawr Avenue                                     |  | Bryn Mawr                             |  | PA                      |            | 190103121          |
| Full Name of Contributor                                       |  | - Dryn nam                            |  | 1171                    |            | 1                  |
|  |  |                                       | МО   | DAY                     | YEAR       | \$ 275.00          |
| Dr. Peter D. Quinn DMD, MD  Mailing Address 3400 Spruce Street |  |                                       |  |                         |            | -                  |
| City Philadelphia  | State  | Zip Code (Plus 4)                     | 1  | 8                       | 2015       |                    |
| 1 madeipma   | PA   | 191044208                             |  |                         |            |                    |
| Employer Name Hospital of the University                       |  | 191044200                             | Occupat  | ion                     | Oral and   | l Maxilliofacial S |
| Employer Mailing Address/Principal Plac                        |  | City                                  | Cccupat  | State                   | Oral and   | Zip Code (Plus 4)  |
| 3400 Spruce Street   | e or business  | Philadelphia                          |  | PA                      |            | 191044283          |
| '  |  | Prinadelprina                         | 1 1  | PA                      |            | 191044263<br>T     |
| Full Name of Contributor                                       |  |                                       | мо   | DAY                     | YEAR       | \$ 500.00          |
| Roy Schwartz   |  |                                       |  |                         |            | -                  |
| Mailing Address 3001 Market Street                             |  | Zin Cada (Dive C)                     | _ 1  | 7                       | 2015       |                    |
| <b>City</b> Philadelphia                                       | State  | Zip Code (Plus 4)                     |  |                         |            |                    |
| <u> </u>   | PA   | 191042800                             | <del>                                     </del> | _                       | l<br>      | 1                  |
| Employer Name University of Pennsylv                           | Occupation Contract Manager, Managed                     |                                       |  | <u></u>                 |            |                    |
|  | mployer Mailing Address/Principal Place of Business City |                                       |  | State Zip Code (Plus 4) |            |                    |
| 3400 Civic Center Bouelvard Philadelphia                       |  |                                       | ia PA 191045127                                  |                         |            | 191045127          |
|  |  |                                       |  |                         |            | PAGE TOTAL         |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PAGE TOTAL \$** 4,675.00

## OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

| Name of Filing Committee or Candidate   |                                     |                               | Report  | ing Perio   | d             |                     |           |                 |
|---|-------------------------------------|-------------------------------|---------|-------------|---------------|---------------------|-----------|-----------------|
| Hospital & Healthsystem Assoc of PA PA  | AC (HAPAC)                          |                               | From:   |             | 1/1/201       | <u>5</u> <b>To:</b> |           | <u>5/4/2015</u> |
|   |                                     |                               |         | D           | ATE           |                     |           | AMOUNT          |
| Full Name   |                                     |                               |         | мо          | DAY           | YEAR                | <u>_</u>  | 2.22            |
| Metro Bank  |                                     |                               |         | МО          | DAT           | TEAR                | \$        | 2.33            |
| Mailing Address 3801 Paxton St  |                                     |                               |         | 1           | 30            | 2015                |           |                 |
| <b>City</b> Harrisburg  | State                               | Zip Code (I                   | Plus 4) |             |               |                     |           |                 |
|   | PA                                  | 17111                         |         |             |               |                     |           |                 |
| Receipt Description January interest  | income                              | •                             |         |             |               |                     |           |                 |
| Full Name   |                                     |                               |         | мо          | DAY           | YEAR                | _         | 12.60           |
| Metro Bank  |                                     |                               |         | МО          | DAT           | TEAR                | \$        | 13.68           |
| Mailing Address 3801 Paxton St  |                                     | _                             |         | 1           | 30            | 2015                |           |                 |
| City Harrisburg   | State                               | Zip Code (I                   | Plus 4) | _           |               | 2020                |           |                 |
|   | PA                                  | 17111                         |         |             |               |                     |           |                 |
| Receipt Description January interest  | income                              | •                             |         |             |               |                     |           |                 |
| Full Name   |                                     |                               |         | мо          | DAY           | YEAR                | \$        | 1 000 00        |
|   |                                     |                               |         | 140         | DAI           | ILAN                | ₹         | 1,000.00        |
| Friends of Mike Turzai  |                                     |                               |         |             |               |                     |           |                 |
| Friends of Mike Turzai  Mailing Address P.O. Box 721  | <b>.</b>                            |                               |         | 2           | 20            | 2015                |           |                 |
|   | State                               | Zip Code (I                   | Plus 4) | 2           | 20            | 2015                |           |                 |
| Mailing Address P.O. Box 721  | State<br>PA                         | <b>Zip Code (1</b> 15090      | Plus 4) | 2           | 20            | 2015                |           |                 |
| Mailing Address P.O. Box 721  | PA                                  |                               | Plus 4) | 2           | 20            | 2015                |           |                 |
| Mailing Address P.O. Box 721  City Wexford  | PA                                  |                               | Plus 4) |             |               |                     |           |                 |
| Mailing Address P.O. Box 721  City Wexford  Receipt Description Void - Friends of   | PA                                  |                               | Plus 4) | 2           | 20<br>DAY     | 2015<br>YEAR        | \$        | 2.25            |
| Mailing Address P.O. Box 721  City Wexford  Receipt Description Void - Friends of Full Name   | PA                                  |                               | Plus 4) | МО          | DAY           | YEAR                | <b>\$</b> | 2.25            |
| Mailing Address P.O. Box 721  City Wexford  Receipt Description Void - Friends of  Full Name  Metro Bank  | PA                                  |                               |         |             |               |                     | \$        | 2.25            |
| Mailing Address P.O. Box 721  City Wexford  Receipt Description Void - Friends of Full Name  Metro Bank  Mailing Address 3801 Paxton St   | PA Mike Turzai                      | 15090                         |         | МО          | DAY           | YEAR                | \$        | 2.25            |
| Mailing Address P.O. Box 721  City Wexford  Receipt Description Void - Friends of Full Name  Metro Bank  Mailing Address 3801 Paxton St   | PA  Mike Turzai  State PA           | 15090                         |         | МО          | DAY           | YEAR                | \$        | 2.25            |
| Mailing Address P.O. Box 721  City Wexford  Receipt Description Void - Friends of Pull Name Metro Bank Mailing Address 3801 Paxton St  City Harrisburg  | PA  Mike Turzai  State PA           | 15090                         |         | <b>MO</b> 2 | <b>DAY</b> 27 | <b>YEAR</b> 2015    |           |                 |
| Mailing Address P.O. Box 721  City Wexford  Receipt Description Void - Friends of Full Name Metro Bank  Mailing Address 3801 Paxton St  City Harrisburg  Receipt Description February interes   | PA  Mike Turzai  State PA           | 15090                         |         | МО          | DAY           | YEAR                | \$        | 2.25            |
| Mailing Address P.O. Box 721  City Wexford  Receipt Description Void - Friends of Pull Name Metro Bank  Mailing Address 3801 Paxton St  City Harrisburg  Receipt Description February interest  | PA  Mike Turzai  State PA           | 15090                         |         | мо<br>2     | DAY 27        | YEAR 2015 YEAR      |           |                 |
| Mailing Address P.O. Box 721  City Wexford  Receipt Description Void - Friends of Pull Name Metro Bank  Mailing Address 3801 Paxton St  City Harrisburg  Receipt Description February interest Pull Name Metro Bank                                 | PA  Mike Turzai  State PA           | 15090                         | Plus 4) | <b>MO</b> 2 | <b>DAY</b> 27 | <b>YEAR</b> 2015    |           |                 |
| Mailing Address P.O. Box 721  City Wexford  Receipt Description Void - Friends of Pull Name Metro Bank  Mailing Address 3801 Paxton St  City Harrisburg  Receipt Description February interest Full Name Metro Bank  Mailing Address 3801 Paxton St | PA  Mike Turzai  State PA  t income | 15090<br>Zip Code (I<br>17111 | Plus 4) | мо<br>2     | DAY 27        | YEAR 2015 YEAR      |           |                 |

**Receipt Description** 

February interest income

| Full Name                             |        |                   |    |      |      |            |
|---------------------------------------|--------|-------------------|----|------|------|------------|
| Metro Bank                            |        |                   | МО | DAY  | YEAR | \$ 2.49    |
| Mailing Address 3801 Paxton St        |        |                   | 3  | 31   | 2015 |            |
| <b>City</b> Harrisburg                | State  | Zip Code (Plus 4) | ]  | ] 31 | 2013 |            |
|                                       | PA     | 17111             |    |      |      |            |
| Receipt Description March interest    | income | •                 | •  | •    |      |            |
| Full Name                             |        |                   | МО | DAY  | YEAR | 4 10.07    |
| Metro Bank                            |        |                   | МО | DAT  | TEAR | \$ 10.87   |
| Mailing Address 3801 Paxton St        |        |                   | 3  | 31   | 2015 |            |
| <b>City</b> Harrisburg                | State  | Zip Code (Plus 4) |    |      |      |            |
|                                       | PA     | 17111             |    |      |      |            |
| Receipt Description March interest    |        |                   |    |      |      |            |
| Full Name                             |        |                   | мо | DAY  | YEAR | \$ 2.12    |
| Metro Bank                            |        |                   | МО | DAT  | TEAR |            |
| Mailing Address 3801 Paxton St        |        |                   | 4  | 30   | 2015 |            |
| <b>City</b> Harrisburg                | State  | Zip Code (Plus 4) |    |      |      |            |
|                                       | PA     | 17111             |    |      |      |            |
| Receipt Description April interest in | ncome  | •                 | •  |      |      |            |
| Full Name                             |        |                   | мо | DAY  | YEAR | \$ 8.63    |
| Metro Bank                            |        |                   | МО | DAT  | TEAR | \$ 8.63    |
| Mailing Address 3801 Paxton St        | _      |                   | 4  | 30   | 2015 |            |
| <b>City</b> Harrisburg                | State  | Zip Code (Plus 4) |    |      |      |            |
|                                       | PA     | 17111             |    |      |      |            |
| Receipt Description April interest in | ncome  | •                 |    |      |      | •          |
| ·                                     |        |                   |    |      | Г    | PAGE TOTAL |

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

**PAGE TOTAL \$** 1,054.37

#### **SCHEDULE II**

#### **IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

| Name of Filing Committee or Candidate  | Reporting Period |                            |                 |
|--|------------------|----------------------------|-----------------|
| Hospital & Healthsystem Assoc of PA PAC (HAPAC)  | From:            | <u>1/1/2015</u> <b>To:</b> | <u>5/4/2015</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTOR   |                            |                 |
| TOTAL for the Reporting Pe   | eriod (1)        | \$                         | 0.00            |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR   | T F)             |                            |                 |
| TOTAL for the Reporting Pe   | eriod (2)        | \$                         | 0.00            |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)   |                  |                            |                 |
| TOTAL for the Reporting Pe   | eriod (3)        | \$                         | 0.00            |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, |                  | \$                         | 0.00            |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| Name of Filing Committee or Car | ndidate              |                        | Reportin | g Period |      |             |            |      |
|---------------------------------|----------------------|------------------------|----------|----------|------|-------------|------------|------|
|                                 |                      |                        | From:    |          |      | To          | :          |      |
|                                 |                      |                        |          | DATE     |      |             | AMOUNT     |      |
| Full Name of Contributor        |                      |                        | МО       | DAY      | YEAR |             |            |      |
| Mailing Address                 |                      |                        |          |          |      | <b>7</b> \$ | C          | 0.00 |
| City                            | State                | Zip Code (Plus 4)      |          |          |      |             |            |      |
| Description of Contribution:    | •                    |                        | •        | •        |      |             |            |      |
|                                 |                      |                        |          |          | -    |             |            |      |
| Enter Grand Total of Part F o   | n Schedule II, In-Ki | nd Contributions Detai | led Sum  | mary Pa  | ge,  |             | PAGE TOTAL |      |
| Section 2.                      |                      |                        |          |          |      | \$          | 0          | .00  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate  |                |     |                  | Re     | porting           | Period       |       |       |                   |      |
|--|----------------|-----|------------------|--------|-------------------|--------------|-------|-------|-------------------|------|
|  |                |     |                  | Fro    | m:                |              | To:   |       |                   |      |
|  |                |     |                  |        |                   | DATE         |       |       | AMOUNT            |      |
| Full Name of Contributor               |                |     |                  |        | мо                | DAY          | YEAR  |       |                   |      |
| Mailing Address                        |                |     |                  |        |                   |              |       | \$    |                   | 0.00 |
| City                                   | State          |     | Zip Code(Plus 4) |        |                   |              |       |       |                   |      |
| Employer of Contributor                |                |     |                  |        | Occup             | ation        |       |       |                   |      |
| Employer Mailing Address/Principal Pla | ce of Business | Cit | ty               | Stat   | e Zi <sub>l</sub> | Code(Plus 4) | Descr | iptio | n of Contribution | on   |
| Enter Grand Total of Part G on Sch     | edule II. In-K | ind | Contributions D  | etaile | ed                |              |       |       | PAGE TOT          | ΓAL  |
| Summary Page, Section 3.               |                |     |                  |        |                   |              |       |       |                   | 0.00 |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate           | Reporting Per | riod     |     |                 |
|---|---------------|----------|-----|-----------------|
| Hospital & Healthsystem Assoc of PA PAC (HAPAC) | From          | 1/1/2015 | То: | <u>5/4/2015</u> |

|                        |                |          |                   |         | DATE             |          | AMOUNT       |
|------------------------|----------------|----------|-------------------|---------|------------------|----------|--------------|
| To Whom Paid           |                |          |                   | МО      | DAY              | YEAR     |              |
| Metro Bank             |                |          |                   |         |                  |          |              |
| Mailing Address        | 3801 Paxton St |          |                   | 1       | 2                | 2015     | \$<br>63.32  |
| <b>City</b> Harrisburg | 1              | State    | Zip Code (Plus 4) | Descrip | tion of Exp      | enditure |              |
|                        |                | PA       | 17111             | Bank fe | es               |          |              |
| To Whom Paid           |                |          |                   | мо      | DAY              | YEAR     |              |
| Metro Bank             |                |          |                   | MO      | DAT              | TEAR     |              |
| Mailing Address        | 3801 Paxton St |          |                   | 1       | 2                | 2015     | \$<br>519.68 |
| <b>City</b> Harrisburg | J              | State    | Zip Code (Plus 4) | Descrip | tion of Exp      | enditure |              |
|                        |                | PA       | 17111             | Bank fe | es               |          |              |
| To Whom Paid           |                |          |                   | мо      | DAY              | YEAR     |              |
| Metro Bank             |                |          |                   | MO      | DAT              | TEAR     |              |
| Mailing Address        | 3801 Paxton St |          |                   | 1       | 12               | 2015     | \$<br>16.50  |
| <b>City</b> Harrisburg | ]              | State    | Zip Code (Plus 4) | Descrip | tion of Exp      | enditure |              |
|                        |                | PA       | 17111             | Bank fe | es               |          |              |
| To Whom Paid           |                | •        | -                 |         | DAY              | VEAD     |              |
| Metro Bank             |                |          |                   | МО      | DAY              | YEAR     |              |
| Mailing Address        | 3801 Paxton St |          |                   | 2       | 2                | 2015     | \$<br>6.37   |
| <b>City</b> Harrisburg | J              | State    | Zip Code (Plus 4) | Descrip | tion of Exp      | enditure |              |
|                        |                | PA       | 17111             | Bank fe | es               |          |              |
| To Whom Paid           |                |          |                   |         | DAY              | VEAD     |              |
| Metro Bank             |                |          |                   | МО      | DAY              | YEAR     |              |
| Mailing Address        | 3801 Paxton St |          |                   | 2       | 2                | 2015     | \$<br>80.83  |
| <b>City</b> Harrisburg | J              | State    | Zip Code (Plus 4) | Descrip | tion of Exp      | enditure |              |
|                        |                | PA       | 17111             | Bank fe | es               |          |              |
| To Whom Paid           |                |          |                   | МС      | DAY              | VEAD     | <br>         |
| Metro Bank             |                |          |                   | МО      | DAY              | YEAR     |              |
| Mailing Address        | 3801 Paxton St |          |                   | 2       | 3                | 2015     | \$<br>0.05   |
| <b>City</b> Harrisburg | ]              | State    | Zip Code (Plus 4) | Descrip | l<br>tion of Exp | enditure |              |
|                        | •              | PA       | 17111             | Bank Fe | -                |          |              |
|                        |                | <u> </u> | 1                 | 1       |                  |          |              |

|  |               |                                   |            |                           |               |             | 10       |
|--|---------------|-----------------------------------|------------|---------------------------|---------------|-------------|----------|
| To Whom Paid                                       |               |                                   | МО         | DAY                       | YEAR          |             |          |
| Metro Bank   |               |                                   | 1-10       |                           | 1 Z/IIX       |             |          |
| Mailing Address 3801 Paxton St                     |               |                                   | 2          | 3                         | 2015          | \$          | 10.25    |
| <b>City</b> Harrisburg                             | State         | Zip Code (Plus 4)                 | Descrip    | tion of Exp               | enditure      |             |          |
|  | PA            | 17111                             | bank fe    | es                        |               |             |          |
| To Whom Paid                                       |               |                                   | мо         | DAY                       | YEAR          |             |          |
| Metro Bank   |               |                                   | 110        |                           |               |             |          |
| Mailing Address 3801 Paxton St                     |               |                                   | 2          | 4                         | 2015          | \$          | 38.00    |
| <b>City</b> Harrisburg                             | State         | Zip Code (Plus 4)                 | Descrip    | tion of Exp               | enditure      |             |          |
|  | PA            | 17111                             | Bank fe    | es-supplie                | S             |             |          |
| <b>To Whom Paid</b> Volunteers for Argall - Senate |               |                                   | мо         | DAY                       | YEAR          |             |          |
| Mailing Address P.O. Box 241                       |               |                                   | 2          | 6                         | 2015          | \$          | 500.00   |
| City Tamaqua                                       | State         | Zip Code (Plus 4)                 | Descript   | l<br>tion of Exp          | l<br>enditure |             |          |
|  | PA            | 18252                             | David A    | rgall, STA                | ΓΕ SENAT      | E 29th PA   |          |
| To Whom Paid                                       |               | <u> </u>                          | мо         | DAY                       | YEAR          |             |          |
| RCPA PAC   |               |                                   |            |                           | 2015          | \$          | 650.00   |
| Mailing Address 777 East Park Dr                   | ive Suite 300 |                                   | 2          | 6                         | 2015          | <b>.</b>    | 030.00   |
| <b>City</b> Harrisburg                             | State         | Zip Code (Plus 4)                 | 1          | tion of Exp               |               |             |          |
|  | PA            | 17111                             | RCPS-2     | 014 PAC C                 | ONTRIBU       | TION        |          |
| <b>To Whom Paid</b> Citizens for Hughes            |               |                                   | МО         | DAY                       | YEAR          |             |          |
| Mailing Address P.O. Box 13031                     |               |                                   | 2          | 20                        | 2015          | \$          | 1,000.00 |
| <b>City</b> Philadelphia                           | State         | Zip Code (Plus 4)                 | Descrip    | tion of Exp               | enditure      |             |          |
|  | PA            | 191013031                         | Vincent    | Hughes, S                 | STATE SEI     | NATE 7th PA |          |
| <b>To Whom Paid</b> Friends of Joe Scarnati        |               |                                   | мо         | DAY                       | YEAR          |             |          |
| Mailing Address P.O. Box 33                        |               |                                   | 2          | 20                        | 2015          | \$          | 1,000.00 |
| <b>City</b> Youngsville                            | State         | Zip Code (Plus 4)                 | Descript   | l<br>tion of Exp          | <br>enditure  |             |          |
| ,  | PA            | 16371                             | 1          | -                         |               | NATE 25th P | Ą        |
| To Whom Paid  Mike Sturla for State Representative |               | <u> </u>                          | МО         | DAY                       | YEAR          |             |          |
| Mailing Address P.O. Box 206                       |               |                                   | 2          | 20                        | 2015          | \$          | 500.00   |
|  | Stat-         | Zin Cada (Dissa 4)                |            |                           |               |             |          |
| <b>City</b> Lancaster                              | State<br>PA   | <b>Zip Code (Plus 4)</b><br>17608 |            | tion of Exp<br>a, STATE H |               | ath D∧      |          |
| To Whom Paid                                       | 110           | 17000                             | i . Stulle | I STATE F                 |               | ALLIA .     |          |
| Friends of Senator Don White                       |               |                                   | МО         | DAY                       | YEAR          |             |          |
| Mailing Address P.O. Box 7363                      |               |                                   | 2          | 20                        | 2015          | \$          | 500.00   |
| <b>City</b> Indiana                                | State         | Zip Code (Plus 4)                 | Descrip    | l<br>tion of Exp          | L<br>enditure |             |          |
|  | PA            | 15701                             | Don Wh     | ite, STATE                | SENATE        | 41st PA     |          |
|  |               |                                   |            |                           |               |             |          |

|                             |             |                   |          |             |           | PA         | 3E 1/    |
|-----------------------------|-------------|-------------------|----------|-------------|-----------|------------|----------|
| To Whom Paid                |             |                   | мо       | DAY         | YEAR      |            |          |
| United States Treasury - IF | RS          |                   |          |             |           |            |          |
| Mailing Address             |             |                   | 2        | 20          | 2015      | \$         | 58.45    |
| <b>City</b> Ogden           | State       | Zip Code (Plus 4) | Descrip  | tion of Exp | enditure  |            |          |
|                             | UT          | 84201             | EIN# 23  | 3-2125904   | , 12/31/2 | 2014, 1120 | )-POL    |
| To Whom Paid                |             |                   | мо       | DAY         | YEAR      |            |          |
| Friends of Mike Turzai      |             |                   | 1-10     |             | 1 = July  |            |          |
| Mailing Address P.O. Bo     | x 721       |                   | 2        | 20          | 2015      | \$         | 1,000.00 |
| City Wexford                | State       | Zip Code (Plus 4) | Descrip  | tion of Exp | enditure  |            |          |
|                             | PA          | 15090             | Michael  | Turzai, ST  | ATE HOU   | SE 28th PA | 4        |
| To Whom Paid                |             |                   | мо       | DAY         | YEAR      |            |          |
| Committee to Re-Elect Mar   | io Scavello |                   | MO       | DA1         | ILAK      |            |          |
| Mailing Address P.O. Bo     | x 550       |                   | 2        | 20          | 2015      | \$         | 500.00   |
| <b>City</b> Tannersville    | State       | Zip Code (Plus 4) | Descrip  | tion of Exp | enditure  |            |          |
|                             | PA          | 18372             | Mario S  | cavello, ST | ATE HOU   | ISE 176th  | PA       |
| To Whom Paid                |             |                   | мо       | DAY         | YEAR      |            |          |
| HRCC                        |             |                   | МО       |             | ILAK      |            |          |
| Mailing Address P.O. Bo     | x 11787     |                   | 2        | 20          | 2015      | \$         | 5,000.00 |
| City Harrisburg             | State       | Zip Code (Plus 4) | Descrip  | tion of Exp | enditure  |            |          |
|                             | PA          | 17108             | HRCC K   | ICKOFF 2/   | 2/2015    |            |          |
| To Whom Paid                |             |                   | мо       | DAY         | YEAR      |            |          |
| Friends of Warren Kampf     |             |                   | М        |             | TEAR      |            |          |
| Mailing Address 14 Calv     | ert Circle  |                   | 2        | 20          | 2015      | \$         | 300.00   |
| <b>City</b> Paoli           | State       | Zip Code (Plus 4) | Descrip  | tion of Exp | enditure  |            |          |
|                             | PA          | 19301             | Warren   | Kampf, ST   | ATE HOL   | ISE 157th  | PA       |
| To Whom Paid                |             |                   | мо       | DAY         | YEAR      |            |          |
| Friends of Peter Schweyer   |             |                   | 1-10     |             | 1 = Aux   |            |          |
| Mailing Address P.O. Bo     | x 391       |                   | 2        | 27          | 2015      | \$         | 250.00   |
| <b>City</b> Harrisburg      | State       | Zip Code (Plus 4) | Descrip  | tion of Exp | enditure  |            |          |
|                             | PA          | 17108             | Peter So | chweyer, S  | TATE HO   | USE 22nd   | PA       |
| To Whom Paid                |             |                   | мо       | DAY         | YEAR      |            |          |
| Metro Bank                  |             |                   | МО       | DAI         | ILAK      |            |          |
| Mailing Address 3801 Pa     | axton St    |                   | 3        | 2           | 2015      | \$         | 2.28     |
| <b>City</b> Harrisburg      | State       | Zip Code (Plus 4) | Descrip  | tion of Exp | enditure  |            |          |
|                             | PA          | 17111             | bank fe  | es          |           |            |          |
| To Whom Paid                |             |                   | МО       | DAY         | YEAR      |            |          |
| Metro Bank                  |             |                   | 140      |             | ILAK      |            |          |
| Mailing Address 3801 Pa     | axton St    |                   | 3        | 2           | 2015      | \$         | 30.34    |
| <b>City</b> Harrisburg      | State       | Zip Code (Plus 4) | Descrip  | tion of Exp | enditure  |            |          |
|                             | PA          | 17111             | Bank fe  | es          |           |            |          |
|                             |             |                   |          |             |           |            |          |

|                                     |                      |                   |          |             |           |             | - 10      |
|-------------------------------------|----------------------|-------------------|----------|-------------|-----------|-------------|-----------|
| To Whom Paid                        |                      |                   | МО       | DAY         | YEAR      |             |           |
| Build PA PAC                        |                      |                   |          |             |           |             |           |
| Mailing Address P.O. Box 412        |                      |                   | 3        | 16          | 2015      | \$          | 7,500.00  |
| <b>City</b> Harrisburg              | State                | Zip Code (Plus 4) | Descript | tion of Exp | enditure  |             |           |
|                                     | PA                   | 17108             | Corman   | Event - 2,  | /28/15    |             |           |
| To Whom Paid                        |                      |                   | МО       | DAY         | YEAR      |             |           |
| Friends of Joe Scarnati             |                      |                   |          |             |           |             |           |
| Mailing Address P.O. Box 33         |                      |                   | 3        | 27          | 2015      | \$          | 1,000.00  |
| City Youngsville                    | State                | Zip Code (Plus 4) | Descript | tion of Exp | enditure  |             |           |
|                                     | PA                   | 16371             | Joseph 9 | Scarnati, S | STATE SEI | NATE 25th P | 'A        |
| To Whom Paid                        |                      |                   | МО       | DAY         | YEAR      |             |           |
| Senate Republican Campaign Comm     | ittee                |                   |          |             |           |             |           |
| Mailing Address P.O. Box 792 Fed    | deral Square Station |                   | 3        | 27          | 2015      | \$          | 10,000.00 |
| <b>City</b> Harrisburg              | State                | Zip Code (Plus 4) | Descript | tion of Exp | enditure  |             |           |
|                                     | PA                   | 17108             | SRCC R   | ECEPTION    | 2/24/15   |             |           |
| To Whom Paid                        |                      |                   | МО       | DAY         | YEAR      |             |           |
| Committee to Elect Julie Harhart    |                      |                   |          |             |           |             |           |
| Mailing Address 640 Willow Drive    | !                    |                   | 3        | 27          | 2015      | \$          | 450.00    |
| City North Catasauqua               | State                | Zip Code (Plus 4) | Descript | tion of Exp | enditure  |             |           |
|                                     | PA                   | 18032             | Julie Ha | rhart, STA  | TE HOUS   | E 183rd PA  |           |
| To Whom Paid                        |                      |                   | МО       | DAY         | YEAR      |             |           |
| Friends of Bob Mensch - Senate      |                      |                   |          |             |           |             |           |
| Mailing Address P.O. Box 1061       |                      |                   | 3        | 27          | 2015      | \$          | 500.00    |
| <b>City</b> Quakertown              | State                | Zip Code (Plus 4) | Descript | tion of Exp | enditure  |             |           |
|                                     | PA                   | 18951             | Bob Mer  | nsch, STAT  | E SENAT   | E 24th PA   |           |
| To Whom Paid                        |                      |                   | МО       | DAY         | YEAR      |             |           |
| I'm For Knowles Committee           |                      |                   |          |             |           |             |           |
| Mailing Address 16 Oxford Street    | :                    |                   | 3        | 27          | 2015      | \$          | 300.00    |
| City Tamaqua                        | State                | Zip Code (Plus 4) | Descript | tion of Exp | enditure  |             |           |
|                                     | PA                   | 18252             | Jerry Kr | nowles, ST  | ATE HOU   | SE 124th PA |           |
| To Whom Paid                        |                      |                   | МО       | DAY         | YEAR      |             |           |
| Citizens for John Yudichak (Senate) |                      |                   |          |             |           |             |           |
| Mailing Address P.O. Box 545        |                      |                   | 3        | 27          | 2015      | \$          | 500.00    |
| <b>City</b> Harrisburg              | State                | Zip Code (Plus 4) | Descript | tion of Exp | enditure  |             |           |
|                                     | PA                   | 17108             | John Yu  | dichak, ST  | ATE SEN   | ATE 14th PA | ·         |
| To Whom Paid                        |                      |                   | МО       | DAY         | YEAR      |             |           |
| Tom Wolf for Governor               |                      |                   | .10      |             | LAIN      |             |           |
| Mailing Address P.O. Box 22454      |                      |                   | 3        | 27          | 2015      | \$          | 2,500.00  |
| <b>City</b> Philadelphia            | State                | Zip Code (Plus 4) | Descript | tion of Exp | enditure  |             |           |
|                                     | PA                   | 19110             | Tom Wo   | olf, GOVER  | NOR PA    |             |           |
|                                     |                      |                   |          |             |           |             |           |

| To Whom                       | Paid                         |       |                   | мо       | DAY         | YEAR     |              |          |
|-------------------------------|------------------------------|-------|-------------------|----------|-------------|----------|--------------|----------|
| Metro Bar                     | nk                           |       |                   | 110      | DA!         | ILAN     |              |          |
| Mailing Ad                    | Idress 3801 Paxton St        |       |                   | 4        | 1           | 2015     | \$           | 3.48     |
| City Ha                       | arrisburg                    | State | Zip Code (Plus 4) | Descript | ion of Exp  | enditure |              |          |
|                               |                              | PA    | 17111             | Bank fe  | es          |          |              |          |
| To Whom                       | Paid                         |       |                   | мо       | DAY         | YEAR     |              |          |
| Metro Bar                     | nk                           |       |                   | 110      | DA!         | ILAK     |              |          |
| Mailing Ad                    | ddress 3801 Paxton St        |       |                   | 4        | 1           | 2015     | \$           | 20.00    |
| City Ha                       | arrisburg                    | State | Zip Code (Plus 4) | Descript | ion of Exp  | enditure |              |          |
|                               |                              | PA    | 17111             | bank fee | es          |          |              |          |
| To Whom                       | Paid                         |       |                   | мо       | DAY         | YEAR     |              |          |
| Friends of                    | f Lisa Boscola               |       |                   | МО       | DAI         | ILAK     |              |          |
| Mailing Ad                    | ddress P.O. Box 1294         |       |                   | 4        | 2           | 2015     | \$           | 500.00   |
| City Be                       | ethlehem                     | State | Zip Code (Plus 4) | Descript | ion of Exp  | enditure |              |          |
|                               |                              | PA    | 18016             | Lisa Bos | cola, STA   | E SENAT  | E 18th PA    |          |
| <b>To Whom</b><br>Rafferty fo |                              |       |                   | мо       | DAY         | YEAR     |              |          |
| Mailing Ad                    |                              |       |                   | 4        | 2           | 2015     | \$           | 500.00   |
|                               |                              |       |                   |          |             |          |              |          |
| City Ha                       | arrisburg                    | State | Zip Code (Plus 4) |          | tion of Exp |          | TE 4411 DA   |          |
| To Whom                       | D-:-                         | PA    | 17108             | John Ra  | lierty, STA | I SENA   | TE 44th PA   |          |
|                               | f Jake Corman                |       |                   | МО       | DAY         | YEAR     |              |          |
| Mailing Ad                    | Idress P.O. Box 412          |       |                   | 4        | 2           | 2015     | \$           | 1,000.00 |
| City Ha                       | arrisburg                    | State | Zip Code (Plus 4) | Descript | ion of Exp  | enditure |              |          |
|                               |                              | PA    | 17108             | Jake Co  | rman, STA   | TE SENA  | TE 34th PA   |          |
| To Whom                       | Paid                         |       |                   | МО       | DAY         | YEAR     |              |          |
| Killion's V                   | ictory CteCandidate for 168  |       |                   | MO       | DAI         | ILAK     |              |          |
| Mailing Ad                    | ddress 50 South Providence   | Road  |                   | 4        | 2           | 2015     | \$           | 500.00   |
| City Me                       | edia                         | State | Zip Code (Plus 4) | Descript | ion of Exp  | enditure |              |          |
|                               |                              | PA    | 19063             | Thomas   | Killion, ST | ATE HOU  | ISE 168th PA |          |
| To Whom                       | Paid                         |       |                   | мо       | DAY         | YEAR     |              |          |
| Friends of                    | Dave Reed                    |       |                   | 140      | DAI         | ILAK     |              |          |
| Mailing Ad                    | ddress 550 Philadelphia Stre | eet   |                   | 4        | 2           | 2015     | \$           | 1,000.00 |
| <b>City</b> In                | diana                        | State | Zip Code (Plus 4) | Descript | ion of Exp  | enditure |              |          |
|                               |                              | PA    | 15701             | Dave Re  | ed, STATE   | HOUSE    | 62nd PA      |          |
| To Whom                       | Paid                         |       |                   | MO       | DAY         | YEAR     |              |          |
| Committe                      | e to Elect Brian Ellis       |       |                   | МО       | DAT         | TEAK     |              |          |
| Mailing Ad                    | ddress 1 Evergreen Road      |       |                   | 4        | 2           | 2015     | \$           | 1,000.00 |
| <b>City</b> Ly                | ndora                        | State | Zip Code (Plus 4) | Descript | ion of Exp  | enditure |              |          |
|                               |                              | PA    | 16045             | Brian El | lis, STATE  | HOUSE 1  | 1th PA       |          |
|                               |                              |       |                   |          |             |          |              |          |

|         |                                      |       |                   |           |             |          |             | 20     |
|---------|--------------------------------------|-------|-------------------|-----------|-------------|----------|-------------|--------|
| To Wh   | om Paid                              |       |                   | мо        | DAY         | YEAR     |             |        |
| Metro   | Bank                                 |       |                   | 110       |             | . L.A.   |             |        |
| Mailing | <b>Address</b> 3801 Paxton St        |       |                   | 4         | 2           | 2015     | \$          | 10.00  |
| City    | Harrisburg                           | State | Zip Code (Plus 4) | Descript  | ion of Exp  | enditure |             |        |
|         |                                      | PA    | 17111             | Bank fee  | es          |          |             |        |
| To Wh   | om Paid                              |       |                   | мо        | DAY         | YEAR     |             |        |
| Folme   | r for State Senate                   |       |                   | 110       | 5,11        | . L.A.   |             |        |
| Mailing | <b>Address</b> P.O. Box 804          |       |                   | 4         | 2           | 2015     | \$          | 500.00 |
| City    | Jonestown                            | State | Zip Code (Plus 4) | Descript  | ion of Exp  | enditure |             |        |
|         |                                      | PA    | 17038             | Michael   | Folmer, S   | TATE SEN | ATE 48th PA |        |
| To Wh   | om Paid                              |       |                   | МО        | DAY         | YEAR     |             |        |
| Sue H   | elm for State House Committee        |       |                   | 140       | DA!         | ILAK     |             |        |
| Mailing | <b>Address</b> 3537 Athena Avenue    | 9     |                   | 4         | 2           | 2015     | \$          | 300.00 |
| City    | Harrisburg                           | State | Zip Code (Plus 4) | Descript  | ion of Exp  | enditure |             |        |
|         |                                      | PA    | 17112             | Sue Hel   | m, STATE    | HOUSE 1  | 04th PA     |        |
| To Wh   | om Paid                              |       |                   | мо        | DAY         | YEAR     |             |        |
| Friend  | s of Rich Alloway                    |       |                   | 140       | DA!         | ILAK     |             |        |
| Mailing | Address 62 South Main Stree          | t     |                   | 4         | 2           | 2015     | \$          | 500.00 |
| City    | Chambersburg                         | State | Zip Code (Plus 4) | Descript  | ion of Exp  | enditure |             |        |
|         |                                      | PA    | 17201             | Rich Allo | oway, STA   | TE SENAT | E PA        |        |
| To Wh   | om Paid                              |       |                   | МО        | DAY         | YEAR     |             |        |
| Tim Bı  | riggs for State Representative       |       |                   |           |             |          |             |        |
| Mailing | Address P.O. Box 62193               |       |                   | 4         | 2           | 2015     | \$          | 500.00 |
| City    | King of Prussia                      | State | Zip Code (Plus 4) | Descript  | ion of Exp  | enditure |             |        |
|         |                                      | PA    | 19406             | Tim Brig  | gs, STATE   | HOUSE    | 149th PA    |        |
| To Wh   | om Paid                              |       |                   | МО        | DAY         | YEAR     |             |        |
| Comm    | ittee to Elect Doyle Heffley         |       |                   |           |             |          |             |        |
| Mailing | <b>905</b> Address 905 Forest Driver |       |                   | 4         | 2           | 2015     | \$          | 300.00 |
| City    | Palmerton                            | State | Zip Code (Plus 4) | Descript  | ion of Exp  | enditure |             |        |
|         |                                      | PA    | 18071             | Doyle H   | effley, STA | ATE HOUS | SE 122nd PA |        |
| To Wh   | om Paid                              |       |                   | МО        | DAY         | YEAR     |             |        |
| Citizer | ns for jim Christiana                |       |                   | MO        | DAT         | TEAR     |             |        |
| Mailing | Address 592 A Third Street           |       |                   | 4         | 2           | 2015     | \$          | 500.00 |
| City    | Beaver                               | State | Zip Code (Plus 4) | Descript  | ion of Exp  | enditure |             |        |
|         |                                      | PA    | 15009             | Jim Chri  | stiana, ST  | ATE HOU  | SE 15th PA  |        |
| To Wh   | om Paid                              |       |                   | MO        | DAY         | VEAD     |             |        |
| Comm    | ittee to Elect Pam Snyder            |       |                   | МО        | DAY         | YEAR     |             |        |
| Mailing | g Address P.O. Box 545               |       |                   | 4         | 2           | 2015     | \$          | 300.00 |
| City    | Harrisburg                           | State | Zip Code (Plus 4) | Descript  | ion of Exp  | enditure |             |        |
|         | -                                    | PA    | 17108             | Pam Sn    | yder, STAT  | TE HOUSE | 50th PA     |        |
|         |                                      | ·     |                   |           | •           |          |             |        |

|  |                        |                    |                                |                   |                  |                      | 170         | JL 21    |
|--|------------------------|--------------------|--------------------------------|-------------------|------------------|----------------------|-------------|----------|
| To Whom Paid                             |                        |                    |                                | МО                | DAY              | YEAR                 |             |          |
| Friends of Matt S                        | Smith                  |                    |                                | 1-10              | J                | 12/110               |             |          |
| <b>Mailing Address</b>                   | P.O. Box 13445         |                    |                                | 4                 | 2                | 2015                 | \$          | 500.00   |
| <b>City</b> Pittsburg                    | h                      | State              | Zip Code (Plus 4)              | Descrip           | tion of Exp      | enditure             |             |          |
|  |                        | PA                 | 15243                          | Matt Sn           | nith, STATI      | E SENATE             | 37th PA     |          |
| To Whom Paid                             |                        |                    |                                | МО                | DAY              | YEAR                 |             |          |
| Friends of Mike S                        | Schlossberg            |                    |                                | МО                |                  | ILAK                 |             |          |
| Mailing Address                          | P.O. Box 391           |                    |                                | 4                 | 2                | 2015                 | \$          | 500.00   |
| <b>City</b> Harrisbu                     | rg                     | State              | Zip Code (Plus 4)              | Descrip           | tion of Exp      | enditure             |             |          |
|  |                        | PA                 | 17108                          | Michael           | Schlossbe        | rg, STAT             | E HOUSE 1   | 32nd PA  |
| To Whom Paid  Aument for Sena            | ate                    |                    |                                | МО                | DAY              | YEAR                 |             |          |
| Mailing Address                          | P.O. Box 792           |                    |                                | 4                 | 2                | 2015                 | \$          | 1,000.00 |
| <b>City</b> Harrisbu                     | rg                     | State              | Zip Code (Plus 4)              | Descrip           | l<br>tion of Exp | <u>l</u><br>enditure | <u>I</u>    |          |
|  |                        | PA                 | 17108                          | Ryan Au           | ıment, STA       | ATE SENA             | ATE 36th PA | A        |
| To Whom Paid                             |                        |                    |                                | мо                | DAY              | YEAR                 |             |          |
| Friends of Mary                          | Jo Daley               |                    |                                | 1-10              |                  | ILAK                 |             |          |
| Mailing Address                          | P.O. Box 752           |                    |                                | 4                 | 2                | 2015                 | \$          | 250.00   |
| City Conshoh                             | ocken                  | State              | Zip Code (Plus 4)              | Descrip           | tion of Exp      | enditure             |             |          |
|  |                        | PA                 | 19428                          | Mary Jo           | Daley, ST        | ATE HOU              | SE 148th P  | Ά        |
| To Whom Paid                             |                        |                    |                                | мо                | DAY              | YEAR                 |             |          |
| Committee to Re                          | e-Elect John Sabatina, | Jr.                |                                |                   |                  |                      |             |          |
| Mailing Address                          | 7718 Castor Avenue     | e 2nd Floor        |                                | 4                 | 2                | 2015                 | \$          | 500.00   |
| <b>City</b> Philadelp                    | hia                    | State              | Zip Code (Plus 4)              | Descrip           | tion of Exp      | enditure             |             |          |
|  |                        | PA                 | 19152                          | John Sa           | batina, ST       | ATE HOU              | SE 174th P  | PA .     |
| To Whom Paid                             |                        |                    |                                | МО                | DAY              | YEAR                 |             |          |
| JDK Group                                |                        |                    |                                |                   |                  |                      |             |          |
| Mailing Address                          | 1 Bishop Place         |                    |                                | 4                 | 15               | 2015                 | \$          | 1,357.55 |
| City Camp Hi                             | II                     | State              | Zip Code (Plus 4)              | Descrip           | tion of Exp      | enditure             |             |          |
|  |                        | PA                 | 17011                          | JDK GR<br>4/21/15 |                  | NATI EVE             | ENT-VENUE   | DEPOSIT  |
| To Whom Paid                             |                        |                    |                                |                   |                  |                      |             |          |
| Metro Bank                               |                        |                    |                                | МО                | DAY              | YEAR                 |             |          |
|  | 3801 Paxton St         |                    |                                | 5                 | 1                | 2015                 | \$          | 20.00    |
| Mailing Address                          |                        |                    |                                | Dogovini          | l<br>tion of Eyn | l<br>enditure        |             |          |
|  |                        | State              | Zip Code (Plus 4)              | Descrip           | COLL OF EXP      |                      |             |          |
|  | rg                     | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 17111 | May bar           | -                |                      |             |          |
|  | rg                     |                    | ' ' '                          | May bar           | nk feees         | VEAD                 |             |          |
| <b>City</b> Harrisbu                     | rg                     |                    | ' ' '                          | 1                 | -                | YEAR                 |             |          |
| City Harrisbu                            | 3801 Paxton St         |                    | ' ' '                          | May bar           | nk feees         | <b>YEAR</b> 2015     | \$          | 10.00    |
| City Harrisbur  To Whom Paid  Metro Bank | 3801 Paxton St         |                    | ' ' '                          | May bar           | DAY              | 2015                 | \$          | 10.00    |

| To Whom Paid                   |                     |                         | МО         | DAY         | YEAR     |                 |
|--------------------------------|---------------------|-------------------------|------------|-------------|----------|-----------------|
| Metro Bank                     |                     |                         | MO         | DAT         | IEAR     |                 |
| Mailing Address 3801 Paxton S  | St .                |                         | 5          | 1           | 2015     | \$<br>9.39      |
| <b>City</b> Harrisburg         | State               | Zip Code (Plus 4)       | Descrip    | tion of Exp | enditure |                 |
|                                | PA                  | 17111                   | bank fe    | es          |          |                 |
| Enter Crand Total of Evnendity | uros en Desse 1. De | mort Cover Dago Item C  |            |             |          | PAGE TOTAL      |
| Enter Grand Total of Expendit  | ures on Page 1, Re  | port Cover Page, Item L | <b>,</b> . |             |          | \$<br>46,356.49 |
|                                |                     |                         |            |             |          |                 |
|                                |                     |                         |            |             |          |                 |
|                                |                     |                         |            |             |          |                 |
|                                |                     |                         |            |             |          |                 |