### **Campaign Finance Report**

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

| Filer Identification 7900364 Report Filed By:                  |                                  |           |                        |              | СОМИ    | 4ITTEE     | <b>√</b> | LOBE               | SYIST    |             |            |                      |                |              |           |           |
|--|----------------------------------|-----------|------------------------|--------------|---------|------------|----------|--------------------|----------|-------------|------------|----------------------|----------------|--------------|-----------|-----------|
| Name of Filing C   | Committee, Candid                | ate or Lo | obbyist:               |              | Hos     | pita       | l & He   | althsyst           | em Ass   | soc of      | PA PA      | C (HAPA              | C)             |              |           |           |
| Street Address:  | 4750 Lindle R                    | oad       |                        |              |         |            |          |                    |          |             |            |                      |                |              |           |           |
| City:  | Harrisburg                       |           |                        |              |         |            |          | State:             | PA       |             |            | Zip Cod              | <b>le:</b> 17  | 7105         |           |           |
| TYPE OF<br>REPORT  | 6TH TUESDAY<br>PRE-PRIMARY       | 1.        | 2ND FRIDA'<br>PRIMARY  |              |         |            |          | AY<br>ARY          | POST-    | 3. <b>X</b> |            | AMENDMENT<br>REPORT? |                | Yes          | No        | <b>\</b>  |
| (place X to<br>the right of                                    | 6TH TUESDAY<br>PRE-ELECTION      | 4.        | 2ND FRIDA'<br>ELECTION |              |         |            | 30 DA    |                    | POST-    | 6.          |            | TERMINA<br>REPORT?   |                | Yes          | No        | <b>\</b>  |
| report type)   | ANNUAL REPORT                    | 7.        |                        |              |         |            |          | NG METH<br>CHECK O |          |             |            | PAPER                |                | $\checkmark$ | DISKE     | TTE       |
| Name of Office S   | -<br>Sought by Candida           | te:       |                        | DATE OF ELEC |         |            |          |                    |          | CTIC        | N          | District<br>Number   | Office<br>Code | Par          | ty Code   | County    |
|  |                                  |           |                        |              |         |            |          | МО                 | DAY      | ΥI          | EAR        |                      |                | •            |           |           |
|  |                                  |           |                        |              |         |            |          | 11                 |          | 3           | 2015       |                      | (SEE IN        | STRUCTIO     | ONS FOR C | ODES)     |
|  | Receipts and                     | МО        | DAY                    | YEAR         | ł       |            |          | мо                 | DAY      | Y           | EAR        | FO                   | R OFFI         | CE USE       | ONLY      |           |
| Expenditures   | from:                            |           | 5 5                    | 2            | 015     | T          | 0        | $\epsilon$         |          | 8           | 2015       |                      |                |              |           |           |
| A. Amount Bro  | ught Forward Fron                | n Last R  | eport                  |              |         |            | \$       | _                  |          | 92,         | 227.60     |                      |                |              |           |           |
| B. Total Monetary Contributions And Receipts (From Schedule I) |                                  |           |                        |              |         | <b>I</b> ) | \$       |                    |          | 2,          | 753.93     |                      |                |              |           |           |
| C. Total Funds Available (Sum Of Lines A and B)                |                                  |           |                        |              |         | \$         |          |                    | 94,9     | 981.53      |            |                      |                |              |           |           |
| D. Total Expenditures (From Schedule III)                      |                                  |           |                        |              |         | \$         |          |                    | 30,4     | 109.78      |            |                      |                |              |           |           |
| E. Ending Cash Balance (Subtract Line D From Line C)           |                                  |           |                        |              |         | \$         |          |                    | 64,5     | 71.75       |            |                      |                |              |           |           |
| F. Value Of In-  | Kind Contributions               | Receiv    | ed (From So            | chedu        | le II   | )          | \$       |                    |          |             | 0.00       |                      |                |              |           |           |
| G. Unpaid Debt   | s And Obligations                | (From S   | Schedule IV            | )            |         |            | \$       |                    |          |             | 0.00       |                      |                | 1            |           |           |
|  |                                  |           |                        | AFF          | IDA     | ١٧٧        | T SE     | CTION              |          |             |            |                      |                |              |           |           |
|  | s a Committee rep                | •         | _                      |              |         |            |          |                    | -        |             |            |                      |                |              |           |           |
| I swear (or affirm)  | ) that this report, incl<br>ete. | uding the | attached sch           | nedule       | s filed | d on       | paper    | or by elec         | ronic m  | edium       | , are to t | he best o            | f my kno       | wledge a     | and belie | ef , true |
| Sworn to and subs  | cribed before me this<br>day of  | 3         | 20                     |              |         |            |          |                    |          | S           | Signature  | of Perso             | n Submit       | ting Rep     | ort       |           |
|  | Signatu                          | ra        | -                      |              |         |            | -<br>-   |                    |          |             |            | Prin                 | ted Name       | <b>e</b>     |           |           |
| My Commission Ex   | •                                |           |                        |              |         |            |          |                    |          |             |            | Ema                  | il             |              |           |           |
|  | мо                               | D         | AY                     | YR           |         |            |          |                    | Ar       | ea Cod      | de         | Daytim               | e Telepi       | none Nu      | mber      |           |
| Part II- If this is  | a report of a cand               | lidate's  | authorized             | Comn         | nitte   | e, C       | andid    | ate shall          | sign h   | ere.        |            |                      |                |              |           |           |
| I swear (or affirm)<br>No 320) as amende                       | that to the best of n            | ny knowle | edge and beli          | ef this      | polit   | ical       | comm     | ittee has r        | ot viola | ted ar      | ıy provisi | ions of the          | e act of J     | une 3,19     | 937 (P.L. | 1333,     |
| Sworn to and subsc   | ribed before me this             |           |                        |              |         |            |          |                    |          |             | Si         | ignature o           | of Candid      | ate          |           |           |
|  | day of                           |           |                        |              |         |            | _        |                    |          |             |            | Printe               | d Name         |              |           |           |
|  | Signature                        |           |                        |              |         |            | -        |                    |          |             |            |                      |                |              |           |           |
| My Commission Exp  | <del>-</del>                     |           |                        |              |         |            |          |                    |          |             |            | Ema                  | il             |              |           |           |
|  | МО                               | D         | AY                     | YR           | l       |            | -        |                    | Area     | Code        |            | Da                   | aytime T       | elephon      | e Numbe   | er        |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| , -  |                  |                |              |          |  |  |  |  |  |
|--|------------------|----------------|--------------|----------|--|--|--|--|--|
| Name of Filing Committee or Candidate  | Reporting Period |                |              |          |  |  |  |  |  |
| Hospital & Healthsystem Assoc of PA PAC (HAPAC)  | From:            | <u>5/5/201</u> | <u>5</u> To: | 6/8/2015 |  |  |  |  |  |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |                  |                |              |          |  |  |  |  |  |
| TOTAL for the Reporting  | (1)              | \$             | 537.00       |          |  |  |  |  |  |
| 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)   | \$               | 1,104.54       |              |          |  |  |  |  |  |
| TOTAL for the Reporting  | (2)              | \$             | 1,104.54     |          |  |  |  |  |  |
| 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)   |                  |                | \$           | 1,000.00 |  |  |  |  |  |
| TOTAL for the Reporting  | g Period         | (3)            | \$           | 1,000.00 |  |  |  |  |  |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |                  |                |              |          |  |  |  |  |  |
| TOTAL for the Reporting  | g Period         | (4)            | \$           | 112.39   |  |  |  |  |  |
|  |                  |                |              |          |  |  |  |  |  |
| Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa |                  |                | \$           | 2,753.93 |  |  |  |  |  |

#### **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 Candidate |       |                   | Reporting 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                        |                      |                                      |          | eporting Period |                 |            |                 |  |  |
|--|----------------------|--------------------------------------|----------|-----------------|-----------------|------------|-----------------|--|--|
| Hospital & Healthsystem Assoc of PA                          | A PAC (HAPAC)        |                                      | From:    | <u>5/5/</u>     | 2015 <b>T</b> o | <b>)</b> : | <u>6/8/2015</u> |  |  |
|  |                      |                                      |          | DATE            |                 | AN         | OUNT            |  |  |
| Full Name of Contributor Trista Walker                       |                      |                                      | МО       | DAY             | YEAR            |            |                 |  |  |
| Mailing Address 1546 River Road                              |                      |                                      |          |                 |                 | \$         | 100.00          |  |  |
| City New Hope  | <b>State</b><br>PA   | <b>Zip Code (Plus 4</b> 189389267    | ) 6      | 5 4             | 2015            |            |                 |  |  |
| Full Name of Contributor Dr. Kathleen Kinslow CRNA, MBA, EdD | МО                   | DAY                                  | YEAR     |                 |                 |            |                 |  |  |
| Mailing Address 10800 Knights Roa                            | ad                   |                                      |          |                 |                 | \$         | 100.00          |  |  |
| <b>City</b> Philadelphia                                     | <b>State</b><br>PA   | <b>Zip Code (Plus 4</b> 191144200    | )        | 5   1           | 2015            |            |                 |  |  |
| Full Name of Contributor Mr. Andy Carter                     | МО                   | DAY                                  | YEAR     |                 |                 |            |                 |  |  |
| Mailing Address 4750 Lindle Road                             | Post Office Box 8600 | )                                    |          |                 |                 | \$         | 27.27           |  |  |
| <b>City</b> Harrisburg                                       | <b>State</b><br>PA   | <b>Zip Code (Plus 4</b> 171112428    | ) 5      | 31              | 2015            |            |                 |  |  |
| Full Name of Contributor Mr. Andy Carter                     |                      |                                      | мо       | DAY             | YEAR            |            |                 |  |  |
| ·  | Post Office Box 8600 | <br>)                                |          |                 |                 | \$         | 27.27           |  |  |
| <b>City</b> Harrisburg                                       | <b>State</b><br>PA   | <b>Zip Code (Plus 4</b><br>171112428 | ) 5      | 15              | 2015            |            |                 |  |  |
| Full Name of Contributor Andrew DeVoe                        | -                    | -                                    | МО       | DAY             | YEAR            |            |                 |  |  |
| Mailing Address 17 Leaderbrook Ro                            | i                    |                                      |          |                 |                 | \$         | 100.00          |  |  |
| <b>City</b> Ardmore  | <b>State</b><br>PA   | Zip Code (Plus 4<br>19003            | ) 5      | 18              | 2015            |            |                 |  |  |
| Full Name of Contributor                                     |                      |                                      |          | DAY             | YEAR            |            |                 |  |  |
| Mr. Stanton Segal  |                      |                                      |          |                 |                 |            |                 |  |  |
| Mailing Address 1133 Oliver Rd                               | GL-1-                | <b>31. 0.4 (3)</b>                   | <u> </u> | .               | 2015            | \$<br>     | 100.00          |  |  |
| City Huntingdon Valley                                       | <b>State</b><br>PA   | <b>Zip Code (Plus 4</b> 190068434    | ) 5      | 18              | 2015            |            |                 |  |  |

| Full Name of Contributor  |                   |                                       | мо             | DAY       | YEAR         |              |
|---|-------------------|---------------------------------------|----------------|-----------|--------------|--------------|
| Mr. James M Collins   |                   |                                       |                |           |              |              |
| Mailing Address 1350 Nav  | ahoe Drive        |                                       |                |           |              | \$<br>100.00 |
| <b>City</b> Pittsburgh  | State             | Zip Code (Plus 4)                     | 5              | 12        | 2015         |              |
|   | PA                | 152281602                             |                |           |              |              |
| Full Name of Contributor  |                   |                                       | мо             | DAY       | YEAR         |              |
| Mr. Steven P Johnson FACHE  |                   |                                       | МО             | DAT       | ILAK         |              |
| Mailing Address 270 Carone Drive  |                   |                                       |                |           |              | \$<br>150.00 |
| City Cogan Station  | State             | Zip Code (Plus 4)                     | 5              | 12        | 2015         |              |
|   | PA                | 177288465                             |                |           |              |              |
| Full Name of Contributor  |                   |                                       | мо             | DAY       | YEAR         |              |
| Mr. James M. Redmond  |                   |                                       |                | 54.       | '            |              |
| Mr. James M. Redmond  |                   |                                       |                |           |              |              |
|   | penham Road       |                                       |                |           |              | \$<br>200.00 |
|   | penham Road State | Zip Code (Plus 4)                     | 5              | 12        | 2015         | \$<br>200.00 |
| Mailing Address 1016 Chip   |                   | <b>Zip Code (Plus 4)</b><br>170507687 | 5              | 12        | 2015         | \$<br>200.00 |
| Mailing Address 1016 Chip   | State             | ' ' '                                 |                |           |              | \$<br>200.00 |
| Mailing Address 1016 Chip City Mechanicsburg  | State             | ' ' '                                 | 5<br><b>MO</b> | 12<br>DAY | 2015<br>YEAR | \$<br>200.00 |
| Mailing Address 1016 Chip City Mechanicsburg  Full Name of Contributor  Ms. Joan K Richards | State             | ' ' '                                 |                |           |              | \$<br>200.00 |
| Mailing Address 1016 Chip City Mechanicsburg  Full Name of Contributor  Ms. Joan K Richards | State<br>PA       | ' ' '                                 |                |           |              |              |

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

**PAGE TOTAL \$** 1,104.54

#### **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  |      | P             | 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 TOTAL |  |  |
| 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 PAC (HAPAC) | From:            | <u>5/5/2015</u> <b>To:</b> | <u>6/8/2015</u> |  |  |  |  |

DATE

|   |                          |       |      |               | DAIL                                 |      |                   | AHOONI      |  |
|---|--------------------------|-------|------|---------------|--------------------------------------|------|-------------------|-------------|--|
| Full N  | Full Name of Contributor |       |      | мо            | DAY                                  | YEAR | 1 000 00          |             |  |
| Mr. Jeffrey A Romoff                                      |                          |       |      |               | 1-10                                 | DAI  | ILAK              | \$ 1,000.00 |  |
| Mailing Address 200 Lothrop Street                        |                          |       |      | 5             | 12                                   | 2015 |                   |             |  |
| City  | Pittsburgh               | State | Zip  | Code (Plus 4) |                                      | 12   | 2013              |             |  |
|   |                          | PA    | 15   | 2132536       |                                      |      |                   |             |  |
| Emplo   | oyer Name UPMC           |       |      |               | Occupation President and Chief Execu |      |                   |             |  |
| Employer Mailing Address/Principal Place of Business City |                          |       | City | State         |                                      |      | Zip Code (Plus 4) |             |  |
| 600 Grant Street, US Steel Tower, Suite 6262 Pittsburgh   |                          |       |      | Pittsburgh    |                                      | PA   |                   | 152192702   |  |

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

**PAGE TOTAL \$** 1,000.00

**AMOUNT** 

## 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     | ting Period |         |                      |                 |        |
|---|-----------------------------|-------------|------------|-------------|---------|----------------------|-----------------|--------|
| Hospital & Healthsystem Assoc of PA PA    | AC (HAPAC)                  |             | From:      |             | 5/5/201 | <u>5</u> <b>To</b> : | <u>6/8/2015</u> |        |
|   |                             |             |            | D           | ATE     |                      | АМ              | IOUNT  |
| Full Name                                 |                             |             |            | мо          | DAY     | YEAR                 | \$              | 9.87   |
| Metro Bank                                | 140                         | DAI         | ILAK       | ] *         | 9.67    |                      |                 |        |
| Mailing Address 3801 Paxton St            | 5                           | 29          | 2015       |             |         |                      |                 |        |
| City Harrisburg                           | State                       | Zip Code (  | Plus 4)    | J           |         | 2015                 |                 |        |
|   | PA                          | 17111       |            |             |         |                      |                 |        |
| Receipt Description May interest income   |                             |             |            |             |         |                      |                 |        |
| Full Name                                 |                             |             |            |             |         |                      |                 |        |
| Metro Bank                                |                             |             |            | МО          | DAY     | YEAR                 | \$              | 1.72   |
| Mailing Address 3801 Paxton St            |                             |             |            | 5           | 29      | 2015                 | 1               |        |
| City Harrisburg                           | State                       | Zip Code (  | Plus 4)    | , ,         | 29      | 2013                 |                 |        |
|   | PA                          | 17111       |            |             |         |                      |                 |        |
| Receipt Description May interest inco     | ome                         | !           |            |             |         |                      |                 |        |
| Full Name                                 |                             |             |            |             |         |                      |                 |        |
| The Hospital and Healthsystem Association | on of Pennsylvania (S)      | )           |            | МО          | DAY     | YEAR                 | \$              | 100.80 |
| Mailing Address P.O. Box 8600             |                             |             |            | 6           | 5       | 2015                 |                 |        |
| <b>City</b> Harrisburg                    | State                       | Zip Code (  | Plus 4)    | 0           | 5       | 2013                 |                 |        |
| <u>-</u>                                  | PA                          | 17105860    | 0          |             |         |                      |                 |        |
| Receipt Description Reimbursement         | r<br>for catering refund pa | yable to HA | AP s/b HAI | PAC Stat    | e       |                      |                 |        |
|   | -                           |             |            |             |         |                      |                 |        |

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

| PAGE TOTAL |        |  |  |  |  |  |  |  |  |
|------------|--------|--|--|--|--|--|--|--|--|
| \$         | 112.39 |  |  |  |  |  |  |  |  |

#### **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>5/5/2015</u> <b>To:</b> | 6/8/2015 |  |  |  |  |  |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR  |                  |                            |          |  |  |  |  |  |
| TOTAL for the Reporting Period (1) \$ 0.00   |                  |                            |          |  |  |  |  |  |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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, 1 |                  | \$                         | 0.00     |  |  |  |  |  |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

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

| Name of Filing Committee or Candidate   |                       |                        |          | g Period |      |          |            |  |  |  |  |
|---|-----------------------|------------------------|----------|----------|------|----------|------------|--|--|--|--|
|   | From: To:             |                        |          |          |      |          |            |  |  |  |  |
|   |                       |                        |          | DATE     |      |          | AMOUNT     |  |  |  |  |
| Full Name of Contributor  | МО                    | DAY                    | YEAR     |          |      |          |            |  |  |  |  |
| Mailing Address   |                       |                        |          |          |      | <b> </b> | 0.00       |  |  |  |  |
| City  | State                 | Zip Code (Plus 4)      |          |          |      |          |            |  |  |  |  |
| Description of Contribution:  | •                     | !                      | !        |          |      | •        |            |  |  |  |  |
| Enter Grand Total of Dart E   | on Schodulo II. In Vi | nd Contributions Dotai | ilad Sum | mary Ba  | ao [ |          | DACE TOTAL |  |  |  |  |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Deta Section 2. |                       |                        | ileu Sun | шагу Ра  | ge,  |          | PAGE TOTAL |  |  |  |  |
|   |                       |                        |          |          |      | \$       | 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                        |                |     |                  |         |        |                |       | \$    | 1                | 0.00 |
| City                                   | State          |     | Zip Code(Plus 4) |         |        |                |       |       |                  |      |
| Employer of Contributor                |                |     |                  |         | Occup  | oation         |       |       |                  |      |
| Employer Mailing Address/Principal Pla | ce of Business | Cit | ty               | Stat    | e Zij  | p Code(Plus 4) | Descr | iptio | n of Contributio | on   |
| Enter Grand Total of Part G on Sch     | edule II. In-K | ind | Contributions D  | etaile  | ed     |                |       |       | PAGE TOT         | AL   |
| Summary Page, Section 3.               |                |     |                  |         | -      |                |       |       |                  | 0.00 |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate           | Reporting Period |                 |     |          |  |  |
|---|------------------|-----------------|-----|----------|--|--|
| Hospital & Healthsystem Assoc of PA PAC (HAPAC) | From             | <u>5/5/2015</u> | То: | 6/8/2015 |  |  |

|  |                                  |             |                   |  |            |          |               | 13       |  |
|--|----------------------------------|-------------|-------------------|--|------------|----------|---------------|----------|--|
| To Who                                   | m Paid                           |             |                   | МО   | DAY        | YEAR     |               |          |  |
| Tomlinson for Senate                     |                                  |             |                   |  | 5,11       | 12/110   |               |          |  |
| Mailing                                  | Address P.O. Box 792             |             |                   | 5  | 8          | 2015     | \$            | 500.00   |  |
| City                                     | Harrisburg                       | State       | Zip Code (Plus 4) | Descript   | ion of Exp |          |               |          |  |
|  |                                  | PA          | 17108             | Robert 7   | Γomlinson, | STATE S  | SENATE 6th P. | A        |  |
| To Who                                   | m Paid                           |             |                   | мо   | DAY        | YEAR     |               |          |  |
| Friends                                  | of Ron Marsico                   |             |                   |  |            |          |               |          |  |
| Mailing                                  | Address 4320 Crestview Roa       | d           |                   | 5  | 8          | 2015     | \$            | 1,000.00 |  |
| City                                     | Harrisburg                       | State       | Zip Code (Plus 4) | Descript   | ion of Exp | enditure |               |          |  |
|  |                                  | PA          | 17112             | Ronald I   | Marsico, S | TATE HOL | JSE 105th PA  | ١        |  |
| To Whom Paid Petrarca Election Committee |                                  |             |                   | мо   | DAY        | YEAR     |               |          |  |
|  | Address 409 Franklin Avenue      |             |                   | 5  | 8          | 2015     | \$            | 1,000.00 |  |
| City                                     | <br>Vndergrift                   | State       | Zip Code (Plus 4) | Descript   | ion of Exp | enditure |               |          |  |
| G,                                       | viidergriit                      | PA          | 156901310         | Description of Expenditure  Joseph Petrarca, STATE HOUSE 55th PA |            |          |               |          |  |
| To Whom Paid                             |                                  |             |                   |  |            |          |               |          |  |
| Friends                                  | of Jeff Pyle                     |             |                   | МО   | DAY        | YEAR     |               |          |  |
|  | Address P.O. Box 412             |             |                   | 5  | 8          | 2015     | \$            | 300.00   |  |
| City Harrisburg State Zip Code (Plus 4)  |                                  |             |                   | Description of Expenditure                                       |            |          |               |          |  |
|  |                                  | PA          | 17108             | Jeffrey I  | Pyle, STAT | E HOUSE  | 60th PA       |          |  |
| To Who                                   | m Paid                           |             |                   | мо   | DAY        | YEAR     |               |          |  |
| Citizens                                 | s for Browne-Senate              |             |                   |  |            |          |               |          |  |
| Mailing                                  | <b>Address</b> P.O. Box 64       |             |                   | 5  | 8          | 2015     | \$            | 1,000.00 |  |
| City                                     | Allentown                        | State       | Zip Code (Plus 4) | Description of Expenditure                                       |            |          |               |          |  |
|  |                                  | PA          | 181050064         | Patrick Browne, STATE SENATE 16th PA                             |            |          |               |          |  |
| To Who                                   |                                  |             |                   | мо   | DAY        | YEAR     |               |          |  |
|  | mmittee to Elect Scott Hutchinso | -           |                   | _  | 0          | 2015     | \$            | 500.00   |  |
| Mailing /                                | Address 430 Franklin Church      | т коаа<br>Т | T                 | 5  | 8          | 2015     | <u> </u>      |          |  |
| City                                     | Dillsburg                        |             |                   |  |            | enditure |               |          |  |
| PA 17019                                 |                                  |             |                   | Scott Hu   | utchinson, | STATE H  | OUSE 64th P.  | Α        |  |
| <b>To Who</b> r                          | m Paid of Marguerite Quinn       |             |                   | МО   | DAY        | YEAR     |               |          |  |
| Mailing                                  | Address P.O. Box 58              |             |                   | 5  | 8          | 2015     | \$            | 500.00   |  |
| City                                     | Doylestown                       | State       | Zip Code (Plus 4) | Descript   | ion of Exp | enditure |               |          |  |
|  |                                  | PA          | 18901             | Marguer  | ite Quinn, | STATE H  | OUSE 143rd    | PA       |  |
| To Who                                   | m Paid                           |             |                   | МО   | DAY        | YEAR     |               |          |  |
| Friends                                  | of Jaret Gibbons                 |             |                   |  |            | · =Ait   |               |          |  |
| Mailing                                  | Address 309 Fifth Street         |             |                   | 5  | 8          | 2015     | \$            | 500.00   |  |
| City                                     | Ellwood                          | State       | Zip Code (Plus 4) | Descript   | ion of Exp | enditure |               |          |  |
|  |                                  | PA          | 16117             | Jaret Gi   |            |          |               |          |  |
|  |                                  |             |                   |  |            |          |               |          |  |

| To Whom Paid  |  |   |   |  |  |                            |                  |
|---|--|---|---|--|--|----------------------------|------------------|
| HRCC  |  |   | МО  | DAY  | YEAR   |                            |                  |
| Mailing Address P.O. Box 117  | 787                                    |   | 5   | 8  | 2015   | \$                         | 2,000.00         |
| <b>City</b> Harrisburg  | State                                  | Zip Code (Plus 4)   | Descrip   | tion of Exp  | enditure   |                            |                  |
|   | PA                                     | 17108   | HRCC-V  | VOMEN'S E  | VENT 4/  | 13/2015                    |                  |
| To Whom Paid  |  |   | МО  | DAY  | YEAR   |                            |                  |
| Friends of Bryan Cutler   |  |   |   |  |  |                            |                  |
| Mailing Address P.O. Box 624  | 1                                      |   | 5   | 8  | 2015   | \$                         | 1,000.00         |
| City Quarryville  | State                                  | Zip Code (Plus 4)   | Descrip   | tion of Exp  | enditure   |                            |                  |
|   | PA                                     | 17566   | Bryan C   | utler, STA   | TE HOUS  | E 100th PA                 | 4                |
| To Whom Paid  |  |   | МО  | DAY  | YEAR   |                            |                  |
| Friends of Martin Causer  |  |   |   |  |  |                            |                  |
| Mailing Address 430 Franklin  | Church Road                            |   | 5   | 8  | 2015   | <b>\$</b>                  | 350.00           |
| City Dillsburg  | State                                  | Zip Code (Plus 4)   | Descrip   | tion of Exp  | enditure   |                            |                  |
|   | PA                                     | 17019   | Martin Causer, STATE HOUSE 67th PA  |  |  |                            |                  |
| To Whom Paid  |  |   | мо  | DAY  | YEAR   |                            |                  |
| The Hospital and Healthsystem   | Association of Pennsyl                 | Ivania (S)  |   |  |  |                            |                  |
| Mailing Address P.O. Box 860  | 00                                     |   | 5   | 8  | 2015   | \$                         | 158.36           |
|   |  |   |   |  |  |                            |                  |
| <b>City</b> Harrisburg  | State                                  | Zip Code (Plus 4)   | Descrip   | tion of Exp  | enditure   |                            |                  |
| <b>City</b> Harrisburg  | <b>State</b><br>PA                     | <b>Zip Code (Plus 4)</b> 171058600  | HAP-SC  | ARNATI EV  | /ENT-ADI   |                            | TIVE COSTS       |
| <b>City</b> Harrisburg  |  |   | HAP-SC  | ARNATI E\<br>5 / \$158.36  | /ENT-ADI   | MINISTRAT                  |                  |
| City Harrisburg  To Whom Paid   |  |   | HAP-SC<br>4/21/15<br>Scarnat  | ARNATI EV<br>5 / \$158.36<br>i   | /ENT-ADI   |                            |                  |
|   |  |   | HAP-SC<br>4/21/15   | ARNATI E\<br>5 / \$158.36  | /ENT-ADI<br>5 Allocate   |                            |                  |
| To Whom Paid  | PA                                     |   | HAP-SC<br>4/21/15<br>Scarnat  | ARNATI EV<br>5 / \$158.36<br>i   | /ENT-ADI<br>5 Allocate   |                            |                  |
| To Whom Paid Friends of Gene Yaw for Senate   | PA                                     |   | HAP-SC<br>4/21/15<br>Scarnat  | ARNATI E\<br>5 / \$158.36<br>i   | YEAR 2015  | ed To Frien                | ds of Joe        |
| To Whom Paid Friends of Gene Yaw for Senate Mailing Address P.O. Box 792  | PA 2                                   | 171058600   | HAP-SC<br>4/21/15<br>Scarnat  MO  5  Descript   | ARNATI EV<br>5 / \$158.36<br>i<br>DAY  | YEAR  2015  enditure   | ed To Friend               | ds of Joe        |
| To Whom Paid Friends of Gene Yaw for Senate Mailing Address P.O. Box 792  | PA  State                              | 171058600  Zip Code (Plus 4)  | MO  Descript Gene Ya  | DAY  8 tion of Expans, STATE   | YEAR 2015 enditure SENATE  | ed To Friend               | ds of Joe        |
| To Whom Paid Friends of Gene Yaw for Senate Mailing Address P.O. Box 792 City Harrisburg  | PA  State                              | 171058600  Zip Code (Plus 4)  | HAP-SC<br>4/21/15<br>Scarnat  MO  5  Descript   | ARNATI EVENT STATE OF | YEAR  2015  enditure   | ed To Friend               | ds of Joe        |
| To Whom Paid Friends of Gene Yaw for Senate Mailing Address P.O. Box 792 City Harrisburg  To Whom Paid  | PA  State PA                           | 171058600  Zip Code (Plus 4)  | MO  Descript Gene Ya  | DAY  8 tion of Expans, STATE   | YEAR 2015 enditure SENATE  | ed To Friend               | ds of Joe        |
| To Whom Paid Friends of Gene Yaw for Senate Mailing Address P.O. Box 792 City Harrisburg  To Whom Paid Elder Vogel for Senate   | PA  State PA                           | 171058600  Zip Code (Plus 4)  | MO  5  Descript Gene Ya  MO  5  | ARNATI EV<br>5 / \$158.36<br>i<br>DAY<br>8<br>tion of Exp<br>aw, STATE   | YEAR 2015 enditure SENATE YEAR 2015  | \$ 23rd PA                 | 500.00           |
| To Whom Paid Friends of Gene Yaw for Senate Mailing Address P.O. Box 792 City Harrisburg  To Whom Paid Elder Vogel for Senate Mailing Address P.O. Box 792  | PA  State PA                           | Zip Code (Plus 4) 17108   | MO  Source  MO  Descript  Gene Ya  Descript   | ARNATI EVENT STATE OF | YEAR 2015 SENATE YEAR 2015 enditure 2015   | \$ 23rd PA                 | 500.00           |
| To Whom Paid Friends of Gene Yaw for Senate Mailing Address P.O. Box 792 City Harrisburg  To Whom Paid Elder Vogel for Senate Mailing Address P.O. Box 792  | State PA  State PA                     | Zip Code (Plus 4)<br>17108  | MO  5  Descript Gene Ya  MO  5  Descript Gene Ya  | ARNATI EVENT STATE | YEAR  2015 enditure YEAR  2015 enditure E SENATE   | \$ 23rd PA                 | 500.00           |
| To Whom Paid Friends of Gene Yaw for Senate Mailing Address P.O. Box 792 City Harrisburg  To Whom Paid Elder Vogel for Senate Mailing Address P.O. Box 792 City Harrisburg  | State PA  State PA                     | Zip Code (Plus 4)<br>17108  | MO  Source  MO  Descript  Gene Ya  Descript   | DAY  8 tion of Exp DAY  8 tion of Exp  | YEAR 2015 SENATE YEAR 2015 enditure 2015   | \$ 23rd PA                 | 500.00<br>500.00 |
| To Whom Paid Friends of Gene Yaw for Senate Mailing Address P.O. Box 792 City Harrisburg  To Whom Paid Elder Vogel for Senate Mailing Address P.O. Box 792 City Harrisburg  | State PA  State PA  PA                 | Zip Code (Plus 4)<br>17108  | MO  5  Descript Gene Ya  MO  5  Descript Gene Ya  | ARNATI EVENT STATE | YEAR  2015 enditure YEAR  2015 enditure E SENATE   | \$ 23rd PA                 | 500.00           |
| To Whom Paid Friends of Gene Yaw for Senate Mailing Address P.O. Box 792 City Harrisburg  To Whom Paid Elder Vogel for Senate Mailing Address P.O. Box 792 City Harrisburg  To Whom Paid Volunteers for Argall - Senate   | State PA  State PA  PA                 | Zip Code (Plus 4)<br>17108  | MO  5  Descript Gene Ya  MO  5  Descript Gene Ya  MO  5  Descript Elder Va  MO  5   | DAY  8 tion of Expansion of Exp | YEAR  2015  enditure  SENATE  YEAR  2015  enditure  YEAR  2015  enditure  ZU15  enditure  ZU15                                 | \$ 23rd PA \$              | 500.00<br>500.00 |
| To Whom Paid Friends of Gene Yaw for Senate  Mailing Address P.O. Box 792  City Harrisburg  To Whom Paid Elder Vogel for Senate  Mailing Address P.O. Box 792  City Harrisburg  To Whom Paid Volunteers for Argall - Senate  Mailing Address P.O. Box 241   | State PA  State PA                     | Zip Code (Plus 4) 17108  Zip Code (Plus 4) 17108                          | MO  5  Descript Gene Ya  MO  5  Descript Gene Ya  MO  5  Descript Elder Va  MO  5  Descript Elder Va  | ARNATI EVENT STATE | YEAR  2015 enditure YEAR  2015 enditure E SENATE YEAR  2015 enditure E SENATE  YEAR  2015                                      | \$ 23rd PA \$              | 500.00<br>500.00 |
| To Whom Paid Friends of Gene Yaw for Senate  Mailing Address P.O. Box 792  City Harrisburg  To Whom Paid Elder Vogel for Senate  Mailing Address P.O. Box 792  City Harrisburg  To Whom Paid Volunteers for Argall - Senate  Mailing Address P.O. Box 241   | State PA  State PA  State PA  State    | Zip Code (Plus 4) 17108  Zip Code (Plus 4) 17108  Zip Code (Plus 4) 27108 | MO  5  Descript Gene Ya  MO  5  Descript Gene Ya  MO  5  Descript Elder Va  Descript Elder Va  Descript Elder Va  | DAY  8 tion of Expansion of Exp | YEAR  2015 enditure YEAR  2015 enditure E SENATE  YEAR  2015 enditure E SENATE  YEAR  2015                                     | \$ 23rd PA \$ E 47th PA    | 500.00<br>500.00 |
| To Whom Paid Friends of Gene Yaw for Senate Mailing Address P.O. Box 792 City Harrisburg  To Whom Paid Elder Vogel for Senate Mailing Address P.O. Box 792 City Harrisburg  To Whom Paid Volunteers for Argall - Senate Mailing Address P.O. Box 241 City Tamaqua   | State PA  State PA  State PA           | Zip Code (Plus 4) 17108  Zip Code (Plus 4) 17108  Zip Code (Plus 4) 27108 | MO  5  Descript Gene Ya  MO  5  Descript Gene Ya  MO  5  Descript Elder Va  MO  5  Descript Elder Va  | ARNATI EVENT STATE | YEAR  2015  enditure  SENATE  YEAR  2015  enditure  E SENATE  YEAR  2015  enditure  E SENATE  YEAR                             | \$ 23rd PA \$ E 47th PA    | 500.00<br>500.00 |
| To Whom Paid Friends of Gene Yaw for Senate Mailing Address P.O. Box 792 City Harrisburg  To Whom Paid Elder Vogel for Senate Mailing Address P.O. Box 792 City Harrisburg  To Whom Paid Volunteers for Argall - Senate Mailing Address P.O. Box 241 City Tamaqua   | State PA  State PA  State PA  State PA | Zip Code (Plus 4) 17108  Zip Code (Plus 4) 17108  Zip Code (Plus 4) 27108 | MO  5  Descript Gene Ya  MO  5  Descript Gene Ya  MO  5  Descript Elder Va  Descript Elder Va  Descript Elder Va  | DAY  8 tion of Expansion of Exp | YEAR  2015  enditure  SENATE  YEAR  2015  enditure  E SENATE  YEAR  2015  enditure  E SENATE  YEAR                             | \$ 23rd PA \$ E 47th PA    | 500.00<br>500.00 |
| To Whom Paid Friends of Gene Yaw for Senate Mailing Address P.O. Box 792 City Harrisburg  To Whom Paid Elder Vogel for Senate Mailing Address P.O. Box 792 City Harrisburg  To Whom Paid Volunteers for Argall - Senate Mailing Address P.O. Box 241 City Tamaqua  To Whom Paid John Blake for Senate Committee | State PA  State PA  State PA  State PA | Zip Code (Plus 4) 17108  Zip Code (Plus 4) 17108  Zip Code (Plus 4) 27108 | MO  5  Descript Gene Ya  MO  5  Descript Gene Ya  MO  5  Descript Elder Vo  MO  5  Descript David A | ARNATI EVENT STATE  DAY  8  tion of Expression of Expressi | YEAR  2015 enditure SENATE  YEAR  2015 enditure E SENATE  YEAR  2015 enditure E SENATE  YEAR  2015 enditure 2015 enditure 2015 | \$ 23rd PA \$ E 47th PA \$ | 500.00<br>500.00 |

| To Whom Paid                              |                |                   | мо                | DAY              | YEAR      |                                       |             |
|---|----------------|-------------------|-------------------|------------------|-----------|---------------------------------------|-------------|
| Friends of Todd Stephens  Mailing Address |                |                   |                   |                  |           |                                       | 250.00      |
| Mailing Address P.O. Box 412              |                |                   | 5                 | 8                | 2015      | \$                                    | 250.00      |
| <b>City</b> Harrisburg                    | State          | Zip Code (Plus 4) | Descript          | tion of Exp      | enditure  |                                       |             |
|   | PA             | 17108             | Todd St           | ephens, S        | TATE HOU  | JSE 151st P                           | A           |
| To Whom Paid                              |                |                   | МО                | DAY              | YEAR      |                                       |             |
| Friends of Donna Oberlander               |                |                   |                   |                  |           |                                       |             |
| Mailing Address 44 West Main Stre         | et<br>         |                   | 5                 | 8                | 2015      | \$                                    | 400.00      |
| <b>City</b> Clarion                       | State          | Zip Code (Plus 4) | Descript          | tion of Exp      | enditure  |                                       |             |
|   | PA             | 16214             | Donna (           | Oberlander       | , STATE   | HOUSE 63rd                            | PA          |
| To Whom Paid                              |                |                   | мо                | DAY              | YEAR      |                                       |             |
| Friends of Eli                            |                |                   |                   |                  |           |                                       |             |
| Mailing Address P.O. Box 343              |                |                   | 5                 | 8                | 2015      | \$                                    | 500.00      |
| City Murrysville                          | State          | Zip Code (Plus 4) | Descript          | tion of Exp      | enditure  |                                       |             |
|   | PA             | 15668             | Eli Evan          | kovich, ST       | ATE HOU   | ISE 54th PA                           |             |
| To Whom Paid                              |                |                   | мо                | DAY              | YEAR      |                                       |             |
| Committee to Elect Joe Emrick             |                |                   |                   |                  |           |                                       |             |
| Mailing Address 2312 Blue Jay Driv        | /e             |                   | 5                 | 8                | 2015      | \$                                    | 300.00      |
| City Nazareth                             | State          | Zip Code (Plus 4) | Descript          | tion of Exp      | enditure  |                                       |             |
|   | PA             | 18064             | Joe Emr           | ick, STATE       | HOUSE     | 137th PA                              |             |
| To Whom Paid                              |                |                   | мо                | DAY              | YEAR      |                                       |             |
| Friends of Keith Greiner                  |                |                   |                   |                  |           |                                       |             |
| Mailing Address 405 Myer Terrace          |                |                   | 5                 | 8                | 2015      | \$                                    | 250.00      |
| City Leola                                | State          | Zip Code (Plus 4) | Descript          | tion of Exp      | enditure  |                                       |             |
|   | PA             | 17540             | Keith G           | reiner, STA      | ATE HOUS  | SE 43rd PA                            |             |
| To Whom Paid                              |                |                   | мо                | DAY              | YEAR      |                                       |             |
| Emmalee Troutman                          |                |                   | •                 |                  |           |                                       |             |
| Mailing Address JDK Group One Bis         | shop Place     |                   | 5                 | 8                | 2015      | \$                                    | 121.90      |
| City Camp Hill                            | State          | Zip Code (Plus 4) | Descript          | tion of Exp      | enditure  |                                       |             |
|   | PA             | 17011             |                   |                  |           |                                       | ty -4/21/15 |
| To Whom Paid                              |                |                   | / \$121. <u>:</u> | l Allocate       | l To Frie | nds of Joe S                          | сагпац      |
| Scott Bishop                              |                |                   | МО                | DAY              | YEAR      |                                       |             |
| Mailing Address 4750 Lindle Road          |                |                   | 5                 | 8                | 2015      | \$                                    | 329.52      |
|   | T <sub>2</sub> | T                 |                   |                  |           |                                       |             |
| <b>City</b> Harrisburg                    | State          | Zip Code (Plus 4) | 1                 | tion of Exp      |           | · · · · · · · · · · · · · · · · · · · | 4/21/1E/    |
|   | PA             | 171111            |                   |                  |           | enue Costs<br>ds of Joe Sc            |             |
| To Whom Paid                              |                |                   | МО                | DAY              | YEAR      |                                       |             |
| Citizens for Grove                        |                |                   | HU                | DAT              | ILAK      |                                       |             |
| Mailing Address P.O. Box 412              |                |                   | 5                 | 8                | 2015      | \$                                    | 250.00      |
| <b>City</b> Harrisburg                    | State          | Zip Code (Plus 4) | Descript          | l<br>tion of Exp | enditure  | I .                                   |             |
| _   | PA             | 17108             | Seth Gr           | ove, STAT        | E HOUSE   | 196th PA                              |             |
|   |                | -                 |                   | , -              |           |                                       |             |

| To Whom Paid                            |             |                                   |   |                                |              | PA            | GE 16      |  |  |
|---|-------------|-----------------------------------|---|--------------------------------|--------------|---------------|------------|--|--|
|   |             |                                   | МО                                      | DAY                            | YEAR         |               |            |  |  |
| Friends of Jesse Topper                 |             |                                   | 140                                     |                                | ILAK         |               |            |  |  |
| Mailing Address P.O. Box 458            |             |                                   | 5                                       | 8                              | 2015         | \$            | 200.00     |  |  |
| City Bedford                            | State       | Zip Code (Plus 4)                 | Descrip                                 | tion of Exp                    | enditure     |               |            |  |  |
|   | PA          | 15522                             | Jesse To                                | opper, STA                     | TE HOUS      | SE 78th PA    |            |  |  |
| To Whom Paid                            |             |                                   | мо                                      | DAY                            | YEAR         |               |            |  |  |
| R. Ted Harhai Campaign Fund             |             |                                   |   |                                |              |               |            |  |  |
| Mailing Address 344 Helen Ave           | enue        |                                   | 5                                       | 8                              | 2015         | \$            | 500.0      |  |  |
| City Monessen                           | State       | Zip Code (Plus 4)                 | Descrip                                 | tion of Exp                    | enditure     |               |            |  |  |
|   | PA          | 15062                             | Ted Harhai, STATE HOUSE 58th PA         |                                |              |               |            |  |  |
| To Whom Paid                            |             |                                   | МО                                      | DAY                            | YEAR         |               |            |  |  |
| Friends of Steve Mentzer                |             |                                   |   |                                |              |               |            |  |  |
| Mailing Address P.O. Box 412            |             |                                   | 5                                       | 8                              | 2015         | \$            | 250.00     |  |  |
| City Harrisburg State Zip Code (Plus 4) |             |                                   |   | Description of Expenditure     |              |               |            |  |  |
|   | PA          | 17108                             | Steven                                  | Mentzer, S                     | STATE HO     | USE 97th      | PA         |  |  |
| To Whom Paid                            |             |                                   | МО                                      | DAY                            | YEAR         |               |            |  |  |
| McGarrigle for Senate                   |             |                                   |   |                                |              |               |            |  |  |
| Mailing Address P.O. Box 792            |             |                                   | 5                                       | 8                              | 2015         | \$            | 500.00     |  |  |
| <b>City</b> Harrisburg                  | State       | Zip Code (Plus 4)                 | Descrip                                 | tion of Exp                    | enditure     | -             |            |  |  |
|   | PA          | 17108                             | Thomas McGarrigle, STATE SENATE 26th PA |                                |              |               |            |  |  |
| To Whom Paid                            |             |                                   | МО                                      | DAY                            | YEAR         |               |            |  |  |
| Citizens for Mullery                    |             |                                   |   |                                |              |               |            |  |  |
| Mailing Address 6 Marie Drive           |             |                                   | 5                                       | 8                              | 2015         | <b>\$</b>     | 250.00     |  |  |
| City Nanticoke                          | State       | Zip Code (Plus 4)                 | Descrip                                 | tion of Exp                    | enditure     |               |            |  |  |
|   | PA          | 18634                             | Gerald I                                | Mullery, ST                    | TATE HOL     | JSE 119th     | PA         |  |  |
| To Whom Paid                            |             |                                   | МО                                      | DAY                            | YEAR         |               |            |  |  |
| Friends of Tina Davis                   |             |                                   |   |                                |              |               |            |  |  |
|   |             |                                   | 5                                       | 8                              | 2015         | \$            | 500.0      |  |  |
|   | enue        |                                   |   |                                |              |               |            |  |  |
| Mailing Address 505 Grant Ave           | State       | Zip Code (Plus 4)                 | Descrip                                 | l<br>tion of Exp               | <br>enditure |               |            |  |  |
| Mailing Address 505 Grant Ave           | <u> </u>    | <b>Zip Code (Plus 4)</b><br>19021 | 1                                       | L<br>tion of Exp<br>vis, STATE |              | I<br>141st PA |            |  |  |
| Mailing Address 505 Grant Ave           | State<br>PA | 19021                             | Tina Da                                 | -                              |              | i             | PAGE TOTAL |  |  |