### **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 :   | on 7900                         | 364        |                        |       |        | port<br>ed B |                | CANDI       | DATE     |             | СОМ        | <b>ITTEE</b>       | ✓              | LOBI     | BYIST     |          |          |
|--|---------------------------------|------------|------------------------|-------|--------|--------------|----------------|-------------|----------|-------------|------------|--------------------|----------------|----------|-----------|----------|----------|
| Name of Filing Committee, Candidate or Lobbyist: Hospital & Healthsystem Assoc of PA PAC (HAPAC) |                                 |            |                        |       |        |              |                |             |          |             |            |                    |                |          |           |          |          |
| Street Address:  |                                 |            |                        |       |        |              |                |             |          |             |            |                    |                |          |           |          |          |
| City:  | Harrisburg                      |            |                        |       |        |              |                | State:      | PA       |             |            | Zip Cod            | le: 1          | 7105     |           |          |          |
| TYPE OF<br>REPORT  | 6TH TUESDAY<br>PRE-PRIMARY      | 1.         | 2ND FRIDAY<br>PRIMARY  | PRE   | -      | 2.           | 30 DA<br>PRIMA |             | POST-    | 3. <b>X</b> |            | AMENDM<br>REPORT?  |                | Yes      | No        | •        | <b>/</b> |
| (place X to<br>the right of  | 6TH TUESDAY<br>PRE-ELECTION     | 4.         | 2ND FRIDAY<br>ELECTION | PRE   | -      | 5.           | 30 DA<br>ELECT |             | POST-    | 6.          |            | TERMINA<br>REPORT? |                | Yes      | No        | •        | <b>/</b> |
| report type)   | ANNUAL REPORT                   | 7.         | <b>Year</b> 2015       |       |        |              |                | NG METHO    |          |             |            |                    |                | <b>\</b> | DISKE     | TTE      |          |
| Name of Office S   | Sought by Candida               | te:        |                        |       |        |              |                | DATE 0      | F ELE    | СТІО        | N          | District<br>Number | Office<br>Code | Par      | ty Code   | Coun     |          |
|  |                                 |            |                        |       |        |              |                | МО          | DAY      | YE          | AR         |                    | 1              |          |           |          |          |
|  |                                 |            |                        |       |        |              |                | 11          |          | 3           | 2015       |                    | (SEE IN        | ISTRUCTI | ONS FOR C | ODES)    | )        |
|  | Receipts and                    | МО         | DAY Y                  | /EAR  | R      |              |                | МО          | DAY      | YE          | AR         | FO                 | R OFFI         | CE USE   | ONLY      |          |          |
| Expenditures   | s from:                         |            | 5 5                    | 2     | 015    | T            | 0              | 6           | 5        | 8           | 2015       |                    |                |          |           |          |          |
| A. Amount Bro  | ught Forward Froi               | n Last R   | eport                  |       |        |              | \$             |             |          | 92,2        | 27.60      |                    |                |          |           |          |          |
| B. Total Moneta  | ary Contributions               | And Rec    | eipts (From S          | Sche  | dule   | e I)         | \$             |             |          | 2,7         | 753.93     |                    |                |          |           |          |          |
| C. Total Funds Available (Sum Of Lines A and B)  |                                 |            |                        |       |        |              | \$             |             |          | 94,9        | 81.53      |                    |                |          |           |          |          |
| D. Total Expend  | ditures (From Sch               | edule II   | I)                     |       |        |              | \$             |             |          | 30,4        | 09.78      |                    |                |          |           |          |          |
| E. Ending Cash   | Balance (Subtrac                | t Line D   | From Line C)           | )     |        |              | \$             |             |          | 64,5        | 71.75      | ]                  |                |          |           |          |          |
| F. Value Of In-  | Kind Contributions              | s Receiv   | ed (From Sch           | nedu  | le II  | I)           | \$             |             |          |             | 0.00       |                    |                |          |           |          |          |
| G. Unpaid Debt   | ts And Obligations              | (From S    | Schedule IV)           |       |        |              | \$             |             |          |             | 0.00       |                    |                | 1        |           |          |          |
|  |                                 |            |                        | AFF   | IDA    | AVI          | T SE           | CTION       |          |             |            |                    |                |          |           |          |          |
|  | s a Committee rep               | •          | -                      |       |        |              |                |             |          |             |            |                    |                |          |           |          |          |
| I swear (or affirm) correct and complete   | ) that this report, inc<br>ete. | luding the | attached sche          | dules | s file | ed on        | paper (        | or by elect | ronic m  | edium       | , are to t | the best o         | f my kno       | wledge   | and belie | ef , tru | ıe.      |
| Sworn to and subs  | cribed before me this<br>day of | 5          | 20                     |       |        |              |                |             |          | s           | ignature   | of Perso           | n Submit       | ting Rep | ort       |          | -        |
|  | Signatu                         | ıre        |                        |       |        |              | -<br>-         |             |          |             |            | Prin               | ted Nam        | e        |           |          | -        |
| My Commission Ex   | cpires                          |            |                        |       |        |              | _              |             |          |             |            | Ema                | il             |          |           |          | _        |
|  | МО                              | D          | AY                     | YR    |        |              |                |             | Are      | ea Cod      | e          | Daytim             | e Telepi       | hone Nu  | mber      |          |          |
| Part II- If this is  | a report of a can               | didate's   | authorized C           | omn   | nitte  | ee, C        | andida         | ate shall   | sign h   | ere.        |            |                    |                |          |           |          |          |
| I swear (or affirm)<br>No 320) as amende   | that to the best of red.        | ny knowle  | edge and belief        | this  | poli   | itical       | commi          | ittee has n | ot viola | ted an      | y provis   | ions of the        | e act of J     | une 3,1  | 937 (P.L  | 1333     | 3,       |
| Sworn to and subsc   | ribed before me this<br>day of  |            | 20                     |       |        |              |                |             |          |             | S          | ignature o         | of Candid      | late     |           |          | -        |
|  |                                 |            |                        |       |        |              | -              |             |          |             |            | Printe             | d Name         |          |           |          | -        |
| My Commission Exp  | Signature                       |            |                        |       |        |              | -              |             |          |             |            | Ema                | il             |          |           |          | -        |
|  |                                 |            |                        |       |        |              | -              |             |          | <u> </u>    |            |                    |                |          |           |          | -        |
|  | МО                              | D          | AY                     | YR    |        |              |                |             | Area     | Code        |            | Da                 | aytime T       | elephon  | e Numb    | 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 |
| Unitemized Contributions Received - \$ 50.00 or Less Per Contributor   |           |                |              |          |
| TOTAL for the Reporting  | ) Period  | (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  | Period    | (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  | Period    | (3)            | \$           | 1,000.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |                |              |          |
| TOTAL for the Reporting  | ) Period  | (4)            | \$           | 112.39   |
|  |           |                |              |          |
| Total Monetary Contributions and Receipts During this Reporting Period (Add an 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 Candidat | e     |                   | Reporting | Period |      |    |        |
|--------------------------------------|-------|-------------------|-----------|--------|------|----|--------|
|                                      |       | ,                 | 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)

| Nar    | ne of Filing Committee or Ca | ndidate           |                  | Reporting P | eriod       |                 |            |          |
|--------|------------------------------|-------------------|------------------|-------------|-------------|-----------------|------------|----------|
| Hos    | spital & Healthsystem Assoc  | of PA PAC (HAPAC) |                  | From:       | <u>5/5/</u> | 2015 <b>T</b> o | <b>)</b> : | 6/8/2015 |
|        |                              |                   |                  |             | DATE        |                 | A          | AMOUNT   |
| Full N | lame of Contributor          |                   |                  | мо          | DAY         | YEAR            |            |          |
| Ms. Jo | oan K Richards               |                   |                  |             |             | 12/11           |            |          |
| Mailin | ng Address                   |                   |                  |             |             |                 | \$         | 200.00   |
| City   | Springfield                  | State             | Zip Code (Plus 4 | ) 5         | 12          | 2015            |            |          |
|        |                              | PA                | 190642033        |             |             |                 |            |          |
| Full N | lame of Contributor          |                   |                  | МО          | DAY         | YEAR            |            |          |
| Mr. Ja | ames M. Redmond              |                   |                  | МО          | DAI         | ILAK            |            |          |
| Mailin | ng Address                   |                   |                  |             |             |                 | \$         | 200.00   |
| City   | Mechanicsburg                | State             | Zip Code (Plus 4 | ) 5         | 12          | 2015            |            |          |
|        |                              | PA                | 170507687        |             |             |                 |            |          |
| Full N | lame of Contributor          |                   |                  | мо          | DAY         | YEAR            |            |          |
| Mr. S  | teven P Johnson FACHE        |                   |                  |             |             |                 |            |          |
| Mailin | Mailing Address              |                   |                  |             |             |                 | \$         | 150.00   |
| City   | Cogan Station                | State             | Zip Code (Plus 4 | ) 5         | 12          | 2015            |            |          |
|        |                              | PA                | 177288465        |             |             |                 |            |          |
| Full N | lame of Contributor          |                   |                  | МО          | DAY         | YEAR            |            |          |
| Mr. Ja | ames M Collins               |                   |                  |             |             |                 |            |          |
|        | ng Address                   |                   | 1                |             |             |                 | \$         | 100.00   |
| City   | Pittsburgh                   | State             | Zip Code (Plus 4 | ) 5         | 12          | 2015            |            |          |
|        |                              | PA                | 152281602        |             |             |                 |            |          |
| Full N | lame of Contributor          |                   |                  | мо          | DAY         | YEAR            |            |          |
| Mr. S  | tanton Segal                 |                   |                  |             |             |                 |            |          |
| Mailin | ng Address                   |                   |                  |             |             |                 | \$         | 100.00   |
| City   | Huntingdon Valley            | State             | Zip Code (Plus 4 | ) 5         | 18          | 2015            |            |          |
|        |                              | PA                | 190068434        |             |             |                 |            |          |
| Full N | lame of Contributor          |                   |                  | МО          | DAY         | YEAR            |            |          |
| Andre  | ew DeVoe                     |                   |                  |             |             |                 |            |          |
| Mailin | ng Address                   |                   |                  |             |             |                 | \$         | 100.00   |
| City   | Ardmore                      | State             | Zip Code (Plus 4 | ) 5         | 18          | 2015            |            |          |
|        |                              | PA                | 19003            |             |             |                 |            |          |
| Full N | ull Name of Contributor      |                   |                  |             | DAY         | YEAR            |            |          |
| Mr. A  | r. Andy Carter               |                   |                  |             |             | LAK             |            |          |
| Mailin | ng Address                   |                   |                  |             |             |                 | \$         | 27.27    |
| City   | Harrisburg                   | State             | Zip Code (Plus 4 | ) 5         | 15          | 2015            |            |          |
|        |                              | PA                | 171112428        |             |             |                 |            |          |

| Full Name of Contributor        |       |                   |      |     |      |                 |
|---------------------------------|-------|-------------------|------|-----|------|-----------------|
| Mr. Andy Carter                 |       |                   | МО   | DAY | YEAR |                 |
| Mailing Address                 |       |                   |      |     | İ    | <b>\$</b> 27.27 |
| <b>City</b> Harrisburg          | State | Zip Code (Plus 4) | 5    | 31  | 2015 |                 |
|                                 | PA    | 171112428         |      |     |      |                 |
| Full Name of Contributor        |       |                   | МО   | DAY | YEAR |                 |
| Dr. Kathleen Kinslow CRNA, MBA, | EdD   |                   | 110  | ואס | ILAK |                 |
| Mailing Address                 |       |                   |      |     |      | \$ 100.00       |
| <b>City</b> Philadelphia        | State | Zip Code (Plus 4) | 6    | 1   | 2015 |                 |
|                                 | PA    | 191144200         |      |     |      |                 |
| Full Name of Contributor        |       |                   | МО   | DAY | YEAR |                 |
| Trista Walker                   |       |                   | 1-10 | DAI | ILAK |                 |
| Mailing Address                 |       |                   |      |     |      | \$ 100.00       |
| City New Hope                   | State | Zip Code (Plus 4) | 6    | 4   | 2015 |                 |
|                                 | PA    | 189389267         |      |     |      |                 |

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 |          | ſ          | 0.00 |
| Mailing Address   |       |          |                  |      |     |      | <b>+</b> | C          | ).00 |
| City  | State | Zip Code | e (Plus 4)       |      |     |      |          |            |      |
|   |       |          |                  |      |     |      |          | PAGE TOTAL | L    |
| Inter Grand Total of Part C on Schedule I, Detailed Summary |       |          | 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                   | Name of Filing Committee or Candidate |                 |            |                | Reporting Period |       |                      |              |               |  |  |
|---|---------------------------------------|-----------------|------------|----------------|------------------|-------|----------------------|--------------|---------------|--|--|
| Hospital & Healthsystem Assoc of PA PAC (HAPAC)         |                                       |                 |            | From: 5/5/2015 |                  |       | <u>015</u> <b>To</b> | To: 6/8/2015 |               |  |  |
|   |                                       |                 |            |                | DATE AMOUNT      |       |                      |              |               |  |  |
| Full Name of Contributor                                |                                       |                 |            |                | мо               | DAY   | YEAR                 | <b>\$</b>    | 1,000.00      |  |  |
| Mr. Jeffrey A Romoff                                    |                                       |                 |            |                |                  |       |                      | ] *          | 1,000.00      |  |  |
| Mailing Address   |                                       |                 |            |                | 5                | 12    | 2015                 |              |               |  |  |
| City Pittsburgh   | State                                 | Zij             | Code (Plus | 4)             |                  | 12    | 2013                 |              |               |  |  |
|   | l <sub>PA</sub>                       | l <sub>15</sub> | 2132536    |                |                  |       |                      |              |               |  |  |
| Employer Name UPMC                                      |                                       |                 |            |                | Occupat          | ion   | Presider             | it and       | d Chief Execu |  |  |
| Employer Mailing Address/Principal Place of Business Ci |                                       |                 | City       |                |                  | State |                      | Zip C        | Code (Plus 4) |  |  |
|   | Pittsburgh                            |                 |            |                |                  | PA    |                      | 1521         | 192702        |  |  |

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

| PAGE TOTAL     |
|----------------|
| \$<br>1,000.00 |

## 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 | od      |                     |        |          |  |
|---|-----------------|------------------------|-------------|-----------|-----------|---------|---------------------|--------|----------|--|
| Hospital & Healthsystem <i>i</i>        | Assoc of PA PA  | AC (HAPAC)             |             | From:     |           | 5/5/201 | <u>5</u> <b>To:</b> |        | 6/8/2015 |  |
|   |                 |                        |             |           | D         | ATE     |                     | AMOUNT |          |  |
| Full Name                               |                 |                        |             |           | мо        | DAY     | YEAR                | \$     | 9,87     |  |
| Metro Bank                              |                 |                        |             |           |           |         |                     | *      | 5.07     |  |
| Mailing Address                         |                 |                        |             |           | 5         | 29      | 2015                |        |          |  |
| <b>City</b> Harrisburg                  |                 | State                  | Zip Code (  | Plus 4)   |           |         |                     |        |          |  |
|   |                 | PA                     | 17111       |           |           |         |                     |        |          |  |
| Receipt Description May interest income |                 |                        |             |           |           |         |                     |        |          |  |
| Full Name                               |                 |                        |             |           | мо        | DAY     | YEAR                | \$     | 1.72     |  |
| Metro Bank                              |                 |                        |             |           | MO        | DAT     | TEAR                | ] *    | 1./2     |  |
| Mailing Address                         |                 |                        |             |           | 5         | 29      | 2015                |        |          |  |
| <b>City</b> Harrisburg                  |                 | State                  | Zip Code (  | Plus 4)   |           |         | 2015                |        |          |  |
|   |                 | PA                     | 17111       |           |           |         |                     |        |          |  |
| Receipt Description Ma                  | y interest inco | ome                    | •           |           |           |         |                     |        |          |  |
| Full Name                               |                 |                        |             |           |           |         |                     |        |          |  |
| The Hospital and Healthsys              | tem Associatio  | on of Pennsylvania (S  | )           |           | МО        | DAY     | YEAR                | \$     | 100.80   |  |
| Mailing Address                         |                 |                        |             |           | 6         | 5       | 2015                |        |          |  |
| <b>City</b> Harrisburg                  |                 | State                  | Zip Code (  | Plus 4)   |           |         | 2013                |        |          |  |
|   |                 | PA                     | 17105860    | 0         |           |         |                     |        |          |  |
| Receipt Description Re                  | imbursement     | for catering refund pa | yable to HA | AP s/b HA | 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> | <u>6/8/2015</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 Candid | ate               |                        | Reportin |          |      |             |            |
|------------------------------------|-------------------|------------------------|----------|----------|------|-------------|------------|
|                                    |                   |                        | From:    |          |      | To:         |            |
|                                    |                   | -                      |          | DATE     |      |             | AMOUNT     |
| Full Name of Contributor           |                   |                        | МО       | DAY      | YEAR |             |            |
| Mailing Address                    |                   |                        |          |          |      | <b>7</b> \$ | 0.00       |
| City                               | State             | Zip Code (Plus 4)      |          |          |      |             |            |
| Description of Contribution:       | •                 | -                      | •        | •        |      | •           |            |
|                                    |                   |                        |          |          |      |             |            |
| Enter Grand Total of Part F on S   | chedule II, In-Ki | nd Contributions Detai | led Sum  | mary Pag | 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:      |                | То:   |      |                 |      |
|  |                |     |                  |        |         | DATE           |       |      | AMOUN           | т    |
| 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 Zi    | p Code(Plus 4) | Descr | ipti | ion of Contribu | tion |
| Enter Grand Total of Part G on Sch     | edule II, In-K | ind | Contributions D  | etaile | ed      |                |       |      | PAGE T          | OTAL |
| 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: | <u>6/8/2015</u> |  |

|   |       |                   |                                     | DATE                                 |            |           | AMOUNT   |  |  |
|---|-------|-------------------|-------------------------------------|--------------------------------------|------------|-----------|----------|--|--|
| To Whom Paid                            |       |                   | мо                                  | DAY                                  | YEAR       |           |          |  |  |
| Friends of Steve Barrar                 |       |                   | 1-10                                |                                      | I Z J II K |           |          |  |  |
| Mailing Address                         |       |                   |                                     | 8                                    | 2015       | \$        | 500.00   |  |  |
| City Harrisburg State Zip Code (Plus 4) |       |                   |                                     | Description of Expenditure           |            |           |          |  |  |
| PA 17108                                |       |                   |                                     | Stephen Barrar, STATE HOUSE 160th PA |            |           |          |  |  |
| To Whom Paid                            |       |                   | мо                                  | DAY                                  | YEAR       |           |          |  |  |
| Kerry Benninghoff for Rep. Cte.         |       |                   | M                                   |                                      | ILAK       |           |          |  |  |
| Mailing Address                         |       |                   | 5                                   | 8                                    | 2015       | \$        | 3,000.00 |  |  |
| City Bellefonte                         | State | Zip Code (Plus 4) | Descrip                             | tion of Exp                          | enditure   |           |          |  |  |
|   | PA    | 16823             | Kerry B                             | enninghoff                           | , STATE I  | HOUSE 171 | st PA    |  |  |
| To Whom Paid                            |       |                   | мо                                  | DAY                                  | YEAR       |           |          |  |  |
| Jay Costa for State Senate Committee    |       |                   |                                     |                                      |            |           |          |  |  |
| Mailing Address                         |       |                   |                                     | 8                                    | 2015       | \$        | 1,000.00 |  |  |
| <b>City</b> Pittsburgh                  | State | Zip Code (Plus 4) | Description of Expenditure          |                                      |            |           |          |  |  |
|   | PA    | 15221             | Jay Costa, STATE SENATE 43rd PA     |                                      |            |           |          |  |  |
| To Whom Paid                            |       |                   | мо                                  | DAY                                  | YEAR       |           |          |  |  |
| DeLuca for Legislative Committee        |       |                   | 110                                 |                                      | I Z / LIK  |           |          |  |  |
| Mailing Address                         |       |                   | 5                                   | 8                                    | 2015       | \$        | 500.00   |  |  |
| City Verona                             | State | Zip Code (Plus 4) | Description of Expenditure          |                                      |            |           |          |  |  |
|   | PA    | 15147             | Anthony DeLuca, STATE HOUSE 32nd PA |                                      |            |           | PA       |  |  |
| To Whom Paid                            |       |                   | мо                                  | DAY                                  | YEAR       |           |          |  |  |
| Friends of John Gordner                 |       |                   | М                                   |                                      | ILAK       |           |          |  |  |
| Mailing Address                         |       |                   | 5                                   | 8                                    | 2015       | \$        | 1,000.00 |  |  |
| City Berwick                            | State | Zip Code (Plus 4) | Descrip                             | tion of Exp                          | enditure   |           |          |  |  |
| PA 18603                                |       |                   |                                     | John Gordner, STATE SENATE 109th PA  |            |           |          |  |  |
| To Whom Paid                            |       |                   | мо                                  | DAY                                  | YEAR       |           |          |  |  |
| Friends of Joe Scarnati                 |       |                   |                                     |                                      | I Z J II K |           |          |  |  |
| Mailing Address                         |       |                   | 5                                   | 8                                    | 2015       | \$        | 7,500.00 |  |  |
| City DuBois State Zip Code (Plus 4)     |       |                   | Description of Expenditure          |                                      |            |           |          |  |  |
| City Dubois                             |       | ,, (,             | Descrip                             | oxp                                  | ciiaitaic  |           |          |  |  |

| To W                                    | nom Paid                          |       |                   | МО                                    | DAY                                   | YEAR     |            |          |  |  |
|---|-----------------------------------|-------|-------------------|---------------------------------------|---------------------------------------|----------|------------|----------|--|--|
| Tomlinson for Senate                    |                                   |       |                   | 1.0                                   |                                       |          |            |          |  |  |
| Mailing Address                         |                                   |       |                   | 5                                     | 8                                     | 2015     | \$         | 500.00   |  |  |
| City Harrisburg State Zip Code (Plus 4) |                                   |       |                   |                                       | Description of Expenditure            |          |            |          |  |  |
| PA 17108                                |                                   |       |                   |                                       | Robert Tomlinson, STATE SENATE 6th PA |          |            |          |  |  |
| To Whom Paid                            |                                   |       |                   |                                       | DAY                                   | YEAR     |            |          |  |  |
| Friend                                  | ds of Ron Marsico                 |       |                   | МО                                    |                                       | . L.A.   |            |          |  |  |
| Mailin                                  | g Address                         |       |                   | 5                                     | 8                                     | 2015     | \$         | 1,000.00 |  |  |
| City Harrisburg State Zip Code (Plus 4) |                                   |       |                   | Descript                              | tion of Exp                           | enditure |            |          |  |  |
| PA 17112                                |                                   |       |                   | Ronald                                | Marsico, S                            | TATE HOL | JSE 105th  | ı PA     |  |  |
| To Wh                                   | nom Paid                          |       |                   | МО                                    | DAY                                   | YEAR     |            |          |  |  |
| Petrai                                  | rca Election Committee            |       |                   | MO                                    | DAT                                   | TEAR     |            |          |  |  |
| Mailin                                  | g Address                         |       |                   | 5                                     | 8                                     | 2015     | \$         | 1,000.00 |  |  |
| City                                    | Vndergrift                        | State | Zip Code (Plus 4) | Descript                              | tion of Exp                           | enditure |            |          |  |  |
|   |                                   | PA    | 156901310         | Joseph I                              | Petrarca, S                           | STATE HO | USE 55th   | PA       |  |  |
| To Wi                                   | nom Paid                          |       |                   | МО                                    | DAY                                   | YEAR     |            |          |  |  |
| Friend                                  | ds of Jeff Pyle                   |       |                   | 140                                   |                                       | . L.A.   |            |          |  |  |
| Mailin                                  | g Address                         |       |                   | 5                                     | 8                                     | 2015     | \$         | 300.00   |  |  |
| City                                    | Harrisburg                        | State | Zip Code (Plus 4) | Description of Expenditure            |                                       |          |            |          |  |  |
|   |                                   | PA    | 17108             | Jeffrey Pyle, STATE HOUSE 60th PA     |                                       |          |            |          |  |  |
| To Wi                                   | nom Paid                          |       |                   | МО                                    | DAY                                   | YEAR     |            |          |  |  |
| Citize                                  | ns for Browne-Senate              |       |                   | MO                                    | DA!                                   | ILAK     |            |          |  |  |
| Mailin                                  | g Address                         |       |                   | 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 W                                    | nom Paid                          |       |                   | мо                                    | DAY                                   | YEAR     |            |          |  |  |
| The C                                   | ommittee to Elect Scott Hutchinso | n     |                   | 1.0                                   |                                       |          |            |          |  |  |
| Mailin                                  | g Address                         |       |                   | 5                                     | 8                                     | 2015     | \$         | 500.00   |  |  |
| City                                    | Dillsburg                         | State | Zip Code (Plus 4) | Descript                              | tion of Exp                           | enditure |            |          |  |  |
|   |                                   | PA    | 17019             | Scott Hutchinson, STATE HOUSE 64th PA |                                       |          |            |          |  |  |
| To Wh                                   | nom Paid                          |       |                   | МО                                    | DAY                                   | YEAR     |            |          |  |  |
| Friend                                  | ds of Marguerite Quinn            |       |                   | МО                                    | DAT                                   | TEAR     |            |          |  |  |
| Mailing Address                         |                                   |       |                   | 5                                     | 8                                     | 2015     | \$         | 500.00   |  |  |
| City Doylestown State Zip Code (Plus 4) |                                   |       |                   | Descript                              | tion of Exp                           | enditure |            |          |  |  |
| PA 18901                                |                                   |       |                   | Marguei                               | rite Quinn,                           | STATE H  | OUSE 143   | Brd PA   |  |  |
| To Whom Paid                            |                                   |       |                   | МО                                    | DAY                                   | YEAR     |            |          |  |  |
| Friends of Jaret Gibbons                |                                   |       |                   | 140                                   |                                       | ILAR     |            |          |  |  |
| Mailin                                  | g Address                         |       |                   | 5                                     | 8                                     | 2015     | \$         | 500.00   |  |  |
| City Ellwood State Zip Code (Plus 4)    |                                   |       |                   | Descript                              | tion of Exp                           | enditure |            |          |  |  |
|   |                                   | PA    | 16117             | Jaret Gi                              | bbons, ST                             | ATE HOUS | SE 10th PA | 4        |  |  |
|   |                                   |       |                   |                                       |                                       |          |            |          |  |  |

| To Wi  |   |                              |   |   |   |  |                         |                  |  |  |
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| 10 111   | nom Paid  |                              |   | МО  | DAY   | YEAR   |                         |                  |  |  |
| HRCC   |   |                              |   |   |   |  |                         |                  |  |  |
| Mailing Address  |   |                              |   | 5   | 8   | 2015   | \$                      | 2,000.00         |  |  |
| City   | Harrisburg  | Zip Code (Plus 4)            | Description of Expenditure  |   |   |  |                         |                  |  |  |
| PA 17108   |   |                              |   |   | HRCC-WOMEN'S EVENT 4/13/2015  |  |                         |                  |  |  |
| To Wi  | nom Paid  |                              |   | мо  | DAY   | YEAR   |                         |                  |  |  |
| Friend   | ds of Bryan Cutler  |                              |   |   |   |  |                         |                  |  |  |
| Mailing Address  |   |                              |   | 5   | 8   | 2015   | \$                      | 1,000.00         |  |  |
| City Quarryville State Zip Code (Plus 4)                             |   |                              |   | Description of Expenditure  |   |  |                         |                  |  |  |
| PA 17566   |   |                              |   | Bryan C   | utler, STA  | TE HOUS  | E 100th P               | A                |  |  |
| To Wi  | nom Paid  |                              |   | мо  | DAY   | YEAR   |                         |                  |  |  |
| Friend   | ds of Martin Causer   |                              |   | 1-10  |   | 12/11  |                         |                  |  |  |
| Mailin   | g Address   |                              |   | 5   | 8   | 2015   | \$                      | 350.00           |  |  |
| City   | Dillsburg   | State                        | Zip Code (Plus 4)   | Descrip   | tion of Exp   | enditure   |                         |                  |  |  |
|  |   | PA                           | 17019   | Martin (  | Causer, ST  | ATE HOU  | SE 67th P.              | A                |  |  |
| To W   | nom Paid  |                              |   | мо  | DAY   | YEAR   |                         |                  |  |  |
| The H  | ospital and Healthsystem A  | Association of Pennsylv      | vania (S)   | 1-10  |   | 12/11  |                         |                  |  |  |
| Mailin   | g Address   |                              |   | 5   | 8   | 2015   | \$                      | 158.36           |  |  |
| City   | Harrisburg  | State                        | Zip Code (Plus 4)   | Descrip   | tion of Exp   | enditure   |                         |                  |  |  |
|  |   |                              |   |   |   | I EVENT-ADMINISTRATIVE COST  |                         |                  |  |  |
|  |   | PA                           | 171058600   |   |   |  |                         |                  |  |  |
|  |   | PA                           | 171058600   |   | i / \$158.36  |  |                         |                  |  |  |
| To Wi  | nom Paid  | PA                           | 171058600   | 4/21/15<br>Scarnat  | 5 / \$158.36<br>i   | 5 Allocate   |                         |                  |  |  |
|  | nom Paid<br>ds of Gene Yaw for Senate   | PA                           | 171058600   | 4/21/15   | i / \$158.36  |  |                         |                  |  |  |
| Friend   |   | PA                           | 171058600   | 4/21/15<br>Scarnat  | 5 / \$158.36<br>i   | 5 Allocate   |                         |                  |  |  |
| Friend   | ds of Gene Yaw for Senate   | PA                           | 2ip Code (Plus 4)   | 4/21/15<br>Scarnat  | 5 / \$158.36<br>i<br>DAY  | YEAR 2015  | ed To Frier             | nds of Joe       |  |  |
| Friend   | ds of Gene Yaw for Senate   |                              |   | MO  5  Description  | DAY   | YEAR 2015 enditure   | d To Frier              | nds of Joe       |  |  |
| Mailin<br>City   | ds of Gene Yaw for Senate   | State                        | Zip Code (Plus 4)   | MO  5  Descript Gene Ya   | DAY  8 tion of Exp  | YEAR  2015 enditure SENATE   | d To Frier              | nds of Joe       |  |  |
| Friend<br>Mailin<br>City   | ds of Gene Yaw for Senate  g Address  Harrisburg  | State                        | Zip Code (Plus 4)   | MO  5  Description  | DAY 8   | YEAR 2015 enditure   | d To Frier              | nds of Joe       |  |  |
| Friend Mailin City To Wi   | ds of Gene Yaw for Senate  g Address  Harrisburg  nom Paid  | State                        | Zip Code (Plus 4)   | MO  5  Descript Gene Ya   | DAY  8 tion of Exp  | YEAR  2015 enditure SENATE   | d To Frier              | nds of Joe       |  |  |
| Friend Mailin City To Wi   | ds of Gene Yaw for Senate  g Address  Harrisburg  nom Paid  Vogel for Senate  | State                        | Zip Code (Plus 4)   | MO  5  Descript Gene Ya  MO  5  | DAY  8 tion of Exp aw, STATE  | YEAR 2015 enditure SENATE YEAR 2015  | \$ \$                   | 500.00           |  |  |
| Friend Mailin City To Wi Elder Mailin                                | ds of Gene Yaw for Senate  g Address  Harrisburg  nom Paid  Vogel for Senate  g Address   | State<br>PA                  | <b>Zip Code (Plus 4)</b><br>17108                                   | MO  5  Descript Gene Ya  MO  Descript   | DAY  8 tion of Exp aw, STATE  DAY   | YEAR 2015 enditure YEAR 2015 enditure  | \$ 23rd PA              | 500.00           |  |  |
| Friend Mailin City  To Wi Elder Mailin City                          | ds of Gene Yaw for Senate  g Address  Harrisburg  nom Paid  Vogel for Senate  g Address   | State<br>PA<br>State         | Zip Code (Plus 4)<br>17108<br>Zip Code (Plus 4)                     | MO  5  Descript Gene Ya  MO  5  Descript Gene Ya  | DAY  8 tion of Exp aw, STATE  DAY  8 tion of Exp gel, STAT  | YEAR  2015 enditure YEAR  2015 enditure E SENATE   | \$ 23rd PA              | 500.00           |  |  |
| Friend Mailin City  To Wi Elder Mailin City  To Wi                   | ds of Gene Yaw for Senate  g Address  Harrisburg  nom Paid  Vogel for Senate  g Address  Harrisburg   | State<br>PA<br>State         | Zip Code (Plus 4)<br>17108<br>Zip Code (Plus 4)                     | MO  5  Descript Gene Ya  MO  Descript   | DAY  8 tion of Exp www, STATE  DAY  8 tion of Exp   | YEAR 2015 enditure YEAR 2015 enditure  | \$ 23rd PA              | 500.00           |  |  |
| Friend Mailin City  To Wi Elder Mailin City  To Wi Volun             | ds of Gene Yaw for Senate  g Address  Harrisburg  nom Paid  Vogel for Senate  g Address  Harrisburg   | State<br>PA<br>State         | Zip Code (Plus 4)<br>17108<br>Zip Code (Plus 4)                     | MO  5  Descript Gene Ya  MO  5  Descript Gene Ya  | DAY  8 tion of Exp aw, STATE  DAY  8 tion of Exp gel, STAT  | YEAR  2015 enditure YEAR  2015 enditure E SENATE   | \$ 23rd PA              | 500.00           |  |  |
| Friend Mailin City  To Wi Elder Mailin City  To Wi Volun             | ds of Gene Yaw for Senate  g Address  Harrisburg  nom Paid  Vogel for Senate  g Address  Harrisburg  nom Paid  teers for Argall - Senate  | State<br>PA<br>State         | Zip Code (Plus 4)<br>17108<br>Zip Code (Plus 4)                     | MO  5  Descript Gene Ya  MO  5  Descript Gene Ya  MO  5  Descript Elder Vo  MO  5   | DAY  8 tion of Exp DAY  8 tion of Exp Day  Bation of Exp Day  DAY                                   | YEAR  2015 enditure SENATE  YEAR  2015 enditure E SENATE  YEAR  2015                                 | \$ 23rd PA \$           | 500.00<br>500.00 |  |  |
| To William City To William City To William City To William Mailiam   | ds of Gene Yaw for Senate  g Address  Harrisburg  nom Paid  Vogel for Senate  g Address  Harrisburg  nom Paid  teers for Argall - Senate  | State PA  State PA           | Zip Code (Plus 4)<br>17108<br>Zip Code (Plus 4)<br>17108            | MO  5  Descript Gene Ya  MO  5  Descript Elder Va  MO  5  Descript  | DAY  8 tion of Exp w, STATE  DAY  8 tion of Exp pgel, STAT  DAY                                     | YEAR  2015 enditure  SENATE  YEAR  2015 enditure  E SENATE  YEAR  2015 enditure                      | \$ 23rd PA \$ E 47th PA | 500.00<br>500.00 |  |  |
| To William City To Will Elder Mailin City To Will Volun Mailin City  | ds of Gene Yaw for Senate  g Address  Harrisburg  nom Paid  Vogel for Senate  g Address  Harrisburg  nom Paid  teers for Argall - Senate  | State PA  State PA  State    | Zip Code (Plus 4) 17108  Zip Code (Plus 4) 17108  Zip Code (Plus 4) | MO  5  Descript Gene Ya  MO  5  Descript Elder Vo  MO  5  Descript Elder Vo  Dovid A  | DAY  8 tion of Exp DAY  8 tion of Exp DAY  8 tion of Exp ggel, STAT  DAY  8                         | YEAR  2015 enditure SENATE  YEAR  2015 enditure E SENATE  YEAR  2015 enditure  E SENATE              | \$ 23rd PA \$ E 47th PA | 500.00<br>500.00 |  |  |
| To William City To William City To William City To William City      | ds of Gene Yaw for Senate  g Address  Harrisburg  nom Paid  Vogel for Senate  g Address  Harrisburg  nom Paid  teers for Argall - Senate  g Address  Tamaqua                                      | State PA  State PA  State PA | Zip Code (Plus 4) 17108  Zip Code (Plus 4) 17108  Zip Code (Plus 4) | MO  5  Descript Gene Ya  MO  5  Descript Elder Va  MO  5  Descript  | DAY  8 tion of Exp                         | YEAR  2015 enditure  SENATE  YEAR  2015 enditure  E SENATE  YEAR  2015 enditure                      | \$ 23rd PA \$ E 47th PA | 500.00<br>500.00 |  |  |
| To Wind City   ds of Gene Yaw for Senate  g Address  Harrisburg  nom Paid  Vogel for Senate  g Address  Harrisburg  nom Paid  teers for Argall - Senate  g Address  Tamaqua                                      | State PA  State PA  State PA | Zip Code (Plus 4) 17108  Zip Code (Plus 4) 17108  Zip Code (Plus 4) | MO  5  Descript Gene Ya  MO  5  Descript Elder Vo  MO  5  Descript Elder Vo  Dovid A  | DAY  8 tion of Exp DAY  8 tion of Exp DAY  8 tion of Exp ggel, STAT  DAY  8                         | YEAR  2015 enditure SENATE  YEAR  2015 enditure E SENATE  YEAR  2015 enditure  E SENATE              | \$ 23rd PA \$ E 47th PA | 500.00<br>500.00 |  |  |
| To William City  To William City  To William City  To William City   | ds of Gene Yaw for Senate  g Address  Harrisburg  nom Paid  Vogel for Senate  g Address  Harrisburg  nom Paid  teers for Argall - Senate  g Address  Tamaqua  nom Paid  Blake for Senate Committe | State PA  State PA  State PA | Zip Code (Plus 4) 17108  Zip Code (Plus 4) 17108  Zip Code (Plus 4) | MO  5  Descript Gene Ya  MO  5  Descript Elder Va  MO  5  Descript Elder Va  MO  5  Descript Elder Va  MO  5  Descript David A  MO  5 | DAY  8 tion of Exp DAY  DAY  B tion of Exp | YEAR  2015  enditure  SENATE  YEAR  2015  enditure  E SENATE  YEAR  2015  enditure  YEAR  2015  2015 | \$ 23rd PA \$ E 47th PA | 500.00<br>500.00 |  |  |

| 250.00<br>400.00<br>500.00   |  |  |  |  |  |
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| Description of Expenditure  Keith Greiner, STATE HOUSE 43rd PA             |  |  |  |  |  |
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| 121.90   |  |  |  |  |  |
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| Description of Expenditure  Emma Troutman-Scarnati Event-Gratuity -4/21/15 |  |  |  |  |  |
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| Description of Expenditure   |  |  |  |  |  |
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|--------------------------------------|--------------------------------------|------------------|----------------------|---|----------------------------|------------|-------------|-----------|--|--|--|
| To Whom Paid                         |                                      |                  |                      | мо                                      | DAY                        | YEAR       |             |           |  |  |  |
| Friends of Jesse Topper              |                                      |                  |                      |   |                            |            |             |           |  |  |  |
| Mailing Address                      |                                      |                  |                      |   | 8                          | 2015       | \$          | 200.00    |  |  |  |
| City Bedford State Zip Code (Plus 4) |                                      |                  |                      |   | Description of Expenditure |            |             |           |  |  |  |
| PA 15522                             |                                      |                  |                      | Jesse Topper, STATE HOUSE 78th PA       |                            |            |             |           |  |  |  |
| To Whom Paid                         |                                      |                  |                      | мо                                      | DAY                        | YEAR       |             |           |  |  |  |
| R. Ted Harhai Campaign Fund          |                                      |                  |                      |   |                            |            |             |           |  |  |  |
| Mailing Address                      |                                      |                  |                      | 5                                       | 8                          | 2015       | \$          | 500.00    |  |  |  |
| City Moness                          | sen                                  | 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 Stev                      | ve Mentzer                           |                  |                      | 110                                     |                            | 12/11      |             |           |  |  |  |
| Mailing Addres                       | s                                    |                  |                      | 5                                       | 8                          | 2015       | \$          | 250.00    |  |  |  |
| <b>City</b> Harrisb                  | ourg                                 | State            | Zip Code (Plus 4)    | Descrip                                 | tion of Exp                | enditure   |             |           |  |  |  |
|                                      |                                      | PA               | 17108                | Steven                                  | Mentzer, S                 | TATE HO    | USE 97th I  | PA        |  |  |  |
| To Whom Paid                         |                                      |                  |                      | мо                                      | DAY                        | YEAR       |             |           |  |  |  |
| McGarrigle for                       | Senate                               |                  |                      | 110                                     |                            | I Z / II K |             |           |  |  |  |
| Mailing Addres                       | s                                    |                  |                      | 5                                       | 8                          | 2015       | \$          | 500.00    |  |  |  |
| <b>City</b> Harrisb                  | ourg                                 | State            | Zip Code (Plus 4)    | Description of Expenditure              |                            |            |             |           |  |  |  |
|                                      |                                      | PA               | 17108                | Thomas McGarrigle, STATE SENATE 26th PA |                            |            |             |           |  |  |  |
| To Whom Paid                         |                                      |                  |                      | МО                                      | DAY                        | YEAR       |             |           |  |  |  |
| Citizens for Mu                      | ıllery                               |                  |                      |   |                            |            |             |           |  |  |  |
| Mailing Addres                       | s                                    |                  |                      | 5                                       | 8                          | 2015       | \$          | 250.00    |  |  |  |
| <b>City</b> Nantico                  | oke                                  | State            | Zip Code (Plus 4)    | Description of Expenditure              |                            |            |             |           |  |  |  |
|                                      |                                      | PA               | 18634                | Gerald I                                | Mullery, ST                | ATE HOL    | JSE 119th I | PA        |  |  |  |
| To Whom Paid                         |                                      |                  |                      | МО                                      | DAY                        | YEAR       |             |           |  |  |  |
| Friends of Tina                      | Davis                                |                  |                      |   |                            |            |             |           |  |  |  |
| Mailing Address                      |                                      |                  |                      | 5                                       | 8                          | 2015       | \$          | 500.00    |  |  |  |
| <b>City</b> Croydo                   | City Croydon State Zip Code (Plus 4) |                  |                      |   | Description of Expenditure |            |             |           |  |  |  |
|                                      |                                      | PA               | 19021                | Tina Da                                 | vis, STATE                 | HOUSE      | 141st PA    |           |  |  |  |
|                                      |                                      |                  |                      |   |                            |            | Р           | AGE TOTAL |  |  |  |
| Enter Grand                          | lotal of Expenditures                | on Page 1, Repor | t Cover Page, Item D | •                                       |                            |            | \$          | 30,409.78 |  |  |  |