# **Campaign Finance Report**

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

| Filer Identificat                      | <b>ion</b> 790(                                     | 1364        |                       |          | Repo      | rt     | C              | ANDI   | DATE       |        | СОМ      | MITTEE             | ✓              | LOB          | BYIST   |           |              |
|--|---|-------------|-----------------------|----------|-----------|--------|----------------|--------|------------|--------|----------|--------------------|----------------|--------------|---------|-----------|--------------|
| Number :                               | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,             |             |                       |          | Filed     | -      |                |        |            |        |          |                    |                |              |         |           |              |
| Name of Filing                         | Committee, Candid                                   | late or L   | obbyist:              |          | Hospit    | al &   | Health         | isyste | em Asso    | oc of  | PA PA    | C (HAPA            | IC)            |              |         |           |              |
| Street Address:                        | 1   |             |                       |          |           |        |                |        |            |        |          |                    |                |              |         |           |              |
| City:                                  | Harrisburg  |             |                       |          |           |        | Sta            | te:    | PA         |        |          | Zip Co             | <b>de:</b> 17  | 105          |         |           |              |
| TYPE OF<br>REPORT                      | 6TH TUESDAY<br>PRE-PRIMARY                          | 1.          | 2ND FRIDA<br>PRIMARY  | Y PRE    | - 2.      |        | DAY<br>IMARY   | F      | POST-      | 3.     |          | AMENDN<br>REPORT   |                | Yes          | N       | 0         | $\checkmark$ |
| (place X to<br>the right of            | 6TH TUESDAY<br>PRE-ELECTION                         | 4.          | 2ND FRIDA<br>ELECTION | Y PRE    | ≣- 5.     |        | DAY<br>ECTION  | •      | POST-      | 6.     |          | TERMIN/<br>REPORT  |                | Yes          | N       | 0         | $\mathbf{>}$ |
| report type)                           | ANNUAL REPORT                                       | 7. <b>X</b> | <b>Year</b> 2015      |          |           |        | ING M<br>) CHE |        |            |        |          | PAPER              |                | $\checkmark$ | DISK    | ETTE      |              |
| Name of Office                         | Sought by Candida                                   | te:         |                       |          |           |        | DA             | τε ο   | F ELEC     | TIO    | N        | District<br>Number | Office<br>Code | Par          | ty Cod  | Cou       |              |
|  |   |             |                       |          |           |        | мо             |        | DAY        | YE     | AR       |                    |                | I            |         | 1002      | -            |
|  |   |             |                       |          |           |        |                | 11     |            | 3      | 2015     |                    | (SEE INS       | TRUCTI       | ONS FOR | CODES     | 5)           |
|  | Receipts and  | мо          | DAY                   | YEAR     | 2         |        | мо             |        | DAY        | YE     | AR       | FC                 | OR OFFIC       | E USE        | ONLY    | ,         |              |
| Expenditure                            | s from:   |             | 11 24                 | 2        | 015 .     | то     |                | 12     | 3          | 1      | 2015     |                    |                |              |         |           |              |
| A. Amount Bro                          | ought Forward From                                  | m Last R    | leport                |          | ľ         |        | \$             |        |            | 90,2   | 73.23    | 1                  |                |              |         |           |              |
| B. Total Monet                         | tary Contributions                                  | And Rec     | eipts (Fron           | n Sche   | dule I)   | )      | \$             |        |            | 49,6   | 65.54    |                    |                |              |         |           |              |
| C. Total Funds                         | Available (Sum O                                    | f Lines A   | and B)                |          |           |        | \$             |        | 1          | .39,9  | 38.77    |                    |                |              |         |           |              |
| D. Total Exper                         | nditures (From Sch                                  | edule II    | II)                   |          |           |        | \$             |        |            | 16,8   | 84.09    |                    |                |              |         |           |              |
| E. Ending Casl                         | h Balance (Subtrac                                  | t Line D    | From Line             | C)       |           |        | \$             |        | 1          | 23,0   | 54.68    |                    |                |              |         |           |              |
| F. Value Of In                         | -Kind Contribution                                  | s Receiv    | ed (From S            | chedu    | le II)    |        | \$             |        |            |        | 0.00     | -                  |                |              |         |           |              |
| G. Unpaid Deb                          | ts And Obligations                                  | (From       | Schedule IV           | /)       |           |        | \$             |        |            |        | 0.00     |                    |                |              |         |           |              |
|  |   |             |                       | AFF      | IDAV      | IT S   | SECTI          | ON     |            |        |          |                    |                |              |         |           |              |
| PART I - If this                       | is a Committee rep                                  | ort, trea   | asurer sign           | here.    | If this i | is a C | Candida        | ate re | eport, ca  | andid  | late sig | gn here.           |                |              |         |           |              |
| I swear (or affirm<br>correct and comp | <ol> <li>that this report, inc<br/>lete.</li> </ol> | luding th   | e attached sc         | hedule   | s filed o | n papo | er or by       | elect  | ronic me   | dium,  | are to t | the best o         | f my knov      | vledge       | and be  | lief , tı | rue          |
| Sworn to and sub                       | scribed before me thi<br>day of                     | S           | 20                    |          |           |        |                |        |            | Si     | gnature  | e of Perso         | n Submitt      | ing Rej      | oort    |           | -            |
|  | Signatu   | Ire         |                       |          |           | _      |                |        |            |        |          | Prin               | ted Name       |              |         |           | -            |
| My Commission E                        | -   |             |                       |          |           |        |                |        |            |        |          | Ema                | il             |              |         |           | -            |
|  | мо  | D           | AY                    | YR       |           |        |                |        | Area       | a Cod  | e        | Daytin             | ne Teleph      | one Nu       | mber    |           |              |
| Part II- If this is                    | a report of a can                                   | didate's    | authorized            | Comm     | nittee,   | Cand   | lidate         | shall  | sign he    | re.    |          |                    |                |              |         |           |              |
| I swear (or affirm<br>No 320) as amend | ) that to the best of 1<br>led.                     | ny knowl    | edge and beli         | ief this | politica  | il com | nmittee        | has n  | ot violate | ed any | / provis | ions of th         | e act of Ju    | ine 3,1      | 937 (P  | L. 133    | з,           |
| Sworn to and subs                      | cribed before me this<br>day of                     |             | 20                    |          |           |        |                |        |            |        | S        | ignature (         | of Candida     | ite          |         |           | -            |
|  |   |             | -~                    |          |           |        |                |        |            |        |          | Printe             | ed Name        |              |         |           | -            |
| My Commission Ex                       | Signature   |             |                       |          |           | _      |                |        |            |        |          | Ema                | il             |              |         |           | _            |
| , <b>L</b> A                           | · ~   |             |                       |          |           |        |                |        |            |        |          |                    |                |              |         |           | _            |
|  | мо  | D           | AY                    | YR       | 2         |        |                |        | Area C     | Code   |          | D                  | aytime Te      | elephor      | ne Num  | ber       |              |

### 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>11/24/2015</u> **To:** 12/31/2015 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor \$ 1,252.20 **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 14,444.14 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 14,444.14 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 1,000.00 32,382.83 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 33,382.83 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 586.37 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 49,665.54 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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 |     |      |      |    |            |
|--------------------------------------|----------------------|------------------|------------------|-----|------|------|----|------------|
|                                      |                      |                  | From             | m:  |      | То   |    |            |
|                                      |                      | ·                |                  |     | DATE |      |    | AMOUNT     |
| Full Name of Contributing Committee  |                      |                  |                  | мо  | DAY  | YEAR |    |            |
| Mailing Address                      |                      |                  |                  |     |      |      | \$ | 0.00       |
| City                                 | State                | Zip Code (Plus 4 | 4)               |     |      |      |    |            |
|                                      |                      |                  |                  |     |      |      |    | PAGE TOTAL |
| Enter Grand Total of Part A on Sche  | dule I, Detailed Sun | nmary Page, Se   | ection           | 12. |      |      | \$ | 0.00       |

| Use this Part to                                     | LL OTHER<br>\$50.0<br>itemize all othe<br>\$50.01 to \$250.<br>tributions from p | 1 TO \$250.00<br>r contribution<br>00 in the repo | )<br>Is wi<br>orting | th an<br>g peri | aggreg<br>iod. |         |    | from              |
|--|--|---|----------------------|-----------------|----------------|---------|----|-------------------|
| Name of Filing Committee or Cand                     | idate  |   | Repo                 | orting Po       | eriod          |         |    |                   |
| Hospital & Healthsystem Assoc of                     | PA PAC (HAPAC)   |   | From                 | 1:              | <u>11/24/2</u> | 2015 To | ): | <u>12/31/2015</u> |
|  |  |   |                      |                 | DATE           |         |    | AMOUNT            |
| Full Name of Contributor<br>Dr. Karen Pinsky Shor MD |  |   |                      | мо              | DAY            | YEAR    |    |                   |
| Mailing Address                                      |  | 1   |                      |                 |                |         | \$ | 200.00            |
| City Swarthmore                                      | <b>State</b><br>PA   | <b>Zip Code (Plus 4</b><br>190811721              | •)                   | 12              | 26             | 2015    |    |                   |
| Full Name of Contributor<br>Julie Miksit             |  |   |                      | мо              | DAY            | YEAR    |    |                   |
| Mailing Address<br>City Lebanon                      | State  | Zip Code (Plus 4                                  | •)                   | 12              | 29             | 2015    | \$ | 200.00            |
|  | РА   | 170421281   |                      |                 |                |         |    |                   |
| Full Name of Contributor<br>Doug Heishman            |  |   |                      | МО              | DAY            | YEAR    |    |                   |
| Mailing Address                                      |  | 1   |                      |                 |                |         | \$ | 100.00            |
| City York  | <b>State</b><br>PA   | Zip Code (Plus 4<br>174028513                     | •)                   | 12              | 30             | 2015    |    |                   |
| Full Name of Contributor<br>Richard J. Mable FACHE   |  |   |                      | мо              | DAY            | YEAR    |    |                   |
| Mailing Address                                      |  | _   |                      |                 |                |         | \$ | 225.00            |
| City Reading   | <b>State</b><br>PA   | <b>Zip Code (Plus 4</b><br>196121428              | •)                   | 12              | 31             | 2015    |    |                   |
| Full Name of Contributor                             |  |   |                      | мо              | DAY            | YEAR    |    |                   |
| Mr. Louis J Panza Jr.                                |  |   |                      |                 |                |         |    |                   |
| Mailing Address                                      | Charles -  |   |                      | 12              | 31             | 2015    | \$ | 100.00            |
| City Monongahela                                     | <b>State</b><br>PA   | Zip Code (Plus 4<br>150631095                     |                      | 12              | 51             | 2015    |    |                   |
| Full Name of Contributor                             |  | •   |                      | мо              | DAY            | YEAR    |    |                   |
| Ms. Monica Doyle                                     |  |   |                      | МО              | DAT            | TEAR    |    |                   |
| Mailing Address                                      |  | 1   |                      |                 |                |         | \$ | 225.00            |
| City Springfield                                     | <b>State</b><br>PA   | <b>Zip Code (Plus 4</b><br>190641112              | •)                   | 12              | 31             | 2015    |    |                   |
| Full Name of Contributor                             |  |   |                      | мо              | DAY            | YEAR    |    |                   |
| Karen Vadyak RN, BSN, MBA                            |  |   |                      | 110             |                |         |    |                   |
| Mailing Address                                      |  | 1   |                      |                 |                |         | \$ | 150.00            |
| City Easton  | State<br>PA  | Zip Code (Plus 4<br>180408195                     | •)                   | 12              | 31             | 2015    |    |                   |

| Full Name of Contributor   |                    |                                       | мо              | DAY             | YEAR                 |              |
|--|--------------------|---------------------------------------|-----------------|-----------------|----------------------|--------------|
| Robert D. Reinhart   |                    |                                       |                 |                 | TEAK                 |              |
| Mailing Address  |                    |                                       |                 |                 |                      | \$<br>250.00 |
| City Palmerton   | State              | Zip Code (Plus 4)                     | 12              | 31              | 2015                 |              |
|  | PA                 | 180715530                             |                 |                 |                      |              |
| Full Name of Contributor   |                    |                                       | мо              | DAY             | YEAR                 |              |
| Mr. Richard L. Ayers   |                    |                                       | MO              | DAT             | ILAK                 |              |
| Mailing Address  |                    |                                       |                 |                 |                      | \$<br>250.00 |
| City York  | State              | Zip Code (Plus 4)                     | 12              | 24              | 2015                 |              |
|  | PA                 | 174035070                             |                 |                 |                      |              |
| Full Name of Contributor   |                    |                                       |                 | -               | VELD                 |              |
| Dr. David Liskov MD  |                    |                                       | мо              | DAY             | YEAR                 |              |
| Mailing Address  |                    |                                       |                 |                 |                      | \$<br>250.00 |
| City Kingston  | State              | Zip Code (Plus 4)                     | 12              | 24              | 2015                 |              |
|  | PA                 | 187045631                             |                 |                 |                      |              |
| Full Name of Contributor   |                    |                                       |                 |                 |                      |              |
| Mr. Thomas J. Leydig   |                    |                                       | мо              | DAY             | YEAR                 |              |
| Mailing Address  |                    |                                       |                 |                 |                      | \$<br>180.00 |
| City Aliquippa   | State              | Zip Code (Plus 4)                     | 12              | 24              | 2015                 |              |
|  | PA                 | 150011168                             |                 |                 |                      |              |
| Full Name of Contributor   |                    |                                       |                 |                 |                      |              |
| Todd Burda   |                    |                                       | мо              | DAY             | YEAR                 |              |
| Mailing Address  |                    |                                       |                 |                 |                      | \$<br>100.00 |
| City Saylorsburg   | State              | Zip Code (Plus 4)                     | 12              | 23              | 2015                 |              |
| , 5  | PA                 | 183538292                             |                 |                 |                      |              |
| Full Name of Contributor   | I                  | ł                                     |                 |                 |                      |              |
| Mr. Norris E. Benns Jr ESQ   |                    |                                       | мо              | DAY             | YEAR                 |              |
| Mailing Address  |                    |                                       |                 |                 |                      | \$<br>32.40  |
| City Harrisburg  | State              | Zip Code (Plus 4)                     | 12              | 31              | 2015                 |              |
|  | PA                 | 171116803                             |                 |                 |                      |              |
|  |                    |                                       |                 |                 |                      |              |
| Full Name of Contributor   |                    |                                       |                 |                 |                      |              |
| Full Name of Contributor<br>Ms. Daneen Schroder  |                    |                                       | мо              | DAY             | YEAR                 |              |
|  |                    |                                       | мо              | DAY             | YEAR                 | \$<br>22.50  |
| Ms. Daneen Schroder  | State              | Zip Code (Plus 4)                     | <b>мо</b><br>12 | <b>DAY</b> 31   | <b>YEAR</b> 2015     | \$<br>22.50  |
| Ms. Daneen Schroder<br>Mailing Address   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>171129293 | _               |                 |                      | \$<br>22.50  |
| Ms. Daneen Schroder<br>Mailing Address<br>City Harrisburg  |                    |                                       | 12              | 31              | 2015                 | \$<br>22.50  |
| Ms. Daneen Schroder<br>Mailing Address<br>City Harrisburg<br>Full Name of Contributor  |                    |                                       | _               |                 |                      | \$<br>22.50  |
| Ms. Daneen Schroder<br>Mailing Address<br>City Harrisburg<br>Full Name of Contributor<br>Ms. Sue Stewart   |                    |                                       | 12              | 31              | 2015                 |              |
| Ms. Daneen Schroder<br>Mailing Address<br>City Harrisburg<br>Full Name of Contributor<br>Ms. Sue Stewart<br>Mailing Address  |                    | 171129293                             | 12              | 31              | 2015                 | \$<br>22.50  |
| Ms. Daneen Schroder<br>Mailing Address<br>City Harrisburg<br>Full Name of Contributor<br>Ms. Sue Stewart   | PA                 |                                       | 12<br>MO        | 31<br>DAY       | 2015<br>YEAR         |              |
| Ms. Daneen Schroder<br>Mailing Address<br>City Harrisburg<br>Full Name of Contributor<br>Ms. Sue Stewart<br>Mailing Address<br>City Lewisberry   | PA                 | 171129293<br>Zip Code (Plus 4)        | 12<br>мо<br>12  | 31<br>DAY<br>31 | 2015<br>YEAR<br>2015 |              |
| Ms. Daneen Schroder Mailing Address City Harrisburg Full Name of Contributor Ms. Sue Stewart Mailing Address City Lewisberry Full Name of Contributor  | PA                 | 171129293<br>Zip Code (Plus 4)        | 12<br>MO        | 31<br>DAY       | 2015<br>YEAR         |              |
| Ms. Daneen Schroder<br>Mailing Address<br>City Harrisburg<br>Full Name of Contributor<br>Ms. Sue Stewart<br>Mailing Address<br>City Lewisberry<br>Full Name of Contributor<br>Ms. Tina L. True | PA                 | 171129293<br>Zip Code (Plus 4)        | 12<br>мо<br>12  | 31<br>DAY<br>31 | 2015<br>YEAR<br>2015 | \$<br>14.32  |
| Ms. Daneen Schroder Mailing Address City Harrisburg Full Name of Contributor Ms. Sue Stewart Mailing Address City Lewisberry Full Name of Contributor  | PA                 | 171129293<br>Zip Code (Plus 4)        | 12<br>мо<br>12  | 31<br>DAY<br>31 | 2015<br>YEAR<br>2015 |              |

| Full Na | ame of Contributor    |            |                   | мо   | DAY | YEAR |                  |
|---------|-----------------------|------------|-------------------|------|-----|------|------------------|
| Ms. Ju  | Ilie Kissinger        |            |                   | MO   | DAT | TLAK |                  |
| Mailin  | g Address             |            |                   |      |     |      | \$ 22.50         |
| City    | Mechanicsburg         | State      | Zip Code (Plus 4) | 12   | 31  | 2015 |                  |
|         |                       | PA         | 170507699         |      |     |      |                  |
| Full Na | ame of Contributor    |            |                   | мо   | DAY | YEAR |                  |
| Mr. No  | orris E. Benns Jr ESQ |            |                   | MO   | DAT | TLAK |                  |
| Mailin  | g Address             |            |                   |      |     |      | <b>\$</b> 32.40  |
| City    | Harrisburg            | State      | Zip Code (Plus 4) | 12   | 15  | 2015 |                  |
|         |                       | PA         | 171116803         |      |     |      |                  |
| Full Na | ame of Contributor    | •          |                   |      |     |      |                  |
| Ms. Da  | aneen Schroder        |            |                   | мо   | DAY | YEAR |                  |
|         | g Address             |            |                   |      |     |      | <b>\$</b> 22.50  |
| City    | Harrisburg            | State      | Zip Code (Plus 4) | 12   | 15  | 2015 |                  |
|         | -                     | PA         | 171129293         |      |     |      |                  |
| Full N  | ame of Contributor    |            |                   |      |     |      |                  |
|         | ue Stewart            |            |                   | мо   | DAY | YEAR |                  |
|         | g Address             |            |                   |      |     |      | <b>\$</b> 14.32  |
| City    | Lewisberry            | State      | Zip Code (Plus 4) | 12   | 15  | 2015 |                  |
|         | ,                     | PA         | 173399641         |      |     |      |                  |
| Euli Na | ame of Contributor    |            |                   |      |     |      |                  |
|         | na L. True            |            |                   | мо   | DAY | YEAR |                  |
|         | g Address             |            |                   |      |     |      | <b>\$</b> 23.69  |
| City    | Harrisburg            | State      | Zip Code (Plus 4) | 12   | 15  | 2015 | <b>P</b> 23.09   |
| ,       | Harrisburg            | PA         | 171121004         |      |     |      |                  |
| Full Na | ame of Contributor    |            |                   |      |     |      |                  |
|         | ilie Kissinger        |            |                   | мо   | DAY | YEAR |                  |
|         | g Address             |            |                   |      |     |      | <b>\$</b> 22.50  |
| City    | Mechanicsburg         | State      | Zip Code (Plus 4) | 12   | 15  | 2015 |                  |
| _       |                       | PA         | 170507699         |      |     |      |                  |
| Eull N  | ame of Contributor    |            |                   |      |     |      |                  |
|         | aria L Royce          |            |                   | мо   | DAY | YEAR |                  |
|         | g Address             |            |                   |      |     |      | \$ 200.00        |
| City    | York                  | State      | Zip Code (Plus 4) | 12   | 22  | 2015 | ↓                |
| ,       |                       | PA         | 174035071         |      |     |      |                  |
| E.J. M  | ame of Contributor    |            |                   |      |     |      | I                |
|         | rd Alderfer           |            |                   | мо   | DAY | YEAR |                  |
|         | g Address             |            |                   |      |     |      | ¢ 250.00         |
| City    | Hatfield              | State      | Zip Code (Plus 4) | 12   | 21  | 2015 | <b>\$</b> 250.00 |
| City    | Hatheld               | PA         | 194402804         |      |     | 2015 |                  |
|         |                       |            | 1)77702004        |      |     |      |                  |
|         | ame of Contributor    |            |                   | мо   | DAY | YEAR |                  |
|         | chard Webster         |            |                   |      |     |      |                  |
|         | g Address             | <b>a</b> - |                   | - 12 |     | 2015 | <b>\$</b> 225.00 |
| City    | Philadelphia          | State      | Zip Code (Plus 4) | 12   | 23  | 2015 |                  |
|         |                       | PA         | 191303211         | 1    |     | I    | 1                |

| E.II N   |   |                    |                                       |          |                  |                     |                        |
|--|---|--------------------|---------------------------------------|----------|------------------|---------------------|------------------------|
|  | ame of Contributor  |                    |                                       | мо       | DAY              | YEAR                |                        |
| Victor   | ia Diamond  |                    |                                       |          | DAT              | TEAN                |                        |
| Mailin   | g Address   |                    |                                       |          |                  |                     | <b>\$</b> 150.00       |
| City   | York  | State              | Zip Code (Plus 4)                     | 12       | 21               | 2015                |                        |
|  |   | PA                 | 174039561                             |          |                  |                     |                        |
| Full Na  | ame of Contributor  |                    |                                       | мо       | DAY              | YEAR                |                        |
| Mr. Ro   | obert Jackson Jr.   |                    |                                       | MO       | DAT              | TLAK                |                        |
| Mailin   | g Address   |                    |                                       |          |                  |                     | <b>\$</b> 125.00       |
| City   | Grove City  | State              | Zip Code (Plus 4)                     | 12       | 21               | 2015                |                        |
|  |   | PA                 | 161274603                             |          |                  |                     |                        |
| Full Na  | ame of Contributor  |                    |                                       |          |                  | VELD                |                        |
| Josepl   | h P. Anton  |                    |                                       | мо       | DAY              | YEAR                |                        |
| Mailin   | g Address   |                    |                                       |          |                  |                     | <b>\$</b> 135.00       |
| City   | Haddonfield   | State              | Zip Code (Plus 4)                     | 12       | 21               | 2015                |                        |
|  |   | NJ                 | 080331418                             |          |                  |                     |                        |
| Full Na  | ame of Contributor  |                    |                                       |          |                  |                     |                        |
| Mr. St   | ephen R. Wilson   |                    |                                       | мо       | DAY              | YEAR                |                        |
|  | g Address   |                    |                                       |          |                  |                     | <b>\$</b> 150.00       |
| City   | Easton  | State              | Zip Code (Plus 4)                     | 12       | 21               | 2015                |                        |
|  |   | PA                 | 180421566                             |          |                  |                     |                        |
| Full Na  | ame of Contributor  |                    |                                       |          |                  |                     |                        |
| Ms. Ke   | endra A Aucker  |                    |                                       | мо       | DAY              | YEAR                |                        |
|  | g Address   |                    |                                       |          |                  |                     | <b>\$</b> 150.00       |
| City   | Lewisburg   | State              | Zip Code (Plus 4)                     | 12       | 21               | 2015                |                        |
|  | -   | PA                 | 178379350                             |          |                  |                     |                        |
| Full Na  | ame of Contributor  | •                  |                                       |          |                  |                     |                        |
| Debra  | Dealessi-Lunburg  |                    |                                       | мо       | DAY              | YEAR                |                        |
| Mailin   | g Address   |                    |                                       |          |                  |                     | \$ 100.00              |
| City   | Mount Bethel  | State              | Zip Code (Plus 4)                     | 12       | 21               | 2015                |                        |
|  |   | PA                 | 183430386                             |          |                  |                     |                        |
| Full Na  | ame of Contributor  |                    | •                                     |          |                  |                     |                        |
| Mr. Ne   | eil Lubarsky  |                    |                                       | мо       | DAY              | YEAR                |                        |
|  | g Address   |                    |                                       |          |                  |                     | <b>\$</b> 225.00       |
|  |   |                    |                                       | _        |                  |                     |                        |
| City   | Dresher   | State              | Zip Code (Plus 4)                     | 12       | 21               | 2015                |                        |
|  | Dresher   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>190251031 | 12       | 21               | 2015                |                        |
| City   | Dresher   |                    |                                       |          |                  |                     |                        |
| City<br>Full Na  | ame of Contributor  |                    |                                       | 12<br>MO | 21<br>DAY        | 2015<br>YEAR        |                        |
| City<br>Full Na<br>Dougl                                       | ame of Contributor<br>as Arbittier  |                    |                                       |          |                  |                     | \$ 100.00              |
| City<br>Full Na<br>Dougla<br>Mailin                            | ame of Contributor<br>as Arbittier<br>g Address   |                    | 190251031                             |          |                  |                     | <b>\$</b> 100.00       |
| City<br>Full Na<br>Dougl                                       | ame of Contributor<br>as Arbittier  | PA                 |                                       | мо       | DAY              | YEAR                | <b>\$</b> 100.00       |
| City<br>Full Na<br>Dougl<br>Mailin<br>City                     | ame of Contributor<br>as Arbittier<br>g Address<br>York   | PA<br>State        | 190251031<br>Zip Code (Plus 4)        | мо<br>12 | <b>DAY</b><br>18 | <b>YEAR</b><br>2015 | \$ 100.00              |
| City<br>Full Na<br>Dougl<br>Mailin<br>City<br>Full Na          | ame of Contributor<br>as Arbittier<br>g Address<br>York<br>York                                 | PA<br>State        | 190251031<br>Zip Code (Plus 4)        | мо       | DAY              | YEAR                | <b>\$</b> 100.00       |
| City<br>Full Na<br>Dougl<br>Mailin<br>City<br>Full Na<br>Steve | ame of Contributor<br>as Arbittier<br>g Address<br>York<br>ame of Contributor<br>n L. Delaveris | PA<br>State        | 190251031<br>Zip Code (Plus 4)        | мо<br>12 | <b>DAY</b><br>18 | <b>YEAR</b><br>2015 |                        |
| City<br>Full Ni<br>Dougl<br>Mailin<br>City<br>Full Ni<br>Steve | ame of Contributor<br>as Arbittier<br>g Address<br>York<br>York                                 | PA<br>State        | 190251031<br>Zip Code (Plus 4)        | мо<br>12 | <b>DAY</b><br>18 | <b>YEAR</b><br>2015 | \$ 100.00<br>\$ 200.00 |

| Mr 1-  | ame of Contributor   |                            |   | мо   | DAY                          | YEAR                                 |              |
|--|--|----------------------------|---|--|------------------------------|--------------------------------------|--------------|
| MI. Ja   | son F Hawkins  |                            |   |  |                              |                                      |              |
| Mailin   | g Address  |                            |   |  |                              |                                      | \$<br>100.00 |
| City   | Needmore   | State                      | Zip Code (Plus 4)   | 12   | 17                           | 2015                                 |              |
|  |  | PA                         | 172388804   |  |                              |                                      |              |
| Full Na  | ame of Contributor   |                            |   | мо   | DAY                          | YEAR                                 |              |
| Mr. Mi   | ichael F O'Connor  |                            |   | MO   |                              | TEAR                                 |              |
| Mailin   | g Address  |                            |   |  |                              |                                      | \$<br>150.00 |
| City   | York   | State                      | Zip Code (Plus 4)   | 12   | 17                           | 2015                                 |              |
|  |  | PA                         | 174035071   |  |                              |                                      |              |
| Full Na  | ame of Contributor   |                            |   | NO   | DAY                          | VEAD                                 |              |
| Mr. Ro   | onald H Ott  |                            |   | мо   | DAY                          | YEAR                                 |              |
| Mailin   | g Address  |                            |   |  |                              |                                      | \$<br>150.00 |
| City   | Mount Pleasant   | State                      | Zip Code (Plus 4)   | 12   | 17                           | 2015                                 |              |
|  |  | PA                         | 156661702   |  |                              |                                      |              |
| Full Na  | ame of Contributor   |                            | ł   |  |                              |                                      |              |
| Ms. Ja   | ane E Hyde   |                            |   | мо   | DAY                          | YEAR                                 |              |
| Mailin   | g Address  |                            |   |  |                              |                                      | \$<br>100.00 |
| City   | Gettysburg   | State                      | Zip Code (Plus 4)   | 12   | 17                           | 2015                                 |              |
|  |  | PA                         | 173252534   |  |                              |                                      |              |
| Full Na  | ame of Contributor   | •                          | ł   |  |                              |                                      |              |
| Mr. Da   | aniel D Blough Jr  |                            |   | мо   | DAY                          | YEAR                                 |              |
| Mailin   | g Address  |                            |   |  |                              |                                      | \$<br>250.00 |
| City   | Punxsutawney   | State                      | Zip Code (Plus 4)   | 12   | 17                           | 2015                                 |              |
|  |  | PA                         | 157672605   |  |                              |                                      |              |
|  |  | •                          |   |  |                              |                                      |              |
| Full Na  | ame of Contributor   |                            |   |  | DAY                          | VEAD                                 |              |
|  | <b>ame of Contributor</b><br>avid L Hoff   |                            |   | мо   | DAY                          | YEAR                                 |              |
| Mr. Da   |  |                            |   | мо   | DAY                          | YEAR                                 | \$<br>200.00 |
| Mr. Da   | avid L Hoff  | State                      | Zip Code (Plus 4)   | мо<br>12   | <b>DAY</b> 16                | <b>YEAR</b><br>2015                  | \$<br>200.00 |
| Mr. Da<br>Mailin   | avid L Hoff<br><b>g Address</b>  | <b>State</b><br>PA         | <b>Zip Code (Plus 4)</b><br>184311498   | _  |                              |                                      | \$<br>200.00 |
| Mr. Da<br>Mailin<br>City   | avid L Hoff<br><b>g Address</b>  |                            |   | 12   | 16                           | 2015                                 | \$<br>200.00 |
| Mr. Da<br>Mailin<br>City<br>Full Na  | avid L Hoff<br>g Address<br>Honesdale<br>ame of Contributor  |                            |   | _  |                              |                                      | \$<br>200.00 |
| Mr. Da<br>Mailin<br>City<br>Full Na<br>Michae  | avid L Hoff<br><b>g Address</b><br>Honesdale   |                            |   | 12   | 16                           | 2015                                 | \$<br>       |
| Mr. Da<br>Mailing<br>City<br>Full Na<br>Michae   | avid L Hoff<br>g Address<br>Honesdale<br>ame of Contributor<br>el G. Curry   |                            |   | 12   | 16                           | 2015                                 | 200.00       |
| Mr. Da<br>Mailin<br>City<br>Full Na<br>Michae<br>Mailin  | avid L Hoff<br>g Address<br>Honesdale<br>ame of Contributor<br>el G. Curry<br>g Address  | PA                         | 184311498   | 12<br>MO   | 16<br>DAY                    | 2015<br>YEAR                         |              |
| Mr. Da<br>Mailin<br>City<br>Full Na<br>Michae<br>Mailin<br>City  | avid L Hoff<br>g Address<br>Honesdale<br>ame of Contributor<br>el G. Curry<br>g Address<br>Kennett Square  | PA<br>State                | 184311498<br>Zip Code (Plus 4)  | 12<br>мо<br>12   | 16<br>DAY<br>18              | 2015<br>YEAR<br>2015                 |              |
| Mr. Da<br>Mailin<br>City<br>Full Na<br>Michae<br>Mailin<br>City  | avid L Hoff<br>g Address<br>Honesdale<br>ame of Contributor<br>el G. Curry<br>g Address<br>Kennett Square<br>ame of Contributor  | PA<br>State                | 184311498<br>Zip Code (Plus 4)  | 12<br>MO   | 16<br>DAY                    | 2015<br>YEAR                         |              |
| Mr. Da<br>Mailin<br>City<br>Full Na<br>Michae<br>Mailin<br>City<br>Full Na<br>Paul S                             | avid L Hoff<br>g Address<br>Honesdale<br>ame of Contributor<br>el G. Curry<br>g Address<br>Kennett Square<br>ame of Contributor<br>S. O'Connor   | PA<br>State                | 184311498<br>Zip Code (Plus 4)  | 12<br>мо<br>12   | 16<br>DAY<br>18              | 2015<br>YEAR<br>2015                 | \$<br>135.00 |
| Mr. Da<br>Mailin<br>City<br>Full Na<br>Michae<br>Mailin<br>City<br>Full Na<br>Paul S<br>Mailin                   | avid L Hoff<br>g Address<br>Honesdale<br>ame of Contributor<br>el G. Curry<br>g Address<br>Kennett Square<br>ame of Contributor<br>S. O'Connor<br>g Address  | PA<br>State                | 184311498<br>Zip Code (Plus 4)<br>193482444                                     | 12<br>мо<br>12   | 16<br>DAY<br>18              | 2015<br>YEAR<br>2015                 |              |
| Mr. Da<br>Mailin<br>City<br>Full Na<br>Michae<br>Mailin<br>City<br>Full Na<br>Paul S                             | avid L Hoff<br>g Address<br>Honesdale<br>ame of Contributor<br>el G. Curry<br>g Address<br>Kennett Square<br>ame of Contributor<br>S. O'Connor   | PA<br>State<br>PA          | 184311498<br>Zip Code (Plus 4)  | 12<br>мо<br>12<br>Мо   | 16<br>DAY<br>18<br>DAY       | 2015<br>YEAR<br>2015<br>YEAR         | \$<br>135.00 |
| Mr. Da<br>Mailin<br>City<br>Full Na<br>Michae<br>Mailin<br>City<br>Full Na<br>Paul S<br>Mailin<br>City           | avid L Hoff<br>g Address<br>Honesdale<br>ame of Contributor<br>el G. Curry<br>g Address<br>Kennett Square<br>ame of Contributor<br>S. O'Connor<br>g Address<br>Sewell  | PA<br>State<br>PA<br>State | 184311498         Zip Code (Plus 4)         193482444         Zip Code (Plus 4) | 12<br>мо<br>12<br>Мо   | 16<br>DAY<br>18<br>DAY       | 2015<br>YEAR<br>2015<br>YEAR         | \$<br>135.00 |
| Mr. Da<br>Mailin<br>City<br>Full Na<br>Michae<br>City<br>Full Na<br>City<br>City                                 | avid L Hoff  g Address Honesdale  ame of Contributor el G. Curry g Address Kennett Square  ame of Contributor G. O'Connor g Address Sewell ame of Contributor  | PA<br>State<br>PA<br>State | 184311498         Zip Code (Plus 4)         193482444         Zip Code (Plus 4) | 12<br>мо<br>12<br>Мо   | 16<br>DAY<br>18<br>DAY       | 2015<br>YEAR<br>2015<br>YEAR         | \$<br>135.00 |
| Mr. Da<br>Mailin<br>City<br>Full Na<br>Michae<br>Mailin<br>City<br>Full Na<br>City<br>City<br>Full Na<br>Williar | avid L Hoff<br>g Address<br>Honesdale<br>ame of Contributor<br>el G. Curry<br>g Address<br>Kennett Square<br>ame of Contributor<br>G. O'Connor<br>g Address<br>Sewell<br>ame of Contributor<br>m D. Schlaff M.D. | PA<br>State<br>PA<br>State | 184311498         Zip Code (Plus 4)         193482444         Zip Code (Plus 4) | <ul> <li>12</li> <li>MO</li> <li>12</li> <li>MO</li> <li>12</li> </ul> | 16<br>DAY<br>18<br>DAY<br>18 | 2015<br>YEAR<br>2015<br>YEAR<br>2015 | \$<br>90.00  |
| Mr. Da<br>Mailin<br>City<br>Full Na<br>Michae<br>Mailin<br>City<br>Full Na<br>City<br>City<br>Full Na<br>Williar | avid L Hoff  g Address Honesdale  ame of Contributor el G. Curry g Address Kennett Square  ame of Contributor G. O'Connor g Address Sewell ame of Contributor  | PA<br>State<br>PA<br>State | 184311498         Zip Code (Plus 4)         193482444         Zip Code (Plus 4) | <ul> <li>12</li> <li>MO</li> <li>12</li> <li>MO</li> <li>12</li> </ul> | 16<br>DAY<br>18<br>DAY<br>18 | 2015<br>YEAR<br>2015<br>YEAR<br>2015 | \$<br>135.00 |

|                  |  |             |                   |           |               |                  | 17.0 | JL 9   |
|------------------|--|-------------|-------------------|-----------|---------------|------------------|------|--------|
| Full N           | ame of Contributor                           |             |                   | мо        | DAY           | YEAR             |      |        |
| Jennif           | fer E. Arfaa                                 |             |                   |           |               |                  |      |        |
| Mailin           | g Address                                    |             |                   |           |               |                  | \$   | 135.00 |
| City             | Bel Air                                      | State       | Zip Code (Plus 4) | 12        | 18            | 2015             |      |        |
|                  |  | MD          | 210156313         |           |               |                  |      |        |
| Full N           | ame of Contributor                           |             |                   | мо        | DAY           | YEAR             |      |        |
| Dr. Z۱           | vi Grunwald MD                               |             |                   | MO        | DAT           | TLAK             |      |        |
| Mailin           | g Address                                    |             |                   |           |               |                  | \$   | 225.00 |
| City             | Penn Valley                                  | State       | Zip Code (Plus 4) | 12        | 18            | 2015             |      |        |
|                  |  | PA          | 190721219         |           |               |                  |      |        |
| Full N           | ame of Contributor                           |             |                   | мо        | DAY           | YEAR             |      |        |
| Dr. W            | illiam M. Keane MD                           |             |                   | MO        | DAT           | TEAR             |      |        |
| Mailin           | g Address                                    |             |                   |           |               |                  | \$   | 225.00 |
| City             | Gladwyne                                     | State       | Zip Code (Plus 4) | 12        | 18            | 2015             |      |        |
|                  |  | PA          | 190351002         |           |               |                  |      |        |
| Full N           | ame of Contributor                           | 1           |                   | NO        | DAY           | YEAR             |      |        |
| Ms. Ai           | nn DE C.B. Powers                            |             |                   | мо        | DAY           | TEAR             |      |        |
| Mailin           | g Address                                    |             |                   |           |               |                  | \$   | 135.00 |
| City             | Wynnewood                                    | State       | Zip Code (Plus 4) | 12        | 18            | 2015             |      |        |
|                  |  | PA          | 190961809         |           |               |                  |      |        |
| Full N           | ame of Contributor                           | -           |                   | No        | DAY           | VEAD             |      |        |
| Mr. Br           | rian Sweeney                                 |             |                   | мо        | DAY           | YEAR             |      |        |
| Mailin           | g Address                                    |             |                   |           |               |                  | \$   | 225.00 |
| City             | Coatesville                                  | State       | Zip Code (Plus 4) | 12        | 18            | 2015             |      |        |
|                  |  | PA          | 193201068         |           |               |                  |      |        |
| Full N           | ame of Contributor                           | -           |                   | мо        | DAY           | YEAR             |      |        |
| Mr. Ja           | ames E. Robinson                             |             |                   | MO        | DAT           | TEAR             |      |        |
| Mailin           | g Address                                    |             |                   |           |               |                  | \$   | 225.00 |
| City             | Philadelphia                                 | State       | Zip Code (Plus 4) | 12        | 18            | 2015             |      |        |
|                  |  | PA          | 191483594         |           |               |                  |      |        |
| Full N           | ame of Contributor                           | -           | ·                 |           |               | VEAD             |      |        |
| Rebec            | cca O'Shea                                   |             |                   | мо        | DAY           | YEAR             |      |        |
| Mailin           | g Address                                    |             |                   |           |               |                  | \$   | 225.00 |
| City             | Philadelphia                                 | State       | Zip Code (Plus 4) | 12        | 18            | 2015             |      |        |
|                  |  | PA          | 191074824         |           |               |                  |      |        |
| Full N           | ame of Contributor                           |             |                   |           |               |                  |      |        |
| Jonath           | han Pumphrey                                 |             |                   | мо        | DAY           | YEAR             |      |        |
|                  | g Address                                    |             |                   |           |               |                  | \$   | 100.00 |
|                  | Parkton                                      | State       | Zip Code (Plus 4) | 12        | 16            | 2015             |      |        |
| City             |  |             | 211200252         |           |               |                  |      |        |
| City             |  | MD          | 211209252         |           |               |                  |      |        |
|                  | ame of Contributor                           | MD          | 211209252         |           |               |                  |      |        |
| Full N           |  | MD          | 211209252         | мо        | DAY           | YEAR             |      |        |
| Full Na<br>Micha | ame of Contributor<br>el Murphy<br>g Address | MD          | 211209252         | мо        | DAY           | YEAR             | \$   | 200.00 |
| Full Na<br>Micha | el Murphy                                    | MD<br>State | Zip Code (Plus 4) | <b>MO</b> | <b>DAY</b> 16 | <b>YEAR</b> 2015 | \$   | 200.00 |

|        |                     |       |                   |          |     |      |          | INCE IU |
|--------|---------------------|-------|-------------------|----------|-----|------|----------|---------|
| Full N | ame of Contributor  |       |                   | мо       | DAY | YEAR |          |         |
| Dr. Cł | narles Marley DO    |       |                   |          | DAT |      |          |         |
| Mailin | g Address           |       |                   | <u> </u> |     |      | \$       | 250.00  |
| City   | Gettysburg          | State | Zip Code (Plus 4) | 12       | 16  | 2015 |          |         |
|        |                     | PA    | 17350             |          |     |      |          |         |
| Full N | ame of Contributor  |       |                   | мо       | DAY | YEAR |          |         |
| Danie  | l Bair              |       |                   | MO       | DAT | TEAR |          |         |
| Mailin | g Address           |       |                   |          |     |      | \$       | 135.00  |
| City   | New Tripoli         | State | Zip Code (Plus 4) | 12       | 16  | 2015 |          |         |
|        |                     | PA    | 180663217         |          |     |      |          |         |
| Full N | ame of Contributor  |       |                   |          |     | VELD |          |         |
| Mr. Ri | chard E. McCarty    |       |                   | мо       | DAY | YEAR |          |         |
|        | g Address           |       |                   |          |     |      | \$       | 100.00  |
| City   | Larksville          | State | Zip Code (Plus 4) | 12       | 16  | 2015 |          |         |
|        |                     | PA    | 18651             |          |     |      |          |         |
| Full N | ame of Contributor  |       |                   |          |     |      |          |         |
| Dr. Da | avid G. Baer MD     |       |                   | мо       | DAY | YEAR |          |         |
| Mailin | g Address           |       |                   |          |     |      | \$       | 90.00   |
| City   | Bedford             | State | Zip Code (Plus 4) | 12       | 15  | 2015 |          |         |
|        |                     | PA    | 155225163         |          |     |      |          |         |
| Full N | ame of Contributor  | •     | •                 |          |     |      |          |         |
| Joann  | e M. Morgantini     |       |                   | мо       | DAY | YEAR |          |         |
|        | g Address           |       |                   |          |     |      | \$       | 150.00  |
| City   | Forty Fort          | State | Zip Code (Plus 4) | 12       | 15  | 2015 |          |         |
|        | ,                   | PA    | 187044034         |          |     |      |          |         |
| Full N | ame of Contributor  | ł     | L                 |          |     |      |          |         |
| Dr. Ri | chard Kim           |       |                   | мо       | DAY | YEAR |          |         |
|        | g Address           |       |                   |          |     |      | \$       | 90.00   |
| City   | Mars                | State | Zip Code (Plus 4) | 12       | 15  | 2015 |          | 50100   |
|        |                     | PA    | 160467157         |          |     |      |          |         |
| Full N | ame of Contributor  |       | 1                 |          |     |      |          |         |
|        | ancy Politarhos     |       |                   | мо       | DAY | YEAR |          |         |
|        | g Address           |       |                   |          |     |      | \$       | 135.00  |
| City   | Wallingford         | State | Zip Code (Plus 4) | 12       | 15  | 2015 | Ť        | 155.00  |
| /      |                     | PA    | 190866937         |          |     |      |          |         |
| Eull N | ame of Contributor  |       |                   |          |     |      |          |         |
|        | ay P. Morgan        |       |                   | мо       | DAY | YEAR |          |         |
|        | g Address           |       |                   |          |     |      | \$       | 180.00  |
| City   | Glenshaw            | State | Zip Code (Plus 4) | 12       | 15  | 2015 | <b>–</b> | 180.00  |
| city   | Giclishaw           | PA    | 151162147         |          |     |      |          |         |
|        |                     |       | 151102117         |          |     |      |          |         |
|        | ame of Contributor  |       |                   | мо       | DAY | YEAR |          |         |
|        | nn Marie Stevens RN |       |                   |          |     |      |          |         |
|        | g Address           | Shake | 7in Code (Dive 4) | 12       | 15  | 2015 | \$       | 150.00  |
| City   | Carbondale          | State | Zip Code (Plus 4) |          | 13  | 2013 |          |         |
|        |                     | PA    | 184072512         | 1        |     |      |          |         |

| Full Name of Cont                                       | ributor  |       |                   | мо        | DAY | YEAR             |              |
|---|----------|-------|-------------------|-----------|-----|------------------|--------------|
| Dr. Steven A. Sha                                       | ipiro MD |       |                   | MO        | DAT | TLAK             |              |
| Mailing Address   |          |       |                   |           |     |                  | \$<br>135.00 |
| City Dresher  |          | State | Zip Code (Plus 4) | 12        | 15  | 2015             |              |
|   |          | PA    | 190251640         |           |     |                  |              |
| Full Name of Cont                                       | ributor  |       |                   | мо        | DAY | YEAR             |              |
| Mr. William J. Laf                                      | erty Jr. |       |                   | MO        | DAT | TLAK             |              |
| Mailing Address   |          |       |                   |           |     |                  | \$<br>90.00  |
| City Ephrata  |          | State | Zip Code (Plus 4) | 12        | 15  | 2015             |              |
|   |          | PA    | 175221755         |           |     |                  |              |
| Full Name of Cont                                       | ributor  |       |                   |           |     |                  |              |
| Mr. David R. Krei                                       | ler CPA  |       |                   | мо        | DAY | YEAR             |              |
| Mailing Address   |          |       |                   |           |     |                  | \$<br>150.00 |
| City Millersville                                       | 1        | State | Zip Code (Plus 4) | 12        | 14  | 2015             |              |
|   |          | PA    | 175519515         |           |     |                  |              |
| Full Name of Cont                                       | ributor  | •     |                   |           |     |                  |              |
| Mr. Frank Roberts                                       | i        |       |                   | мо        | DAY | YEAR             |              |
| Mailing Address   |          |       |                   |           |     |                  | \$<br>200.00 |
| City Punxsutav  | vney     | State | Zip Code (Plus 4) | 12        | 14  | 2015             |              |
|   |          | PA    | 157672605         |           |     |                  |              |
| Full Name of Cont                                       | ributor  | *     |                   |           |     | VELD             |              |
| Mr. Thomas Moor   | е        |       |                   | мо        | DAY | YEAR             |              |
| Mailing Address   |          |       |                   |           |     |                  | \$<br>75.00  |
| City Punxsutav  | vney     | State | Zip Code (Plus 4) | 12        | 12  | 2015             |              |
|   |          | PA    | 157672616         |           |     |                  |              |
| Full Name of Cont                                       | ributor  | •     |                   |           |     |                  |              |
| Brenda Heck   |          |       |                   | мо        | DAY | YEAR             |              |
| Mailing Address   |          |       |                   |           |     |                  | \$<br>150.00 |
| City Nanticoke  |          | State | Zip Code (Plus 4) | 12        | 11  | 2015             |              |
|   |          | PA    | 186343003         |           |     |                  |              |
| Full Name of Cont                                       | ributor  | •     |                   |           |     |                  |              |
| Ms. Joan E. Dauh  | aire     |       |                   | мо        | DAY | YEAR             |              |
| Mailing Address   | 5        |       |                   |           |     |                  | \$<br>90.00  |
| City North Ber  | gen      | State | Zip Code (Plus 4) | 12        | 10  | 2015             |              |
|   |          | LΩ    | 070475932         |           |     |                  |              |
| Full Name of Cont                                       | ributor  |       |                   |           |     |                  |              |
| Mr. Jack Sisk   |          |       |                   | мо        | DAY | YEAR             |              |
|   |          |       |                   |           |     |                  | \$<br>200.00 |
| Mailing Address   |          | State | Zip Code (Plus 4) | 12        | 9   | 2015             |              |
| Mailing Address           City         Punxsutav        | vney     | June  |                   |           |     |                  |              |
|   | vney     | PA    | 157672616         |           |     |                  |              |
|   |          |       |                   |           |     |                  |              |
| City Punxsutav  |          |       |                   | мо        | DAY | YEAR             |              |
| City Punxsutav  |          |       |                   | мо        | DAY | YEAR             | \$<br>150.00 |
| City Punxsutav<br>Full Name of Cont<br>Mr. Michael Holt |          |       |                   | <b>MO</b> | DAY | <b>YEAR</b> 2015 | \$<br>150.00 |

| Full N                    | ame of Contributor    |          |                   | мо              | DAY          | YEAR             |                                       |
|---------------------------|-----------------------|----------|-------------------|-----------------|--------------|------------------|---------------------------------------|
| Richa                     | rd Kwei               |          |                   | , no            |              |                  |                                       |
| Mailin                    | g Address             |          |                   |                 |              |                  | \$ 250.0                              |
| City                      | Yardley               | State    | Zip Code (Plus 4) | 12              | 8            | 2015             |                                       |
|                           |                       | PA       | 190676461         |                 |              |                  |                                       |
| Full N                    | ame of Contributor    |          |                   | мо              | DAY          | YEAR             |                                       |
| Lisa B                    | leich                 |          |                   | MO              | DAT          | TEAR             |                                       |
| Mailin                    | g Address             |          |                   |                 |              |                  | <b>\$</b> 150.0                       |
| City                      | Hanover Township      | State    | Zip Code (Plus 4) | 12              | 8            | 2015             |                                       |
|                           |                       | PA       | 187064162         |                 |              |                  |                                       |
| Full N                    | ame of Contributor    | ·        |                   |                 |              | VEAD             |                                       |
| Mr. Cł                    | hristian Jones        |          |                   | мо              | DAY          | YEAR             |                                       |
| Mailin                    | g Address             |          |                   |                 |              |                  | \$ 200.0                              |
| City                      | Wilkes Barre          | State    | Zip Code (Plus 4) | 12              | 7            | 2015             |                                       |
|                           |                       | PA       | 187027303         |                 |              |                  |                                       |
| Full N                    | ame of Contributor    | •        | ł                 |                 |              |                  |                                       |
| Donna                     | a Powell              |          |                   | мо              | DAY          | YEAR             |                                       |
| Mailin                    | g Address             |          |                   |                 |              |                  | <b>\$</b> 200.0                       |
| City                      | Moosic                | State    | Zip Code (Plus 4) | 12              | 7            | 2015             |                                       |
|                           |                       | PA       | 185071912         |                 |              |                  |                                       |
| Full N                    | ame of Contributor    | •        | •                 |                 |              |                  |                                       |
| Micha                     | el W. Donnelly        |          |                   | мо              | DAY          | YEAR             |                                       |
|                           | g Address             |          |                   |                 |              |                  | <b>\$</b> 100.0                       |
| City                      | Corning               | State    | Zip Code (Plus 4) | 12              | 7            | 2015             |                                       |
|                           | -                     | NY       | 148309707         |                 |              |                  |                                       |
| Full N                    | ame of Contributor    | •        |                   |                 |              |                  |                                       |
| Kathle                    | een Gorman            |          |                   | мо              | DAY          | YEAR             |                                       |
| Mailin                    | g Address             |          |                   |                 |              |                  | <b>\$</b> 150.0                       |
| City                      | Glen Mills            | State    | Zip Code (Plus 4) | 12              | 3            | 2015             |                                       |
|                           |                       | PA       | 19342             |                 |              |                  |                                       |
| Full N                    | ame of Contributor    |          | ł                 |                 |              |                  |                                       |
|                           | ichael Barber         |          |                   | мо              | DAY          | YEAR             |                                       |
|                           | g Address             |          |                   |                 |              |                  | <b>\$</b> 150.0                       |
| City                      | West Chester          | State    | Zip Code (Plus 4) | 12              | 3            | 2015             |                                       |
|                           |                       | PA       | 193804421         |                 |              |                  |                                       |
| Full N                    | ame of Contributor    | 1        |                   |                 |              |                  |                                       |
|                           | arvey L. Nisenbaum MD |          |                   | мо              | DAY          | YEAR             |                                       |
|                           | g Address             |          |                   |                 |              |                  | <b>\$</b> 135.0                       |
| City                      | Wynnewood             | State    | Zip Code (Plus 4) | 12              | 7            | 2015             | · · · · · · · · · · · · · · · · · · · |
|                           | ,                     | PA       | 190962509         |                 |              |                  |                                       |
| city                      |                       |          |                   |                 |              |                  | 1                                     |
|                           | ame of Contributor    |          |                   |                 |              |                  |                                       |
| Full N                    | ame of Contributor    | ·        |                   | мо              | DAY          | YEAR             |                                       |
| <b>Full N</b> a<br>Mr. To | odd N. Roadman        | <u>.</u> |                   | мо              | DAY          | YEAR             | <b>s</b> 190 0.                       |
| <b>Full N</b> a<br>Mr. To |                       | State    | Zip Code (Plus 4) | <b>мо</b><br>12 | <b>DAY</b> 7 | <b>YEAR</b> 2015 | <b>\$</b> 180.0                       |

| Full N  | ame of Contributor  |                    |                                       | мо       | DAY          | YEAR                |                        |
|---|---|--------------------|---------------------------------------|----------|--------------|---------------------|------------------------|
| Ms. Pa  | atricia J. Wren   |                    |                                       | MO       | DAT          |                     |                        |
| Mailin  | g Address   |                    |                                       |          |              |                     | \$<br>180.00           |
| City  | Villanova   | State              | Zip Code (Plus 4)                     | 12       | 7            | 2015                |                        |
|   |   | PA                 | 190851429                             |          |              |                     |                        |
| Full N  | ame of Contributor  |                    |                                       | мо       | DAY          | YEAR                |                        |
| Mr. G   | erald Miller  |                    |                                       | MO       | DAT          | TEAR                |                        |
| Mailin  | g Address   |                    |                                       |          |              |                     | \$<br>225.00           |
| City  | Springfield   | State              | Zip Code (Plus 4)                     | 12       | 7            | 2015                |                        |
|   |   | PA                 | 190642033                             |          |              |                     |                        |
| Full N  | ame of Contributor  |                    |                                       |          |              |                     |                        |
| Mr. Kı  | urt Schwinghammer   |                    |                                       | мо       | DAY          | YEAR                |                        |
|   | g Address   |                    |                                       |          |              |                     | \$<br>225.00           |
| City  | Yardley   | State              | Zip Code (Plus 4)                     | 12       | 4            | 2015                |                        |
|   |   | PA                 | 190672826                             |          |              |                     |                        |
| Full N  | ame of Contributor  |                    |                                       |          |              |                     |                        |
| Mr. Pa  | aul F. Engstrom   |                    |                                       | мо       | DAY          | YEAR                |                        |
|   | g Address   |                    |                                       |          |              |                     | \$<br>225.00           |
| City  | Ambler  | State              | Zip Code (Plus 4)                     | 12       | 4            | 2015                |                        |
|   |   | PA                 | 190022430                             |          |              |                     |                        |
| Full N  | ame of Contributor  |                    | •                                     |          |              |                     |                        |
| Ms. N   | ancy Baumann  |                    |                                       | мо       | DAY          | YEAR                |                        |
| Mailin  | g Address   |                    |                                       |          |              |                     | \$<br>67.50            |
| City  | Pennington  | State              | Zip Code (Plus 4)                     | 12       | 4            | 2015                |                        |
|   | -   | LΩ                 | 085342108                             |          |              |                     |                        |
| Full N  | ame of Contributor  |                    |                                       |          | DAY          | VEAD                |                        |
| Mr. Aı  | nthony Pinevich MD, MBA   |                    |                                       | мо       | DAY          | YEAR                |                        |
|   | g Address   |                    |                                       |          |              |                     | \$<br>150.00           |
| City  | Pittsburgh  | State              | Zip Code (Plus 4)                     | 12       | 4            | 2015                |                        |
|   |   | PA                 | 152371597                             |          |              |                     |                        |
| Full N  | ame of Contributor  | •                  | •                                     |          |              |                     |                        |
|   | A. Kilroy   |                    |                                       | мо       | DAY          | YEAR                |                        |
|   | g Address   |                    |                                       |          |              |                     | \$<br>90.00            |
| Mailin  | g Address   |                    |                                       |          |              |                     |                        |
| Mailin<br>City  | Drexel Hill   | State              | Zip Code (Plus 4)                     | 12       | 4            | 2015                |                        |
|   |   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>190263412 | 12       | 4            | 2015                |                        |
| City  | Drexel Hill   |                    |                                       |          |              |                     |                        |
| City<br>Full N  | Drexel Hill ame of Contributor  |                    |                                       | 12<br>MO | 4<br>DAY     | 2015<br><b>YEAR</b> |                        |
| City<br>Full N<br>There                                     | Drexel Hill<br>ame of Contributor<br>sa M. Larivee  |                    |                                       |          |              |                     | 225.00                 |
| City<br>Full N<br>There<br>Mailin                           | Drexel Hill<br>ame of Contributor<br>sa M. Larivee<br>g Address   | PA                 | 190263412                             |          |              |                     | \$<br>225.00           |
| City<br>Full N<br>There                                     | Drexel Hill<br>ame of Contributor<br>sa M. Larivee  |                    |                                       | мо       | DAY          | YEAR                | \$<br>225.00           |
| City<br>Full N<br>There<br>Mailin<br>City                   | Drexel Hill<br>ame of Contributor<br>sa M. Larivee<br>g Address<br>North Wales  | PA                 | 190263412<br>Zip Code (Plus 4)        | мо       | DAY          | YEAR                | \$<br>225.00           |
| City<br>Full N<br>There<br>Mailin<br>City<br>Full N         | Drexel Hill<br>ame of Contributor<br>sa M. Larivee<br>g Address<br>North Wales<br>ame of Contributor                      | PA                 | 190263412<br>Zip Code (Plus 4)        | мо       | DAY          | YEAR                | \$<br>225.00           |
| City<br>Full N<br>There<br>Mailin<br>City<br>Full N<br>Samu | Drexel Hill<br>ame of Contributor<br>sa M. Larivee<br>g Address<br>North Wales<br>ame of Contributor<br>el M. Lehrer Esq. | PA                 | 190263412<br>Zip Code (Plus 4)        | мо<br>12 | <b>DAY</b> 2 | <b>YEAR</b><br>2015 |                        |
| City<br>Full N<br>There<br>Mailin<br>City<br>Full N<br>Samu | Drexel Hill<br>ame of Contributor<br>sa M. Larivee<br>g Address<br>North Wales<br>ame of Contributor                      | PA                 | 190263412<br>Zip Code (Plus 4)        | мо<br>12 | <b>DAY</b> 2 | <b>YEAR</b><br>2015 | \$<br>225.00<br>180.00 |

| Full Name of Contributor  |             |                                       | мо              | DAY           | YEAR                |                      |
|---|-------------|---------------------------------------|-----------------|---------------|---------------------|----------------------|
| Mr. John R. O'Donnell Esq.  |             |                                       | , no            |               | TEAK                |                      |
| Mailing Address   |             |                                       |                 |               |                     | \$<br>135.00         |
| City Philadelphia   | State       | Zip Code (Plus 4)                     | 12              | 1             | 2015                |                      |
|   | PA          | 191193342                             |                 |               |                     |                      |
| Full Name of Contributor  |             |                                       | мо              | DAY           | YEAR                |                      |
| Dr. J. Robert Beck MD   |             |                                       | , no            | DAT           | TEAK                |                      |
| Mailing Address   |             |                                       |                 |               |                     | \$<br>225.00         |
| City Riverton   | State       | Zip Code (Plus 4)                     | 12              | 1             | 2015                |                      |
|   | NJ          | 080771054                             |                 |               |                     |                      |
| Full Name of Contributor  |             |                                       | мо              | DAY           | YEAR                |                      |
| Dr. Stephen C. Rubin MD   |             |                                       | мо              | DAT           | TEAR                |                      |
| Mailing Address   |             |                                       |                 |               |                     | \$<br>90.00          |
| City Wynnewood  | State       | Zip Code (Plus 4)                     | 12              | 1             | 2015                |                      |
|   | PA          | 190961710                             |                 |               |                     |                      |
| Full Name of Contributor  |             | •                                     |                 |               |                     |                      |
| Ronald E Zink   |             |                                       | мо              | DAY           | YEAR                |                      |
| Mailing Address   |             |                                       |                 |               |                     | \$<br>100.00         |
| City Princeton  | State       | Zip Code (Plus 4)                     | 11              | 28            | 2015                |                      |
|   | Γ           | 085423807                             |                 |               |                     |                      |
| Full Name of Contributor  |             | •                                     |                 |               |                     |                      |
| Mr. Norris E. Benns Jr ESQ  |             |                                       | мо              | DAY           | YEAR                |                      |
| Mailing Address   |             |                                       |                 |               |                     | \$<br>64.80          |
| City Harrisburg   | State       | Zip Code (Plus 4)                     | 11              | 30            | 2015                |                      |
| -   | PA          | 171116803                             |                 |               |                     |                      |
| Full Name of Contributor  |             | 4                                     |                 |               | VEAD                |                      |
| Ms. Daneen Schroder   |             |                                       | мо              | DAY           | YEAR                |                      |
| Mailing Address   |             |                                       |                 |               |                     | \$<br>45.00          |
| City Harrisburg   | State       | Zip Code (Plus 4)                     | 11              | 30            | 2015                |                      |
|   | PA          | 171129293                             |                 |               |                     |                      |
| Full Name of Contributor  | •           |                                       |                 |               |                     |                      |
| Ms. Sue Stewart   |             |                                       | мо              | DAY           | YEAR                |                      |
| Mailing Address   |             |                                       |                 |               |                     | \$<br>28.64          |
| City Lewisberry   | State       | Zip Code (Plus 4)                     | 11              | 30            | 2015                |                      |
|   | PA          | 173399641                             |                 |               |                     |                      |
|   |             |                                       | -               |               | •                   |                      |
| Full Name of Contributor  | •           |                                       |                 |               |                     |                      |
| Full Name of Contributor<br>Ms. Tina L. True  |             |                                       | мо              | DAY           | YEAR                |                      |
| Ms. Tina L. True  |             |                                       | мо              | DAY           | YEAR                | \$<br>47.38          |
| Ms. Tina L. True<br>Mailing Address   | State       | Zip Code (Plus 4)                     | <b>мо</b><br>11 | <b>DAY</b> 30 | <b>YEAR</b><br>2015 | \$<br>47.38          |
| Ms. Tina L. True<br>Mailing Address   | State<br>PA | <b>Zip Code (Plus 4)</b><br>171121004 |                 |               |                     | \$<br>47.38          |
| Ms. Tina L. True<br>Mailing Address<br>City Harrisburg  |             |                                       | 11              | 30            | 2015                | \$<br>47.38          |
| Ms. Tina L. True<br>Mailing Address<br>City Harrisburg<br>Full Name of Contributor                        |             |                                       |                 |               |                     | \$<br>47.38          |
| Ms. Tina L. True<br>Mailing Address<br>City Harrisburg<br>Full Name of Contributor<br>Ms. Julie Kissinger |             |                                       | 11              | 30            | 2015                |                      |
| Ms. Tina L. True<br>Mailing Address<br>City Harrisburg<br>Full Name of Contributor                        |             |                                       | 11              | 30            | 2015                | \$<br>47.38<br>45.00 |

| Full Name of Contributor  |                        |                          | мо        | DAY      | YEAR         |                 |
|---------------------------|------------------------|--------------------------|-----------|----------|--------------|-----------------|
| Garry L. Goss             |                        |                          | , no      |          |              |                 |
| Mailing Address           |                        |                          |           |          |              | \$<br>135.00    |
| City Bedford              | State                  | Zip Code (Plus 4)        | 11        | 24       | 2015         |                 |
|                           | PA                     | 155226564                |           |          |              |                 |
| Full Name of Contributor  |                        |                          | мо        | DAY      | YEAR         |                 |
| Mr. Mario Wilfong         |                        |                          | MO        | DAT      |              |                 |
| Mailing Address           |                        |                          |           |          | \$<br>180.00 |                 |
| City Salix                | State                  | Zip Code (Plus 4)        | 11        | 24       | 2015         |                 |
|                           | PA                     | 159529217                |           |          |              |                 |
| Full Name of Contributor  |                        |                          | мо        | DAY      | YEAR         |                 |
| Ms. Paula Thomas RN, DNPO |                        |                          | MO        | DAT      | TEAR         |                 |
| Mailing Address           |                        |                          |           |          |              | \$<br>180.00    |
| City Hastings             | State                  | Zip Code (Plus 4)        | 11        | 24       | 2015         |                 |
|                           | PA                     | 16646                    |           |          |              |                 |
|                           |                        |                          |           |          |              | PAGE TOTAL      |
| Enter Grand Total of P    | art A on Schedule I, D | Detailed Summary Page, S | Section 2 | <u>.</u> |              | \$<br>14,444.14 |

# 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    | Name of Filing Committee or Candidate                  |                        |                          |                           | g Period    |         |      |            |                               |
|---------|--|------------------------|--------------------------|---------------------------|-------------|---------|------|------------|-------------------------------|
| Hospit  | Hospital & Healthsystem Assoc of PA PAC (HAPAC)        |                        |                          | From:                     | <u>11/2</u> | 24/2015 | То:  | <u>12</u>  | 2/31/2015                     |
|         |  |                        |                          |                           | DA          | TE      |      | A          | MOUNT                         |
|         | ame of Contributing Comn<br>d Healthcare Inc. Politica |                        |                          |                           | мо          | DAY     | YEAR | \$         | 1,000.00                      |
| Mailing | g Address  |                        |                          |                           | 12          | 31      | 2015 | <b>_</b> ` | _,                            |
| City    | Louisville   | State<br>KY            | <b>Zip Cod</b><br>402022 | <b>e (Plus 4)</b><br>2407 |             |         | 2013 |            |                               |
| Enter   | Grand Total of Part C o                                | on Schedule I, Detaile | ed Summary Pa            | age, Sectio               | on 3.       |         |      | \$         | <b>PAGE TOTAL</b><br>1,000.00 |

## PART D 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   |                    |               |              | Rep  | orting Pe | riod           |               |              |                   |  |
|---|--------------------|---------------|--------------|------|-----------|----------------|---------------|--------------|-------------------|--|
| Hospital & Healthsystem Assoc of PA PA  | AC (HAPAC)         |               |              | Fron | n:        | <u>11/24/2</u> | <u>015</u> To | : <u>12/</u> | <u>12/31/2015</u> |  |
|   |                    |               |              |      | DA        | TE             |               | AMOU         | NT                |  |
| Full Name of Contributor                |                    |               |              |      | мо        | DAY            | YEAR          |              |                   |  |
| Mr. Andy Carter                         |                    |               |              |      | MO        | DAT            | TEAR          | \$           | 245.46            |  |
| Mailing Address                         |                    |               |              |      | 12        | 15             | 2015          |              |                   |  |
| City Harrisburg                         | State              | Zij           | o Code (Plus | 4)   | 12        | 15             | 2015          |              |                   |  |
|   | PA                 | l 17          | 1112428      |      |           |                |               |              |                   |  |
| Employer Name Hospital and Healthsy     | stem Assn of Penns | ylva          | nia          |      | Occupat   | ion            | Presider      | nt and Chief | Execu             |  |
| Employer Mailing Address/Principal Plac | e of Business      |               | City         |      |           | State          |               | Zip Code (P  | lus 4)            |  |
|   |                    |               | Harrisburg   | J    |           | PA             |               | 171112451    |                   |  |
| Full Name of Contributor                |                    |               |              |      |           | •              |               |              |                   |  |
| Mr. Stanley G. Saellam                  |                    |               |              |      | мо        | DAY            | YEAR          | \$           | 350.00            |  |
| Mailing Address                         |                    |               |              |      | 4.2       | 24             | 2015          | 1            |                   |  |
| City Harrisburg                         | State              | Zij           | o Code (Plus | 4)   | 12        | 21             | 2015          |              |                   |  |
|   | РА                 | <sub>17</sub> | 1103663      |      |           |                |               |              |                   |  |
| Employer Name Wellspan-Ephrata Con      | nmunity Hospital   |               |              |      | Occupat   | ion            | PAC Cor       | ntributor    |                   |  |
| Employer Mailing Address/Principal Plac |                    |               | City         |      |           | State          |               | Zip Code (P  | lus 4)            |  |
|   |                    |               | Ephrata      |      |           | PA             |               | 175221002    |                   |  |
| Full Name of Contributor                |                    |               | •            |      |           |                |               |              |                   |  |
| Ms. Carolyn F Scanlan                   |                    |               |              |      | мо        | DAY            | YEAR          | \$           | 500.00            |  |
| Mailing Address                         |                    |               |              |      |           |                |               | 1            |                   |  |
| City Hummelstown                        | State              | Zij           | o Code (Plus | 4)   | 12        | 23             | 2015          |              |                   |  |
|   | PA                 |               | 0369287      | -    |           |                |               |              |                   |  |
| Employer Name Retired-Former CEO-H      |                    |               |              |      | Occupat   | ion            | Retired       |              |                   |  |
| Employer Mailing Address/Principal Plac | •                  | 0000          | City         |      |           | State          | i celi eu     | Zip Code (P  | us 4)             |  |
|   |                    |               |              |      |           |                |               | •            |                   |  |
| Full Name of Contributor                |                    |               |              |      | мо        | DAY            | YEAR          | \$           | 215.00            |  |
| Dr. Doron Schneider MD, FACP            |                    |               |              |      |           |                |               | *            | 315.00            |  |
| Mailing Address                         |                    | -             |              |      | 12        | 21             | 2015          |              |                   |  |
| City Abington                           | State              | Zij           | o Code (Plus | 4)   |           |                |               |              |                   |  |
|   | PA                 | 19            | 0013720      |      |           |                |               |              |                   |  |
| Employer Name Abington Health           |                    |               |              |      | Occupat   | ion            | Chief Pa      | tient Safety | and               |  |
| Employer Mailing Address/Principal Plac | e of Business      |               | City         |      |           | State          |               | Zip Code (P  | lus 4)            |  |
|   |                    |               | Abington     |      |           | PA             |               | 190013720    |                   |  |

|                                   |   | MO                          | DAY  | YEAR   | <b>_</b>   |  |
|-----------------------------------|---|-----------------------------|--|--|--|--|
|                                   |   |                             | DAT  | LAR  | \$   | 500.00   |
|                                   |   | 12                          | 21   | 2015   |  |  |
| Zij                               | p Code (Plus 4)   |                             |  |  |  |  |
| 18                                | 31042024  |                             |  |  |  |  |
|                                   |   | Occupat                     | tion   | Physicia   | n  |  |
| isiness                           | City  |                             | State  |  | Zip Code (Plu  | 5 4)   |
|                                   | Easton  |                             | PA   |  | 180423892  |  |
|                                   |   |                             |  |  |  |  |
|                                   |   | мо                          | DAY  | YEAR   | \$   | 500.00   |
|                                   |   | 10                          | 21   | 2015   | 1  |  |
| Zi                                | p Code (Plus 4)   | 12                          | 21   | 2015   |  |  |
| 18                                | 31042024  |                             |  |  |  |  |
|                                   |   | Occupat                     | tion   | Physicia   | n  |  |
| isiness                           | City  | <u> </u>                    | 1  | , 0.0.0  |  | 5 4)   |
|                                   |   |                             | РА   |  |  |  |
|                                   |   |                             | 1,   |  |  |  |
|                                   |   | мо                          | DAY  | YEAR   | \$   | 450.00   |
|                                   |   |                             |  |  | -  |  |
|                                   | n Codo (Blue 4)   | 12                          | 21   | 2015   |  |  |
|                                   | ,   |                             |  |  |  |  |
| -                                 | 90851139  | 0                           |  |  | 1<br>  |  |
| -                                 |   | Occupat                     | 1  | Sr. VP M   | -  |  |
| isiness                           | -   |                             |  |  |  | 54)  |
|                                   | Bryn Mawr   |                             | PA   |  | 190103143  |  |
|                                   |   | мо                          | DAY  | YEAR   | 4  | 450.00   |
|                                   |   |                             |  |  | _ *  | 450.00   |
|                                   |   | 12                          | 21   | 2015   |  |  |
|                                   |   |                             |  |  |  |  |
| 19                                | 94222430  |                             |  |  |  |  |
| Hospital                          | T   | Occupat                     | tion   | Trustee  |  |  |
| isiness                           | City  |                             | State  |  | Zip Code (Plu  | s 4)   |
|                                   | Philadelphia  |                             | PA   |  | 191074824  |  |
|                                   |   |                             |  |  |  |  |
|                                   |   |                             |  |  |  |  |
|                                   |   | мо                          | DAY  | YEAR   | \$   | 450.00   |
|                                   |   |                             |  |  | \$   | 450.00   |
| Zij                               | p Code (Plus 4)   | - 12                        | <b>DAY</b><br>16   | 2015   | \$<br>   | 450.00   |
|                                   | <b>p Code (Plus 4)</b><br>90401607  |                             |  |  | \$   | 450.00   |
|                                   |   |                             | 16   | 2015   | \$<br>Director   | 450.00   |
|                                   |   | - 12                        | 16   | 2015   |  |  |
| <sub>19</sub>                     | 90401607  | - 12                        | 16   | 2015   | Director   |  |
| <sub>19</sub>                     | 00401607  | Occupat                     | tion<br>State<br>PA  | 2015<br>Medical  | Director<br>Zip Code (Plus   |  |
| <sub>19</sub>                     | 00401607  | - 12                        | ion State  | 2015   | Director<br>Zip Code (Plus   |  |
| <sub>19</sub>                     | 00401607  | Occupat                     | ion<br>State<br>PA<br>DAY  | 2015<br>Medical<br>YEAR  | Director<br>Zip Code (Plus<br>190013720  | 5 4)   |
| Isiness                           | 00401607  | Occupat                     | tion<br>State<br>PA  | 2015<br>Medical  | Director<br>Zip Code (Plus<br>190013720  | 5 4)   |
| Isiness                           | City<br>Abington  | Occupat                     | ion<br>State<br>PA<br>DAY  | 2015<br>Medical<br>YEAR  | Director<br>Zip Code (Plus<br>190013720  | 5 4)   |
| 19<br>  siness<br>   2i <br>   37 | 00401607<br>City<br>Abington  | — 12<br>Оссират<br>МО<br>12 | ion<br>State<br>PA<br>DAY<br>15  | 2015<br>Medical<br>YEAR<br>2015  | Director<br>Zip Code (Plus<br>190013720<br>\$  | 5 4)   |
| Isiness                           | City<br>Abington  | Occupat                     | ion<br>State<br>PA<br>DAY<br>15  | 2015<br>Medical<br>YEAR  | Director<br>Zip Code (Plus<br>190013720<br>\$  | <b>5 4)</b><br>500.00  |
|                                   | zi<br>18<br>Isiness<br>Zi<br>19<br>Hospitals<br>Isiness<br>Zi<br>19<br>19<br>19<br>19<br>19<br>19<br>19<br>19<br>19<br>19<br>19<br>19<br>19 | Easton                      | Easton         MO         Zip Code (Plus 4)<br>181042024       12         Siness       City<br>Easton       Occupation         Isiness       City<br>Easton       MO         Zip Code (Plus 4)<br>190851139       12         dospitals       City<br>Bryn Mawr       MO         Isiness       City<br>City<br>Bryn Mawr       MO         Isiness       City<br>Dryn Mawr       MO         Isiness       City<br>Dryn Mawr       MO         Isiness       City<br>Dryn Mawr       MO         Isiness       City<br>Dryn Mawr       MO         Hospital       Cocupation       MO         Hospital       City       MO         Isiness       City       MO         Isiness       City       MO         Isiness       City       Iteration         Isiness       City       Iteration         Iteration       Iteration       Iteration | Easton       PA         MO       DAY         Image: Amplitude strain | EastonPAMODAYYEARMODAYYEAR21Code (Plus 4)<br>181042024122015OccupationPhysiciaState<br>PAMODAYYEARIsinessCity<br>EastonState<br>PAPAZip Code (Plus 4)<br>19085113912212015MODAYYEARYEARIsinessCity<br>Bryn MawrState<br>PAState<br>PAMODAYYEARMODAYYEARIsinessCity<br>Bryn MawrState<br>PA2015MODAYYEARIsinessCity<br>Bryn MawrState<br>PA2015HospitalCocupationTrusteeHospitalCityState | Easton       PA       180423892         MO       DAY       YEAR       \$         Zip Code (Plus 4)<br>181042024       12       21       2015         Siness       City<br>Easton       State       Zip Code (Plus 4)<br>180423892         MO       DAY       YEAR       \$         Isiness       City<br>Easton       State       Zip Code (Plus 4)<br>180423892         MO       DAY       YEAR       \$         Isiness       City<br>190851139       State       Zip Code (Plus 4)<br>190103143         Hospital       City<br>Bryn Mawr       State       Zip Code (Plus 4)<br>190103143         MO       DAY       YEAR       \$         MO       DAY       YEAR       \$         MO       DAY       YEAR       \$         Isiness       City<br>190103143       State       Zip Code (Plus 4)<br>190103143         MO       DAY       YEAR       \$         MO       DAY       YEAR       \$         Hospital       Occupation       Trustee         Mos       DAY       YEAR       \$         Zip Code (Plus 4)<br>194222430       12       21       2015         Mos       DAY       YEAR       \$         < |

| Full Name of Contributor  |  |  | NO  | DAV  | VEAD  |   |  |
|---|--|--|---|--|---|---|--|
| Dr. Martin Joseph Grennan MD  |  |  | мо  | DAY  | YEAR  | \$  | 270.00   |
| Mailing Address   |  |  | 12  | 15   | 2015  | 1   |  |
| City Wexford  | State  | Zip Code (Plus 4)  | 12  | 15   | 2015  |   |  |
|   | PA I   | 150907815  |   |  |   |   |  |
| Employer Name UPMC Passavant  |  |  | Occupat   | tion   | Physicia  | n   |  |
| Employer Mailing Address/Principal Pla  | ce of Business   | City   |   | State  |   | Zip Code (  | Plus 4)  |
|   |  | Pittsburgh   |   | PA   |   | 15237581  | .5   |
| Full Name of Contributor  |  |  |   | -  |   |   |  |
| Mr. Mark Freeburn   |  |  | мо  | DAY  | YEAR  | \$  | 1,000.00   |
| Mailing Address   |  |  | 10  | 24   | 2015  | 1   |  |
| City Mechanicsburg  | State  | Zip Code (Plus 4)  | 12  | 31   | 2015  |   |  |
|   | PA   | 170553562  |   |  |   |   |  |
| Employer Name HEALTHSOUTH Rehal   | pilitation Hospital of M   | echanicsbu   | Occupat   | tion   | Chief Ex  | ecutive Of  | ficer  |
| Employer Mailing Address/Principal Pla  |  | City   | •   | State  |   | Zip Code (  | Plus 4)  |
|   |  | Mechanicsburg  |   | PA   |   | 17055356  | 52   |
| Full Name of Contributor  |  |  |   | <u> </u>   |   |   |  |
| Dr. Barry D. Mann MD  |  |  | мо  | DAY  | YEAR  | \$  | 315.00   |
| Mailing Address   |  |  |   |  |   | -   |  |
| City Wynnewood  | State  | Zip Code (Plus 4)  | 12  | 31   | 2015  |   |  |
| wymiewood   |  | 19096  |   |  |   |   |  |
| Employer Name Lankenau Medical Ce   |  | 19090  | Occupat   | ion  | Surgeon   | •   |  |
| Employer Mailing Address/Principal Pla  |  | City   |   | State  | Surgeon   | Zip Code (  | Plue 4)  |
|   | te of business   | Wynnewood  |   | PA   |   | 19096341  | -  |
|   |  | wynnewoou  |   |  |   | 19090341  | . 1  |
|   |  |  |   |  |   |   |  |
| Full Name of Contributor  |  |  | мо  | DAY  | YEAR  | \$  | 450.00   |
| John Schwarz  |  |  | мо  | DAY  | YEAR  | \$  | 450.00   |
| John Schwarz<br>Mailing Address   | State  | Zin Codo (Plus 4)  | <b>MO</b>   | <b>DAY</b><br>31   | <b>YEAR</b><br>2015                                   | \$  | 450.00   |
| John Schwarz  |  | Zip Code (Plus 4)  |   |  |   | \$  | 450.00   |
| John Schwarz<br>Mailing Address<br>City Narberth  |  | <b>Zip Code (Plus 4)</b><br>190722106  | - 12  | 31   | 2015  |   |  |
| John Schwarz<br>Mailing Address<br>City Narberth<br>Employer Name Main Line Health  | PA   | 190722106  |   | 31   | 2015  | inistration   |  |
| John Schwarz<br>Mailing Address<br>City Narberth  | PA   | 190722106  | - 12  | 31<br>tion<br>State  | 2015  | inistration   | Plus 4)  |
| John Schwarz<br>Mailing Address<br>City Narberth<br>Employer Name Main Line Health  | PA   | 190722106  | - 12  | 31   | 2015  | inistration   | Plus 4)  |
| John Schwarz<br>Mailing Address<br>City Narberth<br>Employer Name Main Line Health  | PA   | 190722106  | - 12  | 31<br>tion<br>State  | 2015  | inistration<br><b>Zip Code (</b><br>19010312  | Plus 4)<br>21  |
| John Schwarz<br>Mailing Address<br>City Narberth<br>Employer Name Main Line Health<br>Employer Mailing Address/Principal Plac<br>Full Name of Contributor<br>John C. Ekarius  | PA   | 190722106  | Occupat   | 31<br>tion<br>State<br>PA  | 2015<br>VP, Adm                                       | inistration   | Plus 4)  |
| John Schwarz<br>Mailing Address<br>City Narberth<br>Employer Name Main Line Health<br>Employer Mailing Address/Principal Plac<br>Full Name of Contributor<br>John C. Ekarius<br>Mailing Address   | PA ce of Business  | 190722106  | Occupat   | 31<br>tion<br>State<br>PA  | 2015<br>VP, Adm                                       | inistration<br><b>Zip Code (</b><br>19010312  | Plus 4)<br>21  |
| John Schwarz<br>Mailing Address<br>City Narberth<br>Employer Name Main Line Health<br>Employer Mailing Address/Principal Plac<br>Full Name of Contributor<br>John C. Ekarius  | PA ce of Business  | City<br>Bryn Mawr<br>Zip Code (Plus 4)   | Occupat   | 31<br>ion<br>State<br>PA<br>DAY  | 2015<br>VP, Adm<br>YEAR                               | inistration<br><b>Zip Code (</b><br>19010312  | Plus 4)<br>21  |
| John Schwarz<br>Mailing Address<br>City Narberth<br>Employer Name Main Line Health<br>Employer Mailing Address/Principal Plac<br>Full Name of Contributor<br>John C. Ekarius<br>Mailing Address<br>City Tampa   | PA<br>ce of Business<br>State<br>FL  | 190722106  | - 12<br>Occupat   | 31<br>iion<br>PA<br>DAY<br>31  | 2015<br>VP, Adm<br><b>YEAR</b><br>2015                | inistration<br><b>Zip Code (</b><br>19010312  | Plus 4)<br>21  |
| John Schwarz<br>Mailing Address<br>City Narberth<br>Employer Name Main Line Health<br>Employer Mailing Address/Principal Plac<br>Full Name of Contributor<br>John C. Ekarius<br>Mailing Address<br>City Tampa<br>Employer Name Thomas Jefferson Unit  | PA<br>ce of Business<br>State<br>FL<br>iversity Hospital   | 190722106           City           Bryn Mawr           Zip Code (Plus 4)           336063930                           | Occupat   | 31<br>iion<br>PA<br>DAY<br>31  | 2015<br>VP, Adm<br>YEAR                               | inistration<br><b>Zip Code (</b><br>19010312<br><b>\$</b>   | Plus 4)<br>21<br>900.00                              |
| John Schwarz<br>Mailing Address<br>City Narberth<br>Employer Name Main Line Health<br>Employer Mailing Address/Principal Plac<br>Full Name of Contributor<br>John C. Ekarius<br>Mailing Address<br>City Tampa   | PA<br>ce of Business<br>State<br>FL<br>iversity Hospital   | City<br>Bryn Mawr<br>Zip Code (Plus 4)   | - 12<br>Occupat   | 31<br>iion<br>PA<br>DAY<br>31  | 2015<br>VP, Adm<br><b>YEAR</b><br>2015                | inistration<br><b>Zip Code (</b><br>19010312  | Plus 4)<br>21<br>900.00                              |
| John Schwarz<br>Mailing Address<br>City Narberth<br>Employer Name Main Line Health<br>Employer Mailing Address/Principal Plac<br>Full Name of Contributor<br>John C. Ekarius<br>Mailing Address<br>City Tampa<br>Employer Name Thomas Jefferson Unit  | PA<br>ce of Business<br>State<br>FL<br>iversity Hospital   | 190722106           City           Bryn Mawr           Zip Code (Plus 4)           336063930                           | - 12<br>Occupat   | 31<br>tion<br>State<br>PA<br>DAY<br>31<br>tion   | 2015<br>VP, Adm<br><b>YEAR</b><br>2015                | inistration<br><b>Zip Code (</b><br>19010312<br><b>\$</b>   | Plus 4)<br>21<br>900.00<br>Plus 4)                   |
| John Schwarz<br>Mailing Address<br>City Narberth<br>Employer Name Main Line Health<br>Employer Mailing Address/Principal Plac<br>Full Name of Contributor<br>John C. Ekarius<br>Mailing Address<br>City Tampa<br>Employer Name Thomas Jefferson Unit  | PA<br>ce of Business<br>State<br>FL<br>iversity Hospital   | 190722106         City         Bryn Mawr         Zip Code (Plus 4)         336063930         City                      | <ul> <li>MO</li> <li>12</li> <li>Occupat</li> <li>MO</li> <li>12</li> <li>Occupat</li> </ul>                              | 31 State PA DAY 31 Stor PA State PA State PA   | 2015<br>VP, Adm<br><b>YEAR</b><br>2015<br>VP          | inistration<br><b>Zip Code (</b><br>19010312<br><b>\$</b><br><b>Zip Code (</b><br>19107482              | Plus 4)<br>21<br>900.00<br>Plus 4)<br>24             |
| John Schwarz<br>Mailing Address<br>City Narberth<br>Employer Name Main Line Health<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>John C. Ekarius<br>Mailing Address<br>City Tampa<br>Employer Name Thomas Jefferson Unit<br>Employer Mailing Address/Principal Place   | PA<br>ce of Business<br>State<br>FL<br>iversity Hospital   | 190722106         City         Bryn Mawr         Zip Code (Plus 4)         336063930         City                      | - 12<br>Occupat   | iion<br>State<br>PA<br>DAY<br>31<br>iion<br>State  | 2015<br>VP, Adm<br><b>YEAR</b><br>2015                | inistration<br>Zip Code (<br>19010312<br>\$<br>Zip Code (   | Plus 4)<br>21<br>900.00<br>Plus 4)                   |
| John Schwarz<br>Mailing Address<br>City Narberth<br>Employer Name Main Line Health<br>Employer Mailing Address/Principal Plac<br>Full Name of Contributor<br>John C. Ekarius<br>Mailing Address<br>City Tampa<br>Employer Name Thomas Jefferson Uni<br>Employer Mailing Address/Principal Plac<br>Full Name of Contributor  | PA<br>ce of Business<br>State<br>FL<br>iversity Hospital   | 190722106         City         Bryn Mawr         Zip Code (Plus 4)         336063930         City                      | <ul> <li>12</li> <li>Occupat</li> <li>MO</li> <li>12</li> <li>Occupat</li> <li>MO</li> <li>MO</li> </ul>                  | ion<br>State<br>PA<br>DAY<br>31<br>ion<br>State<br>PA<br>31<br>Control Control C | 2015<br>VP, Adm<br><b>YEAR</b><br>2015<br>VP          | inistration<br><b>Zip Code (</b><br>19010312<br><b>\$</b><br><b>Zip Code (</b><br>19107482              | Plus 4)<br>21<br>900.00<br>Plus 4)<br>24             |
| John Schwarz<br>Mailing Address<br>City Narberth<br>Employer Name Main Line Health<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>John C. Ekarius<br>Mailing Address<br>City Tampa<br>Employer Name Thomas Jefferson Uni<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Mr. Philip Okala  | PA<br>ce of Business<br>State<br>FL<br>iversity Hospital<br>ce of Business                                       | 190722106         City         Bryn Mawr         Zip Code (Plus 4)         336063930         City                      | <ul> <li>MO</li> <li>12</li> <li>Occupat</li> <li>MO</li> <li>12</li> <li>Occupat</li> </ul>                              | 31 State PA DAY 31 Stor PA State PA State PA   | 2015<br>VP, Adm<br>YEAR<br>2015<br>VP                 | inistration<br><b>Zip Code (</b><br>19010312<br><b>\$</b><br><b>Zip Code (</b><br>19107482              | Plus 4)<br>21<br>900.00<br>Plus 4)<br>24             |
| John Schwarz<br>Mailing Address<br>City Narberth<br>Employer Name Main Line Health<br>Employer Mailing Address/Principal Plac<br>Full Name of Contributor<br>John C. Ekarius<br>Mailing Address<br>City Tampa<br>Employer Name Thomas Jefferson Uni<br>Employer Mailing Address/Principal Plac<br>Full Name of Contributor<br>Mr. Philip Okala<br>Mailing Address                             | PA<br>ce of Business<br>State<br>FL<br>iversity Hospital<br>ce of Business<br>State<br>State                     | 190722106<br>City<br>Bryn Mawr<br>Zip Code (Plus 4)<br>336063930<br>City<br>Philadelphia                               | <ul> <li>12</li> <li>Occupat</li> <li>MO</li> <li>12</li> <li>Occupat</li> <li>MO</li> <li>MO</li> </ul>                  | ion<br>State<br>PA<br>DAY<br>31<br>ion<br>State<br>PA<br>31<br>Control Control C | 2015<br>VP, Adm<br>YEAR<br>2015<br>VP                 | inistration<br><b>Zip Code (</b><br>19010312<br><b>\$</b><br><b>Zip Code (</b><br>19107482              | Plus 4)<br>21<br>900.00<br>Plus 4)<br>24             |
| John Schwarz<br>Mailing Address<br>City Narberth<br>Employer Name Main Line Health<br>Employer Mailing Address/Principal Plac<br>Full Name of Contributor<br>John C. Ekarius<br>Mailing Address<br>City Tampa<br>Employer Name Thomas Jefferson Uni<br>Employer Mailing Address/Principal Plac<br>Full Name of Contributor<br>Mr. Philip Okala<br>Mailing Address                             | PA<br>ce of Business<br>State<br>FL<br>iversity Hospital<br>ce of Business<br>State<br>PA                        | 190722106         City         Bryn Mawr         Zip Code (Plus 4)         336063930         City         Philadelphia | <ul> <li>12</li> <li>Occupat</li> <li>MO</li> <li>12</li> <li>Occupat</li> <li>MO</li> <li>MO</li> </ul>                  | 31<br>State PA<br>DAY<br>31<br>State PA<br>31<br>DAY<br>31<br>31<br>31<br>31<br>31<br>31<br>31<br>3  | 2015<br>VP, Adm<br>YEAR<br>2015<br>VP<br>YEAR<br>2015 | inistration<br><b>Zip Code (</b><br>19010312<br><b>\$</b><br><b>Zip Code (</b><br>19107482              | Plus 4)<br>21<br>900.00<br>Plus 4)<br>24<br>1,000.00 |
| John Schwarz<br>Mailing Address<br>City Narberth<br>Employer Name Main Line Health<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>John C. Ekarius<br>Mailing Address<br>City Tampa<br>Employer Name Thomas Jefferson Uni<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Mr. Philip Okala<br>Mailing Address<br>City West Conshohocken | PA<br>ce of Business<br>State<br>FL<br>iversity Hospital<br>ce of Business<br>State<br>PA<br>Vania Health System | 190722106         City         Bryn Mawr         Zip Code (Plus 4)         336063930         City         Philadelphia | <ul> <li>12</li> <li>Occupat</li> <li>MO</li> <li>12</li> <li>Occupat</li> <li>MO</li> <li>12</li> <li>Occupat</li> </ul> | 31<br>State PA<br>DAY<br>31<br>State PA<br>31<br>DAY<br>31<br>31<br>31<br>31<br>31<br>31<br>31<br>3  | 2015<br>VP, Adm<br>YEAR<br>2015<br>VP<br>YEAR<br>2015 | inistration<br><b>Zip Code (</b><br>19010312<br><b>\$</b><br><b>Zip Code (</b><br>19107482<br><b>\$</b> | Plus 4)<br>21<br>900.00<br>Plus 4)<br>24<br>1,000.00 |

| Full Name of Contributor  |                         |          |                          | мо              | DAY              | YEAR             | \$               | 675.00 |
|---|-------------------------|----------|--------------------------|-----------------|------------------|------------------|------------------|--------|
| Mr. Brian T. Corbett  |                         |          |                          |                 |                  |                  | _ *              | 075.00 |
| Mailing Address   |                         |          |                          | 12              | 31               | 2015             |                  |        |
| City Bryn Mawr  | State                   | Zi       | p Code (Plus 4)          |                 |                  |                  |                  |        |
|   | I PA                    | l 19     | 90103121                 |                 |                  |                  |                  |        |
| Employer Name Bryn Mawr H   | ospital                 |          |                          | Occupat         | tion             | Vice Pre         | sident and Ge    | nera   |
| Employer Mailing Address/Prin   | cipal Place of Business |          | City                     |                 | State            |                  | Zip Code (Plus   | s 4)   |
|   |                         |          | Bryn Mawr                |                 | PA               |                  | 190103160        |        |
| Full Name of Contributor  |                         |          |                          | мо              | DAY              | YEAR             |                  |        |
| Mr. Scott A. Bishop   |                         |          |                          | МО              | DAT              | TEAR             | \$               | 112.50 |
| Mailing Address   |                         |          |                          | 12              | 31               | 2015             |                  |        |
| City Landisville  | State                   | Zi       | p Code (Plus 4)          |                 | 51               | 2015             |                  |        |
|   | I <sub>PA</sub>         |          | 75381366                 |                 |                  |                  |                  |        |
| Employer Name Hospital and  | Healthsystem Assn of Pe | nnsylva  | ania                     | Occupat         | tion             | Sr. VP S         | itate Legislatio | n      |
| Employer Mailing Address/Prin   | cipal Place of Business |          | City                     |                 | State            |                  | Zip Code (Plus   | s 4)   |
|   |                         |          | Harrisburg               |                 | РА               |                  | 171112451        |        |
| Full Name of Contributor  |                         |          |                          |                 |                  |                  |                  |        |
| Mr. Andy Carter   |                         |          |                          | мо              | DAY              | YEAR             | \$               | 245.46 |
| Mailing Address   |                         |          |                          | 12              | 24               | 2015             | 1                |        |
| City Harrisburg   | State                   | Zi       | p Code (Plus 4)          | 12              | 31               | 2015             |                  |        |
| 5   | PA                      |          | 71112428                 |                 |                  |                  |                  |        |
| Employer Name Hospital and  | Healthsystem Assn of Pe |          |                          | Occupat         | tion             | Presider         | nt and Chief Ex  | ecu    |
| Employer Mailing Address/Prin   |                         |          | City                     | · ·             | State            |                  | Zip Code (Plus   |        |
|   |                         |          | Harrisburg               |                 | PA               |                  | 171112451        |        |
| Full Name of Contributor  |                         |          | · · a · · · o b a · g    |                 |                  |                  |                  |        |
| Full Name of Contributor  |                         |          |                          | мо              | DAY              | YEAR             | \$               | 112.50 |
| Mr. Scott A. Bishop Mailing Address   |                         |          |                          |                 |                  |                  |                  |        |
| City Landisville  | State                   | 71       | p Code (Plus 4)          | 12              | 15               | 2015             |                  |        |
|   | PA                      |          | 75381366                 |                 |                  |                  |                  |        |
| Employer Name Hospital and  |                         |          |                          | Occupat         | tion             |                  | tate Legislatio  | n      |
| Employer Mailing Address/Prin   |                         | IIISylva |                          |                 | State            | 51. VF 5         | Zip Code (Plus   |        |
| Employer Mailing Address/Prin   | cipal Place of Business |          | City                     |                 |                  |                  |                  | 54)    |
|   |                         |          | Harrisburg               |                 | PA               | 1                | 171112451        |        |
| Full Name of Contributor  |                         |          |                          | мо              | DAY              | YEAR             | \$               | 900.00 |
| Mr. Gary L Perecko  |                         |          |                          |                 |                  |                  |                  | 200.00 |
| Mailing Address   |                         |          |                          | 12              | 15               | 2015             |                  |        |
| City Media  | State                   |          | p Code (Plus 4)          |                 |                  |                  |                  |        |
|   | I PA                    | I 19     | 90635104                 |                 | I                | I                | I                |        |
| Employer Name Riddle Hospit   |                         |          |                          | Occupat         | 1                | Presider         |                  |        |
| /   | almal Diagon of Doub    |          | City                     |                 | State            |                  | Zip Code (Plus   | s 4)   |
| Employer Mailing Address/Prin   | cipal Place of Business |          |                          |                 |                  |                  | 100005177        |        |
| Employer Mailing Address/Prin   | cipal Place of Business |          | Media                    |                 | PA               |                  | 190635177        |        |
| Employer Mailing Address/Prin<br>Full Name of Contributor                         | cipal Place of Business |          | Media                    | MO              | 1                | YFAR             |                  | 450.00 |
|   | cipal Place of Business |          | Media                    | мо              | DAY              | YEAR             | \$               | 450.00 |
| Full Name of Contributor<br>Mr. Charles M Rudek                                   |                         |          | Media                    |                 | 1                | <b>YEAR</b> 2015 |                  | 450.00 |
| Full Name of Contributor<br>Mr. Charles M Rudek                                   | cipal Place of Business | Zi       | Media<br>p Code (Plus 4) | <b>мо</b><br>12 | DAY              |                  |                  | 450.00 |
| Full Name of Contributor<br>Mr. Charles M Rudek<br>Mailing Address                | -<br>                   |          |                          |                 | DAY              |                  |                  | 450.00 |
| Full Name of Contributor<br>Mr. Charles M Rudek<br>Mailing Address<br>City Apollo | State                   |          | p Code (Plus 4)          |                 | <b>DAY</b><br>15 | 2015             |                  |        |
| Full Name of Contributor<br>Mr. Charles M Rudek<br>Mailing Address<br>City Apollo | State<br>PA<br>vant     |          | p Code (Plus 4)          | - 12            | <b>DAY</b><br>15 | 2015             | \$               | cer    |

| Full Name of Contributor  |  |      |  | мо                          | DAY   | YEAR                     | \$   | 450.00                           |
|---|--|------|--|-----------------------------|---|--------------------------|--|----------------------------------|
| Mr. Thomas M Newman   |  |      |  |                             |   |                          | *  | 450.00                           |
| Mailing Address   |  |      |  | 12                          | 15  | 2015                     |  |                                  |
| City Pittsburgh   | State  | Zi   | p Code (Plus 4)  |                             |   |                          |  |                                  |
|   | l <sub>PA</sub>  | 1 15 | 52411563   |                             |   |                          |  |                                  |
| Employer Name UPMC Passa  | vant   |      |  | Occupat                     | tion  | Chief Fir                | nancial Office   | -                                |
| Employer Mailing Address/Prin   | cipal Place of Business  |      | City   |                             | State   |                          | Zip Code (Plu  | ıs 4)                            |
|   |  |      | Pittsburgh   |                             | PA  |                          | 152375815  |                                  |
| Full Name of Contributor  |  |      |  | мо                          | DAY   | YEAR                     |  | .=                               |
| Dr. James W. Boyle MD   |  |      |  | MO                          | DAT   | TEAR                     | \$   | 450.00                           |
| Mailing Address   |  |      |  | 12                          | 15  | 2015                     |  |                                  |
| City Cheswick   | State  | Zi   | p Code (Plus 4)  | 12                          | 15  | 2015                     |  |                                  |
|   | <sub>PA</sub>  | 15   | 50244200   |                             |   |                          |  |                                  |
| Employer Name UPMC Passa  | vant Cranberry   |      |  | Occupat                     | tion  | PAC Cor                  | tributor   |                                  |
| Employer Mailing Address/Prir   | cipal Place of Business  |      | City   |                             | State   |                          | Zip Code (Plu  | ıs 4)                            |
|   |  |      | Cranberry  |                             | PA  |                          | 16066  |                                  |
| Full Name of Contributor  |  |      | · · ·  |                             |   |                          |  |                                  |
| Ms. Susan Hoolahan  |  |      |  | мо                          | DAY   | YEAR                     | \$   | 450.00                           |
| Mailing Address   |  |      |  |                             |   |                          | 1  |                                  |
| City Pittsburgh   | State  | Zi   | p Code (Plus 4)  | 12                          | 15  | 2015                     |  |                                  |
| in the starting in  | PA   |      | 52153301   |                             |   |                          |  |                                  |
| Employer Name UPMC Passa  |  | . 10 | 2155501  | Occupat                     | tion  | //D Da                   | tient Care Sv  |                                  |
| Employer Mailing Address/Prir   |  |      | City   | Teccupat                    | State   | v.i ., i a               | Zip Code (Plu  |                                  |
|   | leipur ruce or business  |      | Pittsburgh   |                             | PA  |                          | 152375815  | .5 4)                            |
|   |  |      | Fittsburgii  |                             |   |                          | 132373013  |                                  |
| Full Name of Contributor  |  |      |  | мо                          | DAY   | YEAR                     | \$   | 900.00                           |
| Mr. David T Martin  |  |      |  |                             |   |                          | -  |                                  |
| Mailing Address   |  |      |  | 12                          | 15  | 2015                     |  |                                  |
| City Pittsburgh   | State  |      | p Code (Plus 4)  |                             |   |                          |  |                                  |
|   | I PA   | 15   | 52375815   |                             |   |                          |  |                                  |
| Employer Name UPMC Passa  | vant   |      | 1  | Occupat                     | tion  | Presider                 | nt   |                                  |
| Employer Mailing Address/Prin   | cipal Place of Business  |      | City   |                             | State   |                          | Zip Code (Plu  | ıs 4)                            |
|   |  |      | Pittsburgh   |                             | PA  |                          | 152375815  |                                  |
|   |  |      |  |                             |   |                          |  |                                  |
| Full Name of Contributor  |  |      |  | мо                          |   | VEAD                     |  |                                  |
| Full Name of ContributorMs. Marjorie Jacobs RN, BSN,  | MSN  |      |  | мо                          | DAY   | YEAR                     | \$   | 315.00                           |
| Ms. Marjorie Jacobs RN, BSN,  | MSN  |      |  |                             | DAY   |                          |  | 315.00                           |
| Ms. Marjorie Jacobs RN, BSN,  | MSN<br>State   |      | p Code (Plus 4)  | <b>мо</b><br>12             |   | <b>YEAR</b> 2015         |  | 315.00                           |
| Ms. Marjorie Jacobs RN, BSN,<br>Mailing Address   | 1  |      |  |                             | DAY   |                          |  | 315.00                           |
| Ms. Marjorie Jacobs RN, BSN,<br>Mailing Address<br>City Gibsonia  | <b>State</b><br>PA   |      | p Code (Plus 4)  |                             | <b>DAY</b> 15                                 | 2015                     |  |                                  |
| Ms. Marjorie Jacobs RN, BSN,<br>Mailing Address<br>City Gibsonia<br>Employer Name UPMC St. Ma   | PA<br>PA   |      | p Code (Plus 4)  | - 12                        | <b>DAY</b> 15                                 | 2015                     | \$   | re M                             |
| Ms. Marjorie Jacobs RN, BSN,<br>Mailing Address   | PA<br>PA   |      | <b>p Code (Plus 4)</b><br>50448001   | - 12                        | DAY<br>15                                     | 2015                     | <b>\$</b><br>ve Director Ca                                    | re M                             |
| Ms. Marjorie Jacobs RN, BSN,<br>Mailing Address<br>City Gibsonia<br>Employer Name UPMC St. Ma<br>Employer Mailing Address/Prir  | PA<br>PA   |      | p Code (Plus 4)<br>50448001<br>City  | - 12                        | DAY<br>15<br>tion<br>State                    | 2015                     | s<br>ve Director Ca<br>Zip Code (Plu                           | re M                             |
| Ms. Marjorie Jacobs RN, BSN,<br>Mailing Address<br>City Gibsonia<br>Employer Name UPMC St. Ma<br>Employer Mailing Address/Prir<br>Full Name of Contributor  | PA<br>PA   |      | p Code (Plus 4)<br>50448001<br>City  | - 12                        | DAY<br>15<br>tion<br>State                    | 2015                     | s<br>ve Director Ca<br>Zip Code (Plu                           | re M                             |
| Ms. Marjorie Jacobs RN, BSN,<br>Mailing Address<br>City Gibsonia<br>Employer Name UPMC St. Ma<br>Employer Mailing Address/Prir<br>Full Name of Contributor<br>Dr. Joseph E. Alhadeff MD   | PA<br>PA   |      | p Code (Plus 4)<br>50448001<br>City  | Occupat                     | DAY<br>15<br>tion<br>State<br>PA<br>DAY       | 2015<br>Executiv<br>YEAR | \$<br>re Director Ca<br><b>Zip Code (Plu</b><br>152153399      | re M<br>Is 4)                    |
| Ms. Marjorie Jacobs RN, BSN,<br>Mailing Address<br>City Gibsonia<br>Employer Name UPMC St. Ma<br>Employer Mailing Address/Prir<br>Full Name of Contributor<br>Dr. Joseph E. Alhadeff MD<br>Mailing Address  | State<br>PA<br>argaret<br>ncipal Place of Business               |      | p Code (Plus 4)<br>50448001<br>City<br>Pittsburgh                                | Occupat                     | DAY<br>15<br>tion<br>State<br>PA              | 2015<br>Executiv         | \$<br>re Director Ca<br><b>Zip Code (Plu</b><br>152153399      | re M<br>Is 4)                    |
| Ms. Marjorie Jacobs RN, BSN,<br>Mailing Address<br>City Gibsonia<br>Employer Name UPMC St. Ma<br>Employer Mailing Address/Prir<br>Full Name of Contributor<br>Dr. Joseph E. Alhadeff MD<br>Mailing Address  | State PA argaret ncipal Place of Business State                  | 15   | p Code (Plus 4)<br>50448001<br>City<br>Pittsburgh<br>p Code (Plus 4)             | Occupat                     | DAY<br>15<br>tion<br>State<br>PA<br>DAY       | 2015<br>Executiv<br>YEAR | \$<br>re Director Ca<br><b>Zip Code (Plu</b><br>152153399      | re M<br>Is 4)                    |
| Ms. Marjorie Jacobs RN, BSN,<br>Mailing Address<br>City Gibsonia<br>Employer Name UPMC St. Ma<br>Employer Mailing Address/Prir<br>Full Name of Contributor<br>Dr. Joseph E. Alhadeff MD<br>Mailing Address<br>City Red Lion                             | State PA argaret ncipal Place of Business State PA               | 15   | p Code (Plus 4)<br>50448001<br>City<br>Pittsburgh                                | - 12<br>Оссиран<br>МО<br>12 | DAY<br>15<br>tion<br>PA<br>DAY<br>15          | 2015<br>Executiv<br>YEAR | \$<br>re Director Ca<br><b>Zip Code (Plu</b><br>152153399      | re M<br>Is 4)                    |
| Ms. Marjorie Jacobs RN, BSN,<br>Mailing Address<br>City Gibsonia<br>Employer Name UPMC St. Ma<br>Employer Mailing Address/Prir<br>Full Name of Contributor<br>Dr. Joseph E. Alhadeff MD<br>Mailing Address<br>City Red Lion<br>Employer Name OSS Othopa | State PA argaret ncipal Place of Business State PA edic Hospital | 15   | p Code (Plus 4)<br>50448001<br>City<br>Pittsburgh<br>p Code (Plus 4)<br>73568285 | Occupat                     | DAY<br>15<br>tion<br>State<br>PA<br>DAY<br>15 | 2015<br>Executiv<br>YEAR | <pre>\$ \$ 2 Director Ca 2 ip Code (Plu 152153399 \$ \$ </pre> | re M<br><b>Is 4)</b><br>1,000.00 |
| Ms. Marjorie Jacobs RN, BSN,<br>Mailing Address<br>City Gibsonia<br>Employer Name UPMC St. Ma<br>Employer Mailing Address/Prir<br>Full Name of Contributor<br>Dr. Joseph E. Alhadeff MD<br>Mailing Address<br>City Red Lion                             | State PA argaret ncipal Place of Business State PA edic Hospital | 15   | p Code (Plus 4)<br>50448001<br>City<br>Pittsburgh<br>p Code (Plus 4)             | - 12<br>Оссиран<br>МО<br>12 | DAY<br>15<br>tion<br>PA<br>DAY<br>15          | 2015<br>Executiv<br>YEAR | \$<br>re Director Ca<br><b>Zip Code (Plu</b><br>152153399      | re M<br><b>Is 4)</b><br>1,000.00 |

| Full Name of Contributor   |  |                                      |  | мо  | DAY  | YEAR   |  | 500.00  |
|--|--|--------------------------------------|--|---|--|--|--|---|
| Mr. Robert Benz  |  |                                      |  | MO  | DAT  | TEAR   | \$   | 500.00  |
| Mailing Address  |  |                                      |  | 12  | 15   | 2015   |  |   |
| City Penn Valley   | State  | Zip                                  | Code (Plus 4)  |   | 10   | 2010   |  |   |
|  | PA   | 19                                   | 0721525  |   |  |  |  |   |
| Employer Name Lankenau Medical Cer   | nter   |                                      |  | Occupat   | ion 🕚  | VPMA, N  | lephrologi   | st  |
| Employer Mailing Address/Principal Place   | e of Business  |                                      | City   |   | State  |  | Zip Code   | (Plus 4)  |
|  |  |                                      | Wynnewood  |   | PA   |  | 1909634  | 11  |
| Full Name of Contributor   |  |                                      |  |   |  |  |  |   |
| Dr Jon Johnston DMD  |  |                                      |  | мо  | DAY  | YEAR   | \$   | 500.00  |
| Mailing Address  |  |                                      |  | 12  |  | 2015   | 1  |   |
| City Punxsutawney  | State  | Zip                                  | Code (Plus 4)  | 12  | 14   | 2015   |  |   |
|  | PA   | 15                                   | 767  |   |  |  |  |   |
| Employer Name self employed  |  |                                      |  | Occupat   | ion g  | self em  | loved  |   |
| Employer Mailing Address/Principal Place   | e of Business  |                                      | City   | •   | State  |  | Zip Code   | (Plus 4)  |
|  |  |                                      |  |   |  |  | •  |   |
| Full Name of Contributor   |  | -                                    |  |   |  |  |  |   |
| Dr. Ronald Barg MD   |  |                                      |  | мо  | DAY  | YEAR   | \$   | 350.00  |
| Mailing Address  |  |                                      |  | 12  | 10   | 2015   |  |   |
| City Merion Station  | State  | Zip                                  | Code (Plus 4)  | 12  | 13   | 2015   |  |   |
|  | PA   | 19                                   | 0661702  |   |  |  |  |   |
| Employer Name University of Pennsylv   | vania Health System  |                                      |  | Occupat   | ion (  | Chief M  | edical Offi  | cer   |
| Employer Mailing Address/Principal Place   |  |                                      | City   |   | State  |  | Zip Code   |   |
|  |  |                                      | Dhiladalahia   |   | PA   |  | 1910451  | 27  |
|  |  |                                      | Philadelphia   |   | 110  |  | 1910401  | _,  |
| Full Name of Contributor   |  |                                      | Philadelphia   |   | •  |  | 1910451  |   |
| Full Name of Contributor<br>Mr. Michael J. Duncan  |  |                                      | Philadelphia   | мо  | DAY  | YEAR   | \$   | 500.00  |
|  |  |                                      | Philadelphia   |   | DAY  |  |  |   |
| Mr. Michael J. Duncan  | State  | Zip                                  | Philadelphia   | <b>MO</b><br>12   | •  | <b>YEAR</b><br>2015  |  |   |
| Mr. Michael J. Duncan<br>Mailing Address   | <b>State</b><br>PA   |                                      |  |   | DAY  |  |  |   |
| Mr. Michael J. Duncan<br>Mailing Address   | PA   |                                      | o Code (Plus 4)  |   | <b>DAY</b> 11  | 2015   |  | 500.00  |
| Mr. Michael J. Duncan<br>Mailing Address<br>City West Chester  | PA<br>er County Hospital   |                                      | o Code (Plus 4)  | 12  | <b>DAY</b> 11  | 2015   | \$   | 500.00<br>cutive Of   |
| Mr. Michael J. Duncan<br>Mailing Address<br>City West Chester<br>Employer Name Penn Medicine -Chest  | PA<br>er County Hospital   |                                      | <b>) Code (Plus 4)</b><br>3804412  | 12  | DAY<br>11<br>ion 9<br>State  | 2015   | \$<br>Chief Exe  | 500.00<br>cutive Of<br>(Plus 4)   |
| Mr. Michael J. Duncan<br>Mailing Address<br>City West Chester<br>Employer Name Penn Medicine -Chest<br>Employer Mailing Address/Principal Place  | PA<br>er County Hospital   |                                      | <b>Code (Plus 4)</b><br>3804412<br><b>City</b>   | 12  | DAY<br>11<br>ion 9   | 2015   | \$<br>Chief Exe<br>Zip Code  | 500.00<br>cutive Of<br>(Plus 4)   |
| Mr. Michael J. Duncan<br>Mailing Address<br>City West Chester<br>Employer Name Penn Medicine -Chest<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor  | PA<br>er County Hospital   |                                      | <b>Code (Plus 4)</b><br>3804412<br><b>City</b>   | 12  | DAY<br>11<br>ion 9<br>State  | 2015   | \$<br>Chief Exe<br>Zip Code  | 500.00<br>cutive Of<br>(Plus 4)   |
| Mr. Michael J. Duncan<br>Mailing Address<br>City West Chester<br>Employer Name Penn Medicine -Chest<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Mr. Justin Davis  | PA<br>er County Hospital   |                                      | <b>Code (Plus 4)</b><br>3804412<br><b>City</b>   | 0ccupat   | DAY<br>11<br>ion 9<br>State<br>PA<br>DAY   | 2015<br>System<br>YEAR                                     | Chief Exe<br>Zip Code<br>1938044   | 500.00<br>cutive Of<br><b>(Plus 4)</b><br>12  |
| Mr. Michael J. Duncan<br>Mailing Address<br>City West Chester<br>Employer Name Penn Medicine -Chest<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Mr. Justin Davis<br>Mailing Address   | PA<br>er County Hospital<br>ce of Business   | 19                                   | <b>Code (Plus 4)</b><br>3804412<br><b>City</b><br>West Chester                                       | 0ccupat   | DAY<br>11<br>ion S<br>State<br>PA  | 2015<br>System   | Chief Exe<br>Zip Code<br>1938044   | 500.00<br>cutive Of<br><b>(Plus 4)</b><br>12  |
| Mr. Michael J. Duncan<br>Mailing Address<br>City West Chester<br>Employer Name Penn Medicine -Chest<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Mr. Justin Davis  | PA<br>er County Hospital<br>ce of Business<br>State  | 19<br><b>Zip</b>                     | Code (Plus 4)<br>3804412<br>City<br>West Chester   | Occupat   | DAY<br>11<br>ion 9<br>State<br>PA<br>DAY   | 2015<br>System<br>YEAR                                     | Chief Exe<br>Zip Code<br>1938044   | 500.00<br>cutive Of<br><b>(Plus 4)</b><br>12  |
| Mr. Michael J. Duncan<br>Mailing Address<br>City West Chester<br>Employer Name Penn Medicine -Chest<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Mr. Justin Davis<br>Mailing Address<br>City Scranton  | PA<br>er County Hospital<br>ce of Business<br>State<br>PA                                  | 19<br><b>Zip</b>                     | <b>Code (Plus 4)</b><br>3804412<br><b>City</b><br>West Chester                                       | - 12<br>Оссират<br>МО<br>12   | DAY<br>11<br>ion 9<br>State<br>PA<br>DAY<br>10   | 2015<br>System<br>YEAR<br>2015                             | Chief Exe<br>Zip Code<br>1938044   | 500.00<br>cutive Of<br>(Plus 4)<br>12<br>300.00                                       |
| Mr. Michael J. Duncan         Mailing Address         City       West Chester         Employer Name       Penn Medicine -Chest         Employer Mailing Address/Principal Place         Full Name of Contributor         Mr. Justin Davis         Mailing Address         City       Scranton         Employer Name       Moses Taylor Hospital  | PA<br>er County Hospital<br>ce of Business<br>State<br>PA                                  | 19<br><b>Zip</b>                     | • Code (Plus 4)<br>3804412<br>City<br>West Chester<br>• Code (Plus 4)<br>5101724                     | Occupat   | DAY<br>11<br>ion 9<br>State<br>PA<br>DAY<br>10<br>ion 9  | 2015<br>System<br>YEAR<br>2015                             | \$ Chief Exe 1938044 \$ ecutive O  | 500.00<br>cutive Of<br>(Plus 4)<br>12<br>300.00<br>fficer                             |
| Mr. Michael J. Duncan<br>Mailing Address<br>City West Chester<br>Employer Name Penn Medicine -Chest<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Mr. Justin Davis<br>Mailing Address<br>City Scranton  | PA<br>er County Hospital<br>ce of Business<br>State<br>PA                                  | 19<br><b>Zip</b>                     | Code (Plus 4)<br>3804412<br>City<br>West Chester<br>Code (Plus 4)<br>5101724<br>City                 | - 12<br>Оссират<br>МО<br>12   | DAY<br>11<br>ion 9<br>State<br>PA<br>DAY<br>10<br>ion 9<br>State                               | 2015<br>System<br>YEAR<br>2015                             | Chief Exe<br>Zip Code<br>1938044<br>\$<br>ecutive O<br>Zip Code            | 500.00<br>cutive Of<br>(Plus 4)<br>12<br>300.00<br>fficer<br>(Plus 4)                 |
| Mr. Michael J. Duncan<br>Mailing Address<br>City West Chester<br>Employer Name Penn Medicine -Chest<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Mr. Justin Davis<br>Mailing Address<br>City Scranton<br>Employer Name Moses Taylor Hospital<br>Employer Mailing Address/Principal Place   | PA<br>er County Hospital<br>ce of Business<br>State<br>PA                                  | 19<br><b>Zip</b>                     | • Code (Plus 4)<br>3804412<br>City<br>West Chester<br>• Code (Plus 4)<br>5101724                     | - 12<br>Оссират<br>МО<br>12   | DAY<br>11<br>ion 9<br>State<br>PA<br>DAY<br>10<br>ion 9  | 2015<br>System<br>YEAR<br>2015                             | \$ Chief Exe 1938044 \$ ecutive O  | 500.00<br>cutive Of<br>(Plus 4)<br>12<br>300.00<br>fficer<br>(Plus 4)                 |
| Mr. Michael J. Duncan<br>Mailing Address<br>City West Chester<br>Employer Name Penn Medicine -Chest<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Mr. Justin Davis<br>Mailing Address<br>City Scranton<br>Employer Name Moses Taylor Hospital<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor   | PA<br>er County Hospital<br>ce of Business<br>State<br>PA                                  | 19<br><b>Zip</b>                     | Code (Plus 4)<br>3804412<br>City<br>West Chester<br>Code (Plus 4)<br>5101724<br>City                 | - 12<br>Оссират<br>МО<br>12   | DAY<br>11<br>ion 9<br>State<br>PA<br>DAY<br>10<br>ion 9<br>State                               | 2015<br>System<br>YEAR<br>2015                             | Chief Exe<br>Zip Code<br>1938044<br>\$<br>ecutive O<br>Zip Code            | 500.00<br>cutive Of<br>(Plus 4)<br>12<br>300.00<br>fficer<br>(Plus 4)                 |
| Mr. Michael J. Duncan<br>Mailing Address<br>City West Chester<br>Employer Name Penn Medicine -Chest<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Mr. Justin Davis<br>Mailing Address<br>City Scranton<br>Employer Name Moses Taylor Hospital<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Richard H. Hansen                                    | PA<br>er County Hospital<br>ce of Business<br>State<br>PA                                  | 19<br><b>Zip</b>                     | Code (Plus 4)<br>3804412<br>City<br>West Chester<br>Code (Plus 4)<br>5101724<br>City                 | 12         Occupat         MO         12         Occupat  | DAY<br>11<br>ion 9<br>State<br>PA<br>DAY<br>10<br>ion 0<br>State<br>PA<br>DAY                  | 2015<br>System<br>YEAR<br>2015<br>Chief E><br>YEAR         | <pre>\$ Chief Exe Zip Code 1938044 \$ ecutive O Zip Code 1851017 \$ </pre> | 500.00<br>cutive Of<br>(Plus 4)<br>12<br>300.00<br>fficer<br>(Plus 4)<br>24           |
| Mr. Michael J. Duncan<br>Mailing Address<br>City West Chester<br>Employer Name Penn Medicine -Chest<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Mr. Justin Davis<br>Mailing Address<br>City Scranton<br>Employer Name Moses Taylor Hospital<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Richard H. Hansen<br>Mailing Address                 | PA<br>er County Hospital<br>ce of Business<br>State<br>PA<br>ce of Business                | 19<br><b>Zip</b><br>18               | • Code (Plus 4)<br>3804412<br>City<br>West Chester<br>• Code (Plus 4)<br>5101724<br>City<br>Scranton | MO<br>12<br>MO<br>12<br>Occupat   | DAY<br>11<br>ion 9<br>State<br>PA<br>DAY<br>10<br>ion 9<br>State<br>PA                         | 2015<br>System<br>YEAR<br>2015<br>Chief Ex                 | <pre>\$ Chief Exe Zip Code 1938044 \$ ecutive O Zip Code 1851017 \$ </pre> | 500.00<br>cutive Of<br>(Plus 4)<br>12<br>300.00<br>fficer<br>(Plus 4)<br>24           |
| Mr. Michael J. Duncan<br>Mailing Address<br>City West Chester<br>Employer Name Penn Medicine -Chest<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Mr. Justin Davis<br>Mailing Address<br>City Scranton<br>Employer Name Moses Taylor Hospital<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Richard H. Hansen                                    | PA<br>er County Hospital<br>ce of Business<br>State<br>PA<br>ce of Business<br>State       | 19<br><b>Zip</b><br>18<br><b>Zip</b> | Code (Plus 4)<br>3804412<br>City<br>West Chester<br>Code (Plus 4)<br>5101724<br>City<br>Scranton     | 12         Occupat         MO         12         Occupat  | DAY<br>11<br>ion 9<br>State<br>PA<br>DAY<br>10<br>ion 0<br>State<br>PA<br>DAY                  | 2015<br>System<br>YEAR<br>2015<br>Chief E><br>YEAR         | <pre>\$ Chief Exe Zip Code 1938044 \$ ecutive O Zip Code 1851017 \$ </pre> | 500.00<br>cutive Of<br>(Plus 4)<br>12<br>300.00<br>fficer<br>(Plus 4)<br>24           |
| Mr. Michael J. Duncan<br>Mailing Address<br>City West Chester<br>Employer Name Penn Medicine -Chest<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Mr. Justin Davis<br>Mailing Address<br>City Scranton<br>Employer Name Moses Taylor Hospital<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Richard H. Hansen<br>Mailing Address<br>City Ephrata | PA<br>er County Hospital<br>ce of Business<br>State<br>PA<br>ce of Business                | 19<br><b>Zip</b><br>18<br><b>Zip</b> | • Code (Plus 4)<br>3804412<br>City<br>West Chester<br>• Code (Plus 4)<br>5101724<br>City<br>Scranton | MO         12         Occupat         MO         12         Occupat         12         12         12         12         12         12         12         12         12         12         12         12 | DAY 11 ion State PA 10 ion 0 State PA 10 ion 0 State PA 10 10 10 10 10 10 10 10 10 10 10 10 10 | 2015<br>System<br>YEAR<br>2015<br>Chief E><br>YEAR<br>2015 | \$ Chief Exe 1938044 \$ code 1938044 \$ code 1851017 \$ \$                 | 500.00<br>cutive Of<br>(Plus 4)<br>12<br>300.00<br>fficer<br>(Plus 4)<br>24           |
| Mr. Michael J. Duncan<br>Mailing Address<br>City West Chester<br>Employer Name Penn Medicine -Chest<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Mr. Justin Davis<br>Mailing Address<br>City Scranton<br>Employer Name Moses Taylor Hospital<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Richard H. Hansen<br>Mailing Address                 | PA<br>er County Hospital<br>ce of Business<br>State<br>PA<br>ce of Business<br>State<br>PA | 19<br><b>Zip</b><br>18<br><b>Zip</b> | Code (Plus 4)<br>3804412<br>City<br>West Chester<br>Code (Plus 4)<br>5101724<br>City<br>Scranton     | 12         Occupat         MO         12         Occupat  | DAY 11 ion State PA 10 ion 0 State PA 10 ion 0 State PA 10 10 10 10 10 10 10 10 10 10 10 10 10 | 2015<br>System<br>YEAR<br>2015<br>Chief E><br>YEAR         | \$ Chief Exe 1938044 \$ code 1938044 \$ code 1851017 \$ \$                 | 500.00<br>cutive Of<br>(Plus 4)<br>12<br>300.00<br>fficer<br>(Plus 4)<br>24<br>450.00 |

| Full Name of Contributor   |                                  |      |                               | мо        | DAY                | YEAR             | \$              | 900.00 |
|--|----------------------------------|------|-------------------------------|-----------|--------------------|------------------|-----------------|--------|
| Dr. Marc P. Hurowitz DO, MBA, FAA  | FP                               |      |                               |           |                    |                  | _ *             | 900.00 |
| Mailing Address  |                                  |      |                               | 12        | 10                 | 2015             |                 |        |
| City Philadelphia  | State                            | Zi   | p Code (Plus 4)               |           |                    |                  |                 |        |
|  | I PA                             | 19   | 91035130                      |           |                    |                  | <u> </u>        |        |
| Employer Name Temple University  | ' Hospital                       |      |                               | Occupat   | tion               |                  |                 |        |
| Employer Mailing Address/Principal   | Place of Business                |      | City                          |           | State              |                  | Zip Code (Plus  | 5 4)   |
|  |                                  |      | Philadelphia                  |           | PA                 |                  | 191405103       |        |
| Full Name of Contributor   |                                  |      |                               | мо        | DAY                | VEAD             |                 |        |
| Ms. Rosemary Nolan   |                                  |      |                               | мо        | DAY                | YEAR             | \$              | 270.00 |
| Mailing Address  |                                  |      |                               | 12        | 10                 | 2015             | ]               |        |
| City Philadelphia  | State                            | Zi   | p Code (Plus 4)               | 12        | 10                 | 2015             |                 |        |
|  | PA                               |      | 91405104                      |           |                    |                  | I               |        |
| Employer Name Temple University  | Health System                    |      |                               | Occupat   | tion               | CO0              |                 |        |
| Employer Mailing Address/Principal   | Place of Business                |      | City                          |           | State              |                  | Zip Code (Plus  | 5 4)   |
|  |                                  |      | Philadelphia                  |           | PA                 |                  | 191404105       |        |
| Full Name of Contributor   |                                  |      |                               |           |                    |                  |                 |        |
| James V. Yuschak MD, FACS  |                                  |      |                               | мо        | DAY                | YEAR             | \$              | 315.00 |
| Mailing Address  |                                  |      |                               | 10        |                    |                  | 1               |        |
| City Dresher   | State                            | Zi   | p Code (Plus 4)               | 12        | 10                 | 2015             |                 |        |
|  | PA                               | 10   | 90251433                      |           |                    |                  |                 |        |
| Employer Name Private Practice   |                                  |      |                               | Occupat   | tion               | Physicia         | n               |        |
| Employer Mailing Address/Principal   | Place of Business                |      | City                          | 1         | State              | rnysield         | Zip Code (Plus  | 5 4)   |
| , , , , , , , , , , , , , , , , , ,  |                                  |      |                               |           |                    |                  |                 | ,      |
| Full Name of Contributor   |                                  |      |                               |           | 4                  | -                |                 |        |
| Mr. John N. Kastanis   |                                  |      |                               | мо        | DAY                | YEAR             | \$              | 900.00 |
| Mailing Address  |                                  |      |                               | 12        | 10                 | 2015             |                 |        |
| City Philadelphia  | State                            | Zi   | p Code (Plus 4)               | 12        | 10                 | 2015             |                 |        |
|  | PA                               | 19   | 91405103                      |           |                    |                  |                 |        |
| Employer Name Temple University  | Hospital                         |      |                               | Occupat   | tion               | Chief Ex         | ecutive Officer |        |
| Employer Mailing Address/Principal   |                                  |      | City                          |           | State              |                  | Zip Code (Plus  |        |
|  |                                  |      | Philadelphia                  |           | PA                 |                  | 191405103       |        |
|  |                                  |      |                               |           | 1                  |                  |                 |        |
| Full Name of Contributor   |                                  |      |                               | мо        | DAY                | YEAR             | \$              | 598.50 |
| Mr. Gary B. Weinstein Mailing Address  |                                  |      |                               |           |                    |                  | -               |        |
| City Washington  | State                            | 71   | p Code (Plus 4)               | 12        | 10                 | 2015             |                 |        |
| city washington  | PA                               |      | 53016623                      |           |                    |                  |                 |        |
| Employer Name Washington Hospi   |                                  | 1 1; | 53010023                      | Occupat   | tion               | Drocidor         | t and Chief Ex  |        |
| Employer Name Washington Hospi   | ldi                              |      | •                             |           | State              | Presider         |                 |        |
| Fundament Mailing Adduage (Dringing)   |                                  |      | City                          |           |                    |                  |                 | 54)    |
| Employer Mailing Address/Principal   |                                  |      | City                          |           |                    |                  | Zip Code (Plus  |        |
| Employer Mailing Address/Principal   |                                  |      | <b>City</b><br>Washington     |           | PA                 |                  | 153013398       | -      |
| Full Name of Contributor   |                                  |      |                               | мо        |                    | YEAR             | 153013398       |        |
| Full Name of Contributor<br>Mr. Frank Anastasi   |                                  |      |                               | мо        | РА                 | YEAR             |                 | 350.00 |
| Full Name of Contributor<br>Mr. Frank Anastasi<br>Mailing Address                      | Place of Business                |      | Washington                    | <b>MO</b> | РА                 | <b>YEAR</b> 2015 | 153013398       |        |
| Full Name of Contributor<br>Mr. Frank Anastasi<br>Mailing Address                      | Place of Business                |      | Washington<br>p Code (Plus 4) |           | PA<br>DAY          |                  | 153013398       |        |
| Full Name of Contributor<br>Mr. Frank Anastasi<br>Mailing Address                      | Place of Business                |      | Washington                    |           | PA<br>DAY          |                  | 153013398       |        |
| Full Name of Contributor<br>Mr. Frank Anastasi<br>Mailing Address<br>City Philadelphia | Place of Business State PA       |      | Washington<br>p Code (Plus 4) |           | РА<br><b>DAY</b> 9 | 2015             | 153013398       |        |
| Full Name of Contributor<br>Mr. Frank Anastasi<br>Mailing Address<br>City Philadelphia | Place of Business State PA pital |      | Washington<br>p Code (Plus 4) | - 12      | РА<br><b>DAY</b> 9 | 2015             | 153013398<br>\$ | 350.00 |

| Full Name of Contributor  |                              |      |                       | мо              | DAY                     | YEAR                |                                | F00.00           |
|---|------------------------------|------|-----------------------|-----------------|-------------------------|---------------------|--------------------------------|------------------|
| Mr. John A Zidansek   |                              |      |                       | MO              | DAT                     |                     | \$                             | 500.00           |
| Mailing Address   |                              |      |                       | 12              | 9                       | 2015                |                                |                  |
| City Easton   | State                        | Zij  | o Code (Plus 4)       |                 | -                       |                     |                                |                  |
|   | PA                           | 18   | 0423851               |                 |                         |                     |                                |                  |
| Employer Name Easton Hospital   |                              |      |                       | Occupat         | ion                     | Presider            | t and Chief                    | Execu            |
| Employer Mailing Address/Principal Plac   | e of Business                |      | City                  |                 | State                   |                     | Zip Code (P                    | lus 4)           |
|   |                              |      | Easton                |                 | PA                      |                     | 180423892                      |                  |
| Full Name of Contributor  |                              |      |                       |                 |                         | -                   |                                |                  |
| Dr. Michael Consuelos MD  |                              |      |                       | мо              | DAY                     | YEAR                | \$                             | 1,000.00         |
| Mailing Address   |                              |      |                       | 10              | 3                       | 2015                | 1                              |                  |
| City Fogelsville  | State                        | Zij  | o Code (Plus 4)       | 12              | 5                       | 2015                |                                |                  |
|   | PA                           | 18   | 0512047               |                 |                         |                     |                                |                  |
| Employer Name Hospital and Healthsy   | stem Assn of Penns           | ylva | nia                   | Occupat         | ion                     | Senior V            | ice Pre                        |                  |
| Employer Mailing Address/Principal Plac   |                              |      | City                  |                 | State                   |                     | Zip Code (P                    | lus 4)           |
|   |                              |      | Harrisburg            |                 | PA                      |                     | 171112451                      |                  |
| Full Name of Contributor  |                              |      | J                     |                 | •                       |                     |                                |                  |
| Stephen H. Nimmo  |                              |      |                       | мо              | DAY                     | YEAR                | \$                             | 500.00           |
| Mailing Address   |                              |      |                       |                 |                         |                     | 1                              |                  |
| City Pittsburgh   | State                        | Zi   | o Code (Plus 4)       | 12              | 9                       | 2015                |                                |                  |
|   | PA                           |      | 2374216               |                 |                         |                     |                                |                  |
| Employer Name UPMC Mercy  |                              | . 13 | 2574210               | Occupat         | ion                     | Attorney            | ,                              |                  |
| Employer Mailing Address/Principal Plac   | o of Business                |      | City                  |                 | State                   | ALLOITIES           | Zip Code (P                    | lue 4)           |
|   | e of Dusiness                |      | Pittsburgh            |                 | PA                      |                     | 152195166                      |                  |
|   |                              |      | Fittsburgh            |                 | FA                      |                     | 152195100                      |                  |
| Full Name of Contributor  |                              |      |                       | мо              | DAY                     | YEAR                | \$                             | 495.00           |
| Mr. Paul Yakulis  |                              |      |                       |                 |                         |                     |                                |                  |
| Mailing Address   | Chata                        | -7:  | Code (Blue 4)         | 12              | 9                       | 2015                |                                |                  |
| City Radnor   | State                        |      | o Code (Plus 4)       |                 |                         |                     |                                |                  |
| -   | I PA I                       | 19   | 0872414               |                 | •                       |                     | -                              |                  |
| Employer Name Main Line Health/Mair   |                              |      | _                     | Occupat         | 1                       | SVP, Hu             | man Resour                     |                  |
| Employer Mailing Address/Principal Plac   | e of Business                |      | City                  |                 | State                   |                     | Zip Code (P                    | -                |
|   |                              |      | Bryn Mawr             |                 | PA                      |                     | 190103143                      |                  |
| Full Name of Contributor  |                              |      |                       | мо              | DAY                     | YEAR                | \$                             | 900.00           |
| Attorney Linda J. Ramsey Esq.   |                              |      |                       |                 |                         |                     | <b> </b> *                     | 900.00           |
| Mailing Address   |                              |      |                       | 12              | 7                       | 2015                |                                |                  |
| City Havertown  | State                        | Zij  | o Code (Plus 4)       |                 |                         |                     |                                |                  |
|   | PA                           | 19   | 0834028               |                 |                         |                     |                                |                  |
| Employer Name Crozer-Chester Medica   |                              |      |                       | Occupat         | ion                     | Assistan            | t Vice Presid                  | lent,            |
|   | al Center                    |      |                       | 1               | 1                       |                     |                                |                  |
| Employer Mailing Address/Principal Plac   |                              |      | City                  | 1               | State                   |                     | Zip Code (P                    | lus 4)           |
| Employer Mailing Address/Principal Plac   |                              |      | <b>City</b><br>Upland | 1               | 1                       |                     |                                |                  |
| Employer Mailing Address/Principal Plac   |                              |      | -                     |                 | State<br>PA             |                     | Zip Code (P<br>190133995       |                  |
|   |                              |      | -                     | мо              | State                   | YEAR                | Zip Code (P                    |                  |
| Full Name of Contributor  |                              |      | -                     | мо              | State<br>PA             | YEAR                | Zip Code (P<br>190133995       |                  |
| Full Name of Contributor<br>Mr. Kenneth E Flickinger  |                              | Zij  | -                     |                 | State<br>PA<br>DAY      |                     | Zip Code (P<br>190133995       |                  |
| Full Name of Contributor<br>Mr. Kenneth E Flickinger<br>Mailing Address   | e of Business                |      | Upland                | мо              | State<br>PA<br>DAY      | YEAR                | Zip Code (P<br>190133995       |                  |
| Full Name of Contributor<br>Mr. Kenneth E Flickinger<br>Mailing Address   | e of Business<br>State<br>PA |      | Upland                | мо              | State<br>PA<br>DAY<br>7 | <b>YEAR</b><br>2015 | Zip Code (P<br>190133995       | 450.00           |
| Full Name of Contributor         Mr. Kenneth E Flickinger         Mailing Address         City       West Chester | e of Business State PA tal   |      | Upland                | <b>мо</b><br>12 | State<br>PA<br>DAY<br>7 | <b>YEAR</b><br>2015 | Zip Code (P<br>190133995<br>\$ | 450.00<br>ial Of |

| Full Name of Contributor   |   |   |                     |   | VELD   |  |  |
|--|---|---|---------------------|---|--|--|--|
| Mr. Mark Sevco   |   |   | мо                  | DAY   | YEAR   | \$   | 1,000.00   |
| Mailing Address  |   |   | 12                  | 4   | 2015   | 1  |  |
| City McKeesport  | State   | Zip Code (Plus 4)   |                     | 4   | 2015   |  |  |
|  | PA I  | 151322422   |                     |   |  |  |  |
| Employer Name UPMC McKeesport  |   |   | Occupat             | ion   | Presider   | t  |  |
| Employer Mailing Address/Principal Pla   | ce of Business  | City  |                     | State   |  | Zip Code (F  | Plus 4)  |
|  |   | McKeesport  |                     | PA  |  | 151322482  | 2  |
| Full Name of Contributor   |   | •   |                     | •   |  |  |  |
| Mr. Thomas F. Cain   |   |   | мо                  | DAY   | YEAR   | \$   | 450.00   |
| Mailing Address  |   |   | 12                  |   | 2015   | 1  |  |
| City West Chester  | State   | Zip Code (Plus 4)   | 12                  | 4   | 2015   |  |  |
|  | <sub>PA</sub>   | 19382   |                     |   |  |  |  |
| Employer Name Main Line Health   |   |   | Occupat             | ion   | Healthca   | are Executiv   | 'e   |
| Employer Mailing Address/Principal Pla   | ce of Business  | City  | •                   | State   |  | Zip Code (F  | Plus 4)  |
|  |   | Bryn Mawr   |                     | PA  |  | 190103121  | L  |
| Full Name of Contributor   |   | ļ '   |                     |   |  |  |  |
| Mr. John M Porter Jr   |   |   | мо                  | DAY   | YEAR   | \$   | 450.00   |
| Mailing Address  |   |   |                     |   |  | 1  |  |
| City Ephrata   | State   | Zip Code (Plus 4)   | 12                  | 4   | 2015   |  |  |
|  |   | 175229722   |                     |   |  |  |  |
| Employer Name Wellspan-Ephrata Con   |   | 175225722   | Occupat             | ion   | Drocidor   | ·<br>it and Chief  | Execu  |
| Employer Mailing Address/Principal Pla   |   | City  | Occuput             | State   | resider  | Zip Code (F  |  |
|  |   | Ephrata   |                     | PA  |  | 175221002  | -  |
|  |   | Epinata   |                     |   |  | 175221002  | -  |
| Full Name of Contributor   |   |   | мо                  | DAY   | YEAR   | \$   | 300.00   |
|  |   |   |                     |   |  | 1 3  | 300.00   |
| Ms. Mary Margaret Del Guidice Mailing Address  |   |   |                     |   |  | -  | 300.00   |
| Mailing Address  | State   | Zip Code (Plus 4)   | 12                  | 1   | 2015   | -  | 500.00   |
|  |   | ,   | - 12                | 1   | 2015   |  | 500.00   |
| Mailing Address<br>City Coplay   |   | <b>Zip Code (Plus 4)</b><br>180372448   |                     |   |  |  |  |
| Mailing Address<br>City Coplay<br>Employer Name UPMC   | PA  | 180372448   | - 12<br>Occupat     | ion   |  | rsing Office   | ır   |
| Mailing Address<br>City Coplay   | PA  | 180372448   |                     | ion<br>State  |  | rsing Office<br>Zip Code (F  | r<br>Ylus 4)                                       |
| Mailing Address<br>City Coplay<br>Employer Name UPMC<br>Employer Mailing Address/Principal Play  | PA  | 180372448   |                     | ion   |  | rsing Office   | r<br>Ylus 4)                                       |
| Mailing Address<br>City Coplay<br>Employer Name UPMC<br>Employer Mailing Address/Principal Play<br>Full Name of Contributor  | PA  | 180372448   |                     | ion<br>State  |  | rsing Office<br>Zip Code (F  | r<br>Ylus 4)                                       |
| Mailing Address         City       Coplay         Employer Name       UPMC         Employer Mailing Address/Principal Play         Full Name of Contributor         Dr. Daniel Feinberg MD   | PA  | 180372448   | Occupat             | ion<br>State<br>PA  | Chief Nu   | rrsing Office<br><b>Zip Code (F</b><br>152192702   | er<br>Plus 4)<br>2                                 |
| Mailing Address         City       Coplay         Employer Name       UPMC         Employer Mailing Address/Principal Play         Full Name of Contributor         Dr. Daniel Feinberg MD         Mailing Address   | PA  | City<br>Pittsburgh  | Occupat             | ion<br>State<br>PA  | Chief Nu   | rrsing Office<br><b>Zip Code (F</b><br>152192702   | er<br>Plus 4)<br>2                                 |
| Mailing Address         City       Coplay         Employer Name       UPMC         Employer Mailing Address/Principal Play         Full Name of Contributor         Dr. Daniel Feinberg MD   | PA<br>ce of Business<br>State   | City<br>Pittsburgh  | MO                  | ion<br>State<br>PA<br>DAY                                 | Chief Nu   | rrsing Office<br><b>Zip Code (F</b><br>152192702   | er<br>Plus 4)<br>2                                 |
| Mailing Address         City       Coplay         Employer Name       UPMC         Employer Mailing Address/Principal Play         Full Name of Contributor         Dr. Daniel Feinberg MD         Mailing Address         City       Philadelphia   | PA<br>ce of Business<br>State<br>PA                                       | City<br>Pittsburgh  | MO<br>12            | ion<br>State<br>PA<br>DAY                                 | Chief Nu<br>YEAR<br>2015                             | rsing Office<br><b>Zip Code (F</b><br>152192702<br>\$  | er<br>Plus 4)<br>2<br>350.00                       |
| Mailing Address         City       Coplay         Employer Name       UPMC         Employer Mailing Address/Principal Play         Full Name of Contributor         Dr. Daniel Feinberg MD         Mailing Address         City       Philadelphia         Employer Name       Pennsylvania Hospita  | PA<br>ce of Business<br>State<br>PA                                       | City           Pittsburgh           Zip Code (Plus 4)           191076130   | MO                  | ion<br>State<br>PA<br>DAY<br>1                            | Chief Nu<br>YEAR<br>2015                             | sedical Office   | r<br>1 <b>us 4)</b><br>2<br>350.00<br>r            |
| Mailing Address         City       Coplay         Employer Name       UPMC         Employer Mailing Address/Principal Play         Full Name of Contributor         Dr. Daniel Feinberg MD         Mailing Address         City       Philadelphia   | PA<br>ce of Business<br>State<br>PA                                       | City<br>Pittsburgh<br>Zip Code (Plus 4)<br>191076130  | MO<br>12            | ion<br>State<br>PA<br>DAY<br>1<br>ion<br>State            | Chief Nu<br>YEAR<br>2015                             | stip Code (F<br>zip Code (F<br>152192702<br>\$<br>dical Office<br>zip Code (F  | r<br>2<br>350.00<br>r<br>2<br><b>Ius 4)</b>        |
| Mailing Address         City       Coplay         Employer Name       UPMC         Employer Mailing Address/Principal Play         Full Name of Contributor         Dr. Daniel Feinberg MD         Mailing Address         City       Philadelphia         Employer Name       Pennsylvania Hospita         Employer Mailing Address/Principal Play  | PA<br>ce of Business<br>State<br>PA                                       | City           Pittsburgh           Zip Code (Plus 4)           191076130   | MO<br>12            | ion<br>State<br>PA<br>DAY<br>1                            | Chief Nu<br>YEAR<br>2015                             | sedical Office   | r<br>2<br>350.00<br>r<br>2<br>1us 4)               |
| Mailing Address         City       Coplay         Employer Name       UPMC         Employer Mailing Address/Principal Play         Full Name of Contributor         Dr. Daniel Feinberg MD         Mailing Address         City       Philadelphia         Employer Name       Pennsylvania Hospita         Employer Mailing Address/Principal Play         Full Name of Contributor         Full Name of Contributor  | PA<br>ce of Business<br>State<br>PA                                       | City<br>Pittsburgh<br>Zip Code (Plus 4)<br>191076130  | MO<br>12            | ion<br>State<br>PA<br>DAY<br>1<br>ion<br>State            | Chief Nu<br>YEAR<br>2015                             | stip Code (F<br>zip Code (F<br>152192702<br>\$<br>dical Office<br>zip Code (F  | r<br>2<br>350.00<br>r<br>2<br>2<br>350.00          |
| Mailing Address         City       Coplay         Employer Name       UPMC         Employer Mailing Address/Principal Play         Full Name of Contributor         Dr. Daniel Feinberg MD         Mailing Address         City       Philadelphia         Employer Name       Pennsylvania Hospita         Employer Mailing Address/Principal Play         Full Name of Contributor         Mr. James Paradis   | PA<br>ce of Business<br>State<br>PA                                       | City<br>Pittsburgh<br>Zip Code (Plus 4)<br>191076130  | MO<br>12<br>Occupat | ion<br>PA<br>DAY<br>1<br>ion<br>State<br>PA               | Chief Nu<br>YEAR<br>2015<br>Chief Me                 | s<br>dical Office<br><b>Zip Code (F</b><br>152192702<br><b>\$</b><br>dical Office<br><b>Zip Code (F</b><br>191076192   | r<br>2<br>350.00<br>r<br>2<br>1us 4)               |
| Mailing Address         City       Coplay         Employer Name       UPMC         Employer Mailing Address/Principal Play         Full Name of Contributor         Dr. Daniel Feinberg MD         Mailing Address         City       Philadelphia         Employer Name       Pennsylvania Hospita         Employer Mailing Address/Principal Play         Full Name of Contributor         Mr. James Paradis         Mailing Address   | PA<br>ce of Business<br>State<br>PA<br>ce of Business                     | City<br>Pittsburgh  | MO<br>12<br>Occupat | ion<br>PA<br>DAY<br>1<br>ion<br>State<br>PA               | Chief Nu<br>YEAR<br>2015<br>Chief Me                 | s<br>dical Office<br><b>Zip Code (F</b><br>152192702<br><b>\$</b><br>dical Office<br><b>Zip Code (F</b><br>191076192   | r<br>2<br>350.00<br>r<br>2<br>2<br>350.00          |
| Mailing Address         City       Coplay         Employer Name       UPMC         Employer Mailing Address/Principal Play         Full Name of Contributor         Dr. Daniel Feinberg MD         Mailing Address         City       Philadelphia         Employer Name       Pennsylvania Hospita         Employer Mailing Address/Principal Play         Full Name of Contributor         Mr. James Paradis   | PA<br>ce of Business<br>State<br>PA<br>I<br>ce of Business<br>State       | City<br>Pittsburgh<br>Zip Code (Plus 4)<br>191076130<br>City<br>Philadelphia<br>Zip Code (Plus 4)   | MO<br>Occupat       | ion<br>PA<br>DAY<br>1<br>ion<br>State<br>PA<br>DAY        | Chief Nu<br>YEAR<br>2015<br>Chief Me<br>YEAR         | s<br>dical Office<br><b>Zip Code (F</b><br>152192702<br><b>\$</b><br>dical Office<br><b>Zip Code (F</b><br>191076192   | r<br>2<br>350.00<br>r<br>2<br>2<br>350.00          |
| Mailing Address         City       Coplay         Employer Name       UPMC         Employer Mailing Address/Principal Play         Full Name of Contributor         Dr. Daniel Feinberg MD         Mailing Address         City       Philadelphia         Employer Name       Pennsylvania Hospita         Employer Mailing Address/Principal Play         Full Name of Contributor         Mr. James Paradis         Mailing Address         City       Paoli  | PA<br>ce of Business<br>State<br>PA<br>I<br>ce of Business<br>State       | City<br>Pittsburgh  | MO<br>12<br>Occupat | ion<br>PA<br>DAY<br>1<br>ion<br>State<br>PA<br>DAY<br>DAY | Chief Nu<br>YEAR<br>2015<br>Chief Me<br>YEAR<br>2015 | state of the second sec | r<br>2<br>350.00<br>r<br>2<br>2<br>350.00          |
| Mailing Address         City       Coplay         Employer Name       UPMC         Employer Mailing Address/Principal Play         Full Name of Contributor         Dr. Daniel Feinberg MD         Mailing Address         City       Philadelphia         Employer Name       Pennsylvania Hospita         Employer Mailing Address/Principal Play         Full Name of Contributor         Mr. James Paradis         Mailing Address         City       Paoli         Employer Name       Paoli Hospital | PA<br>ce of Business<br>State<br>PA<br>I<br>ce of Business<br>State<br>PA | 180372448         City         Pittsburgh         Zip Code (Plus 4)         191076130         City         Philadelphia         Zip Code (Plus 4)         193011763 | MO<br>Occupat       | ion<br>PA<br>DAY<br>1<br>ion<br>State<br>PA<br>DAY<br>24  | Chief Nu<br>YEAR<br>2015<br>Chief Me<br>YEAR         | st   | r<br>2<br>350.00<br>r<br>2<br>1,000.00             |
| Mailing Address         City       Coplay         Employer Name       UPMC         Employer Mailing Address/Principal Play         Full Name of Contributor         Dr. Daniel Feinberg MD         Mailing Address         City       Philadelphia         Employer Name       Pennsylvania Hospita         Employer Mailing Address/Principal Play         Full Name of Contributor         Mr. James Paradis         Mailing Address         City       Paoli  | PA<br>ce of Business<br>State<br>PA<br>I<br>ce of Business<br>State<br>PA | City<br>Pittsburgh<br>Zip Code (Plus 4)<br>191076130<br>City<br>Philadelphia<br>Zip Code (Plus 4)   | MO<br>12<br>Occupat | ion<br>PA<br>DAY<br>1<br>ion<br>State<br>PA<br>DAY<br>DAY | Chief Nu<br>YEAR<br>2015<br>Chief Me<br>YEAR<br>2015 | state of the second sec | r<br>2<br>350.00<br>r<br>2<br>1,000.00<br>1,000.00 |

| Full Name of Contributor   |   |  |  |   |  |   |  |                                       |   |
|--|---|--|--|---|--|---|--|---------------------------------------|---|
| Dr. Eric Mankin MD   |   |  |  | мо  | DAY  | YEAR  | \$   |                                       | 900.00  |
| Mailing Address  |   |  |  |   |  |   | 1  |                                       |   |
| City Newtown Square  | State   | Zip  | code (Plus 4)  | 12  | 1  | 2015  |  |                                       |   |
|  | PA  |  | 0732613  |   |  |   |  |                                       |   |
| Employer Name Main Line Health   |   | 10   | 0,02010  | Occupat   | ion  | Presider  | t-MLH  | Employe                               | ed Gr   |
| Employer Mailing Address/Principal Place   | e of Business   |  | City   |   | State  |   |  | le (Plus                              |   |
|  |   |  | Bryn Mawr  |   | PA   |   | 19010  | •                                     |   |
|  |   |  | 2  |   | 1.7.   |   | 1  |                                       |   |
| Full Name of Contributor<br>Ms. Andrea F Gilbert FACHE   |   |  |  | мо  | DAY  | YEAR  | \$   |                                       | 472.50  |
| Mailing Address  |   |  |  |   |  |   | 1  |                                       |   |
| City Bryn Mawr   | State   | Zip  | code (Plus 4)  | 12  | 1  | 2015  |  |                                       |   |
|  | PA  | 19   | 0103121  |   |  |   |  |                                       |   |
| Employer Name Bryn Mawr Hospital   |   |  |  | Occupat   | ion  | Presider  | nt   |                                       |   |
| Employer Mailing Address/Principal Place   | e of Business   |  | City   | 1   | State  | resider   |  | le (Plus                              | 4)  |
|  |   |  | Bryn Mawr  |   | PA   |   | 19010  | •                                     |   |
| Full Name of Contributor   |   |  | 2  |   | 1.7.   | -   | 1  |                                       |   |
|  |   |  |  | мо  | DAY  | YEAR  | \$   |                                       | 500.00  |
| Dr. Leah Laffey RN, DNP<br>Mailing Address   |   |  |  |   |  |   | ÷  |                                       |   |
| City Sewickley   | State   | 711  | o Code (Plus 4)  | 12  | 1  | 2015  |  |                                       |   |
| Sewickley  | PA  | -  | 1438322  |   |  |   |  |                                       |   |
|  |   | 15   | 1436322  | Occupat   | lon  |   | 1  | 06:                                   |   |
| Employer Name HEALTHSOUTH Rehab  |   |  | City   |   | 1  | Chief Ex  |  |                                       |   |
| Employer Mailing Address/Principal Plac  | e of Business   |  | City   |   | State  |   | -  | le (Plus                              | 4)  |
|  |   |  | Sewickley  |   | PA   |   | 15143  | 3322                                  |   |
|  |   |  |  |   |  |   |  |                                       |   |
| Full Name of Contributor   |   |  |  | мо  | DAY  | YEAR  | \$   |                                       | 360.00  |
| Mr. Marc S. Prizer   |   | 2  |  | мо  | DAY  | YEAR  | \$   |                                       | 360.00  |
| Mr. Marc S. Prizer<br>Mailing Address  |   |  |  | <b>мо</b><br>12   | <b>DAY</b> 1   | <b>YEAR</b><br>2015                                     | \$   |                                       | 360.00  |
| Mr. Marc S. Prizer   | State   | •  | o Code (Plus 4)  |   |  |   | \$   |                                       | 360.00  |
| Mr. Marc S. Prizer<br>Mailing Address<br>City Wynnewood  | PA  | •  | <b>o Code (Plus 4)</b><br>0963713  | 12  | 1  | 2015  | \$   |                                       | 360.00  |
| Mr. Marc S. Prizer<br>Mailing Address<br>City Wynnewood<br>Employer Name Temple University Head  | PA<br>alth System   | •  | 0963713  |   | 1<br>ion   |   |  |                                       |   |
| Mr. Marc S. Prizer<br>Mailing Address<br>City Wynnewood  | PA<br>alth System   | •  | 0963713<br>City  | 12  | ion State  | 2015  | Zip Coo  | le (Plus                              |   |
| Mr. Marc S. Prizer<br>Mailing Address<br>City Wynnewood<br>Employer Name Temple University Head  | PA<br>alth System   | •  | 0963713  | 12  | 1<br>ion   | 2015  |  |                                       |   |
| Mr. Marc S. Prizer<br>Mailing Address<br>City Wynnewood<br>Employer Name Temple University Head  | PA<br>alth System   | •  | 0963713<br>City  | 0ccupat   | ion State<br>PA  | 2015<br>CFO   | <b>Zip Cod</b><br>191404   |                                       | 4)  |
| Mr. Marc S. Prizer<br>Mailing Address<br>City Wynnewood<br>Employer Name Temple University He<br>Employer Mailing Address/Principal Place  | PA<br>alth System   | •  | 0963713<br>City  | 12  | ion State  | 2015  | Zip Coo  |                                       |   |
| Mr. Marc S. Prizer<br>Mailing Address<br>City Wynnewood<br>Employer Name Temple University He<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor  | PA<br>alth System   | 19   | 0963713<br>City<br>Philadelphia  | 0ccupat   | ion State<br>PA  | 2015<br>CFO   | <b>Zip Cod</b><br>191404   |                                       | 4)  |
| Mr. Marc S. Prizer<br>Mailing Address<br>City Wynnewood<br>Employer Name Temple University Head<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Dr. Richard Fisher  | PA<br>alth System   | 19   | 0963713<br>City  | Occupat   | ion State<br>PA<br>DAY   | 2015<br>CFO<br>YEAR                                     | <b>Zip Cod</b><br>191404   |                                       | 4)  |
| Mr. Marc S. Prizer<br>Mailing Address<br>City Wynnewood<br>Employer Name Temple University He<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Dr. Richard Fisher<br>Mailing Address<br>City Philadelphia  | PA<br>alth System<br>ce of Business<br>State<br>PA  | 19<br>19<br><b>Zi</b> f                      | City<br>Philadelphia   | - 12<br>Оссират<br>МО<br>12   | 1<br>ion 6<br>State<br>PA<br>DAY   | 2015<br>CFO<br>YEAR                                     | <b>Zip Cod</b><br>191404   |                                       | 4)  |
| Mr. Marc S. Prizer<br>Mailing Address<br>City Wynnewood<br>Employer Name Temple University He<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Dr. Richard Fisher<br>Mailing Address<br>City Philadelphia<br>Employer Name Fox Chase Cancer Cer  | PA<br>alth System<br>te of Business<br>State<br>PA<br>nter-American Oncolo  | 19<br>19<br><b>Zi</b> f                      | City<br>Philadelphia   | Occupat   | 1<br>ion 6<br>State<br>PA<br>DAY   | 2015<br>CFO<br>YEAR                                     | Zip Coc<br>19140   | 4105                                  | <b>4)</b><br>450.00                                 |
| Mr. Marc S. Prizer<br>Mailing Address<br>City Wynnewood<br>Employer Name Temple University He<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Dr. Richard Fisher<br>Mailing Address<br>City Philadelphia  | PA<br>alth System<br>te of Business<br>State<br>PA<br>nter-American Oncolo  | 19<br>19<br><b>Zi</b> f                      | City<br>Philadelphia   | - 12<br>Оссират<br>МО<br>12   | 1<br>ion 6<br>State<br>PA<br>DAY   | 2015<br>CFO<br><b>YEAR</b><br>2015                      | <b>Zip Coo</b><br>19140<br><b>\$</b><br>t and C                            | 4105                                  | <b>4)</b><br>450.00<br>ecu                          |
| Mr. Marc S. Prizer<br>Mailing Address<br>City Wynnewood<br>Employer Name Temple University He<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Dr. Richard Fisher<br>Mailing Address<br>City Philadelphia<br>Employer Name Fox Chase Cancer Cer  | PA<br>alth System<br>te of Business<br>State<br>PA<br>nter-American Oncolo  | 19<br>19<br><b>Zi</b> f                      | City<br>Philadelphia   | - 12<br>Оссират<br>МО<br>12   | 1<br>ion<br>State<br>PA<br>DAY<br>1<br>ion   | 2015<br>CFO<br><b>YEAR</b><br>2015                      | <b>Zip Coo</b><br>19140<br><b>\$</b><br>t and C                            | 4105<br>hief Exc<br>le (Plus          | <b>4)</b><br>450.00<br>ecu                          |
| Mr. Marc S. Prizer<br>Mailing Address<br>City Wynnewood<br>Employer Name Temple University He<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Dr. Richard Fisher<br>Mailing Address<br>City Philadelphia<br>Employer Name Fox Chase Cancer Cer  | PA<br>alth System<br>te of Business<br>State<br>PA<br>nter-American Oncolo  | 19<br>19<br><b>Zi</b> f                      | City<br>Philadelphia<br>Code (Plus 4)<br>11112434<br>Hospita<br>City                 | MO<br>12<br>MO<br>12<br>Occupat   | I<br>ion<br>PA<br>DAY<br>1<br>ion<br>State<br>PA   | 2015<br>CFO<br>YEAR<br>2015<br>Presider                 | <b>Zip Coo</b><br>19140<br><b>\$</b><br>t and C<br><b>Zip Coo</b><br>19111 | 4105<br>hief Exc<br>le (Plus          | <b>4)</b><br>450.00<br>ecu<br><b>4)</b>             |
| Mr. Marc S. Prizer<br>Mailing Address<br>City Wynnewood<br>Employer Name Temple University Her<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Dr. Richard Fisher<br>Mailing Address<br>City Philadelphia<br>Employer Name Fox Chase Cancer Cer<br>Employer Mailing Address/Principal Place   | PA<br>alth System<br>te of Business<br>State<br>PA<br>nter-American Oncolo  | 19<br>19<br><b>Zi</b> f                      | City<br>Philadelphia<br>Code (Plus 4)<br>11112434<br>Hospita<br>City                 | - 12<br>Оссират<br>МО<br>12   | I<br>ion<br>State<br>PA<br>DAY<br>1<br>ion<br>State  | 2015<br>CFO<br><b>YEAR</b><br>2015                      | Zip Coc<br>19140<br>\$<br>tt and C<br>Zip Coc                              | 4105<br>hief Exc<br>le (Plus          | <b>4)</b><br>450.00<br>ecu                          |
| Mr. Marc S. Prizer<br>Mailing Address<br>City Wynnewood<br>Employer Name Temple University He.<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Dr. Richard Fisher<br>Mailing Address<br>City Philadelphia<br>Employer Name Fox Chase Cancer Cere<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor  | PA<br>alth System<br>te of Business<br>State<br>PA<br>nter-American Oncolo  | 19<br>19<br><b>Zi</b> f                      | City<br>Philadelphia<br>Code (Plus 4)<br>11112434<br>Hospita<br>City                 | MO<br>12<br>0ccupat   | I<br>ion<br>PA<br>DAY<br>1<br>ion<br>State<br>PA<br>DAY  | 2015<br>CFO<br>YEAR<br>2015<br>Presider<br>YEAR         | <b>Zip Coo</b><br>19140<br><b>\$</b><br>t and C<br><b>Zip Coo</b><br>19111 | 4105<br>hief Exc<br>le (Plus          | <b>4)</b><br>450.00<br>ecu<br><b>4)</b>             |
| Mr. Marc S. Prizer<br>Mailing Address<br>City Wynnewood<br>Employer Name Temple University Head<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Dr. Richard Fisher<br>Mailing Address<br>City Philadelphia<br>Employer Name Fox Chase Cancer Cert<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Ms. Judith Lynn Bachman                                    | PA<br>alth System<br>te of Business<br>State<br>PA<br>nter-American Oncolo  | 19<br>2if                                    | City<br>Philadelphia<br>Code (Plus 4)<br>11112434<br>Hospita<br>City                 | MO<br>12<br>MO<br>12<br>Occupat   | I<br>ion<br>PA<br>DAY<br>1<br>ion<br>State<br>PA   | 2015<br>CFO<br>YEAR<br>2015<br>Presider                 | <b>Zip Coo</b><br>19140<br><b>\$</b><br>t and C<br><b>Zip Coo</b><br>19111 | 4105<br>hief Exc<br>le (Plus          | <b>4)</b><br>450.00<br>ecu<br><b>4)</b>             |
| Mr. Marc S. Prizer<br>Mailing Address<br>City Wynnewood<br>Employer Name Temple University Her<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Dr. Richard Fisher<br>Mailing Address<br>City Philadelphia<br>Employer Name Fox Chase Cancer Cer<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Ms. Judith Lynn Bachman<br>Mailing Address                   | PA<br>alth System<br>ce of Business<br>State<br>PA<br>hter-American Oncolo<br>ce of Business  | 19<br>2ip<br>19<br>00gic<br>Zip              | City<br>Philadelphia<br>Code (Plus 4)<br>11112434<br>Hospita<br>City<br>Philadelphia | MO<br>12<br>0ccupat   | I<br>ion<br>PA<br>DAY<br>1<br>ion<br>State<br>PA<br>DAY  | 2015<br>CFO<br>YEAR<br>2015<br>Presider<br>YEAR         | <b>Zip Coo</b><br>19140<br><b>\$</b><br>t and C<br><b>Zip Coo</b><br>19111 | 4105<br>hief Exc<br>le (Plus          | <b>4)</b><br>450.00<br>ecu<br><b>4)</b>             |
| Mr. Marc S. Prizer<br>Mailing Address<br>City Wynnewood<br>Employer Name Temple University Her<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Dr. Richard Fisher<br>Mailing Address<br>City Philadelphia<br>Employer Name Fox Chase Cancer Cer<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Ms. Judith Lynn Bachman<br>Mailing Address                   | PA<br>alth System<br>ce of Business<br>State<br>PA<br>hter-American Oncolo<br>ce of Business<br>State<br>PA                         | 19<br>2if<br>19<br>0gic<br>2if<br>19<br>0gic | City<br>Philadelphia<br>Code (Plus 4)<br>11112434<br>Hospita<br>City<br>Philadelphia | MO<br>12<br>0ccupat   | I<br>ion<br>State<br>PA<br>DAY<br>I<br>ion<br>State<br>PA<br>DAY<br>1<br>A<br>J<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 | 2015<br>CFO<br>YEAR<br>2015<br>Presider<br>YEAR         | Zip Coc<br>19140<br>\$<br>at and C<br>Zip Coc<br>19111:<br>\$              | 4105<br>Chief Exc<br>le (Plus<br>2434 | <b>4)</b><br>450.00<br>ecu<br><b>4)</b><br>450.00   |
| Mr. Marc S. Prizer<br>Mailing Address<br>City Wynnewood<br>Employer Name Temple University Hel<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Dr. Richard Fisher<br>Mailing Address<br>City Philadelphia<br>Employer Name Fox Chase Cancer Cer<br>Employer Mailing Address/Principal Place<br>Full Name of Contributor<br>Ms. Judith Lynn Bachman<br>Mailing Address<br>City Villanova | PA<br>alth System<br>ce of Business<br>State<br>PA<br>nter-American Oncolo<br>ce of Business<br>State<br>PA<br>nter-American Oncolo | 19<br>2if<br>19<br>0gic<br>2if<br>19<br>0gic | City<br>Philadelphia<br>Code (Plus 4)<br>11112434<br>Hospita<br>City<br>Philadelphia | MO         12         Occupat         MO         12         Occupat         12         12         12         12         12         12         12         12         12         12         12         12 | I<br>ion<br>State<br>PA<br>DAY<br>I<br>ion<br>State<br>PA<br>DAY<br>1<br>A<br>J<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 | 2015<br>CFO<br>YEAR<br>2015<br>Presider<br>YEAR<br>2015 | Zip Coc<br>19140<br>\$<br>t and C<br>Zip Coc<br>19111                      | 4105<br>Chief Exc<br>le (Plus<br>2434 | <b>4</b> )<br>450.00<br>ecu<br><b>4</b> )<br>450.00 |

|   |  |               |                           | -        |                  | -                   |   |                     |  |
|---|--|---------------|---------------------------|----------|------------------|---------------------|---|---------------------|--|
| Full Name of Contributor  |  |               |                           | мо       | DAY              | YEAR                |   | 450.00              |  |
| Mr. Anthony J. Diasio   |  |               |                           | MO       | DAT              | TLAN                | \$  | 450.00              |  |
| Mailing Address   |  |               |                           | 12       | 1                | 2015                |   |                     |  |
| City Lansdale   | State  | Zip           | p Code (Plus 4)           | 12       |                  | 2015                |   |                     |  |
|   | <sub>PA</sub>  | 19            | 4466710                   |          |                  |                     |   |                     |  |
| Employer Name Fox Chase Car   | ncer Center-American Or                                  | ncologic      | : Hospita                 | Occupat  | ion .            | VP Finar            | nce   |                     |  |
| Employer Mailing Address/Princi   | ipal Place of Business                                   |               | City                      |          | State            |                     | Zip Code (                                      | Plus 4)             |  |
|   |  |               | Philadelphia              |          | PA               |                     | 19111243  | 4                   |  |
| Full Name of Contributor  |  | !             | •                         |          | 1                |                     |   |                     |  |
| Ms. Bonnie M. Graham  |  |               |                           | мо       | DAY              | YEAR                | \$  | 500.00              |  |
| Mailing Address   |  |               |                           |          |                  |                     | -   |                     |  |
| City Wayne  | State  | 711           | o Code (Plus 4)           | - 11     | 29               | 2015                |   |                     |  |
| ercy wayne  | PA   |               | 0872043                   |          |                  |                     |   |                     |  |
|   |  | 1 19          | 0872043                   | Occupat  | •                |                     |   |                     |  |
| Employer Name Lankenau Medical Center   |  |               |                           |          | 1                | V.P. of F           |   |                     |  |
| Employer Mailing Address/Princi   | mployer Mailing Address/Principal Place of Business City |               |                           |          | State            |                     | Zip Code (Plus 4)                               |                     |  |
|   |  |               | Wynnewood                 | _        | PA               |                     | 19096341  | 1                   |  |
| Full Name of Contributor  |  |               |                           | мо       | DAY              | YEAR                | \$  | 400.01              |  |
| Mr. Andy Carter   |  |               |                           |          | 27.1             |                     | ₽   | 490.91              |  |
| Mailing Address   | <b>I</b>   |               |                           | 11       | 30               | 2015                |   |                     |  |
| City Harrisburg   | State  | Zip           | p Code (Plus 4)           |          |                  |                     |   |                     |  |
|   | I PA   | 17            | 1112428                   |          |                  |                     |   |                     |  |
| Employer Name Hospital and H  | lealthsystem Assn of Per                                 | nsylva        | nia                       | Occupat  | ion              | Presider            | nt and Chief                                    | f Execu             |  |
| Employer Mailing Address/Princi   | ipal Place of Business                                   |               | City                      |          | State            |                     | Zip Code (                                      | Plus 4)             |  |
|   |  |               | Harrisburg                |          | PA               |                     | 17111245  | 1                   |  |
|   |  |               |                           |          |                  |                     |   |                     |  |
| Full Name of Contributor  |  |               |                           |          |                  |                     |   |                     |  |
| Full Name of Contributor  |  |               |                           | мо       | DAY              | YEAR                | \$  | 225.00              |  |
| Mr. Scott A. Bishop   |  |               |                           |          |                  |                     | \$  | 225.00              |  |
| Mr. Scott A. Bishop<br>Mailing Address  | State  | Zir           | p Code (Plus 4)           | мо<br>11 | <b>DAY</b><br>30 | <b>YEAR</b><br>2015 | \$  | 225.00              |  |
| Mr. Scott A. Bishop<br>Mailing Address  |  |               | <b>p Code (Plus 4)</b>    |          |                  |                     | \$  | 225.00              |  |
| Mr. Scott A. Bishop<br>Mailing Address<br>City Landisville  | PA   | 17            | 75381366                  | - 11     | 30               | 2015                |   |                     |  |
| Mr. Scott A. Bishop<br>Mailing Address<br>City Landisville<br>Employer Name Hospital and H                                    | PA<br>lealthsystem Assn of Per                           | 17            | 25381366<br>nia           |          | 30               | 2015                | tate Legisla                                    | ation               |  |
| Mr. Scott A. Bishop<br>Mailing Address<br>City Landisville  | PA<br>lealthsystem Assn of Per                           | 17            | 75381366<br>nia<br>City   | - 11     | ion State        | 2015                | itate Legisla<br>Zip Code (1                    | ation<br>Plus 4)    |  |
| Mr. Scott A. Bishop<br>Mailing Address<br>City Landisville<br>Employer Name Hospital and H                                    | PA<br>lealthsystem Assn of Per                           | 17            | 25381366<br>nia           | - 11     | 30               | 2015                | tate Legisla                                    | ation<br>Plus 4)    |  |
| Mr. Scott A. Bishop<br>Mailing Address<br>City Landisville<br>Employer Name Hospital and H<br>Employer Mailing Address/Princi | PA<br>lealthsystem Assn of Per<br>ipal Place of Business | 17<br>nnsylva | ria<br>City<br>Harrisburg | Occupat  | ion State        | 2015                | itate Legisla<br>Zip Code (1<br>17111245        | ation<br>Plus 4)    |  |
| Mr. Scott A. Bishop<br>Mailing Address<br>City Landisville<br>Employer Name Hospital and H                                    | PA<br>lealthsystem Assn of Per<br>ipal Place of Business | 17<br>nnsylva | ria<br>City<br>Harrisburg | Occupat  | ion State        | 2015                | itate Legisla<br>Zip Code (1<br>17111245<br>PAG | <b>Plus 4)</b><br>1 |  |

### PART E 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 Repo |   |            | Report   | rting Period |                              |      |          |                   |  |  |
|--|---|------------|----------|--------------|------------------------------|------|----------|-------------------|--|--|
| Hospital & Healthsystem Assoc of PA P/     | Hospital & Healthsystem Assoc of PA PAC (HAPAC) From: |            |          |              | <u>11/24/2015</u> <b>To:</b> |      |          | <u>12/31/2015</u> |  |  |
|  |   |            |          | D            | ATE                          |      |          | AMOUNT            |  |  |
| Full Name                                  |   |            |          | мо           | DAY                          | YEAR | \$       | 15.44             |  |  |
| Metro Bank                                 |   |            |          |              | 2                            |      | _ *      | 13.44             |  |  |
| Mailing Address                            | 1   | <u> </u>   |          | 11           | 30                           | 2015 | 5        |                   |  |  |
| City Harrisburg                            | State   | Zip Code ( | Plus 4)  |              |                              |      |          |                   |  |  |
|  | PA  | 17111      |          |              |                              |      |          |                   |  |  |
| Receipt Description Nov interest inco      | ome   |            |          |              |                              |      |          |                   |  |  |
| Full Name                                  |   |            |          | мо           | DAY                          | YEAR | \$       | 27.45             |  |  |
| Metro Bank                                 |   |            |          |              |                              |      |          | 27:13             |  |  |
| Mailing Address                            |   |            |          | 11           | 30                           | 2015 | 5        |                   |  |  |
| City Harrisburg                            | State   | Zip Code ( | Plus 4)  |              |                              |      |          |                   |  |  |
|  | PA  | 17111      |          |              |                              |      |          |                   |  |  |
| Receipt Description Nov interest inco      | ome   |            |          |              |                              |      |          |                   |  |  |
| Full Name                                  |   |            |          | мо           | DAY                          | YEAR | \$       | 500.00            |  |  |
| Friends of Kevin Boyle                     |   |            |          |              |                              |      | _ *      | 500.00            |  |  |
| Mailing Address                            | 1   |            |          | 12           | 18                           | 2015 | 5        |                   |  |  |
| City Philadelphia                          | State   | Zip Code ( | Plus 4)  |              |                              |      |          |                   |  |  |
|  | PA  | 19111      |          |              |                              |      |          |                   |  |  |
| Receipt Description Void - Friends of      | kevin Boyle   |            |          |              |                              |      |          |                   |  |  |
| Full Name                                  |   |            |          | мо           | DAY                          | YEAR | \$       | 29.23             |  |  |
| Metro Bank                                 |   |            |          |              |                              |      | _ *      | 29.25             |  |  |
| Mailing Address                            | 1   |            |          | 12           | 31                           | 2015 | 5        |                   |  |  |
| City Harrisburg                            | State   | Zip Code ( | Plus 4)  |              |                              |      |          |                   |  |  |
|  | PA  | 17111      |          |              |                              |      |          |                   |  |  |
| Receipt Description Dec interest inco      | ome   |            |          |              |                              |      |          |                   |  |  |
| Full Name                                  |   |            |          | мо           | DAY                          | YEAR | \$       | 14.25             |  |  |
| Metro Bank                                 |   |            |          |              |                              |      | <b>_</b> | 14.25             |  |  |
| Mailing Address                            | 1   | I          |          | 12           | 31                           | 2015 | 5        |                   |  |  |
| City Harrisburg                            | State   | Zip Code ( | Plus 4)  |              |                              |      |          |                   |  |  |
|  | PA  | 17111      |          |              |                              |      |          |                   |  |  |
| Receipt Description Dec interest inco      | ome   |            |          |              |                              |      |          |                   |  |  |
|  |   |            |          |              |                              | ]    |          | PAGE TOTAL        |  |  |
| Enter Grand Total of Part E on Schedu      | I. T. D. L. T. I.C.                                   |            | <b>6</b> |              |                              |      |          |                   |  |  |

#### 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 Perio | d                     |                   |
|---|-----------------|-----------------------|-------------------|
| Hospital & Healthsystem Assoc of PA PAC (HAPAC)   | From:           | <u>11/24/2015</u> то: | <u>12/31/2015</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  | TF)             |                       |                   |
| 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 (<br>amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 3 |                 | \$                    | 0.00              |

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

### VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate              |                    |                   | Reporting Period |          |      |           |           |      |
|--|--------------------|-------------------|------------------|----------|------|-----------|-----------|------|
| F  |                    |                   | From:            |          |      | То:       |           |      |
|  |                    |                   |                  | DATE     |      |           | AMOUNT    |      |
| Full Name of Contributor                           |                    |                   |                  | DAY      | YEAR |           |           |      |
| Mailing Address                                    |                    |                   |                  |          |      | <b>\$</b> |           | 0.00 |
| City   | State              | Zip Code (Plus 4) |                  |          |      |           |           |      |
| Description of Contribution:                       |                    |                   |                  |          |      | -         |           |      |
| Enter Grand Total of Part F on Sched<br>Section 2. | ule II, In-Kind Co | ontributions Deta | iled Sum         | mary Pag | je,  |           | PAGE TOTA | ۱L   |
|  |                    |                   |                  |          |      | \$        |           | 0.00 |

#### PAGE 31

#### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

| Name of Filing Committee or Candidate                          | Name of Filing Committee or Candidate |                   |        | Reporting Period |              |        |                           |  |
|--|---------------------------------------|-------------------|--------|------------------|--------------|--------|---------------------------|--|
|  |                                       |                   |        | m:               |              | То:    |                           |  |
|  |                                       |                   |        |                  | DATE         |        | AMOUNT                    |  |
| Full Name of Contributor                                       |                                       |                   |        | мо               | DAY          | YEAR   |                           |  |
| Mailing Address  |                                       |                   |        |                  |              |        | \$ 0.00                   |  |
| City   | State                                 | Zip Code(Plus 4)  |        |                  |              |        |                           |  |
| Employer of Contributor  |                                       | •                 |        | Occupa           | ation        |        | •                         |  |
| Employer Mailing Address/Principal Plac                        | e of Business                         | City              | State  | e Zip            | Code(Plus 4) | Descri | ption of Contribution     |  |
| Enter Grand Total of Part G on Sch<br>Summary Page, Section 3. | edule II, In-Kin                      | d Contributions D | etaile | d                |              |        | <b>PAGE TOTAL</b><br>0.00 |  |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidat | Name of Filing Committee or Candidate |                   |                            | ng Period        |               |       |                   |
|--------------------------------------|---------------------------------------|-------------------|----------------------------|------------------|---------------|-------|-------------------|
| Hospital & Healthsystem Assoc of PA  | PAC (HAPAC)                           |                   | From                       | <u>11/24</u>     | <u>4/2015</u> | То:   | <u>12/31/2015</u> |
|                                      |                                       |                   |                            | DATE             |               |       | AMOUNT            |
| To Whom Paid                         |                                       |                   | мо                         | DAY              | YEAR          |       |                   |
| Metro Bank                           |                                       |                   | MO                         |                  |               |       |                   |
| Mailing Address                      |                                       |                   | 11                         | 30               | 2015          | \$    | 44.25             |
| City Harrisburg                      | State                                 | Zip Code (Plus 4) | Descrip                    | tion of Exp      | enditure      | •     |                   |
|                                      | PA                                    | 17111             | bank fe                    | es               |               |       |                   |
| To Whom Paid<br>Metro Bank           |                                       |                   |                            | DAY              | YEAR          |       |                   |
| Mailing Address                      |                                       |                   |                            | 1                | 2015          | \$    | 97.51             |
| City Harrisburg                      | State                                 | Zip Code (Plus 4) | Descrip                    | l<br>tion of Exp |               |       |                   |
|                                      | PA                                    | 17111             | Bank fe                    | es               |               |       |                   |
| To Whom Paid Metro Bank              |                                       |                   |                            | DAY              | YEAR          |       |                   |
| Mailing Address                      |                                       |                   | 12                         | 1                | 2015          | \$    | 433.08            |
| City Harrisburg                      | State                                 | Zip Code (Plus 4) | Description of Expenditure |                  |               |       |                   |
|                                      | PA                                    | 17111             | Bank fees                  |                  |               |       |                   |
| To Whom Paid                         |                                       |                   | мо                         | DAY              | YEAR          |       |                   |
| Metro Bank                           |                                       |                   |                            |                  |               |       |                   |
| Mailing Address                      |                                       |                   | 12                         | 2                | 2015          | \$    | 13.50             |
| City Harrisburg                      | State                                 | Zip Code (Plus 4) | Descrip                    | tion of Exp      | enditure      | •     |                   |
|                                      | PA                                    | 17111             | Bank fe                    | es               |               |       |                   |
| To Whom Paid                         |                                       |                   | мо                         | DAY              | YEAR          |       |                   |
| Ms. Kathy J. Vincent RHIT, CPMSM, C  | PCS                                   |                   |                            |                  |               |       |                   |
| Mailing Address                      |                                       |                   | 12                         | 7                | 2015          | \$    | 27.00             |
| City Altoona                         | State                                 | Zip Code (Plus 4) | Descrip                    | tion of Exp      | enditure      |       |                   |
|                                      | PA                                    | 166014899         | returne                    | d check          |               |       |                   |
| To Whom Paid                         |                                       |                   | мо                         | DAY              | YEAR          |       |                   |
| Kerry Benninghoff for Rep. Cte.      |                                       |                   |                            |                  |               |       |                   |
| Mailing Address                      |                                       |                   | 12                         | 11               | 2015          | \$    | 1,000.00          |
| City Bellefonte                      | State                                 | Zip Code (Plus 4) | Descrip                    | tion of Exp      | enditure      |       |                   |
|                                      | PA                                    | 16823             | Kerry B                    | enninghoff       | , STATE       | HOUSE | 171st PA          |

|  |  |  |   |   |  | 1   |                     |  |
|--|--|--|---|---|--|---|---------------------|--|
| To WI  | hom Paid   |  |   | мо  | DAY  | YEAR  |                     |  |
| Citize   | ens for Hughes   |  |   |   |  |   |                     |  |
| Mailir   | ng Address   |  |   | 12  | 11   | 2015  | \$                  | 2,500.00   |
| City   | Philadelphia   | State  | Zip Code (Plus 4)   | Descrip   | tion of Exp  | enditure  | •                   |  |
|  |  | PA   | 191013031   | Vincent   | Hughes, S  | TATE SE   | NATE 7th            | ו PA   |
| To WI  | hom Paid   |  |   | мо  | DAY  | YEAR  |                     |  |
| Senat  | te Republican Campaign Co  | ommittee   |   | MO  |  | TEAR  |                     |  |
| Mailir   | ng Address   |  |   | 12  | 11   | 2015  | \$                  | 1,000.00   |
| City   | Harrisburg   | State  | Zip Code (Plus 4)   | Descrip   | tion of Exp  | enditure  | 1                   |  |
|  |  | PA   | 17108   | SRCC-C  | CTOBERFE   | EST 10/2  | 7/15                |  |
| To WI  | hom Paid   |  |   | мо  | DAY  | YEAR  |                     |  |
| Tomlinson for Senate   |  |  |   | мо  | DAT  | TEAR  |                     |  |
| Mailir   | Mailing Address  |  |   |   | 11   | 2015  | \$                  | 500.00   |
| City   | Harrisburg   | State  | Zip Code (Plus 4)   | Descrip   | tion of Exp  | enditure  | •                   |  |
| PA 17108   |  |  |   | Robert <sup>-</sup>   | Tomlinson,   | STATE S   | SENATE 6            | oth PA   |
| To WI  | hom Paid   |  |   | мо  | DAY  | YEAR  |                     |  |
| Petra  | rca Election Committee   |  |   | МО  |  |   |                     |  |
| Mailing Address  |  |  |   |   | 11   | 2015  | \$                  | 500.00   |
| City Vndergrift State Zip Code (Plus 4)  |  |  |   |   |  |   |                     |  |
| City   | Vndergrift   | State  | Zip Code (Plus 4)   | Descrip   | tion of Exp  | enditure  |                     |  |
| City   | Vndergrift   | <b>State</b><br>PA                                   | <b>Zip Code (Plus 4)</b><br>156901310   |   | <b>tion of Exp</b><br>Petrarca, S  |   | )USE 55t            | h PA   |
|  | Vndergrift<br>hom Paid   |  |   | Joseph  | Petrarca, S  | STATE HO  | OUSE 55t            | h PA   |
| To WI  |  | РА   |   |   |  |   | DUSE 55t            | h PA   |
| <b>To WI</b><br>Killior  | hom Paid   | РА   |   | Joseph  | Petrarca, S  | STATE HO  | 0USE 55t            | h PA<br>500.00   |
| <b>To WI</b><br>Killior  | hom Paid<br>n's Victory CteCandidate   | РА   |   | Joseph<br>MO<br>12  | Petrarca, S  | YEAR  |                     |  |
| To WI<br>Killior<br>Mailir   | hom Paid<br>n's Victory CteCandidate<br>ng Address   | PA   | 156901310   | Joseph<br>MO<br>12<br>Descrip   | Petrarca, S<br>DAY<br>11   | YEAR<br>2015<br>2014  | \$                  | 500.00   |
| To WI<br>Killior<br>Mailir<br>City   | hom Paid<br>n's Victory CteCandidate<br>ng Address   | for 168<br>State                                     | 156901310<br>Zip Code (Plus 4)  | Joseph<br>MO<br>12<br>Descrip<br>Thomas   | DAY<br>11<br>tion of Exp   | YEAR<br>2015<br>enditure  | \$                  | 500.00   |
| To WI<br>Killior<br>Mailir<br>City<br>To WI  | hom Paid<br>n's Victory CteCandidate<br>ng Address<br>Media  | for 168<br>State                                     | 156901310<br>Zip Code (Plus 4)  | Joseph<br>MO<br>12<br>Descrip   | DAY  | YEAR<br>2015<br>2014  | \$                  | 500.00   |
| To WI<br>Killior<br>Mailir<br>City<br>To WI<br>Team  | hom Paid<br>n's Victory CteCandidate<br>ng Address<br>Media<br>hom Paid  | for 168<br>State                                     | 156901310<br>Zip Code (Plus 4)  | Joseph<br>MO<br>12<br>Descrip<br>Thomas   | DAY<br>11<br>tion of Exp   | YEAR<br>2015<br>enditure  | \$                  | 500.00   |
| To WI<br>Killior<br>Mailir<br>City<br>To WI<br>Team  | hom Paid<br>n's Victory CteCandidate<br>ng Address<br>Media<br>hom Paid<br>n Gillespie   | for 168<br>State                                     | 156901310<br>Zip Code (Plus 4)  | Joseph<br>MO<br>12<br>Descrip<br>Thomas<br>MO<br>12   | DAY<br>11<br>tion of Exp<br>Killion, ST  | YEAR<br>2015<br>enditure<br>FATE HOU<br>YEAR<br>2015  | \$<br>JSE 168t      | 500.00<br>h PA   |
| To WI<br>Killior<br>Mailir<br>City<br>To WI<br>Team<br>Mailir                                    | hom Paid<br>n's Victory CteCandidate<br>ng Address<br>Media<br>hom Paid<br>n Gillespie<br>ng Address   | PA<br>for 168<br>State<br>PA                         | <b>Zip Code (Plus 4)</b><br>19063   | Joseph<br>MO<br>12<br>Descrip<br>Thomas<br>MO<br>12<br>Descrip  | DAY<br>11<br>tion of Exp<br>Killion, ST<br>DAY<br>11   | YEAR<br>2015<br>enditure<br>ATE HOU<br>YEAR<br>2015<br>enditure   | \$<br>JSE 168t      | 500.00<br>h PA<br>250.00                                 |
| To Wi<br>Killior<br>Mailir<br>City<br>To Wi<br>Team<br>Mailir<br>City                            | hom Paid<br>n's Victory CteCandidate<br>ng Address<br>Media<br>hom Paid<br>n Gillespie<br>ng Address   | PA<br>for 168<br>State<br>PA<br>State                | 156901310         Zip Code (Plus 4)         19063         Zip Code (Plus 4)               | Joseph<br>MO<br>12<br>Descrip<br>Thomas<br>MO<br>12<br>Descrip<br>Keith G                                   | Petrarca, S<br>DAY<br>11<br>tion of Exp<br>Killion, ST<br>DAY<br>11<br>tion of Exp<br>illespie, ST   | YEAR<br>2015<br>enditure<br>TATE HOU<br>YEAR<br>2015<br>enditure  | \$<br>JSE 168t      | 500.00<br>h PA<br>250.00                                 |
| To Wi<br>Killior<br>Mailir<br>City<br>To Wi<br>Team<br>Mailir<br>City                            | hom Paid<br>n's Victory CteCandidate<br>ng Address<br>Media<br>hom Paid<br>ng Address<br>York<br>York  | PA<br>for 168<br>State<br>PA<br>State                | 156901310         Zip Code (Plus 4)         19063         Zip Code (Plus 4)               | Joseph<br>MO<br>12<br>Descrip<br>Thomas<br>MO<br>12<br>Descrip  | DAY<br>11<br>tion of Exp<br>Killion, ST<br>DAY<br>11<br>11<br>tion of Exp  | YEAR<br>2015<br>enditure<br>ATE HOU<br>YEAR<br>2015<br>enditure   | \$<br>JSE 168t      | 500.00<br><u>h PA</u><br>250.00                          |
| To Wi<br>Killior<br>Mailir<br>City<br>Team<br>Mailir<br>City<br>To Wi<br>HRCC                    | hom Paid<br>n's Victory CteCandidate<br>ng Address<br>Media<br>hom Paid<br>ng Address<br>York<br>York  | PA<br>for 168<br>State<br>PA<br>State                | 156901310         Zip Code (Plus 4)         19063         Zip Code (Plus 4)               | Joseph<br>MO<br>12<br>Descrip<br>Thomas<br>MO<br>12<br>Descrip<br>Keith G                                   | Petrarca, S<br>DAY<br>11<br>tion of Exp<br>Killion, ST<br>DAY<br>11<br>tion of Exp<br>illespie, ST   | YEAR<br>2015<br>enditure<br>TATE HOU<br>YEAR<br>2015<br>enditure  | \$<br>JSE 168t      | 500.00<br><u>h PA</u><br>250.00                          |
| To Wi<br>Killior<br>Mailir<br>City<br>Team<br>Mailir<br>City<br>To Wi<br>HRCC                    | hom Paid<br>n's Victory CteCandidate<br>ng Address<br>Media<br>hom Paid<br>n Gillespie<br>ng Address<br>York<br>hom Paid   | PA<br>for 168<br>State<br>PA<br>State                | 156901310         Zip Code (Plus 4)         19063         Zip Code (Plus 4)               | Joseph<br>MO<br>12<br>Descrip<br>Thomas<br>MO<br>12<br>Descrip<br>Keith Gi<br>MO                            | DAY<br>11<br>tion of Exp<br>Killion, ST<br>DAY<br>11<br>tion of Exp<br>illespie, ST<br>DAY   | YEAR<br>2015<br>enditure<br>ATE HOU<br>YEAR<br>2015<br>enditure<br>ATE HOU<br>YEAR<br>2015  | JSE 168t<br>SE 168t | 500.00<br>h PA<br>250.00<br>PA                           |
| To Wi<br>Killior<br>Mailir<br>City<br>Team<br>Mailir<br>City<br>To Wi<br>HRCC<br>Mailir          | hom Paid<br>n's Victory CteCandidate<br>ng Address<br>Media<br>hom Paid<br>n Gillespie<br>ng Address<br>York   | PA<br>for 168<br>State<br>PA<br>State<br>PA          | 156901310         Zip Code (Plus 4)         19063         Zip Code (Plus 4)         17406 | Joseph<br>MO<br>12<br>Descrip<br>Thomas<br>MO<br>12<br>Descrip<br>Keith G<br>MO<br>12<br>Descrip            | DAY 11 tion of Exp Killion, ST DAY 11 tion of Exp Illespie, ST DAY 11  | YEAR<br>2015<br>enditure<br>TATE HOU<br>YEAR<br>2015<br>enditure<br>ATE HOU<br>YEAR<br>2015<br>enditure                             | SE 168t             | 500.00<br>h PA<br>250.00<br>PA                           |
| To Wi<br>Killior<br>Mailir<br>City<br>To Wi<br>Mailir<br>City<br>To Wi<br>HRCC<br>Mailir<br>City | hom Paid<br>n's Victory CteCandidate<br>ng Address<br>Media<br>hom Paid<br>n Gillespie<br>ng Address<br>York<br>hom Paid   | PA<br>for 168<br>State<br>PA<br>State<br>PA<br>State | 156901310         Zip Code (Plus 4)         19063         Zip Code (Plus 4)         17406 | Joseph<br>MO<br>12<br>Descrip<br>Thomas<br>MO<br>12<br>Descrip<br>Keith Gi<br>MO<br>12<br>Descrip<br>HRCC-R | Petrarca, S<br>DAY<br>11<br>tion of Exp<br>Killion, ST<br>DAY<br>11<br>tion of Exp<br>illespie, ST<br>DAY<br>11<br>tion of Exp             | YEAR<br>2015<br>enditure<br>ATE HOU<br>YEAR<br>2015<br>enditure<br>ATE HOU<br>YEAR<br>2015<br>enditure<br>-11/16/1                  | SE 168t             | 500.00<br>h PA<br>250.00<br>PA                           |
| To Wi<br>Killior<br>Mailir<br>City<br>To Wi<br>HRCC<br>Mailir<br>City<br>To Wi                   | hom Paid<br>n's Victory CteCandidate<br>ng Address<br>Media<br>Media<br>hom Paid<br>Gillespie<br>ng Address<br>York<br>hom Paid<br>hom Paid<br>Harrisburg          | PA<br>for 168<br>State<br>PA<br>State<br>PA<br>State | 156901310         Zip Code (Plus 4)         19063         Zip Code (Plus 4)         17406 | Joseph<br>MO<br>12<br>Descrip<br>Thomas<br>MO<br>12<br>Descrip<br>Keith G<br>MO<br>12<br>Descrip            | Petrarca, S<br>DAY<br>11<br>tion of Exp<br>Killion, ST<br>DAY<br>11<br>tion of Exp<br>11<br>tion of Exp                                    | YEAR<br>2015<br>enditure<br>TATE HOU<br>YEAR<br>2015<br>enditure<br>ATE HOU<br>YEAR<br>2015<br>enditure                             | SE 168t             | 500.00<br>h PA<br>250.00<br>PA                           |
| To Wi<br>Killior<br>Mailir<br>City<br>To Wi<br>Mailir<br>City<br>Mailir<br>City<br>City          | hom Paid<br>n's Victory CteCandidate<br>ng Address<br>Media<br>hom Paid<br>g Address<br>York<br>hom Paid<br>hom Paid<br>hom Paid<br>hom Paid<br>hom Paid           | PA<br>for 168<br>State<br>PA<br>State<br>PA<br>State | 156901310         Zip Code (Plus 4)         19063         Zip Code (Plus 4)         17406 | Joseph<br>MO<br>12<br>Descrip<br>Thomas<br>MO<br>12<br>Descrip<br>Keith Gi<br>MO<br>12<br>Descrip<br>HRCC-R | Petrarca, S<br>DAY<br>11<br>tion of Exp<br>Killion, ST<br>DAY<br>11<br>tion of Exp<br>illespie, ST<br>DAY<br>11<br>tion of Exp             | YEAR<br>2015<br>enditure<br>ATE HOU<br>YEAR<br>2015<br>enditure<br>ATE HOU<br>YEAR<br>2015<br>enditure<br>-11/16/1                  | SE 168t             | 500.00<br>h PA<br>250.00<br>PA                           |
| To Wi<br>Killior<br>Mailir<br>City<br>To Wi<br>Mailir<br>City<br>Mailir<br>City<br>City          | hom Paid<br>n's Victory CteCandidate<br>ng Address<br>Media<br>hom Paid<br>ng Address<br>York<br>York<br>hom Paid<br>Harrisburg<br>hom Paid<br>shaw for Legislator | PA<br>for 168<br>State<br>PA<br>State<br>PA<br>State | 156901310         Zip Code (Plus 4)         19063         Zip Code (Plus 4)         17406 | Joseph<br>MO<br>12<br>Descrip<br>Thomas<br>MO<br>12<br>Descrip<br>Keith G<br>12<br>Descrip<br>HRCC-R        | Petrarca, S<br>DAY<br>11<br>tion of Exp<br>Killion, ST<br>DAY<br>11<br>tion of Exp<br>Illespie, ST<br>DAY<br>11<br>tion of Exp<br>ECEPTION | YEAR<br>2015<br>enditure<br>TATE HOU<br>YEAR<br>2015<br>enditure<br>ATE HOU<br>YEAR<br>2015<br>enditure<br>-11/16/1<br>YEAR<br>2015 | SE 168t             | 500.00<br><u>h PA</u><br>250.00<br><u>PA</u><br>1,000.00 |

|                                   |  |       |                   |          |              |               | 170                       | 52 54    |
|-----------------------------------|--|-------|-------------------|----------|--------------|---------------|---------------------------|----------|
| To Wh                             | om Paid  |       |                   | мо       | DAY          | YEAR          |                           |          |
| Comm                              | ittee to Elect Eddie Day Pashin  | ski   |                   | ino i    |              |               |                           |          |
| Mailin                            | g Address  |       |                   | 12       | 11           | 2015          | \$                        | 250.00   |
| City                              | Forty Fort   | State | Zip Code (Plus 4) | Descrip  | tion of Exp  | enditure      |                           |          |
|                                   |  | РА    | 18704             | Eddie Pa | ashinski, S  | TATE HO       | USE 121st                 | PA       |
| To Wh                             | om Paid  |       |                   | мо       | DAY          | YEAR          |                           |          |
| Friend                            | s of Kim Ward  |       |                   |          |              |               |                           |          |
| Mailin                            | g Address  |       |                   | 12       | 11           | 2015          | \$                        | 500.00   |
| City                              | Greensburg   | State | Zip Code (Plus 4) | Descrip  | tion of Exp  | enditure      |                           |          |
|                                   |  | PA    | 15601             | Kim Wa   | rd, STATE    | SENATE        | 39th PA                   |          |
| To Wh                             | om Paid  |       |                   | мо       | DAY          | YEAR          |                           |          |
| Volunt                            | eers for Argall - Senate   |       |                   |          |              |               |                           |          |
| Mailin                            | Mailing Address  |       |                   |          | 11           | 2015          | \$                        | 1,000.00 |
| CityTamaquaStateZip Code (Plus 4) |  |       |                   |          | tion of Exp  | enditure      |                           |          |
|                                   |  | PA    | 18252             | David A  | rgall, STA   | TE SENAT      | E 29th PA                 |          |
| To Wh                             | om Paid  |       |                   | мо       | DAY          | YEAR          |                           |          |
| The H                             | Team   |       |                   |          |              |               |                           |          |
| Mailin                            | g Address  |       |                   | 12       | 11           | 2015          | \$                        | 1,000.00 |
| City                              | Harrisburg   | State | Zip Code (Plus 4) | Descrip  | tion of Exp  | enditure      |                           |          |
|                                   |  | PA    | 17108             | Michael  | Hanna, S1    | TATE HOL      | JSE 76th PA               | 4        |
| To Wh                             | om Paid  |       |                   | мо       | DAY          | YEAR          |                           |          |
| Comm                              | hittee to Elect Doyle Heffley  |       |                   |          |              |               |                           |          |
| Mailin                            | g Address  |       |                   | 12       | 11           | 2015          | \$                        | 300.00   |
| City                              | Palmerton  | State | Zip Code (Plus 4) | Descrip  | tion of Exp  | enditure      |                           |          |
|                                   |  | PA    | 18071             | Doyle H  | leffley, STA | ATE HOUS      | SE 122nd P                | Α        |
| To Wh                             | om Paid  |       |                   | мо       | DAY          | YEAR          |                           |          |
| Scott                             | Bishop   |       |                   |          |              |               |                           |          |
| Mailin                            | g Address  |       |                   | 12       | 11           | 2015          | \$                        | 344.37   |
| City                              | Harrisburg   | State | Zip Code (Plus 4) | Descrip  | tion of Exp  | enditure      |                           |          |
|                                   |  | PA    | 171111            |          | 7 Allocated  |               | NUE COST :<br>le for Matt |          |
| To Wh                             | om Paid  |       |                   |          |              |               |                           |          |
|                                   | s of Mike Schlossberg  |       |                   | мо       | DAY          | YEAR          |                           |          |
|                                   | g Address  |       |                   | 12       | 11           | 2015          | \$                        | 250.00   |
| City                              | Harrisburg   | State | Zip Code (Plus 4) | Descrip  | ion of Exp   | l<br>enditure | I                         |          |
| -                                 |  | PA    | 17108             |          | -            |               | E HOUSE 1                 | 32nd PA  |
| To Wh                             | om Paid  |       |                   |          |              | -             |                           |          |
| Elect B                           | Bill Kortz Committee   |       |                   | мо       | DAY          | YEAR          |                           |          |
| Mailin                            | g Address  |       |                   | 12       | 11           | 2015          | \$                        | 250.00   |
|                                   |  |       |                   |          | I            | I             | 1                         |          |
| City                              | City     Dravosburg     State     Zip Code (Plus 4)       PA     15034 |       |                   |          |              | enditure      |                           |          |

|  |                                 |       |                   |         |                   |               |             | 3E ]]    |
|--|---------------------------------|-------|-------------------|---------|-------------------|---------------|-------------|----------|
| To Wi  | nom Paid                        |       |                   | мо      | DAY               | YEAR          |             |          |
| Katie  | Byrnes                          |       |                   | no      |                   |               |             |          |
| Mailin                                       | ng Address                      |       |                   | 12      | 15                | 2015          | \$          | 22.50    |
| City   | Harrisburg                      | State | Zip Code (Plus 4) | Descrip | tion of Exp       | enditure      | •           |          |
|  |                                 | РА    | 171109491         | Refund  | 12/15/15          | Voluntary     | / P/R       |          |
| To WI  | nom Paid                        |       |                   | мо      | DAY               | YEAR          |             |          |
| Jay C  | osta for State Senate Committee |       |                   | MO      |                   | TEAR          |             |          |
| Mailin                                       | ng Address                      |       |                   | 12      | 18                | 2015          | \$          | 2,500.00 |
| City   | Pittsburgh                      | State | Zip Code (Plus 4) | Descrip | tion of Exp       | enditure      |             |          |
|  | -                               | PA    | 15221             | Jay Cos | ta, STATE         | SENATE        | 43rd PA     |          |
| To Wi  | nom Paid                        |       | -                 |         |                   |               |             |          |
| Friend                                       | ds of Frank Dermody             |       |                   | мо      | DAY               | YEAR          |             |          |
| Mailin                                       | Mailing Address                 |       |                   |         | 18                | 2015          | \$          | 1,000.00 |
| City Natrona Heights State Zip Code (Plus 4) |                                 |       |                   |         | i<br>tion of Exp  | enditure      |             |          |
|  |                                 | РА    | 15065             | Frank D | ermody, S         | TATE HO       | USE 33rd F  | PA       |
| To Wi  | nom Paid                        |       |                   | мо      | DAY               | YEAR          |             |          |
| Friend                                       | ds of Kevin Boyle               |       |                   | MO      |                   | TEAR          |             |          |
| Mailin                                       | ng Address                      |       | 12                | 18      | 2015              | \$            | 500.00      |          |
| City   | Philadelphia                    | State | Zip Code (Plus 4) | Descrip | i<br>tion of Exp  | enditure      |             |          |
|  |                                 | PA    | 19111             | Kevin B | oyle, STAT        | E HOUSE       | E 172nd PA  |          |
| To WI  | nom Paid                        |       |                   |         |                   | VEAD          |             |          |
| RCPA   | PAC                             |       |                   | мо      | DAY               | YEAR          |             |          |
| Mailin                                       | ng Address                      |       |                   | 12      | 18                | 2015          | \$          | 525.00   |
| City   | Harrisburg                      | State | Zip Code (Plus 4) | Descrip | tion of Exp       | enditure      | 1           |          |
|  |                                 | РА    | 17111             | RCPA 2  | 015 CONT          | RIBUTION      | N           |          |
| To Wi  | nom Paid                        |       |                   | NO      | DAY               | VEAD          |             |          |
| Metro  | Bank                            |       |                   | мо      |                   | YEAR          |             |          |
| Mailin                                       | ng Address                      |       |                   | 12      | 31                | 2015          | \$          | 9.38     |
| City   | Harrisburg                      | State | Zip Code (Plus 4) | Descrip | L<br>tion of Exp  | ı<br>enditure |             |          |
|  | -                               | PA    | 17111             | Bank fe | es                |               |             |          |
| To W   | nom Paid                        | •     |                   |         |                   | VEAD          |             |          |
| Katie  | Byrnes                          |       |                   | мо      | DAY               | YEAR          |             |          |
| Mailin                                       | ng Address                      |       |                   | 12      | 31                | 2015          | \$          | 45.00    |
| City   | Harrisburg                      | State | Zip Code (Plus 4) | Descrip | tion of Exp       | enditure      | 1           |          |
|  |                                 | РА    | 171109491         | Refund  | November          | Voluntar      | ∽y P/R Dedu | uction   |
| To W   | nom Paid                        |       |                   | мо      | DAY               | YEAR          |             |          |
| Katie Byrnes                                 |                                 |       |                   |         | DAT               | TEAK          |             |          |
| Katie  | Mailing Address                 |       |                   |         |                   | -             | 1           |          |
|  |                                 |       |                   | 12      | 31                | 2015          | \$          | 22.50    |
|  |                                 | State | Zip Code (Plus 4) |         | 31<br>tion of Exp |               | \$          | 22.50    |

|   | PAGE     | 36        |  |
|---|----------|-----------|--|
|   | PAGE TOT |           |  |
| irand Total of Expenditures on Page 1, Report Cover Page, Item D.<br>\$ | 1        | .6,884.09 |  |
|   |          |           |  |
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