### **Campaign Finance Report**

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

| Filer Identificati<br>Number :           | on 7900                         | )364        |                        |        |          | port<br>ed B |                | CANDI       | DATE     |        | СОМ        | 1ITTEE             | ✓              | LOBE      | BYIST     |               |     |
|--|---------------------------------|-------------|------------------------|--------|----------|--------------|----------------|-------------|----------|--------|------------|--------------------|----------------|-----------|-----------|---------------|-----|
| Name of Filing C                         | Committee, Candid               | ate or L    | obbyist:               |        | Hos      | spital       | & H∈           | althsyste   | em Ass   | oc of  | PA PA      | C (HAPA            | C)             |           |           |               | _   |
| Street Address:                          |                                 |             |                        |        |          |              |                |             |          |        |            |                    |                |           |           |               |     |
| City:                                    | Harrisburg                      |             |                        |        |          |              |                | State:      | PA       |        |            | Zip Cod            | le: 1          | 7101      |           |               |     |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY      | 1.          | 2ND FRIDAY<br>PRIMARY  | PRE    | -        | 2.           | 30 DA<br>PRIMA |             | POST-    | 3.     |            | AMENDM<br>REPORT?  |                | Yes       | No        | •             |     |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION     | 4.          | 2ND FRIDAY<br>ELECTION | PRE    | <b>-</b> | 5.           | 30 DA          |             | POST-    | 6.     |            | TERMINA<br>REPORT? |                | Yes       | No        | •             | /   |
| report type)                             | ANNUAL REPORT                   | 7. <b>X</b> | <b>Year</b> 2018       |        |          |              |                | NG METHO    |          |        |            | PAPER              |                | <b>/</b>  | DISKE     | TTE           |     |
| Name of Office S                         | Sought by Candida               | te:         |                        |        |          |              |                | DATE O      | F ELE    | СТІО   | N          | District<br>Number | Office<br>Code | Par       | ty Code   | Count<br>Code | y   |
|  |                                 |             |                        |        |          |              |                | МО          | DAY      | YE     | AR         |                    | 1              | <u> </u>  |           |               |     |
|  |                                 |             |                        |        |          |              |                | 11          |          | 6      | 2018       |                    | (SEE IN        | ISTRUCTIO | ONS FOR C | ODES)         |     |
| Summary of Expenditures                  | Receipts and                    | МО          | DAY                    | YEAR   | }        |              |                | МО          | DAY      | YE     | AR         | FO                 | R OFFI         | CE USE    | ONLY      |               |     |
| expenditures                             |                                 |             | 11 27                  | 2      | 018      | 3 T          | 0              | 12          | :        | 31     | 2018       |                    |                |           |           |               |     |
| A. Amount Bro                            | ught Forward Froi               | n Last R    | eport                  |        |          |              | \$             |             |          | 116,1  | 184.48     |                    |                |           |           |               |     |
| B. Total Monet                           | ary Contributions               | And Rec     | eipts (From            | Sche   | dule     | e I)         | \$             |             |          | 43,3   | 386.94     |                    |                |           |           |               |     |
| C. Total Funds                           | Available (Sum O                | f Lines A   | and B)                 |        |          |              | \$             |             |          | 159,5  | 571.42     |                    |                |           |           |               |     |
| D. Total Expen                           | ditures (From Sch               | edule II    | I)                     |        |          |              | \$             |             |          | 10,2   | 28.02      |                    |                |           |           |               |     |
| E. Ending Cash                           | Balance (Subtrac                | t Line D    | From Line C            | :)     |          |              | \$             |             | 1        | 149,3  | 43.40      |                    |                |           |           |               |     |
| F. Value Of In-                          | Kind Contributions              | s Receiv    | ed (From Sc            | hedu   | le II    | I)           | \$             |             |          |        | 0.00       |                    |                |           |           |               |     |
| G. Unpaid Debt                           | s And Obligations               | (From S     | Schedule IV            | )      |          |              | \$             |             |          |        | 0.00       |                    |                | '         |           |               |     |
|  |                                 |             |                        | AFF    | ΊD       | AVI          | ΓSE            | CTION       |          |        |            |                    |                |           |           |               |     |
| PART I - If this is                      | s a Committee rep               | ort, trea   | surer sign h           | ere.   | If th    | nis is       | a Car          | ndidate re  | eport, c | andi   | date sig   | ın here.           |                |           |           |               |     |
| I swear (or affirm) correct and comple   | ) that this report, inc<br>ete. | luding the  | e attached sch         | edules | s file   | ed on p      | paper          | or by elect | ronic m  | edium  | , are to t | he best o          | f my kno       | wledge    | and belie | ef , tru      | e   |
| Sworn to and subs                        | cribed before me this<br>day of | 5           | 20                     |        |          |              |                |             |          | S      | ignature   | of Perso           | 1 Submit       | ting Rep  | oort      |               | -   |
|  | Signatu                         | ire         |                        |        |          |              | -              |             |          |        |            | Prin               | ted Nam        | e         |           |               | -   |
| My Commission Ex                         | cpires<br>————                  |             |                        |        |          |              | _              |             |          |        |            | Emai               | il             |           |           |               | -   |
|  | МО                              | D.          | AY                     | YR     |          |              |                |             | Are      | ea Cod | le         | Daytim             | e Telepi       | hone Nu   | mber      |               | ╝   |
| Part II- If this is                      | a report of a can               | didate's    | authorized (           | Comn   | nitte    | ee, Ca       | andid          | ate shall   | sign he  | ere.   |            |                    |                |           |           |               |     |
| I swear (or affirm)<br>No 320) as amende | that to the best of red.        | ny knowle   | edge and belie         | f this | poli     | itical       | comm           | ittee has n | ot viola | ted an | y provisi  | ions of the        | e act of J     | une 3,19  | 937 (P.L. | 1333          | ,   |
| Sworn to and subso                       | ribed before me this<br>day of  |             | 20                     |        |          |              |                |             |          |        | Si         | ignature o         | f Candid       | late      |           |               | -   |
|  |                                 |             |                        |        |          |              | -              |             |          |        |            | Printe             | d Name         |           |           |               | -   |
| My Commission Exp                        | Signature<br>pires              |             |                        |        |          |              | -              |             |          |        |            | Ema                | il             |           |           |               | -   |
|  |                                 |             | AY                     | YR     |          |              |                |             | Area     | Code   |            | Da                 | ytime 1        | elephon   | e Numbe   | er            | .   |
|  |                                 |             |                        |        |          |              |                |             |          |        |            |                    |                |           |           |               | - 1 |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period  |              |            |
|--|-----------|-----------|--------------|------------|
| Hospital & Healthsystem Assoc of PA PAC (HAPAC)  | From:     | 11/27/201 | <u>8</u> To: | 12/31/2018 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |           |              |            |
| TOTAL for the Reporting  | ) Period  | (1)       | \$           | 900.60     |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)  |           |           |              |            |
| Contributions Received From Political Committees (Part A)  |           |           | \$           | 200.00     |
| All Other Contributions (Part B)   |           |           | \$           | 5,885.00   |
| TOTAL for the Reporting  | Period    | (2)       | \$           | 6,085.00   |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |           |           |              |            |
| Contributions Received From Political Committees (Part C)  |           |           | \$           | 10,515.00  |
| All Other Contributions (Part D)   |           |           | \$           | 25,134.21  |
| TOTAL for the Reporting  | Period    | (3)       | \$           | 35,649.21  |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |           |              |            |
| TOTAL for the Reporting  | ) Period  | (4)       | \$           | 752.13     |
|  |           |           |              |            |
| Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa |           |           | \$           | 43,386.94  |

#### **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 CandidateReporting PeriodHospital & Healthsystem Assoc of PA PAC (HAPAC)From: 11/27/2018To: 12/31/2018

DATE AMOUNT

| Full Name of Contributing Committee |       |                   | МО   | DAY | VEAD |                  |
|-------------------------------------|-------|-------------------|------|-----|------|------------------|
| Somerset County Leadership Fund     | МО    | DAY               | YEAR |     |      |                  |
| Mailing Address                     |       |                   | 12   | 31  | 2018 | <b>\$</b> 200.00 |
| City Somerset                       | State | Zip Code (Plus 4) | 12   | 31  | 2010 |                  |
|                                     | PA    | 15501             |      |     |      |                  |
|                                     |       |                   |      |     |      |                  |

**PAGE TOTAL** 200.00

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

### ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

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

(Exclude contributions from political committees reported in Part A)

| Nan   | ne of Filing Committee or Candid  | late           |                  | Rep  | orting Po | eriod  |                 |    |            |
|---|---|----------------|------------------|------|-----------|--------|-----------------|----|------------|
| Hos   | spital & Healthsystem Assoc of  | PA PAC (HAPAC) |                  | Froi | m:        | 11/27/ | 2018 <b>T</b> o | ): | 12/31/2018 |
|   |   |                |                  |      |           | DATE   |                 |    | AMOUNT     |
| Full N  | ame of Contributor  |                |                  |      | мо        | DAY    | YEAR            |    |            |
| Ms. K   | isha H. Hawthorne   |                |                  |      |           |        |                 |    |            |
| Mailin  | g Address   | -              | <b>T</b>         |      |           |        |                 | \$ | 100.00     |
| City  | Philadelphia  | State          | Zip Code (Plus 4 | )    | 11        | 28     | 2018            |    |            |
|   |   | PA             | 191474443        |      |           |        |                 |    |            |
| Full N  | ame of Contributor  |                |                  |      | мо        | DAY    | YEAR            |    |            |
| Mr. Tł  | homas Grace RN, Ph.D.   |                |                  |      | 1-10      | אלו    | ILAK            |    |            |
| City Philadelphia State PA 191474443  Full Name of Contributor Mr. Thomas Grace RN, Ph.D.  Mailing Address City Wayne State PA 190872322  Full Name of Contributor Ms. Jolene H. Calla  Mailing Address City Halifax State PA 170329219  Full Name of Contributor Ms. Carol Fluegge RN  Mailing Address City Plymouth Meeting State Zip Code (Plus 170329219) |   |                |                  |      |           |        |                 | \$ | 87.50      |
| City  | Wayne   | State          | Zip Code (Plus 4 | )    | 11        | 28     | 2018            |    |            |
|   |   | PA             | 190872322        |      |           |        |                 |    |            |
| Full N  | ame of Contributor  |                |                  |      | мо        | DAY    | YEAR            |    |            |
| Ms. Jo  | olene H. Calla  |                |                  |      |           |        |                 |    |            |
| Mailin  | Full Name of Contributor  Ms. Jolene H. Calla  Mailing Address  City Halifax  State Zip Code (Plu PA 170329219)  Full Name of Contributor  Ms. Carol Fluegge RN |                |                  |      |           | 28     |                 | \$ | 125.00     |
| City  | Halifax   | PA 170329219   |                  |      |           |        | 2018            |    |            |
|   |   | PA             | 170329219        |      |           |        |                 |    |            |
| Full N  | ame of Contributor  |                |                  |      | МО        | DAY    | YEAR            |    |            |
| Ms. C   | arol Fluegge RN   |                |                  |      |           |        |                 |    |            |
| Mailin  | g Address   |                | <del></del>      |      |           |        |                 | \$ | 125.00     |
| City  | Plymouth Meeting  | State          | Zip Code (Plus 4 | )    | 11        | 28     | 2018            |    |            |
|   |   | PA             | 194621023        |      |           |        |                 |    |            |
| Full N  | ame of Contributor  |                |                  |      | мо        | DAY    | YEAR            |    |            |
| Dr. Do  | onna M. Raziano MD  |                |                  |      |           |        |                 |    |            |
| Mailin  | g Address   |                | _                |      |           |        |                 | \$ | 125.00     |
| City  | Montchanin  | State          | Zip Code (Plus 4 | )    | 11        | 28     | 2018            |    |            |
|   |   | DE             | 197100299        |      |           |        |                 |    |            |
| Full N  | ame of Contributor  |                |                  |      | мо        | DAY    | YEAR            |    |            |
| Dr. Je  | effry Komins MD   |                |                  |      |           |        |                 |    |            |
| Mailin  | g Address   | _              | _                |      |           |        |                 | \$ | 125.00     |
| City  | Wilmington  | State          | Zip Code (Plus 4 | )    | 11        | 28     | 2018            |    |            |
|   |   | DE             | 198052649        |      |           |        |                 |    |            |
| Full N  | ame of Contributor  |                |                  |      | мо        | DAY    | YEAR            |    |            |
| Mr. Scott A. Bishop   |   |                |                  |      |           | 2      |                 |    |            |
| Mailin  | g Address   |                |                  |      |           |        |                 | \$ | 46.25      |
| City  | Landisville   | State          | Zip Code (Plus 4 | )    | 11        | 30     | 2018            |    |            |
|   |   | PA             | 175381366        |      |           |        |                 |    |            |

| Full N | ame of Contributor               |          |                   | мо | DAY | YEAR |                  |
|--------|----------------------------------|----------|-------------------|----|-----|------|------------------|
| Mr. So | cott A. Bishop                   |          |                   | МО | DAT | TEAR |                  |
| Mailin | g Address                        |          |                   |    |     | İ    | \$ 46.25         |
| City   | Landisville                      | State    | Zip Code (Plus 4) | 11 | 30  | 2018 |                  |
|        |                                  | PA       | 175381366         |    |     |      |                  |
| Full N | ame of Contributor               | -        |                   |    |     | \    |                  |
| Brian  | Goode                            |          |                   | МО | DAY | YEAR |                  |
| Mailin | g Address                        |          |                   |    |     |      | \$ 100.00        |
| City   | Dallas                           | State    | Zip Code (Plus 4) | 12 | 4   | 2018 |                  |
|        |                                  | PA       | 186121581         |    |     |      |                  |
| Full N | ame of Contributor               |          |                   |    |     |      |                  |
|        | arbara A. Gillespie              |          |                   | МО | DAY | YEAR |                  |
|        | g Address                        |          |                   |    |     |      | <b>\$</b> 100.00 |
| City   | West Pittston                    | State    | Zip Code (Plus 4) | 12 | 4   | 2018 | 100.00           |
| _      |                                  | PA       | 186431721         |    |     |      |                  |
| FII N  |                                  | 1        | 100101711         |    |     |      | <u> </u>         |
|        | ame of Contributor<br>ank Piazza |          |                   | МО | DAY | YEAR |                  |
|        |                                  |          |                   |    |     |      | 100.00           |
| City   | g Address West Wyoming           | State    | Zip Code (Plus 4) | 12 | 3   | 2018 | \$ 100.00        |
| City   | west wyoming                     | PA       | 186441347         |    |     | 2010 |                  |
|        |                                  | FA       | 100441347         |    |     |      |                  |
|        | ame of Contributor               |          |                   | мо | DAY | YEAR |                  |
|        | ugh J. Lavery                    |          |                   |    |     |      |                  |
|        | g Address                        | <u> </u> |                   |    | _   |      | <b>\$</b> 62.50  |
| City   | Lawrenceville                    | State    | Zip Code (Plus 4) | 12 | 3   | 2018 |                  |
|        |                                  | NJ       | 086485552         |    |     |      |                  |
| Full N | ame of Contributor               |          |                   | мо | DAY | YEAR |                  |
| Mr. Ro | obert G. Shipp RN                |          |                   |    |     |      |                  |
| Mailin | g Address                        |          |                   | 1  |     |      | \$ 50.00         |
| City   | Millerstown                      | State    | Zip Code (Plus 4) | 12 | 4   | 2018 |                  |
|        |                                  | PA       | 170629535         |    |     |      |                  |
| Full N | ame of Contributor               |          |                   | МО | DAY | VEAD |                  |
| Mr. Aı | nthony Fanelli                   |          |                   | МО | DAT | YEAR |                  |
| Mailin | g Address                        |          |                   |    |     |      | <b>\$</b> 150.00 |
| City   | Philadelphia                     | State    | Zip Code (Plus 4) | 12 | 6   | 2018 |                  |
|        |                                  | PA       | 191476329         |    |     |      |                  |
| Full N | ame of Contributor               | •        | <u>'</u>          |    |     |      | <u> </u>         |
|        | en Hunt                          |          |                   | МО | DAY | YEAR |                  |
|        | g Address                        |          |                   |    |     |      | <b>\$</b> 250.00 |
| City   | Harrisburg                       | State    | Zip Code (Plus 4) | 12 | 6   | 2018 | 250.00           |
| •      | g                                | PA       | 171115081         |    |     |      |                  |
| E!! ** | ame of Combullantan              |          |                   |    |     |      | l l              |
|        | ame of Contributor               |          |                   | МО | DAY | YEAR |                  |
|        | /hitney B. Holloway              |          |                   |    |     |      | 4 400 00         |
| City   | Noscoposk                        | State    | Zip Code (Plus 4) | 12 | 10  | 2018 | \$ 100.00        |
| City   | Nescopeck                        |          |                   | 12 |     | 2010 |                  |
|        |                                  | PA       | 186351013         |    |     |      |                  |

|  |                            |       |                   |      |     |           | 17.62 0          |
|--|----------------------------|-------|-------------------|------|-----|-----------|------------------|
| Full Na  | ame of Contributor         |       |                   | МО   | DAY | YEAR      |                  |
| Dr. Do   | ouglas Arbittier MD        |       |                   | 1-10 | DAI | ILAK      |                  |
| Mailin   | g Address                  | State |                   |      |     | \$ 200.00 |                  |
| City   | York                       | State | Zip Code (Plus 4) | 12   | 11  | 2018      |                  |
|  |                            | PA    | 174034549         |      |     |           |                  |
| Dr. Douglas Arbittier MD  Mailing Address  City York State Zip Code (Pl 174034549)  Full Name of Contributor Mr. Justin C. Matus  Mailing Address  City Harveys Lake State Zip Code (Pl PA 186183240)  Full Name of Contributor Mr. Mark Sevco  Mailing Address  City Gibsonia State Zip Code (Pl PA 150446032)  Full Name of Contributor Mr. Matthew Vogel  Mailing Address  City Harrisburg State Zip Code (Pl PA 171114784)  Full Name of Contributor Mr. Gerald Murray  Mailing Address  City State College State Zip Code (Pl PA 171114784) |                            |       |                   | мо   | DAY | YEAR      |                  |
| Mr. Ju   | stin C. Matus              |       |                   | 1-10 | DAI | ILAK      |                  |
| Mailin   | g Address                  |       |                   |      |     |           | \$ 100.00        |
| City   | Harveys Lake               | State | Zip Code (Plus 4) | 12   | 12  | 2018      |                  |
|  |                            | PA    | 186183240         |      |     |           |                  |
| Full Na  | ame of Contributor         |       |                   | . wo | DAY | VEAD      |                  |
| Mr. Ma   | ark Sevco                  |       |                   | МО   | DAY | YEAR      |                  |
| Mailin   | g Address                  |       |                   |      |     |           | \$ 250.00        |
| City   | Gibsonia                   | State | Zip Code (Plus 4) | 12   | 14  | 2018      |                  |
|  |                            | PA    | 150446032         |      |     |           |                  |
| Full Na  | ame of Contributor         | •     | •                 | мо   | DAY | YEAR      |                  |
| Mr. Ma   | atthew Vogel               |       |                   | МО   | DAT | TEAR      |                  |
| Mailin   | g Address                  |       |                   |      |     |           | <b>\$</b> 87.50  |
| City   | Harrisburg                 | State | Zip Code (Plus 4) | 12   | 14  | 2018      |                  |
|  |                            | PA    | 171114784         |      |     |           |                  |
| Full Na  | ame of Contributor         | =     |                   | мо   | DAY | YEAR      |                  |
| Mr. Ge   | erald Murray               |       |                   | 1-10 | DAI | ILAK      |                  |
| Mailin   | g Address                  |       |                   |      |     |           | \$ 250.00        |
| City   | State College              | State | Zip Code (Plus 4) | 12   | 17  | 2018      |                  |
|  |                            | PA    | 168031256         |      |     |           |                  |
| Full Na  | ame of Contributor         | -     |                   | мо   | DAY | YEAR      |                  |
| Ms. Li   | nda Kauffman RN, MSN, NEA- | BC    |                   | 1-10 | DAI | ILAK      |                  |
| Mailin   | g Address                  |       |                   |      |     |           | <b>\$</b> 250.00 |
| City   | Ephrata                    | State | Zip Code (Plus 4) | 12   | 13  | 2018      |                  |
|  |                            | PA    | 175229211         |      |     |           |                  |
| Full Na  | ame of Contributor         |       | ·                 | МО   | DAY | YEAR      |                  |
| Mr. Co   | ornelio R Catena           |       |                   | МО   | DAT | TEAR      |                  |
| Mailin   | g Address                  |       |                   |      |     |           | \$ 100.00        |
| City   | Nazareth                   | State | Zip Code (Plus 4) | 12   | 18  | 2018      |                  |
|  |                            | PA    | 180648200         |      |     |           |                  |
| Full Na  | ame of Contributor         | •     |                   | Ма   | Day | VESS      |                  |
| Dr. Ar   | ndrew L. Miller MD         |       |                   | МО   | DAY | YEAR      |                  |
| Mailin   | g Address                  |       |                   |      |     |           | <b>\$</b> 150.00 |
| City   | Philadelphia               | State | Zip Code (Plus 4) | 12   | 17  | 2018      |                  |
|  | ·                          | PA    | 191472027         |      |     |           |                  |
| Full Na  | ame of Contributor         |       | ·                 | мо   | DAY | YEAR      |                  |
| Dr. Jo   | hn Scanlon DPM             |       |                   |      | DAT | IEAR      |                  |
| Mailin   | g Address                  |       |                   |      |     |           | \$ 200.00        |
| City   | Lafayette Hill             | State | Zip Code (Plus 4) | 12   | 19  | 2018      |                  |
|  |                            | PA    | 194441635         |      |     |           |                  |
|  |                            |       |                   |      |     |           |                  |

|                    |   |   |                   |     |      |           | 17162 /          |
|--------------------|---|---|-------------------|-----|------|-----------|------------------|
| Full Name of       | Contributor   |   |                   | мо  | DAY  | YEAR      |                  |
| Mr. Marc Cos       | North Wales  State PA  194541240  II Name of Contributor PA  PA  194541240  III Name of Contributor PA  State PA  2ip Code (Pluster Springs)  State PA  194253892  II Name of Contributor PA  Robert G. Shipp RN  III Name of Contributor PA  170629535  II Name of Contributor PA  170629535  II Name of Contributor PA  170199373  II Name of Contributor PA  170199373  II Name of Contributor PA  170199373 |   | 140               | DAI | ILAK |           |                  |
| Mailing Addre      | ss  | State   Zip Code (Plus 4)   194541240   194541240   194541240   194541240   194541240   194253892 |                   |     |      | \$ 200.00 |                  |
| <b>City</b> North  | Wales   | State   | Zip Code (Plus 4) | 12  | 19   | 2018      |                  |
|                    |   | PA  | 194541240         |     |      |           |                  |
| Full Name of       | Contributor   |   |                   | мо  | DAY  | YEAR      |                  |
| Ms. Patricia S     | cherle RN, DNP  |   |                   | 140 | DAI  | ILAK      |                  |
| Mailing Addre      | ss  |   |                   |     |      |           | <b>\$</b> 150.00 |
| <b>City</b> Chest  | er Springs  | State   | Zip Code (Plus 4) | 12  | 19   | 2018      |                  |
|                    |   | PA  | 194253892         |     |      |           |                  |
| Full Name of       | Contributor   | -   |                   |     |      | VEAD      |                  |
| Mr. Robert G.      | Shipp RN  |   |                   | МО  | DAY  | YEAR      |                  |
| Mailing Addre      | ss  |   |                   |     |      |           | \$ 50.00         |
| City Millers       | stown   | State   | Zip Code (Plus 4) | 12  | 19   | 2018      |                  |
|                    |   | PA  | 170629535         |     |      |           |                  |
| Full Name of       | Contributor   |   | •                 | мо  | DAY  | YEAR      |                  |
| Mr. Richard A      | Harley  |   |                   | МО  | DAT  | TEAR      |                  |
| Mailing Addre      | ss  |   |                   |     |      |           | <b>\$</b> 150.00 |
| City Dillsb        | urg   | State   | Zip Code (Plus 4) | 12  | 20   | 2018      |                  |
|                    |   | PA  | 170199373         |     |      |           |                  |
| Full Name of       | Contributor   | •   | :<br>             | МО  | DAY  | YEAR      |                  |
| Mr. Charles L      | ewis  |   |                   | МО  | DAT  | ILAK      |                  |
| Mailing Addre      | ss  |   |                   |     |      |           | <b>\$</b> 150.00 |
| City Lansd         | ale   | State   | Zip Code (Plus 4) | 12  | 20   | 2018      |                  |
|                    |   | PA  | 194461658         |     |      |           |                  |
| Full Name of       | Contributor   |   |                   | мо  | DAY  | YEAR      |                  |
| Mr. Scott A. E     | Bishop  |   |                   |     |      |           |                  |
| Mailing Addre      | ss  |   |                   | 1   |      |           | <b>\$</b> 46.25  |
| <b>City</b> Landi  | sville  | State   | Zip Code (Plus 4) | 12  | 31   | 2018      |                  |
|                    |   | PA  | 175381366         |     |      |           |                  |
| Full Name of       | Contributor   |   |                   | мо  | DAY  | YEAR      |                  |
| Mr. Scott A. E     | Bishop  |   |                   |     |      | 12/11     |                  |
| Mailing Addre      | ss  |   |                   |     |      |           | <b>\$</b> 46.25  |
| <b>City</b> Landis | sville  | State   | Zip Code (Plus 4) | 12  | 24   | 2018      |                  |
|                    |   | PA  | 175381366         |     |      |           |                  |
| Full Name of       | Contributor   |   |                   | МО  | DAY  | YEAR      |                  |
| Mr. Scott Frie     | nd MBA, BSN   |   |                   |     |      | · =All    |                  |
| Mailing Addre      | ss  |   |                   |     |      |           | <b>\$</b> 150.00 |
| City East N        | Vorriton  | State   | Zip Code (Plus 4) | 12  | 21   | 2018      |                  |
|                    |   | PA  | 194032737         |     |      |           |                  |
| Full Name of       | Contributor   |   |                   | МО  | DAY  | YEAR      |                  |
| Mr. Jason Tro      | ut  |   |                   |     |      |           |                  |
| Mailing Addre      | ss  |   |                   |     |      |           | \$ 100.00        |
| <b>City</b> Lititz |   | State   | Zip Code (Plus 4) | 12  | 22   | 2018      |                  |
|                    |   | PA  | 175438809         |     |      |           |                  |
|                    |   |   |                   |     |      |           |                  |

|   |   |       |                   |      |           |      | 17162 8          |
|---|---|-------|-------------------|------|-----------|------|------------------|
| Full Na   | ame of Contributor  |       |                   | мо   | DAY       | YEAR |                  |
| Mr. Th  | Thomas R Harlow FACHE  Alling Address  By Lebanon  State PA  170424014  II Name of Contributor Thomas R Harlow FACHE  Alling Address  By Somerset  State PA  155011259  II Name of Contributor Thomas R Harlow FACHE  State PA  155011259  II Name of Contributor Thomas R Harlow FACHE  Thomas R Harlow FACHE PA  170424014  II Name of Contributor Thomas R Harlow FACHE PA  155011259  II Name of Contributor Thomas R Harlow FACHE PA  15701424014  II Name of Contributor Thomas R Harlow FACHE PA  15701424014  II Name of Contributor Thomas R Harlow FACHE PA  170748867  II Name of Contributor Thomas R Harlow FACHE PA  170748867  II Name of Contributor Thomas R Harlow FACHE PA  170748867  II Name of Contributor Thomas R Harlow FACHE PA  190661702  |       |                   |      |           |      |                  |
| Mailin  | Lebanon State Zip Code (Plus 4) PA 170424014  Name of Contributor PA 155011259  Name of Contributor Bridget Therriault Ing Address Glen Mills State Zip Code (Plus 4) PA 193421301  Name of Contributor Susan Comp Rn, CNO Ing Address Newport State Zip Code (Plus 4) PA 170748867  Name of Contributor Ronald Barg MD Ing Address Merion Station State Zip Code (Plus 4) PA 190661702  Name of Contributor Ronald Barg MD Ing Address Merion Station State Zip Code (Plus 4) PA 190661702  Name of Contributor Ronald Barg MD Ing Address Merion Station State Zip Code (Plus 4) PA 190661702  Name of Contributor Ronald State Zip Code (Plus 4) PA 190661702  Name of Contributor Ronald State Zip Code (Plus 4) PA 171103449  Name of Contributor State Zip Code (Plus 4) PA 171103449  Name of Contributor State Zip Code (Plus 4) PA 171103449 |       |                   |      | \$ 250.00 |      |                  |
| City  | Lebanon   | State | Zip Code (Plus 4) | 12   | 24        | 2018 |                  |
|   |   | PA    | 170424014         |      |           |      |                  |
| Full Name of Contributor  Vincent J. Jacob  Mailing Address  City Somerset State Zip Code (P PA 155011259  Full Name of Contributor  Ms. Bridget Therriault  Mailing Address  City Glen Mills State Zip Code (P PA 193421301  Full Name of Contributor  Ms. Susan Comp Rn, CNO  Mailing Address  City Newport State Zip Code (P |   |       |                   | МО   | DAY       | YEAR |                  |
| Vincer  | nt J. Jacob   |       |                   |      |           |      |                  |
| Mailin  | g Address   |       |                   |      |           |      | \$ 100.00        |
| City  | Somerset  | State | Zip Code (Plus 4) | 12   | 26        | 2018 |                  |
|   |   | PA    | 155011259         |      |           |      |                  |
| Full Na   | ame of Contributor  |       |                   | МО   | DAY       | VEAD |                  |
| Ms. Br  | ridget Therriault   |       |                   | МО   | DAY       | YEAR |                  |
| Mailin  | g Address   |       |                   |      |           |      | \$ 200.00        |
| City  | Glen Mills  | State | Zip Code (Plus 4) | 12   | 31        | 2018 |                  |
|   |   | PA    | 193421301         |      |           |      |                  |
| Full Na   | ame of Contributor  | -     | ·                 | мо   | DAY       | YEAR |                  |
| Ms. Sı  | usan Comp Rn, CNO   |       |                   | MO   | DAT       | TEAR |                  |
| Mailin  | g Address   |       |                   |      |           |      | <b>\$</b> 125.00 |
| City  | Newport   | State | Zip Code (Plus 4) | 12   | 31        | 2018 |                  |
|   |   | PA    | 170748867         |      |           |      |                  |
| Full Na   | ame of Contributor  |       | ·                 | мо   | DAY       | YEAR |                  |
| Dr. Ro  | onald Barg MD   |       |                   | МО   | DAT       | TEAR |                  |
| Mailin  | g Address   |       |                   |      |           |      | <b>\$</b> 125.00 |
| City  | Merion Station  | State | Zip Code (Plus 4) | 12   | 31        | 2018 |                  |
|   |   | PA    | 190661702         |      |           |      |                  |
| Full Na   | ame of Contributor  |       |                   | мо   | DAY       | YEAR |                  |
| Tina L  | . Nixon   |       |                   | 1-10 |           | ILAK |                  |
| Mailin  | g Address   |       |                   |      |           |      | <b>\$</b> 150.00 |
| City  | Harrisburg  | State | Zip Code (Plus 4) | 12   | 31        | 2018 |                  |
|   |   | PA    | 171103449         |      |           |      |                  |
| Full Na   | ame of Contributor  |       |                   | мо   | DAY       | YEAR |                  |
| Dr. Sa  | ri Siegel PhD   |       |                   | 140  | DAI       | ILAK |                  |
| Mailin  | g Address   |       |                   |      |           |      | <b>\$</b> 62.50  |
| City  | Camp Hill   | State | Zip Code (Plus 4) | 12   | 31        | 2018 |                  |
|   |   | PA    | 170113643         |      |           |      |                  |
| Full Na   | ame of Contributor  |       |                   | мо   | DAY       | YEAR |                  |
| Mr. Ar  | ndrew Rush  |       |                   |      | DAT       | TEAR |                  |
| Mailin  | g Address   |       |                   |      |           |      | \$ 200.00        |
| City  | Somerset  | State | Zip Code (Plus 4) | 12   | 31        | 2018 |                  |
|   |   | PA    | 155014531         |      |           |      |                  |
| Full Na   | ame of Contributor  |       | мо                | DAY  | YEAR      |      |                  |
| Georg   | e Coyle   |       |                   | 1.10 | DAT       | ILAR |                  |
| Mailin  | g Address   |       |                   |      |           |      | \$ 100.00        |
| City  | Somerset  | State | Zip Code (Plus 4) | 12   | 31        | 2018 |                  |
|   |   | PA    | 155018705         |      |           |      |                  |
|   |   |       |                   |      |           |      |                  |

| Full N | ame of Contributor |       | МО                | DAY | YEAR |      |                  |
|--------|--------------------|-------|-------------------|-----|------|------|------------------|
| Mr. M  | ark Ross           |       |                   |     |      |      |                  |
| Mailir | ng Address         |       |                   |     |      |      | <b>\$</b> 250.00 |
| City   | Drexel Hill        | State | Zip Code (Plus 4) | 12  | 31   | 2018 |                  |
|        |                    | PA    | 190263103         |     |      |      |                  |

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

| PAGE TOTAL     |
|----------------|
| \$<br>5,885.00 |

#### **PART C**

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

**OVER \$250.00** 

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

| Name of Filing Committee or Candida  | ite             |          | Reporting  | ) Period |         |             |           |          |
|--------------------------------------|-----------------|----------|------------|----------|---------|-------------|-----------|----------|
| Hospital & Healthsystem Assoc of P   | From:           | 11/2     | 7/2018     | То:      | 12/31/2 | <u>2018</u> |           |          |
|                                      |                 |          |            | DA       | TE      |             | AMOUN     | NT       |
| Full Name of Contributing Committee  | 1               |          |            | мо       | DAY     | YEAR        |           |          |
| HighMark Health PAC                  |                 |          |            |          |         |             | <b>\$</b> | 7,515.00 |
| Mailing Address                      |                 | 12       | 14         | 2018     |         | ,           |           |          |
| City Camp Hill                       | State           | Zip Code | e (Plus 4) | ] 12     | 17      | 2010        |           |          |
|                                      | PA              | 170890   | 089        |          |         |             |           |          |
| Full Name of Contributing Committee  | 3               |          |            | мо       | DAY     | YEAR        |           |          |
| Lancaster General Health Political A | ction Committee |          |            | 1-10     | DAI     | ILAK        | \$        | 3,000.00 |
| Mailing Address                      |                 |          |            | 12       | 31      | 2018        |           | -,       |
| City Lancaster                       | State           | Zip Code | e (Plus 4) | ] '-     | 31      | 2016        |           |          |
|                                      | PA              | 17604    |            |          |         |             |           |          |

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

**PAGE TOTAL \$** 10,515.00

### ALL OTHER CONTRIBUTIONS

**OVER \$250.00** 

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

Name of Filing Committee or Candidate

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

**Reporting Period** 

| Hospital & Healthsystem Assoc of PA PA   | AC (HAPAC)  |                  |  | Fron      | n:               | 11/27/2                        | <u>018</u> To              | :                              | 12/3   | 1/2018                        |
|--|---|------------------|--|-----------|------------------|--------------------------------|----------------------------|--------------------------------|--|-------------------------------|
|  |   |                  |  |           | DA               | ATE                            |                            |                                | AMOUN <sup>-</sup>                             | Г                             |
| Full Name of Contributor   |   |                  |  |           | мо               | DAY                            | YEAR                       | ١.                             |  |                               |
| Mr. Andrew W. Carter   |   |                  |  |           | MO               | DAT                            | TEAR                       | \$                             |  | 588.24                        |
| Mailing Address  |   |                  |  |           | 12               | 31                             | 2018                       |                                |  |                               |
| <b>City</b> Harrisburg   | State   | Zip              | Code (Plus                                       | 4)        | 12               | 31                             | 2010                       |                                |  |                               |
|  | PA  | l <sub>17:</sub> | 1112428  |           |                  |                                |                            |                                |  |                               |
| Employer Name Hospital and Healthsy  | stem Association of   | Penr             | ns, Th   |           | Occupat          | ion                            | Presider                   | nt and                         | d Chief Ex                                     | кеси                          |
| Employer Mailing Address/Principal Plac  | e of Business   |                  | City   |           |                  | State                          |                            | Zip (                          | Code (Plu                                      | s 4)                          |
|  |   |                  | Harrisburg                                       |           | PA 171           |                                |                            |                                | 011703   |                               |
| Full Name of Contributor   |   |                  |  |           |                  | •                              |                            |                                |  |                               |
| Mr. Andrew W. Carter   |   |                  |  |           | МО               | DAY                            | YEAR                       | \$                             |  | 750.00                        |
| Mailing Address  |   |                  |  |           | 40               | 0.4                            | 2010                       | 1                              |  |                               |
| <b>City</b> Harrisburg   | State   | Zip              | Code (Plus                                       | 4)        | 12               | 31                             | 2018                       |                                |  |                               |
|  | PA  | 17               | 1112428  |           |                  |                                |                            |                                |  |                               |
| Employer Name Hospital and Healthsv  | stem Association of   | Penr             | ns. Th   |           | Occupat          | ion                            | Presider                   | nt and                         | d Chief Ex                                     | kecu                          |
| Employer Name Hospital and Healthsystem Association of Penns, Th   |   |                  |  |           |                  |                                |                            |                                |  |                               |
| Employer Mailing Address/Principal Plac  | e of Business   |                  | City   |           |                  | State                          |                            | Zip (                          | Code (Plu                                      | s 4)                          |
| Employer Mailing Address/Principal Plac  | e of Business   |                  | <b>City</b><br>Harrisburg                        |           |                  | <b>State</b><br>PA             |                            |                                | Code (Plu<br>011703                            | s 4)                          |
| . , , , , .  | e of Business   |                  | -  | l         |                  |                                |                            |                                |  | s 4)                          |
| Full Name of Contributor   | e of Business   |                  | -  | ı         | мо               |                                | YEAR                       |                                |  | 500.00                        |
| Full Name of Contributor Dr. Peter D. Quinn DMD, MD  | e of Business   |                  | -  |           |                  | PA DAY                         |                            | 1710                           |  |                               |
| Full Name of Contributor Dr. Peter D. Quinn DMD, MD Mailing Address  | e of Business   | Zip              | Harrisburg                                       |           | <b>MO</b> 12     | PA                             | <b>YEAR</b> 2018           | 1710                           |  |                               |
| Full Name of Contributor Dr. Peter D. Quinn DMD, MD  | State   |                  | Harrisburg  Code (Plus                           |           |                  | PA DAY                         |                            | 1710                           |  |                               |
| Full Name of Contributor Dr. Peter D. Quinn DMD, MD  Mailing Address  City Haverford   | <b>State</b> PA   | 190              | Harrisburg                                       |           | 12               | PA <b>DAY</b> 31               | 2018                       | \$                             | 011703   | 500.00                        |
| Full Name of Contributor Dr. Peter D. Quinn DMD, MD  Mailing Address  City Haverford  Employer Name University of Pennsylv   | <b>State</b><br>PA<br>ania School of Medi                   | 190              | Harrisburg  Code (Plus 0411603                   |           |                  | PA <b>DAY</b> 31               | 2018                       | \$ st Max                      | 011703   | 500.00<br>S                   |
| Full Name of Contributor Dr. Peter D. Quinn DMD, MD  Mailing Address  City Haverford   | <b>State</b><br>PA<br>ania School of Medi                   | 190              | Code (Plus<br>0411603                            | 4)        | 12               | DAY  31  ion State             | 2018                       | 1710<br>\$<br>d Max<br>Zip (   | 011703  Killiofacial                           | 500.00<br>S                   |
| Full Name of Contributor Dr. Peter D. Quinn DMD, MD  Mailing Address  City Haverford  Employer Name University of Pennsylv  Employer Mailing Address/Principal Place   | <b>State</b><br>PA<br>ania School of Medi                   | 190              | Harrisburg  Code (Plus 0411603                   | 4)        | 12               | DAY 31                         | 2018                       | 1710<br>\$<br>d Max<br>Zip (   | 011703   | 500.00<br>S                   |
| Full Name of Contributor Dr. Peter D. Quinn DMD, MD  Mailing Address City Haverford  Employer Name University of Pennsylv Employer Mailing Address/Principal Place  Full Name of Contributor   | <b>State</b><br>PA<br>ania School of Medi                   | 190              | Code (Plus<br>0411603                            | 4)        | 12               | DAY  31  ion State             | 2018                       | 1710<br>\$<br>d Max<br>Zip (   | 011703  Killiofacial                           | 500.00<br>S                   |
| Full Name of Contributor Dr. Peter D. Quinn DMD, MD  Mailing Address  City Haverford  Employer Name University of Pennsylv  Employer Mailing Address/Principal Place  Full Name of Contributor Dr. Verdi Disesa MBA, MD                                  | <b>State</b><br>PA<br>ania School of Medi                   | 190              | Code (Plus<br>0411603                            | 4)        | 12 Occupat       | DAY  31  ion State PA  DAY     | 2018<br>Oral and<br>YEAR   | \$ d Max Zip (                 | 011703  Killiofacial                           | 500.00<br>S<br><b>s 4</b> )   |
| Full Name of Contributor Dr. Peter D. Quinn DMD, MD  Mailing Address  City Haverford  Employer Name University of Pennsylv  Employer Mailing Address/Principal Place  Full Name of Contributor Dr. Verdi Disesa MBA, MD  Mailing Address                 | State PA ania School of Medi e of Business                  | 190              | Code (Plus<br>0411603<br>City<br>Philadelphi     | <b>4)</b> | 12 Occupat       | DAY  31  ion (  State  PA      | 2018<br>Oral and           | \$ d Max Zip (                 | 011703  Killiofacial                           | 500.00<br>S<br><b>s 4</b> )   |
| Full Name of Contributor Dr. Peter D. Quinn DMD, MD  Mailing Address  City Haverford  Employer Name University of Pennsylv  Employer Mailing Address/Principal Place  Full Name of Contributor Dr. Verdi Disesa MBA, MD                                  | State PA ania School of Medi e of Business  State           | 190              | Code (Plus O411603  City Philadelphi  Code (Plus | <b>4)</b> | 12 Occupat       | DAY  31  ion State PA  DAY     | 2018<br>Oral and<br>YEAR   | \$ d Max Zip (                 | 011703  Killiofacial                           | 500.00<br>S<br><b>s 4</b> )   |
| Full Name of Contributor Dr. Peter D. Quinn DMD, MD  Mailing Address  City Haverford  Employer Name University of Pennsylv  Employer Mailing Address/Principal Place  Full Name of Contributor Dr. Verdi Disesa MBA, MD  Mailing Address  City Wynnewood | State PA ania School of Medi e of Business  State PA        | 190              | Code (Plus<br>0411603<br>City<br>Philadelphi     | <b>4)</b> | 12 Occupat       | DAY  31  ion State PA  DAY  31 | 2018  Oral and  YEAR  2018 | \$ 1710 \$ \$ 2ip ( 1910 \$ \$ | oili703<br>killiofacial<br>Code (Plu<br>044208 | 500.00<br>S<br>s 4)           |
| Full Name of Contributor Dr. Peter D. Quinn DMD, MD  Mailing Address  City Haverford  Employer Name University of Pennsylv  Employer Mailing Address/Principal Place  Full Name of Contributor Dr. Verdi Disesa MBA, MD  Mailing Address                 | State PA ania School of Medi e of Business  State PA spital | 190              | Code (Plus O411603  City Philadelphi  Code (Plus | <b>4)</b> | Occupate  MO  12 | DAY  31  ion State PA  DAY  31 | 2018  Oral and  YEAR  2018 | 1710 \$ \$ Zip ( 1910 \$ \$ )  | 011703  Killiofacial                           | 500.00<br>S<br>s 4)<br>500.00 |

| Full Name of Contributor   |                 |      |                 | мо      | DAY   | YEAR     | \$                | 1,000.00    |  |
|--|-----------------|------|-----------------|---------|-------|----------|-------------------|-------------|--|
| Ms. Michele M Volpe  |                 |      |                 |         |       |          | <b>_</b>          | 1,000.00    |  |
| Mailing Address  | 1               |      |                 | 12      | 31    | 2018     |                   |             |  |
| <b>City</b> Philadelphia   | State           | Zi   | p Code (Plus 4) |         |       |          |                   |             |  |
|  | l pa l          | 19   | 1062014         |         |       | l        | <u> </u>          |             |  |
| <b>Employer Name</b> Penn Presbyterian Me  |                 |      |                 | Occupat | tion  | Chief Ex | xecutive Officer  |             |  |
| Employer Mailing Address/Principal Plac  | ce of Business  |      | City            |         | State |          | Zip Code (P       | lus 4)      |  |
|  |                 |      | Philadelphia    |         | PA    |          | 191042640         |             |  |
| Full Name of Contributor   |                 |      |                 |         | DAY   | VEAD     |                   |             |  |
| Mr. Thomas P. Costello Esq.  |                 |      |                 | МО      | DAY   | YEAR     | <b>\$</b>         | 500.00      |  |
| Mailing Address  |                 |      |                 | 12      | 31    | 2018     |                   |             |  |
| <b>City</b> Wayne  | State           | Zi   | p Code (Plus 4) | 12      | 31    | 2010     |                   |             |  |
|  | l <sub>PA</sub> | 19   | 00871027        |         |       |          |                   |             |  |
| Employer Name Cohen & Done Cohe |                 |      |                 | Occupat | tion  | Attorney | /                 |             |  |
| Employer Mailing Address/Principal Plac  | ce of Business  |      | City            |         | State |          | Zip Code (P       | lus 4)      |  |
|  |                 |      |                 |         |       |          |                   |             |  |
| Full Name of Contributor   |                 |      |                 |         | •     |          |                   |             |  |
| Mr. Peter L DeAngelis  |                 |      |                 | МО      | DAY   | YEAR     | \$                | 350.00      |  |
| Mailing Address  |                 |      |                 |         |       |          | 1                 |             |  |
| City LANSDALE  | State           | Zi   | p Code (Plus 4) | 12      | 31    | 2018     |                   |             |  |
|  | <sub>PA</sub>   | 10   | 94466454        |         |       |          |                   |             |  |
| Employer Name Thomas Jefferson Uni   |                 |      |                 | Occupat | ion   | CEO      |                   |             |  |
| Employer Mailing Address/Principal Place   |                 |      | City            | Тоссири | State |          | Zip Code (P       | lus 4)      |  |
| Zimpioyer Finding Address, Frincipal Flac  | e or business   |      | Philadelphia    | PA      |       |          | 191074824         |             |  |
|  |                 |      | Filliadelpilla  |         | IFA   |          | 191074024         |             |  |
| Full Name of Contributor   |                 |      |                 | мо      | DAY   | YEAR     | <b> </b>          | 950.00      |  |
| Mr. Alan L Brechbill FACHE   |                 |      |                 |         |       |          |                   |             |  |
| Mailing Address  City Hummelstown  | State           | 7:   | p Code (Plus 4) | 12      | 27    | 2018     |                   |             |  |
| City Hummelstown   | State           |      |                 |         |       |          |                   |             |  |
|  | I PA I          |      | 70369771        |         |       |          |                   |             |  |
| Employer Name Penn State Milton S. I   |                 | iter |                 | Occupat | 1     | Presider |                   | amp; EVP-Pe |  |
| Employer Mailing Address/Principal Plac  | ce of Business  |      | City            |         | State |          | Zip Code (Plus 4) |             |  |
|  |                 |      | Hershey         |         | PA    |          | 170330850         |             |  |
| Full Name of Contributor   |                 |      |                 | мо      | DAY   | YEAR     | \$                | 500.00      |  |
| Mr. Robert Jackson Jr.   |                 |      |                 |         | 2711  |          | *                 | 500.00      |  |
| Mailing Address  | 1               |      |                 | 12      | 26    | 2018     | İ                 |             |  |
| City Grove City  | State           | Zi   | p Code (Plus 4) |         |       |          |                   |             |  |
|  | l <sub>PA</sub> | 16   | 51274603        |         |       | l        | l                 |             |  |
| Employer Name Grove City Medical Ce  | enter           |      |                 | Occupat | tion  | Chief Ex | ecutive Offic     | cer         |  |
| Employer Mailing Address/Principal Plac  | ce of Business  |      | City            |         | State |          | Zip Code (P       | lus 4)      |  |
|  |                 |      | Grove City      |         | PA    |          | 161274603         |             |  |
| Full Name of Contributor   |                 |      |                 |         |       | W=       |                   |             |  |
| Mr. Philip Okala   |                 |      |                 | МО      | DAY   | YEAR     | \$                | 1,000.00    |  |
| Mailing Address  |                 |      |                 | 12      | 3.4   | 2010     | 1                 |             |  |
| <b>City</b> Wayne  | State           | Zi   | p Code (Plus 4) | 12      | 24    | 2018     |                   |             |  |
|  | <sub>PA</sub>   | 19   | 00872181        |         |       |          |                   |             |  |
| Employer Name University of Pennsylv   |                 |      | -               | Occupat | tion  | C00      |                   |             |  |
| Employer Mailing Address/Principal Place   |                 |      | City            |         | State |          | Zip Code (P       | lus 4)      |  |
| ,  |                 |      | Philadelphia    |         | PA    |          | 191045127         |             |  |
|  |                 |      | , madeipma      |         | 1'^   |          | 1)1UTJ12/         |             |  |

| Full Name of Contributor                    |                       |                             |                     |                    |                        |                              |          |  |
|---|-----------------------|-----------------------------|---------------------|--------------------|------------------------|------------------------------|----------|--|
| Ms. Kathleen Rhine                          |                       |                             | МО                  | DAY                | YEAR                   | \$                           | 1,000.00 |  |
| Mailing Address                             |                       |                             |                     |                    |                        | -                            |          |  |
| City State College                          | State                 | Zip Code (Plus 4)           | 12                  | 22                 | 2018                   |                              |          |  |
| State College                               |                       |                             |                     |                    |                        |                              |          |  |
| English Mark Mark Mark                      |                       | 168031845                   | 0                   | •                  | <u> </u>               | 1 161: 6                     |          |  |
| Employer Name Mount Nittany Medica          |                       | T av.                       | Occupat             | 1                  | Presider               | nt and Chief Execu           |          |  |
| Employer Mailing Address/Principal Plac     | ce of Business        | City                        |                     | State              |                        | Zip Code (P                  | •        |  |
|   |                       | State College               | _                   | PA                 |                        | 168036709                    |          |  |
| Full Name of Contributor                    |                       |                             | мо                  | DAY                | YEAR                   | <b> </b>                     | 588.24   |  |
| Mr. Andrew W. Carter                        |                       |                             |                     |                    |                        | <b>_</b>                     | 300.24   |  |
| Mailing Address                             |                       |                             | 12                  | 24                 | 2018                   |                              |          |  |
| <b>City</b> Harrisburg                      | State                 | Zip Code (Plus 4)           |                     |                    |                        |                              |          |  |
|   | l <sub>PA</sub>       | 171112428                   |                     |                    |                        |                              |          |  |
| Employer Name Hospital and Healthsy         | stem Association of P | enns, Th                    | Occupat             | ion                | Presider               | nt and Chief                 | Execu    |  |
| Employer Mailing Address/Principal Plac     | e of Business         | City                        |                     | State              |                        | Zip Code (P                  | lus 4)   |  |
|   |                       | Harrisburg                  |                     | PA                 |                        | 171011703                    |          |  |
| Full Name of Contributor                    |                       | ·                           |                     |                    |                        |                              |          |  |
| Mr. Gary B. Weinstein                       |                       |                             | МО                  | DAY                | YEAR                   | \$                           | 281.25   |  |
| Mailing Address                             |                       |                             | 10                  | 20                 | 2010                   |                              |          |  |
| City Washington                             | State                 | Zip Code (Plus 4)           | 12                  | 20                 | 2018                   |                              |          |  |
|   | l <sub>PA</sub>       | 153016623                   |                     |                    |                        |                              |          |  |
| Employer Name Washington Hospital           |                       |                             | Occupat             | ion                | Presider               | nt and Chief                 | Execu    |  |
| Employer Mailing Address/Principal Plac     | re of Rusiness        | City                        | Compan              | State              | resider                | Zip Code (Plus 4)            |          |  |
| Limployer Flaming Address, Frincipal Flac   | e or business         | Washington                  |                     | PA                 |                        | 153013398                    |          |  |
|   |                       | Washington                  |                     | IFA                |                        | 133013396                    |          |  |
| Full Name of Contributor                    |                       |                             | мо                  | DAY                | YEAR                   | <b>\$</b>                    | 500.00   |  |
| Ms. Elizabeth B. Johnston                   |                       |                             |                     |                    |                        |                              |          |  |
| Mailing Address                             | l a                   |                             | 12                  | 19                 | 2018                   |                              |          |  |
| <b>City</b> Philadelphia                    |                       | Zip Code (Plus 4)           |                     |                    |                        |                              |          |  |
|   |                       | 191036509                   |                     |                    | l                      | Ī                            |          |  |
| <b>Employer Name</b> Penn Medicine Medica   | l Group               | 1                           | Occupation CEO      |                    |                        |                              |          |  |
| Employer Mailing Address/Principal Plac     | ce of Business        | City                        | State Zip Code (Plu |                    |                        | lus 4)                       |          |  |
|   |                       |                             |                     |                    |                        |                              |          |  |
| Full Name of Contributor                    |                       |                             | МО                  | DAY                | YEAR                   |                              |          |  |
| Dr. John D. Cacciamani MD, MBA              |                       |                             | МО                  | DAT                | TEAR                   | \$                           | 300.00   |  |
| Mailing Address                             |                       |                             | 12                  | 19                 | 2018                   |                              |          |  |
| City Blue Bell                              | State                 | Zip Code (Plus 4)           | 1                   | 13                 | 2010                   |                              |          |  |
|   | l <sub>PA</sub>       | 194222507                   |                     |                    |                        |                              |          |  |
| Employer Name Chestnut Hill Hospital        |                       |                             | Occupat             | ion                | Chief Ex               | ecutive Offic                | er       |  |
| Employer Mailing Address/Principal Plac     | ce of Business        | City                        |                     | State              |                        | Zip Code (P                  | lus 4)   |  |
|   |                       | Philadelphia                |                     | PA                 |                        | 191182765                    |          |  |
| Full Name of Contributor                    |                       |                             |                     |                    |                        | I                            |          |  |
| Mr. Robert J Russell                        |                       |                             | МО                  | DAY                | YEAR                   | \$                           | 350.00   |  |
| Mailing Address                             |                       |                             |                     |                    |                        | 1                            |          |  |
| City Marlton                                | State                 | Zip Code (Plus 4)           | 12                  | 19                 | 2018                   |                              |          |  |
| , Planton                                   |                       | 080535345                   |                     |                    |                        |                              |          |  |
| Employer Name - Dans Durch stade - M        |                       | UUUJJJJ343                  | Occupat             | ion                | <u>'</u><br>Λοςο =!= ' | o Evanution                  | Direc    |  |
| <b>Employer Name</b> Penn Presbyterian Me   | uicai Center          |                             | Occupat             | .ion               | ASSOCIAT               | e Executive                  |          |  |
| Emminuou Mailling Adding a / Bulgation 1 Bl | a of Dualma           | Cia.                        |                     | L Charte           |                        |                              |          |  |
| Employer Mailing Address/Principal Plac     | e of Business         | <b>City</b><br>Philadelphia |                     | <b>State</b><br>PA |                        | <b>Zip Code (P</b> 191042640 | -        |  |

| Full Name of Contributor               |                 |    |                 | мо                      | DAY   | YEAR     | <b> </b>     | 500.00   |  |
|--|-----------------|----|-----------------|-------------------------|-------|----------|--------------|----------|--|
| Mr. Richard Baker                      |                 |    |                 |                         |       |          | ] *          | 300.00   |  |
| Mailing Address                        |                 |    |                 | 12                      | 18    | 2018     |              |          |  |
| <b>City</b> York                       | State           | Zi | p Code (Plus 4) |                         |       |          |              |          |  |
|  | l PA l          | 17 | 4029556         |                         |       |          |              |          |  |
| Employer Name WellSpan Health          |                 |    |                 | Occupat                 | ion   | SVP CIC  | )            |          |  |
| Employer Mailing Address/Principal Pla | ace of Business |    | City            |                         | State |          | Zip Code (I  | Plus 4)  |  |
|  |                 |    | York            |                         | PA    |          | 17403507     | <u> </u> |  |
| Full Name of Contributor               |                 |    |                 | МО                      | DAY   | VEAD     |              |          |  |
| Mr. Louis J Panza Jr.                  |                 |    |                 | МО                      | DAY   | YEAR     | \$           | 1,000.00 |  |
| Mailing Address                        |                 |    |                 | 12                      | 18    | 2018     |              |          |  |
| <b>City</b> Perryopolis                | State           | Zi | p Code (Plus 4) |                         | 10    | 2010     |              |          |  |
|  | l <sub>PA</sub> | 15 | 54735403        |                         |       |          |              |          |  |
| Employer Name Monongahela Valley       | Hospital        |    |                 | Occupat                 | ion   | Presider | it and Chief | Execu    |  |
| Employer Mailing Address/Principal Pla | ace of Business |    | City            |                         | State |          | Zip Code (I  | Plus 4)  |  |
|  |                 |    | Monongahela     |                         | PA    |          | 150631013    | 3        |  |
| Full Name of Contributor               |                 |    |                 |                         |       |          |              |          |  |
| Mr. William M. Jennings                |                 |    |                 | МО                      | DAY   | YEAR     | \$           | 1,000.00 |  |
| Mailing Address                        |                 |    |                 | 12                      | 10    | 2010     | 1            |          |  |
| City Wyomissing                        | State           | Zi | p Code (Plus 4) | 12                      | 10    | 2018     |              |          |  |
|  | <sub>PA</sub>   | 19 | 06102446        |                         |       |          |              |          |  |
| Employer Name Reading Hospital         |                 |    |                 | Occupat                 | ion   | Presider | it/CEO       |          |  |
| Employer Mailing Address/Principal Pla | ace of Business |    | City            | •                       | State |          | Zip Code (I  | Plus 4)  |  |
|  |                 |    | Reading         |                         | PA    |          |              | 2        |  |
| Full Name of Contributor               |                 |    |                 |                         |       |          |              |          |  |
| Dr. Michael A Magro Jr., DO            |                 |    |                 | МО                      | DAY   | YEAR     | \$           | 500.00   |  |
| Mailing Address                        |                 |    |                 |                         |       |          | 1            |          |  |
| <b>City</b> Philadelphia               | State           | Zi | p Code (Plus 4) | 12                      | 9     | 2018     |              |          |  |
| ·                                      | <sub>PA</sub>   | 19 | 1024316         |                         |       |          |              |          |  |
| Employer Name Nazareth Hospital        |                 |    |                 | Occupat                 | ion   |          |              |          |  |
| Employer Mailing Address/Principal Pla | ace of Business |    | City            | State Zip Code (Plus 4) |       |          |              |          |  |
|  |                 |    | Philadelphia    |                         |       |          | 191522096    |          |  |
| Full Name of Contributor               |                 |    | ·               |                         |       |          | I            |          |  |
| Ms. Susan Cusack                       |                 |    |                 | МО                      | DAY   | YEAR     | \$           | 1,000.00 |  |
| Mailing Address                        |                 |    |                 |                         |       |          | 1            |          |  |
| City Aston                             | State           | Zi | p Code (Plus 4) | 12                      | 6     | 2018     |              |          |  |
| ,                                      | <sub>PA</sub>   |    | 00141225        |                         |       |          |              |          |  |
| Employer Name Mercy Hospital of Ph     |                 |    |                 | Occupat                 | ion   | Executiv | e Director   |          |  |
| Employer Mailing Address/Principal Pla |                 |    | City            |                         | State |          | Zip Code (I  | Plus 4)  |  |
|  |                 |    | Philadelphia    |                         | PA    |          | 19143199     |          |  |
| Full Name of Contribute                |                 |    | · ·····uacipina |                         | 1     |          | 1            | -        |  |
| Full Name of Contributor               |                 |    |                 | мо                      | DAY   | YEAR     | <b>\$</b>    | 2,500.00 |  |
| Mr. Clinton Matthews  Mailing Address  |                 |    |                 |                         |       |          | 1            |          |  |
| City Wyomissing                        | State           | 7; | p Code (Plus 4) | 12                      | 5     | 2018     |              |          |  |
| wyoniissing                            |                 |    |                 |                         |       |          |              |          |  |
| Employer Name - Terrer Use He          | I PA I          | 15 | 96102443        | 0                       | ion   | Drosid - |              | Evec     |  |
| Employer Name Tower Health             | as of Business  |    | City            | Occupat                 | 1     | rresider | t and Chief  |          |  |
| Employer Mailing Address/Principal Pla | ICE OT BUSINESS |    | City            |                         | State |          | Zip Code (I  | rius 4)  |  |
|  |                 |    | West Reading    |                         | PA    |          | 19611        |          |  |

| Full Name of Contributor   |                                       |                  |          |                                      |                    |                  |                                       |   |  |
|--|---------------------------------------|------------------|----------|--------------------------------------|--------------------|------------------|---------------------------------------|---|--|
| Dr. Sricharan Chalikonda MD  |                                       |                  |          | МО                                   | DAY                | YEAR             | \$                                    | 800.00                                  |  |
| Mailing Address  |                                       |                  |          |                                      |                    |                  | 1                                     |   |  |
| City Allison Park  | State                                 | Zip Code         | (Plus 4) | 12                                   | 3                  | 2018             |                                       |   |  |
| 7 Allison Funk   | PA                                    | 1510111          |          |                                      |                    |                  |                                       |   |  |
| Employer Name Allegheny Health Netv  |                                       | 1310111          | 01       | Occupat                              | ion                | Physicia         | <u>'</u><br>n                         |   |  |
| Employer Mailing Address/Principal Place   |                                       | City             |          | Тоссирас                             | State              | FITYSICIA        | Zip Code (Plus 4)                     |   |  |
| Limployer Maining Address/Frincipal Flac   | e of business                         | '                | rah      |                                      | PA                 |                  | 152223002                             |   |  |
|  |                                       | FILLSL           | ourgh    |                                      | PA                 |                  | 132223002                             |   |  |
| Full Name of Contributor   |                                       |                  |          | мо                                   | DAY                | YEAR             | <b>\$</b>                             | 1,000.00                                |  |
| Mr. Douglas Hock   |                                       |                  |          |                                      |                    |                  | 4                                     | _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
| Mailing Address  | T                                     |                  |          | 12                                   | 4                  | 2018             |                                       |   |  |
| City Bryn Mawr   | State                                 | Zip Code         | -        |                                      |                    |                  |                                       |   |  |
|  | I PA I                                | 1901014          | 04       |                                      |                    | <u> </u>         | I                                     |   |  |
| <b>Employer Name</b> Children's Hospital of  | Philadelphia                          |                  |          | Occupat                              | ion (              | COO              |                                       |   |  |
| Employer Mailing Address/Principal Plac  | e of Business                         | City             |          |                                      | State              |                  | Zip Code (P                           | lus 4)                                  |  |
|  |                                       | Phila            | delphia  |                                      | PA                 |                  | 191044319                             |   |  |
| Full Name of Contributor   |                                       |                  |          | мо                                   | DAY                | YEAR             |                                       |   |  |
| Mr. Jeffrey Kahn ESQ   |                                       |                  |          | МО                                   | DAT                | TEAK             | <b>\$</b>                             | 1,000.00                                |  |
| Mailing Address  |                                       |                  |          | 12                                   | 4                  | 2018             |                                       |   |  |
| <b>City</b> Wynnewood  | State                                 | Zip Code         | (Plus 4) |                                      | 7                  | 2010             |                                       |   |  |
|  | <sub>PA</sub>                         | 1909619          | 24       |                                      |                    |                  |                                       |   |  |
| Employer Name Children's Hospital of   | Philadelphia                          |                  |          | Occupat                              | ion                | Executiv         | e Vice Presi                          | dent                                    |  |
| Employer Mailing Address/Principal Plac  | · · · · · · · · · · · · · · · · · · · | City             |          | •                                    | State              |                  | Zip Code (Plus 4)                     |   |  |
|  |                                       | Phila            | delphia  | PA                                   |                    |                  | 191044319                             |   |  |
| Full Name of Contributor   |                                       |                  |          |                                      |                    |                  | T                                     |   |  |
|  |                                       |                  |          | МО                                   | DAY                | YEAR             | \$                                    | 1,000.00                                |  |
| Mr. Peter M Grollman  Mailing Address  |                                       |                  |          |                                      |                    |                  | -                                     |   |  |
| City Merion Station  | State                                 | Zip Code         | (Dlue 4) | 12                                   | 4                  | 2018             |                                       |   |  |
| Merion Station   | PA                                    |                  |          |                                      |                    |                  |                                       |   |  |
| Employee Name Child I I I I I I I I  |                                       | 1906616          | 04       | 0                                    | •                  |                  |                                       |   |  |
| Employer Name Children's Hospital of   |                                       | T                |          | Occupation Vice President Government |                    |                  |                                       |   |  |
| Employer Mailing Address/Principal Plac  | ce of Business                        | City             |          |                                      | State              |                  | Zip Code (P                           | •                                       |  |
|  |                                       | Phila            | delphia  |                                      | PA                 |                  | 191044319                             |   |  |
| Full Name of Contributor   |                                       |                  |          | мо                                   | DAY                | YEAR             |                                       | 1 000 00                                |  |
| Ms. Madeline Bell  |                                       |                  |          |                                      | <b>D</b> A.,       | 127111           | \$                                    | 1,000.00                                |  |
| Mailing Address  |                                       |                  |          | 12                                   | 4                  | 2018             |                                       |   |  |
| <b>City</b> Philadelphia   | State                                 | Zip Code         | (Plus 4) | ]                                    |                    |                  |                                       |   |  |
|  | l <sub>PA</sub>                       | 1910364          | 57       |                                      |                    |                  |                                       |   |  |
|  |                                       |                  |          |                                      |                    |                  |                                       | Evecu                                   |  |
| Employer Name Children's Hospital of   | Philadelphia                          |                  |          | Occupat                              | ion                | <u>Presider</u>  | at and Chief Execu  Zip Code (Plus 4) |   |  |
| Employer Name Children's Hospital of Employer Mailing Address/Principal Place                                | ·                                     | City             |          | Occupat                              | State              | Presider         |                                       |   |  |
| ·  | ·                                     |                  | delphia  | Occupat                              | 1                  | Presider         |                                       | lus 4)                                  |  |
| ·  | ·                                     |                  | delphia  |                                      | State<br>PA        |                  | Zip Code (P                           | lus 4)                                  |  |
| Employer Mailing Address/Principal Place Full Name of Contributor  | ·                                     |                  | delphia  | Occupat                              | State              | Presider<br>YEAR | Zip Code (P                           | lus 4)                                  |  |
| Employer Mailing Address/Principal Place Full Name of Contributor Mr. Thomas Todorow                         | ·                                     |                  | delphia  | МО                                   | State<br>PA<br>DAY | YEAR             | <b>Zip Code (P</b> 191044319          | lus 4)                                  |  |
| Full Name of Contributor Mr. Thomas Todorow Mailing Address  | ·                                     | Phila            |          |                                      | State<br>PA        |                  | <b>Zip Code (P</b> 191044319          | lus 4)                                  |  |
| Employer Mailing Address/Principal Place Full Name of Contributor Mr. Thomas Todorow                         | e of Business                         | Phila            | (Plus 4) | МО                                   | State<br>PA<br>DAY | YEAR             | <b>Zip Code (P</b> 191044319          | lus 4)                                  |  |
| Full Name of Contributor Mr. Thomas Todorow Mailing Address City Media                                       | State                                 | Phila            | (Plus 4) | <b>MO</b> 12                         | State PA  DAY  4   | <b>YEAR</b> 2018 | Zip Code (P<br>191044319<br>\$        | 1,000.00                                |  |
| Full Name of Contributor Mr. Thomas Todorow Mailing Address City Media  Employer Name Children's Hospital of | State PA Philadelphia                 | Phila:           | (Plus 4) | МО                                   | State PA  DAY  4   | <b>YEAR</b> 2018 | stip Code (P                          | 1,000.00<br>er a                        |  |
| Full Name of Contributor Mr. Thomas Todorow Mailing Address City Media                                       | State PA Philadelphia                 | Zip Code 1906325 | (Plus 4) | <b>MO</b> 12                         | State PA  DAY  4   | <b>YEAR</b> 2018 | Zip Code (P<br>191044319<br>\$        | 1,000.00<br>er a<br>lus 4)              |  |

| Full Name of Contributor   |   |                     |  | мо                                   | DAY                 | YEAR                 | <b>\$</b>               | 588.24                 |  |  |
|--|---|---------------------|--|--------------------------------------|---------------------|----------------------|-------------------------|------------------------|--|--|
| Mr. Andrew W. Carter   |   |                     |  |                                      |                     |                      | -                       |                        |  |  |
| Mailing Address  | <u> </u>  | ı —                 |  | 11                                   | 30                  | 2018                 | 1                       |                        |  |  |
| <b>City</b> Harrisburg   | State   | Zip                 | Code (Plus 4)                            |                                      |                     |                      |                         |                        |  |  |
|  | l pa  | 17                  | 1112428                                  |                                      |                     |                      | ı                       |                        |  |  |
| Employer Name Hospital and Healthsy  | stem Association of                                   | Pen                 | ns, Th                                   | Occupat                              | ion                 | Presider             | nt and Ch               | ief Execu              |  |  |
| Employer Mailing Address/Principal Plac  | e of Business   |                     | City                                     | State Zip Code (Plus                 |                     |                      | e (Plus 4)              |                        |  |  |
|  |   |                     | Harrisburg                               |                                      | PA                  |                      | 171011                  | 703                    |  |  |
| Full Name of Contributor   |   |                     |  |                                      |                     |                      |                         |                        |  |  |
| Mr. Andrew W. Carter   |   |                     |  | МО                                   | DAY                 | YEAR                 | \$                      | 588.24                 |  |  |
| Mailing Address  |   |                     |  | 11                                   | 20                  | 2010                 | 1                       |                        |  |  |
| City Harrisburg  | State   | Zip                 | Code (Plus 4)                            | 11                                   | 30                  | 2018                 |                         |                        |  |  |
| -  | PA  | <br>  <sub>17</sub> | 1112428                                  |                                      |                     |                      |                         |                        |  |  |
| Employer Name Hospital and Healthsystem Association of Penns, Th   |   |                     |  | Occupation President and Chief Execu |                     |                      |                         |                        |  |  |
| Employer Mailing Address/Principal Place of Business City  |   |                     | •  | State                                |                     | Zip Code             | e (Plus 4)              |                        |  |  |
|  |   |                     | Harrisburg                               |                                      | PA I                |                      |                         | 171011703              |  |  |
| Full Name of Contributor   |   |                     | 5  |                                      | ·                   |                      |                         |                        |  |  |
|  |   |                     |  | мо                                   | DAY                 | YEAR                 | <b>\$</b>               | 1,000.00               |  |  |
| Dr. Charles Dean Kurth MD  Mailing Address   |   |                     |  |                                      |                     |                      | -                       |                        |  |  |
| Maning Address   |   |                     |  | 11                                   | 28                  | 2018                 |                         |                        |  |  |
| City Dhiladalahia  | State   | 71.                 | Code (Blue 4)                            | 1 1                                  |                     | 2010                 | 1                       |                        |  |  |
| <b>City</b> Philadelphia   | State   |                     | Code (Plus 4)                            |                                      | 20                  | 2010                 |                         |                        |  |  |
|  | PA  |                     | Code (Plus 4)<br>1062352                 |                                      |                     |                      |                         |                        |  |  |
| Employer Name Children's Hospital of   | PA<br>Philadelphia                                    |                     | 1062352                                  | Occupat                              | ion                 | Physicia             |                         |                        |  |  |
|  | PA<br>Philadelphia                                    |                     |  |                                      |                     |                      | Zip Code                | e (Plus 4)             |  |  |
| Employer Name Children's Hospital of   | PA<br>Philadelphia                                    |                     | 1062352                                  |                                      | ion                 |                      |                         |                        |  |  |
| Employer Name Children's Hospital of   | PA<br>Philadelphia                                    |                     | 1062352<br>City                          | Occupat                              | State               | Physicia             | <b>Zip Code</b> 191044: | 319                    |  |  |
| Employer Name Children's Hospital of Employer Mailing Address/Principal Place  | PA<br>Philadelphia                                    |                     | 1062352<br>City                          |                                      | ion State           |                      | Zip Code                |                        |  |  |
| Employer Name Children's Hospital of Employer Mailing Address/Principal Place Full Name of Contributor   | PA<br>Philadelphia                                    |                     | 1062352<br>City                          | Occupat                              | State PA DAY        | Physicia             | <b>Zip Code</b> 191044: | 319                    |  |  |
| Employer Name Children's Hospital of Employer Mailing Address/Principal Place Full Name of Contributor Dr. Steven G. Docimo MD   | PA<br>Philadelphia                                    | 19                  | 1062352<br>City                          | Occupat                              | State               | Physicia             | <b>Zip Code</b> 191044: | 319                    |  |  |
| Employer Name Children's Hospital of Employer Mailing Address/Principal Place Full Name of Contributor Dr. Steven G. Docimo MD Mailing Address   | PA Philadelphia ce of Business                        | 19                  | 1062352  City  Philadelphia              | Occupat                              | State PA DAY        | Physicia             | <b>Zip Code</b> 191044: | 319                    |  |  |
| Employer Name Children's Hospital of Employer Mailing Address/Principal Place Full Name of Contributor Dr. Steven G. Docimo MD Mailing Address   | PA Philadelphia Re of Business State PA               | 19                  | City Philadelphia  Code (Plus 4)         | Occupat                              | State PA  DAY       | Physicia             | 2ip Code<br>191044:     | 319                    |  |  |
| Employer Name Children's Hospital of Employer Mailing Address/Principal Place  Full Name of Contributor  Dr. Steven G. Docimo MD  Mailing Address  City Philadelphia                                       | PA Philadelphia Re of Business  State PA Philadelphia | 19                  | City Philadelphia  Code (Plus 4)         | MO 11                                | State PA  DAY       | Physicia  YEAR  2018 | <b>2ip Code</b> 191044: | 319                    |  |  |
| Employer Name Children's Hospital of Employer Mailing Address/Principal Place  Full Name of Contributor  Dr. Steven G. Docimo MD  Mailing Address  City Philadelphia  Employer Name Children's Hospital of | PA Philadelphia Re of Business  State PA Philadelphia | 19                  | City Philadelphia  Code (Plus 4) 1064217 | MO 11                                | ion State PA DAY 28 | Physicia  YEAR  2018 | <b>2ip Code</b> 191044: | 1,000.00<br>e (Plus 4) |  |  |

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

**PAGE TOTAL \$** 25,134.21

## 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 Cand   | idate                               |                         | Report  | ing Perio      | d                |                  |    |            |
|--|-------------------------------------|-------------------------|---------|----------------|------------------|------------------|----|------------|
| Hospital & Healthsystem Assoc of   | PA PAC (HAPAC)                      |                         | From:   |                | <u>11/27/201</u> | <u>8</u> To:     |    | 12/31/2018 |
|  |                                     |                         |         | D              | ATE              |                  | ,  | AMOUNT     |
| Full Name  |                                     |                         |         | мо             | DAY              | VEAD             |    |            |
| FNB-First National Bank  |                                     |                         |         | МО             | DAY              | YEAR             | \$ | 0.51       |
| Mailing Address  |                                     |                         |         | 11             | 30               | 2018             |    |            |
| <b>City</b> Harrisburg   | State                               | Zip Code (              | Plus 4) |                |                  | 2010             |    |            |
|  | PA                                  | 17111                   |         |                |                  |                  |    |            |
| Receipt Description November   | 2018 - Interest Incon               | ne                      |         |                | •                |                  |    |            |
| Full Name  |                                     |                         |         |                |                  |                  |    |            |
| FNB-First National Bank  |                                     |                         |         | МО             | DAY              | YEAR             | \$ | 0.42       |
| Mailing Address  |                                     |                         |         | 11             | 30               | 2018             |    |            |
| <b>City</b> Harrisburg   | State                               | Zip Code (              | Plus 4) | ] ''           | 30               | 2016             |    |            |
|  | PA                                  | 17111                   |         |                |                  |                  |    |            |
| Receipt Description November   | 2018 - Interest Incon               | ne                      |         | <u> </u>       | I                | l                |    |            |
|  |                                     |                         |         |                |                  |                  |    |            |
| Full Name  |                                     |                         |         |                |                  |                  |    |            |
| <b>Full Name</b> Friends of Bob Mensch - Senate  |                                     |                         |         | мо             | DAY              | YEAR             | \$ | 500.00     |
|  |                                     |                         |         |                |                  |                  | \$ | 500.00     |
| Friends of Bob Mensch - Senate   | State                               | Zip Code (              | Plus 4) | <b>MO</b>      | <b>DAY</b> 21    | <b>YEAR</b> 2018 | \$ | 500.00     |
| Friends of Bob Mensch - Senate  Mailing Address  | State<br>PA                         | <b>Zip Code (</b> 18951 | Plus 4) |                |                  |                  | \$ | 500.00     |
| Friends of Bob Mensch - Senate  Mailing Address  City Quakertown   |                                     | 18951                   | Plus 4) |                |                  |                  | \$ | 500.00     |
| Friends of Bob Mensch - Senate  Mailing Address  City Quakertown   | PA                                  | 18951                   | Plus 4) | 12             | 21               | 2018             |    |            |
| Friends of Bob Mensch - Senate  Mailing Address  City Quakertown  Receipt Description Void - Friends   | PA                                  | 18951                   | Plus 4) |                |                  |                  | \$ | 250.00     |
| Friends of Bob Mensch - Senate  Mailing Address  City Quakertown  Receipt Description Void - Friends  Full Name  | PA                                  | 18951                   | Plus 4) | 12<br>MO       | 21 DAY           | 2018<br>YEAR     |    |            |
| Friends of Bob Mensch - Senate  Mailing Address  City Quakertown  Receipt Description Void - Friends  Full Name  Friends of John Lawrence  | PA                                  | 18951                   |         | 12             | 21               | 2018             |    |            |
| Friends of Bob Mensch - Senate  Mailing Address  City Quakertown  Receipt Description Void - Frient  Full Name  Friends of John Lawrence  Mailing Address  | PA<br>nds of Bob Mensch - S         | 18951<br>Senate         |         | 12<br>MO       | 21 DAY           | 2018<br>YEAR     |    |            |
| Friends of Bob Mensch - Senate  Mailing Address  City Quakertown  Receipt Description Void - Friends  Full Name Friends of John Lawrence  Mailing Address  City West Grove   | PA  nds of Bob Mensch - S  State    | 2ip Code (<br>19390     |         | 12<br>MO       | 21 DAY           | 2018<br>YEAR     |    |            |
| Friends of Bob Mensch - Senate  Mailing Address  City Quakertown  Receipt Description Void - Friends  Full Name Friends of John Lawrence  Mailing Address  City West Grove   | PA  nds of Bob Mensch - S  State PA | 2ip Code (<br>19390     |         | MO 12          | 21<br>DAY<br>21  | 2018  YEAR  2018 | \$ | 250.00     |
| Friends of Bob Mensch - Senate  Mailing Address  City Quakertown  Receipt Description Void - Friends of John Lawrence  Mailing Address  City West Grove  Receipt Description Void - Friends                                      | PA  nds of Bob Mensch - S  State PA | 2ip Code (<br>19390     |         | 12<br>MO       | 21 DAY           | 2018<br>YEAR     |    |            |
| Friends of Bob Mensch - Senate  Mailing Address  City Quakertown  Receipt Description Void - Friends of John Lawrence  Mailing Address  City West Grove  Receipt Description Void - Friends                                      | PA  nds of Bob Mensch - S  State PA | 2ip Code (<br>19390     |         | 12<br>MO<br>12 | 21 DAY 21        | 2018  YEAR  2018 | \$ | 250.00     |
| Friends of Bob Mensch - Senate  Mailing Address  City Quakertown  Receipt Description Void - Friends of John Lawrence  Mailing Address  City West Grove  Receipt Description Void - Friends  Full Name  Friends Of John Lawrence | PA  nds of Bob Mensch - S  State PA | 2ip Code (<br>19390     | Plus 4) | MO 12          | 21<br>DAY<br>21  | 2018  YEAR  2018 | \$ | 250.00     |

**Receipt Description** 

December 2018 Interest Income

| Full Name                  |   | DAY               | VEAD |    | 0.70 |  |  |  |  |  |
|----------------------------|---|-------------------|------|----|------|--|--|--|--|--|
| FNB-First National Bank    | МО  | DAY               | YEAR | \$ | 0.72 |  |  |  |  |  |
| Mailing Address            |   |                   | 12   | 31 | 2018 |  |  |  |  |  |
| <b>City</b> Harrisburg     | State   | Zip Code (Plus 4) | **   |    | 2010 |  |  |  |  |  |
|                            | PA  | 17111             |      |    |      |  |  |  |  |  |
| Receipt Description Decemb | Receipt Description December 2018 Interest Income |                   |      |    |      |  |  |  |  |  |

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

| PAGE TOTAL   |
|--------------|
| \$<br>752.13 |

#### **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 | od                           |            |
|--|-----------------|------------------------------|------------|
| Hospital & Healthsystem Assoc of PA PAC (HAPAC)  | From:           | <u>11/27/2018</u> <b>To:</b> | 12/31/2018 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTOR  |                              |            |
| TOTAL for the Reporting Pe   | eriod (1)       | \$                           | 0.00       |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR   | T F)            |                              |            |
| TOTAL for the Reporting Pe   | eriod (2)       | \$                           | 0.00       |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)   |                 |                              |            |
| TOTAL for the Reporting Pe   | eriod (3)       | \$                           | 0.00       |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1 |                 | \$                           | 0.00       |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

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

| Name of Filing Committee or Ca            | Reporting Period       |                       |          |          |      |             |            |
|---|------------------------|-----------------------|----------|----------|------|-------------|------------|
|   | From:                  |                       |          | То:      |      |             |            |
|   |                        |                       |          | DATE     |      |             | AMOUNT     |
| Full Name of Contributor                  |                        |                       | МО       | DAY      | YEAR |             |            |
| Mailing Address                           |                        |                       |          |          |      | <b>-</b> \$ | 0.00       |
| City                                      | State                  | Zip Code (Plus 4)     |          |          |      |             |            |
| Description of Contribution:              | -                      | <b>!</b>              | •        |          |      |             |            |
| Enter Grand Total of Part F of Section 2. | on Schedule II, In-Kii | nd Contributions Deta | iled Sun | nmary Pa | ige, |             | PAGE TOTAL |
| Section 2.                                |                        |                       |          |          |      | \$          | 0.00       |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate  |                |     | Re               | Reporting Period |       |                |       |       |                  |      |
|--|----------------|-----|------------------|------------------|-------|----------------|-------|-------|------------------|------|
|  |                |     |                  | Fro              | m:    |                | To:   |       |                  |      |
|  |                |     |                  |                  |       | DATE           |       |       | AMOUNT           |      |
| Full Name of Contributor               |                |     |                  |                  | мо    | DAY            | YEAR  |       |                  |      |
| Mailing Address                        |                |     |                  |                  |       |                |       | \$    | 1                | 0.00 |
| City                                   | State          |     | Zip Code(Plus 4) |                  |       |                |       |       |                  |      |
| Employer of Contributor                |                |     |                  |                  | Occup | oation         |       |       |                  |      |
| Employer Mailing Address/Principal Pla | ce of Business | Cit | ty               | Stat             | e Zij | p Code(Plus 4) | Descr | iptio | n of Contributio | n    |
| Enter Grand Total of Part G on Sch     | edule II, In-K | ind | Contributions D  | etaile           | ed    |                |       |       | PAGE TOT         | AL   |
| Summary Page, Section 3.               |                |     |                  |                  | -     |                |       |       |                  | 0.00 |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate           | Reporting I | Period     |     |            |
|---|-------------|------------|-----|------------|
| Hospital & Healthsystem Assoc of PA PAC (HAPAC) | From        | 11/27/2018 | То: | 12/31/2018 |

|   |               |       |  | DATE                                   | AMOUNT                   |           |             |           |  |
|---|---------------|-------|--|--|--------------------------|-----------|-------------|-----------|--|
| To Whom Paid  |               |       |  | мо                                     | DAY                      | YEAR      |             |           |  |
| FNB-First National Bank   |               |       |  | МО                                     |                          | ILAK      |             |           |  |
| Mailing Address   |               |       |  | 11                                     | 27                       | 2018      | \$          | 10.63     |  |
| <b>City</b> Ha  | arrisburg     | State | Zip Code (Plus 4)                            | Descrip                                | tion of Exp              | enditure  | •           |           |  |
|   |               | PA    | 17111  | Novemb                                 | oer 2018 B               | ank Fees  | - America   | n Express |  |
| To Whom Paid  |               |       |  | мо                                     | DAY                      | YEAR      |             |           |  |
| FNB-First   | National Bank |       |  | М                                      |                          | ILAK      |             |           |  |
| Mailing Address   |               |       |  | 12                                     | 3                        | 2018      | \$          | 44.23     |  |
| City Ha   | arrisburg     | State | Zip Code (Plus 4)                            | Descrip                                | scription of Expenditure |           |             |           |  |
| PA 17111  |               |       |  | November 2018 Bank Fee -Heartland      |                          |           |             |           |  |
| To Whom   | Paid          |       |  | мо                                     | DAY                      | YEAR      |             |           |  |
| FNB-First   | National Bank |       |  | М                                      |                          | ILAK      |             |           |  |
| Mailing Address   |               |       |  | 12                                     | 3                        | 2018      | \$          | 405.43    |  |
| City Ha   | arrisburg     | State | Zip Code (Plus 4)                            | Description of Expenditure             |                          |           |             |           |  |
|   |               | PA    | 17111  | November 2018 Bank Fee - Heartland     |                          |           |             |           |  |
| To Whom Paid  |               |       |  | мо                                     | DAY                      | YEAR      |             |           |  |
| FNB-First National Bank   |               |       |  | МО                                     | DAI                      | ILAK      |             |           |  |
| Mailing Address   |               |       |  | 12                                     | 4                        | 2018      | \$          | 13.00     |  |
| City Ha   | arrisburg     | State | Zip Code (Plus 4) Description of Expenditure |  |                          |           | ·           |           |  |
|   |               | PA    | 17111  | November 2018 Bank Fee - Authorize.net |                          |           |             |           |  |
| To Whom   | Paid          |       |  | мо                                     | DAY                      | YEAR      |             |           |  |
| FNB-First   | National Bank |       |  | МО                                     | DAI                      | ILAK      |             |           |  |
| Mailing Address   |               |       |  | 12                                     | 4                        | 2018      | \$          | 4.73      |  |
| City Ha   | arrisburg     | State | Zip Code (Plus 4)                            | Descrip                                | tion of Exp              | enditure  | ı           |           |  |
|   |               | PA    | 17111  | Novemb                                 | oer 2018 B               | ank Fee - | - Authorize | e.net     |  |
| To Whom Paid  |               |       |  | МО                                     | DAY                      | YEAR      |             |           |  |
| Senate Republican Campaign Committee  |               |       |  | МО                                     |                          | ILAK      |             |           |  |
| Mailing Address   |               |       |  | 12                                     | 14                       | 2018      | \$          | 1,000.00  |  |
| City     Harrisburg     State     Zip Code (Plus 4)     Description of Expension o |               |       |  | enditure                               |                          |           |             |           |  |
|   |               |       |  | SRCC-Octoberfest 10/16/18              |                          |           |             |           |  |
|   |               |       |  | 555 56655611656 10/10/10               |                          |           |             |           |  |

| To Whom Paid                            |   |       |                            | мо  | DAY              | YEAR     |           |          |  |
|---|---|-------|----------------------------|---|------------------|----------|-----------|----------|--|
| HRCC                                    |   |       |                            |   |                  |          |           |          |  |
| Mailing Address                         |   |       |                            | 12  | 14               | 2018     | \$        | 500.00   |  |
| City Harrisburg State Zip Code (Plus 4) |   |       | Description of Expenditure |   |                  |          |           |          |  |
|   |   | PA    | 17108                      | HRCC-Oktoberfest 10/15/18                 |                  |          |           |          |  |
| To Whom Paid                            |   |       |                            | мо  | DAY              | YEAR     |           |          |  |
| Volunteers for Argall - Senate          |   |       |                            | МО  | DAT              | TEAK     |           |          |  |
| Mailing Address                         |   |       |                            | 12  | 14               | 2018     | \$        | 500.00   |  |
| City Tamaqua State Zip Code (Plus 4)    |   |       | Description of Expenditure |   |                  |          |           |          |  |
|   | •                                       | PA    | 18252                      | David Argall, STATE SENATE 29th PA        |                  |          |           |          |  |
| To W                                    | nom Paid                                |       |                            |   | l <sub>DAY</sub> | VEAD     |           |          |  |
| Volun                                   | teers for Argall - Senate               |       |                            | МО  | DAY              | YEAR     |           |          |  |
| Mailin                                  | g Address                               |       |                            | 12  | 14               | 2018     | \$        | 500.00   |  |
| City                                    | Tamaqua                                 | State | Zip Code (Plus 4)          | Descript                                  | tion of Exp      | enditure |           |          |  |
|   |   | PA    | 18252                      | David A                                   | rgall, STA       | TE SENAT | E 29th PA |          |  |
| To Wi                                   | nom Paid                                |       |                            | мо  | DAY              | YEAR     |           |          |  |
| Friend                                  | ls of Bob Mensch - Senate               |       |                            | 140                                       |                  | ILAK     |           |          |  |
| Mailing Address                         |   |       | 12                         | 14  | 2018             | \$       | 250.00    |          |  |
| City                                    | Quakertown                              | State | Zip Code (Plus 4)          | Description of Expenditure                |                  |          |           |          |  |
|   |   | PA    | 18951                      | Bob Mensch, STATE SENATE 24th PA          |                  |          |           |          |  |
| To Wi                                   | nom Paid                                |       |                            | мо  | DAY              | YEAR     |           |          |  |
| Friend                                  | ds of Mike Schlossberg                  |       |                            | MO  | DAT              | TEAR     |           |          |  |
| Mailin                                  | g Address                               |       |                            | 12  | 14               | 2018     | \$        | 250.00   |  |
| City                                    | City Harrisburg State Zip Code (Plus 4) |       |                            | Description of Expenditure                |                  |          |           |          |  |
|   |   | PA    | 17108                      | Michael Schlossberg, STATE HOUSE 132nd PA |                  |          |           |          |  |
| To Wh                                   | nom Paid                                |       |                            | МО  | DAY              | YEAR     |           |          |  |
| Build                                   | PA PAC                                  |       |                            | MO  | DAT              | TEAR     |           |          |  |
| Mailin                                  | g Address                               |       |                            | 12  | 14               | 2018     | \$        | 5,000.00 |  |
| City                                    | Harrisburg                              | State | Zip Code (Plus 4)          | Description of Expenditure                |                  |          |           |          |  |
|   | •                                       | PA    | 17108                      | Corman - Reception 1/22/19                |                  |          |           |          |  |
| To W                                    | To Whom Paid                            |       |                            |   | DAY              | VEAD     |           |          |  |
| Friends of Pat Stefano                  |   |       |                            | МО  | DAY              | YEAR     |           |          |  |
| Mailing Address                         |   |       | 12                         | 14  | 2018             | \$       | 500.00    |          |  |
| City                                    | Harrisburg                              | State | Zip Code (Plus 4)          | Descript                                  | tion of Exp      | enditure | I         |          |  |
|   | PA 17108                                |       |                            | Patrick Stefano, STATE SENATE 32nd PA     |                  |          |           |          |  |
| To Whom Paid                            |   |       |                            | MO  | DAY              | YEAR     |           |          |  |
| Friends of Judy Ward                    |   |       |                            | МО  | DAT              | TEAK     |           |          |  |
| Mailin                                  | Mailing Address                         |       |                            |   | 14               | 2018     | \$        | 500.00   |  |
| City                                    | Hollidaysburg                           | State | Zip Code (Plus 4)          | Descript                                  | tion of Exp      | enditure | l         |          |  |
|   | PA 16648                                |       |                            | Judith Ward, STATE HOUSE 80th PA          |                  |          |           |          |  |
| 177                                     |   |       | 1-2-2                      |   |                  |          |           |          |  |

| To Whom Paid  |       |                   |                                  | DAY        | YEAR     |    |            |
|---|-------|-------------------|----------------------------------|------------|----------|----|------------|
| Friends of Bob Mensch - Senate  |       |                   |                                  |            | ILAK     |    |            |
| Mailing Address   |       |                   |                                  | 21         | 2018     | \$ | 500.00     |
| City Quakertown   | State | Zip Code (Plus 4) | Description of Expenditure       |            |          |    |            |
|   | PA    | 18951             | Bob Mensch, STATE SENATE 24th PA |            |          |    |            |
| To Whom Paid  |       |                   |                                  | DAY        | YEAR     |    |            |
| Friends of John Lawrence  |       |                   |                                  |            | ILAK     |    |            |
| Mailing Address   |       |                   |                                  | 21         | 2018     | \$ | 250.00     |
| City West Grove   | State | Zip Code (Plus 4) | Description of Expenditure       |            |          |    |            |
|   | PA    | 19390             | John La                          | wrence, Si | JSE 13th | PA |            |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |       |                   |                                  |            |          |    | PAGE TOTAL |
|   |       |                   |                                  |            |          |    | 10,228.02  |