Campaign Finance Report

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

| | | | | | | | | | _ | | | | | |
|--|-----------------------------------|-------------|-----------------------|---------|-------------------|---------------|-------------|------------|---------------|--------------------|----------------|--------------|-----------|----------------|
| Filer Identificat Number : | ion 7900 | 0364 | | | Report Filed B | | CANDI | DATE | СОМ | MITTEE | ✓ | LOBE | BYIST | |
| Name of Filing | Committee, Candio | date or Lo | obbyist: | | Hospital | & He | ealthsyste | em Asso | oc of PA PA | C (HAPA | C) | | | |
| Street Address: | | | | | | | | | | | | | | |
| City: | Harrisburg | | | | | | State: | PA | | Zip Co | de: 17 | 101 | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | Y PRE- | | 30 DA PRIM | | POST- | 3. | AMENDN REPORT | | Yes | No | \checkmark |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDA ELECTION | Y PRE | | 30 DA ELEC | | POST- | 6. | TERMIN/ REPORT | | Yes | No | \checkmark |
| report type) | ANNUAL REPORT | 7. X | Year 2020 | | | | NG METHO | | | PAPER | | \checkmark | DISKE | TTE |
| Name of Office | ⊥ Sought by Candida | ate: | | | | | DATE O | F ELEC | TION | District Number | Office Code | Par | ty Code | County Code |
| | | | | мо | DAY | YEAR |] | | | | | | | |
| | | | | | | | 11 | | 3 2020 | | (SEE INS | STRUCTIO | ONS FOR (| ODES) |
| | Receipts and | мо | DAY | YEAR | L . | | мо | DAY | YEAR | FC | OR OFFIC | E USE | ONLY | |
| Expenditure | s from: | - | 11 24 | 20 | 020 T | 0 | 12 | 3 | 1 2020 |) | | | | |
| A. Amount Bro | ought Forward Fro | m Last R | eport | | | \$ | | 1 | 08,445.82 | | | | | |
| B. Total Monet | tary Contributions | And Rec | eipts (Fron | 1 Sche | dule I) | \$ | | | 43,296.17 | ' | | | | |
| C. Total Funds | Available (Sum O | f Lines A | and B) | | | \$ | | 1 | 51,741.99 | | | | | |
| D. Total Exper | nditures (From Sch | nedule II | I) | | | \$ | | | 865.20 | | | | | |
| E. Ending Casl | n Balance (Subtrac | ct Line D | From Line | C) | | \$ | | 1 | 50,876.79 | _ | | | | |
| F. Value Of In | -Kind Contribution | s Receiv | ed (From S | chedul | le II) | \$ | | | 0.00 | _ | | | | |
| G. Unpaid Deb | ts And Obligations | s (From S | Schedule IV | /) | | \$ | | | 0.00 | | | | | |
| | | | | AFF | IDAVIT | Γ SE | CTION | | | | | | | |
| | is a Committee rep | • | - | | | | | • • | | - | | | | |
| I swear (or affirm correct and comp | i) that this report, ind lete. | cluding the | e attached sc | hedules | s filed on p | aper | or by elect | ronic me | dium, are to | the best o | f my knov | vledge | and beli | ef , true |
| Sworn to and sub | scribed before me thi day of | is | 20 | | | | | | Signatur | e of Perso | n Submitt | ing Rep | oort | |
| | | | | | | - | | | | Prin | ted Name | 1 | | |
| My Commission E | Signatı Expires | ure | | | | | | | | Ema | il | | | |
| | мо | D | AY | YR | | - | | Area | a Code | | ne Teleph | one Nu | mber | |
| Part II- If this is | a report of a can | didate's | authorized | Comm | nittee, Ca | andid | ate shall | sign he | re. | | | | | |
| I swear (or affirm No 320) as amend |) that to the best of led. | my knowle | edge and beli | ef this | political | comm | ittee has n | ot violate | ed any provis | sions of th | e act of Jı | ine 3,1 | 937 (P.L | . 1333, |
| Sworn to and subs | cribed before me this | 5 | 20 | | | | | | 5 | Signature | of Candida | ite | | |
| | day of | | | | | | | | | Printe | ed Name | | | |
| Signature | | | | | | | | | | P | | | | |
| My Commission Ex | pires | | | | | | | | | Ema | | | | |
| | мо | D | AY | YR | | | | Area C | Code | D | aytime Te | elephon | e Numb | er |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** Hospital & Healthsystem Assoc of PA PAC (HAPAC) From: <u>11/24/2020</u> **To:** 12/31/2020 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor \$ 1,511.68 **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 8,050.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 8,050.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 6,000.00 27,481.92 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 33,481.92 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 252.57 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 43,296.17 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PART A CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

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

| Name of Filing Committee or Candidate | | | | Reporting Period | | | | | | |
|--|-------|------------------|------|------------------|--|--------|----|------------|--|--|
| | | | | m: | | | | | | |
| | | | DATE | | | AMOUNT | | | | |
| Full Name of Contributing Committee | | мо | DAY | YEAR | | | | | | |
| Mailing Address | | | | | | | \$ | 0.00 | | |
| City | State | Zip Code (Plus 4 | 4) | | | | | | | |
| | | | | | | | | PAGE TOTAL | | |
| Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. | | | | | | | | 0.00 | | |

| PART B ALL OTHER CONTRIBUTIONS \$50.01 TO \$250.00 Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part A) | | | | | | | | | | | | |
|---|--------------------------|--------------------------------------|------|--|------|-------|----|--------|--|--|--|--|
| Name of Filing Committee or Candidate Reporting Period | | | | | | | | | | | | |
| Hospital & Healthsystem Assoc of P/ | | | Fror | om: <u>11/24/2020</u> To: <u>12/31/2</u> | | | | | | | | |
| | | | | | DATE | | | AMOUNT | | | | |
| Full Name of Contributor Dr. David M. Rottinghaus MD | | | | | | | | | | | | |
| Mailing Address | 1 | | | | | | \$ | 250.00 | | | | |
| City Wexford |) | 11 | 25 | 2020 | | | | | | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | | | | |
| Ms. Daneen Schroder | | | | | | | | | | | | |
| Mailing Address City Harrisburg | •) | 11 | 30 | 2020 | \$ | 25.00 | | | | | | |
| Full Name of Contributor | Full Name of Contributor | | | | | | | | | | | |
| Ms. Daneen Schroder | | | | мо | DAY | YEAR | | | | | | |
| Mailing Address | | | | | | | \$ | 25.00 | | | | |
| City Harrisburg | State PA | Zip Code (Plus 4 171129293 | •) | 11 | 30 | 2020 | | | | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | | | | |
| Mr. Joe Tibbs | | | | МО | DAT | TEAR | | | | | | |
| Mailing Address | 1 | 1 | | | | | \$ | 25.00 | | | | |
| City Harrisburg | State PA | Zip Code (Plus 4 171127066 | •) | 11 | 30 | 2020 | | | | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | | | | |
| Mr. Joe Tibbs | | | | HO | PAI | | | | | | | |
| Mailing Address | 1 | 1 | | | | | \$ | 25.00 | | | | |
| City Harrisburg | State | Zip Code (Plus 4 |) | 11 | 30 | 2020 | | | | | | |
| | РА | 171127066 | _ | | | | | | | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | | | | |
| Mr. Warren Kampf Mailing Address | | | - | | | | \$ | 25.00 | | | | |
| City Paoli |) | 11 | 30 | 2020 | ¥ | 23.00 | | | | | | |
| Full Name of Contributor | | | | | | | | | | | | |
| | Ir. Warren Kampf | | | | | | | | | | | |
| Mailing Address | | | | | | | \$ | 25.00 | | | | |
| City Paoli | | | | | | | | _0.00 | | | | |
| | PA 193011001 | | | | | | | | | | | |

| Full Na | ame of Contributor | | | мо | DAY | YEAR | | |
|-----------------|----------------------------|-------|-------------------|----|-----|------|----|--------|
| Ms. G | ail Lucas CPA, MBA | | | | DAT | TLAK | | |
| Mailin | g Address | | | | | | \$ | 18.75 |
| City | Mechanicsburg | State | Zip Code (Plus 4) | 11 | 30 | 2020 | | |
| | | PA | 170507810 | | | | | |
| Full Na | ame of Contributor | | | мо | DAY | YEAR | | |
| Ms. G | ail Lucas CPA, MBA | | | MO | DAT | TEAR | | |
| Mailin | g Address | | | | | | \$ | 18.75 |
| City | Mechanicsburg | State | Zip Code (Plus 4) | 11 | 30 | 2020 | | |
| | | PA | 170507810 | | | | | |
| Full Na | ame of Contributor | | | | | | | |
| Mr. Ar | ndrew B. Block | | | мо | DAY | YEAR | | |
| Mailin | g Address | | | | | | \$ | 150.00 |
| City | Allentown | State | Zip Code (Plus 4) | 12 | 3 | 2020 | | ſ |
| | | PA | 181069166 | | | | | |
| Full Na | ame of Contributor | | | | | | | |
| Dr. Do | ouglas Arbittier MD | | | мо | DAY | YEAR | | |
| | g Address | | | | | | \$ | 100.00 |
| City | York | State | Zip Code (Plus 4) | 12 | 3 | 2020 | | |
| | | PA | 174034549 | | | | | |
| Full Na | ame of Contributor | | | | | | | |
| Mr. Ro | bert Ortmyer | | | мо | DAY | YEAR | | |
| | g Address | | | | | | \$ | 250.00 |
| City | York | State | Zip Code (Plus 4) | 12 | 3 | 2020 | | 200.00 |
| | | PA | 174066670 | | | | | |
| Full Na | ame of Contributor | | | | | | | |
| Mrs. L | ori Mulholland | | | мо | DAY | YEAR | | |
| Mailin | g Address | | | | | | \$ | 250.00 |
| City | Carlisle | State | Zip Code (Plus 4) | 12 | 3 | 2020 | - | |
| | | PA | 170131934 | | | | | |
| Full Na | ame of Contributor | | | | | | | |
| Mr. So | cott Mickalonis MS, CEM | | | мо | DAY | YEAR | | |
| | g Address | | | | | | \$ | 150.00 |
| City | Palmyra | State | Zip Code (Plus 4) | 12 | 3 | 2020 | | |
| | | PA | 170783042 | | | | | |
| Full N: | ame of Contributor | 1 | | | | | | |
| | arion B Tuck PhD, RN, NEA- | BC | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 100.00 |
| City | Huntingdon Valley | State | Zip Code (Plus 4) | 12 | 3 | 2020 | | 100.00 |
| , | Hundinguon vuncy | PA | 190068315 | | | | | |
| Full N: | ame of Contributor | l | | мо | DAY | I | | |
| | Mr. Neil R. Smith | | | | | YEAR | | |
| | g Address | | | | | | \$ | 100.00 |
| City | Pleasant Gap | State | Zip Code (Plus 4) | 12 | 4 | 2020 | | 100.00 |
| • | | PA | 168239625 | | | | | |
| | | | -30203025 | 1 | | | | |

| Full Na | ame of Contributor | | | мо | DAY | YEAR | | |
|---------|------------------------|-----------|----------------------|----|-----|------|----------|--------|
| Dr. Ro | onen Elefant MD | | | | | | | |
| Mailin | g Address | | | | | | \$ | 125.00 |
| City | West Hartford | State | Zip Code (Plus 4) | 12 | 4 | 2020 | | |
| | | СТ | 061172230 | | | | | |
| Full Na | ame of Contributor | | | мо | DAY | YEAR | | |
| Mr. Te | erry Wiltrout | | | | DAT | TLAK | | |
| Mailin | g Address | | | | | | \$ | 250.00 |
| City | Fredericktown | State | Zip Code (Plus 4) | 12 | 3 | 2020 | | |
| | | PA | 153332234 | | | | | |
| Full Na | ame of Contributor | • | | | | | | |
| Ms. Al | ison Ferren | | | мо | DAY | YEAR | | |
| | g Address | | | | | | \$ | 62.50 |
| City | North Wales | State | Zip Code (Plus 4) | 12 | 3 | 2020 | | |
| | | PA | 194544280 | | | | | |
| Full Na | ame of Contributor | | | | | | | |
| | ic Mankin MD | | | мо | DAY | YEAR | | |
| Mailin | g Address | | | | | | \$ | 250.00 |
| City | Newtown Square | State | Zip Code (Plus 4) | 12 | 3 | 2020 | | |
| | · | PA | 190732613 | | | | | |
| Full Na | ame of Contributor | | | | | | | |
| | arolyn F. Gorman | | | мо | DAY | YEAR | | |
| | g Address | | | | | | \$ | 250.00 |
| City | Downingtown | State | Zip Code (Plus 4) | 12 | 3 | 2020 | ₽ | 250.00 |
| city | Downingtown | PA | 193353533 | | | | | |
| Full Na | ame of Contributor | | | | | | | |
| | ry G. Kile | | | мо | DAY | YEAR | | |
| | g Address | | | | | | \$ | 125.00 |
| City | Allentown | State | Zip Code (Plus 4) | 12 | 3 | 2020 | Ť | 125.00 |
| - | | PA | 181044525 | | | | | |
| E.II N. | ame of Contributor | | | | | | | |
| | aribeth Angeli RN, CNO | | | мо | DAY | YEAR | | |
| | g Address | | | | | | \$ | 100.00 |
| City | Wilkes Barre | State | Zip Code (Plus 4) | 12 | 4 | 2020 | ₽ | 100.00 |
| city | WIRes Daile | PA | 187021548 | | | 2020 | | |
| | | | | | | | | |
| | ame of Contributor | | | мо | DAY | YEAR | | |
| | ndrew B. Block | | | | | | | |
| | g Address | Charles . | The Contra (Place 4) | 12 | 6 | 2020 | \$ | 150.00 |
| City | Allentown | State | Zip Code (Plus 4) | | 0 | 2020 | | |
| | | PA | 181069166 | | | | | |
| Full Na | ame of Contributor | | | мо | DAY | YEAR | | |
| Mr. Br | ian T. Corbett | | | | | | | |
| | g Address | | | 4 | | | \$ | 250.00 |
| City | Thornton | State | Zip Code (Plus 4) | 12 | 8 | 2020 | | |
| | | PA | 193731135 | | | | | |

| Full N | ame of Contributor | | | мо | DAY | YEAR | | |
|---------------------------|--|-------------|-------------------|-----------------|---------------|---------------------|----|--------|
| Dr. Ba | arry D. Mann MD | | | , no | | TEAK | | |
| Mailin | g Address | | | | | | \$ | 250.00 |
| City | Wynnewood | State | Zip Code (Plus 4) | 12 | 8 | 2020 | | |
| | | PA | 190961706 | | | | | |
| Full N | ame of Contributor | | | мо | DAY | YEAR | | |
| Karen | Goedeke | | | MO | DAT | TLAK | | |
| Mailin | g Address | | | | | | \$ | 100.00 |
| City | Collegeville | State | Zip Code (Plus 4) | 12 | 8 | 2020 | | |
| | | PA | 194262865 | | | | | |
| Full N | ame of Contributor | | | | | | | |
| Mr. M | ichael W. Gaskins | | | мо | DAY | YEAR | | |
| Mailin | g Address | | | | | | \$ | 250.00 |
| City | Wrightsville | State | Zip Code (Plus 4) | 12 | 11 | 2020 | | |
| | | PA | 173689181 | | | | | |
| Full N | ame of Contributor | | | | | | | |
| Ms. Pa | atricia F. Donley RN | | | мо | DAY | YEAR | | |
| Mailin | g Address | | | | | | \$ | 250.00 |
| City | Lebanon | State | Zip Code (Plus 4) | 12 | 7 | 2020 | | |
| | | PA | 170428808 | | | | | |
| Full N | ame of Contributor | • | • | | | | | |
| Mr. Da | avid Lim | | | мо | DAY | YEAR | | |
| Mailin | g Address | | | | | | \$ | 125.00 |
| City | Chester Springs | State | Zip Code (Plus 4) | 12 | 7 | 2020 | - | |
| | | PA | 194253838 | | | | | |
| Full N | ame of Contributor | | • | мо | DAY | YEAR | | |
| Mr. Ja | ison Elliott | | | MO | DAT | TEAR | | |
| Mailin | g Address | | | | | | \$ | 250.00 |
| City | Lancaster | State | Zip Code (Plus 4) | 12 | 7 | 2020 | | |
| | | PA | 176015068 | | | | | |
| Full N | ame of Contributor | | | | | | | |
| Mrs. F | Rhonda Halstead MSM | | | мо | DAY | YEAR | | |
| Mailin | g Address | | | | | | \$ | 150.00 |
| City | Clearfield | State | Zip Code (Plus 4) | 12 | 7 | 2020 | | |
| | | PA | 168301002 | | | | | |
| Full N | ame of Contributor | | • | | | | | |
| Mr. Do | oug R. Heishman | | | мо | DAY | YEAR | | |
| | g Address | | | | | | \$ | 200.00 |
| Mailin | | | Zip Code (Plus 4) | 12 | 11 | 2020 | | |
| Mailin City | Palm Coast | State | | | | | | |
| | Palm Coast | State FL | 321370310 | | | | | |
| City | Palm Coast | | | | | | | |
| City Full N | ame of Contributor | | | мо | DAY | YEAR | | |
| City Full Na Mr. Je | | | | мо | DAY | YEAR | \$ | 250.00 |
| City Full Na Mr. Je | ame of Contributor effrey Kahn ESQ | | | мо 12 | DAY 11 | YEAR 2020 | \$ | 250.00 |

| Full Name | of Contributor | | | мо | DAY | YEAR | | |
|--------------|--------------------|-------|-------------------|----|-----|------|----|--------|
| Clare Edel | mayer RN | | | | | TEAK | | |
| Mailing Ad | dress | | | | | | \$ | 150.00 |
| City No | rth Wales | State | Zip Code (Plus 4) | 12 | 14 | 2020 | | |
| | | PA | 194542605 | | | | | |
| Full Name | of Contributor | | | мо | DAY | YEAR | | |
| Mr. James | W. Drenning | | | | | TEAK | | |
| Mailing Ad | dress | | | | | | \$ | 150.00 |
| City Du | ncansville | State | Zip Code (Plus 4) | 12 | 22 | 2020 | | |
| | | PA | 166356321 | | | | | |
| Full Name | of Contributor | | | | DAY | VEAD | | |
| Ms. Carol I | Hilyard | | | мо | DAY | YEAR | | |
| Mailing Ad | dress | | | | | | \$ | 100.00 |
| City Ca | bot | State | Zip Code (Plus 4) | 12 | 21 | 2020 | | |
| | | PA | 160232118 | | | | | |
| Full Name | of Contributor | | * | | DAY | VEAD | | |
| Mr. Thoma | as A. Genevro SPHR | | | мо | DAY | YEAR | | |
| Mailing Ad | dress | | | | | | \$ | 62.50 |
| City Ma | rs | State | Zip Code (Plus 4) | 12 | 17 | 2020 | | |
| | | PA | 160464801 | | | | | |
| Full Name | of Contributor | | · | мо | DAY | YEAR | | |
| Dr. Norma | n K. Beals III, MD | | | MO | DAT | TEAR | | |
| Mailing Ad | dress | | | | | | \$ | 87.50 |
| City Fra | anklin | State | Zip Code (Plus 4) | 12 | 17 | 2020 | | |
| | | PA | 163233136 | | | | | |
| Full Name | of Contributor | - | · | мо | DAY | YEAR | | |
| Mr. James | Paradis | | | | | | | |
| Mailing Ad | dress | | | | | | \$ | 250.00 |
| City Kin | ng Of Prussia | State | Zip Code (Plus 4) | 12 | 17 | 2020 | | |
| | | PA | 194061920 | | | | | |
| Full Name | of Contributor | | | | DAY | VEAD | | |
| Dr. Elliot S | Smith MD | | | мо | DAY | YEAR | | |
| Mailing Ad | dress | | | | | | \$ | 62.50 |
| City Ce | ntral City | State | Zip Code (Plus 4) | 12 | 17 | 2020 | | |
| | | PA | 159269119 | | | | | |
| Full Name | of Contributor | | | | DAY | VE | | |
| Mr. Roger | Lutz | | | мо | DAY | YEAR | | |
| Mailing Ad | dress | | | | | | \$ | 62.50 |
| City But | tler | State | Zip Code (Plus 4) | 12 | 17 | 2020 | | |
| | | PA | 160011636 | | | | | |
| Full Name | of Contributor | | | | DAY | VEAD | | |
| Mr. David | C. Smith | | | мо | DAY | YEAR | | |
| Mailing Ad | dress | | | | | | \$ | 100.00 |
| | | | | ٦ | I | | 1 | |
| City Mo | nroeville | State | Zip Code (Plus 4) | 12 | 17 | 2020 | | |

| | | | | | | | | FAGE 9 |
|-------------------------------------|---------------------|-------|-------------------|------|-----|------|----|--------|
| Full N | ame of Contributor | | | мо | DAY | YEAR | | |
| Mr. Er | ic Huss | | | | | | | |
| Mailin | g Address | | | | | | \$ | 75.00 |
| City | Bethel Park | State | Zip Code (Plus 4) | 12 | 17 | 2020 | | |
| | | PA | 151021878 | | | | | |
| Full N | ame of Contributor | | | мо | DAY | YEAR | | |
| Ms. Ti | na Citro | | | MO | DAT | TEAR | | |
| Mailin | g Address | | | | | | \$ | 100.00 |
| City | Douglassville | State | Zip Code (Plus 4) | 12 | 17 | 2020 | | |
| | | PA | 195189591 | | | | | |
| Full N | ame of Contributor | • | • | NO | DAY | VEAD | | |
| Ms. Ka | aren A Bray RN, MSN | мо | DAY | YEAR | | | | |
| | g Address | | | | | | \$ | 250.00 |
| City | Pittsburgh | State | Zip Code (Plus 4) | 12 | 19 | 2020 | | |
| | - | PA | 152201621 | | | | | |
| Full N | ame of Contributor | • | • | мо | DAY | YEAR | | |
| Mr. Fr | ancis W. Pinkosky | | | MO | DAT | TEAR | | |
| Mailin | g Address | | | | | | \$ | 62.50 |
| City | Sayre | State | Zip Code (Plus 4) | 12 | 22 | 2020 | | |
| | | PA | 188409324 | | | | | |
| Full N | ame of Contributor | • | * | | DAY | VEAD | | |
| Staci [·] | Thompson | | | мо | DAY | YEAR | | |
| Mailin | g Address | | | | | | \$ | 87.50 |
| City | Sayre | State | Zip Code (Plus 4) | 12 | 22 | 2020 | | |
| | | PA | 188401030 | | | | | |
| Full N | ame of Contributor | • | • | NO | DAY | YEAR | | |
| Donal | d F. Skerpon | | | мо | DAT | TEAR | | |
| Mailin | g Address | | | | | | \$ | 62.50 |
| City | Sayre | State | Zip Code (Plus 4) | 12 | 22 | 2020 | | |
| | | PA | 188402864 | | | | | |
| Full N | ame of Contributor | • | | | | | | |
| Mr. Pa | aul Vervalin | | | мо | DAY | YEAR | | |
| | g Address | | | | | | \$ | 125.00 |
| City | Elmira | State | Zip Code (Plus 4) | 12 | 22 | 2020 | | 125.00 |
| • | | NY | 149052226 | | | | | |
| Full N | ame of Contributor | I | I | | | | | |
| | | | | мо | DAY | YEAR | | |
| Mr. Norberto Robles Mailing Address | | | | | | | \$ | 87.50 |
| City | Sayre | State | Zip Code (Plus 4) | 12 | 22 | 2020 | | 67.50 |
| ; | | PA | 188401203 | | | | | |
| Full N | ame of Contributor | I | I | мо | | | | |
| Dr. J Michael Scalzone MD | | | | | DAY | YEAR | | |
| | g Address | | | | | | \$ | 62.50 |
| City | Corning | State | Zip Code (Plus 4) | 12 | 22 | 2020 | | 02.50 |
| | Coming | NY | 148303219 | | | | | |
| | | INT | 140202518 | | | | | |

| | | | | | | ., | IU IU |
|--------------------------|-------|-------------------|----|-----|------|----|--------|
| Full Name of Contributor | | | мо | DAY | YEAR | | |
| Mr. Stephen A. Wolfe | | | MO | DAT | TEAR | | |
| Mailing Address | | | | | | \$ | 250.00 |
| City Indiana | State | Zip Code (Plus 4) | 12 | 29 | 2020 | | |
| | PA | 157010788 | | | | | |
| Full Name of Contributor | | | мо | DAY | YEAR | | |
| Ms. Jolene H. Calla | | | MO | DAT | TLAK | | |
| Mailing Address | | | | | | \$ | 100.00 |
| City Halifax | State | Zip Code (Plus 4) | 12 | 30 | 2020 | | |
| | PA | 170329219 | | | | | |
| Full Name of Contributor | | | No | DAY | VEAD | | |
| Ms. Daneen Schroder | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 25.00 |
| City Harrisburg | State | Zip Code (Plus 4) | 12 | 31 | 2020 | | |
| | PA | 171129293 | | | | | |
| Full Name of Contributor | | • | | DAY | VEAD | | |
| Ms. Daneen Schroder | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 25.00 |
| City Harrisburg | State | Zip Code (Plus 4) | 12 | 31 | 2020 | | |
| | PA | 171129293 | | | | | |
| Full Name of Contributor | | | мо | DAY | YEAR | | |
| Mr. Joe Tibbs | | | мо | DAT | TEAR | | |
| Mailing Address | | | | | | \$ | 25.00 |
| City Harrisburg | State | Zip Code (Plus 4) | 12 | 31 | 2020 | | |
| | PA | 171127066 | | | | | |
| Full Name of Contributor | | · | мо | DAY | YEAR | | |
| Mr. Joe Tibbs | | | | | TLAK | | |
| Mailing Address | | | | | | \$ | 25.00 |
| City Harrisburg | State | Zip Code (Plus 4) | 12 | 31 | 2020 | | |
| | PA | 171127066 | | | | | |
| Full Name of Contributor | · | | | | VELD | | |
| Mr. Warren Kampf | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 25.00 |
| City Paoli | State | Zip Code (Plus 4) | 12 | 31 | 2020 | | |
| | PA | 193011001 | | | | | |
| Full Name of Contributor | | | | | | | |
| Mr. Warren Kampf | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 25.00 |
| City Paoli | State | Zip Code (Plus 4) | 12 | 31 | 2020 | | |
| | PA | 193011001 | | | | | |
| | | · | | | | | |
| Full Name of Contributor | | | МО | DAY | YEAR | | |
| | | | | | | | |
| Ms. Gail Lucas CPA, MBA | | | | | | \$ | 18.75 |
| Ms. Gail Lucas CPA, MBA | State | Zip Code (Plus 4) | 12 | 31 | 2020 | \$ | 18.75 |

| Full N | ame of Contributor | | мо | DAY | YEAR | | |
|--|----------------------------|-----------|-------------------|------|----------------|------|--------------|
| Ms. G | ail Lucas CPA, MBA | | | MO | DAT | TEAR | |
| Mailin | g Address | | | | | | \$ 18.75 |
| City | Mechanicsburg | State | Zip Code (Plus 4) | 12 | 31 | 2020 | |
| | | PA | 170507810 | | | | |
| Full N | ame of Contributor | | | мо | DAY | YEAR | |
| Mr. Da | aniel Hyman | | | | TEAK | | |
| Mailin | Mailing Address | | | | | | \$ 200.00 |
| City Lafayette Hill State Zip Code (Plus 4) PA 194441702 | | | | | 24 | 2020 | |
| | | | | | | | |
| Full N | ame of Contributor | мо | DAY | YEAR | | | |
| Ms. Li | nda Fanale | | | | DAI | TEAK | |
| Mailin | g Address | | | | | | \$ 150.00 |
| City | Johnstown | State | Zip Code (Plus 4) | 12 | 31 | 2020 | |
| | | PA | 159051622 | | | | |
| Full N | ame of Contributor | | | мо | DAY | YEAR | |
| Mr. D | ouglas Barber | | | | DAI | TEAK | |
| Mailin | g Address | | | | | | \$ 150.00 |
| City | Hanover | State | Zip Code (Plus 4) | 12 | 31 | 2020 | |
| | | PA | 173311426 | | | | |
| Full N | ame of Contributor | | | мо | DAY | YEAR | |
| Dr. Je | lden James Arcilla MBA, RI | N | | MO | DAT | TEAR | |
| Mailing Address | | | | | | | \$ 150.00 |
| City | Johnstown | State | Zip Code (Plus 4) | 12 | 31 | 2020 | |
| | | PA | 159041411 | | | | |
| | | | | | | | PAGE TOTAL |
| = | nter Grand Total of Part | Section 2 | , | | \$ 8,050.00 | | |
| | | | | | | | |

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 | Name of Filing Committee or Candidate | | | | Reporting Period | | | | | | |
|--------|--|-------|------------|------------|------------------------------|----|------|-------------------------------|----------|--|--|
| Hosp | Hospital & Healthsystem Assoc of PA PAC (HAPAC) | | | | <u>11/24/2020</u> To: | | | i e: <u>12/31/2020</u> | | | |
| | | | | | | | DATE | | | | |
| Full N | Full Name of Contributing Committee | | | | | | YEAR | | | | |
| Geisi | nger Health Pac | | | | | | | \$ | 6,000.00 | | |
| Maili | ng Address | | | | 12 | 31 | 2020 | | -, | | |
| City | Harrisburg | State | Zip Cod | e (Plus 4) | | 51 | 2020 | | | | |
| | | PA | 17101 | | | | | | | | |
| | | | PAGE TOTAL | | | | | | | | |
| Entei | nter Grand Total of Part C on Schedule I, Detailed Summary Page, Sectior | | | | | | | \$ | 6,000.00 | | |

PART D ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of

over \$250.00 in the reporting period.

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

| Name of Filing Committee or Candidate | ame of Filing Committee or Candidate Re | | | | Reporting Period | | | | | |
|---|---|-----|--------------|--------------|------------------|----------------|---------------|---------|-------------------|--|
| Hospital & Healthsystem Assoc of PA PA | AC (HAPAC) | | | Fron | n: | <u>11/24/2</u> | <u>020</u> Ta | : | <u>12/31/2020</u> | |
| | | | | | DA | TE | | AMOUNT | | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | 500.00 | |
| Dr. James Edward Hartle II, MD | | | | | MO | DAT | TEAR | \$ | 500.00 | |
| Mailing Address | | | | | 12 | 31 | 2020 | | | |
| City Danville | State | Zij | p Code (Plus | 4) | | | | | | |
| | PA | 17 | 8217065 | | | | | | | |
| Employer Name Geisinger | | | | Occupat | ion | Physicia | n | | | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | | State | | Zip Co | ode (Plus 4) | |
| | | | Danville | | | PA | | 1782 | 29800 | |
| Full Name of Contributor | | | | | | DAY | VEAD | | | |
| Dr Elizabeth Dunmore MD | | | | | мо | DAY | YEAR | \$ | 500.00 | |
| Mailing Address | g Address | | | | | 31 | 2020 | | | |
| City Queen | State Zip Code (Plus 4) | | | | 12 | 51 | | | | |
| | PA | 16 | 6708763 | | | | | | | |
| Employer Name Conemaugh Health Sy | vstem | | | | Occupat | ion | VP, Med | ical Af | fairs | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | | State | | Zip Co | ode (Plus 4) | |
| | | | Johnstowr | ı | | PA | | 1590 | 54398 | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | |
| Mr. William E Caldwell Jr FACHE | | | | | MO | DAT | TEAR | \$ | 1,500.00 | |
| Mailing Address | | | | | 12 | 31 | 2020 | | | |
| City Johnstown | State | Zij | p Code (Plus | 4) | | 51 | | | | |
| | PA | 15 | 9052320 | | | | | | | |
| Employer Name Conemaugh Memorial | Medical Center | | | | Occupat | ion | Chief E> | ecutiv | e Officer | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | | State | | Zip Co | ode (Plus 4) | |
| | | | Johnstowr | า | | PA | | 1590 | 54398 | |
| Full Name of Contributor | | | | | | | | | | |
| William R. Crowe | | | | | мо | DAY | YEAR | \$ | 300.00 | |
| Mailing Address | | | | | 12 | 31 | 2020 | | | |
| City Johnstown State Zip Code (Plus 4 | | | 4) | 12 | 51 | | | | | |
| | PA 159053032 | | | | | | | | | |
| Employer Name Penn Highlands Tyrone | | | | | Occupat | ion | CFO | | | |
| Employer Mailing Address/Principal Plac | Employer Mailing Address/Principal Place of Business City | | | | State Zip Code | | ode (Plus 4) | | | |
| Tyrone | | | | PA 166861808 | | | | 51808 | | |

| | | | | _ | | _ | | JL 14 |
|--|----------------|---------------|-----------------|---------|-------|----------|----------------|----------|
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 437.50 |
| Dr. Joseph A Scopelliti MD | | | | | | | - ⁻ | JU.10 |
| Mailing Address | 1 | | | 12 | 31 | 2020 | | |
| City Sayre | State | Zi | p Code (Plus 4) | | | | | |
| | I PA | 18 | 38401431 | | | | | |
| Employer Name Guthrie Clinic | | | | Occupat | tion | Presider | nt and Chief | Execu |
| Employer Mailing Address/Principal Place | ce of Business | | City | | State | | Zip Code (P | lus 4) |
| | | | Sayre | | PA | | 188401625 | |
| Full Name of Contributor | | | | | DAY | VEAD | | |
| Chrysta Stine | | | | мо | DAY | YEAR | \$ | 500.00 |
| Mailing Address | _ | _ | | 12 | 31 | 2020 | | |
| City York | State | Zi | p Code (Plus 4) | 12 | 51 | 2020 | | |
| | _{PA} | ₁₇ | 74029556 | | | | | |
| Employer Name WellSpan Health | | | | Occupat | tion | VP Acco | unting and F | inanci |
| Employer Mailing Address/Principal Place | ce of Business | | City | | State | | Zip Code (P | |
| | | | York | | PA | | 174035071 | |
| Full Name of Contributor | | | • | | | | | |
| Mr. Norman F Mitry | | | | мо | DAY | YEAR | \$ | 1,000.00 |
| Mailing Address | | | | | | | | |
| City Aliquippa | State | Zi | p Code (Plus 4) | 12 | 31 | 2020 | | |
| , indribba | PA | | 50011678 | | | | | |
| Employer Name Heritage Valley Sewic | | . 15 | ,0011070 | Occupat | tion | Dracidar | t and Chief | Evecu |
| Employer Mailing Address/Principal Plac | | | City | occuput | State | resider | Zip Code (Pl | |
| | | | Sewickley | | PA | | 151431459 | us +) |
| | | | Sewickley | | | | 151451459 | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 350.00 |
| Dr. Theodore A. Christopher MD | | | | | | | - | |
| Mailing Address | State | 7: | p Code (Plus 4) | 12 | 30 | 2020 | | |
| City Maple Glen | | | , | | | | | |
| | I PA | 1 19 | 90023166 | | | | 1 | |
| Employer Name Thomas Jefferson Uni | | | _ | Occupat | 1 | Chairma | in of Emerge | , , |
| Employer Mailing Address/Principal Place | ce of Business | | City | | State | | Zip Code (P | - |
| | | | Philadelphia | | PA | | 191074824 | |
| Full Name of Contributor | | | | мо | DAY | YEAR | ¢ | |
| Dianne Moore | | | | | | | \$ | 500.00 |
| Mailing Address | 1 | | | 12 | 29 | 2020 | | |
| City York | State | Zi | p Code (Plus 4) | | - | | | |
| | PA | l 17 | 74068319 | | | | | |
| Employer Name WellSpan Health | | | | Occupat | tion | Vice Pre | sident | |
| Employer Mailing Address/Principal Place | ce of Business | | City | | State | | Zip Code (P | lus 4) |
| | | | York | | PA | | 174035071 | |
| Full Name of Contributor | | | | | | N= | | |
| Ms. Sherri Stahl BSN, MHA, RN | | | | мо | DAY | YEAR | \$ | 500.00 |
| Mailing Address | | | | 13 | 20 | 2020 | 1 | |
| City Mercersburg | State | Zi | p Code (Plus 4) | 12 | 29 | 2020 | | |
| - | PA | ₁₇ | 72369624 | | | | | |
| Employer Name WellSpan Chambersb | | | | Occupat | tion | Senior V | /ice Presiden | t Hos |
| Employer Mailing Address/Principal Plac | <u> </u> | | City | | State | | Zip Code (P | |
| , | | | Chambersburg | | PA | | 172010187 | |
| | | | | | | | T12010101 | |

| Full Name of Contributor | | | | | | | | |
|---|--|----------|------------------------------------|-----------------------------|---------------------------------|---|---|----------------------------------|
| Mr. John M Porter Jr | | | | мо | DAY | YEAR | \$ | 500.00 |
| Mailing Address | | | | 12 | 20 | 2020 | 1 | |
| City Ephrata | State | Zi | p Code (Plus 4) | 12 | 29 | 2020 | | |
| · | _{PA} | | 75229722 | | | | | |
| Employer Name WellSpan H | | | | Occupat | tion | FVP &ar | np; COO | |
| Employer Mailing Address/Pr | | | City | 1 | State | | Zip Code (Pl | us 4) |
| | | | York | | PA | | 174035071 | |
| | | | TOTK | | | | 1, 10550, 1 | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 576.92 |
| Mr. Andrew W. Carter Mailing Address | | | | | | | | |
| - | State | 7: | p Code (Plus 4) | 12 | 31 | 2020 | | |
| City Harrisburg | | | | | | | | |
| | I PA | | 71101230 | | | | | _ |
| Employer Name Hospital an | | 1 of Pen | | Occupat | 1 | Presider | it and Chief I | |
| Employer Mailing Address/Pr | incipal Place of Business | | City | | State | | Zip Code (Pl | us 4) |
| | | | Harrisburg | | PA | | 171011703 | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 336.54 |
| Mr. Andrew W. Carter | | | | | | | _ * | 330.54 |
| Mailing Address | | | | 12 | 31 | 2020 | | |
| City Harrisburg | State | Zi | p Code (Plus 4) | | | | | |
| | I PA | 17 | 71101230 | | | | | |
| Employer Name Hospital an | d Healthsystem Associatior | ו of Per | ins, Th | Occupat | tion | Presider | nt and Chief I | Execu |
| Employer Mailing Address/Pr | incipal Place of Business | | City | | State | | Zip Code (Pl | us 4) |
| | | | Harrisburg | | PA | | 171011703 | |
| Full Name of Contributor | | | | | | | | |
| Mr. Scott A Becker FACHE | | | | мо | DAY | YEAR | \$ | 1,000.00 |
| Mailing Address | | | | 12 | 8 | 2020 | | |
| City Johnstown | State | Zi | p Code (Plus 4) | 12 | 0 | 2020 | | |
| | PA | 15 | 59054398 | | | | | |
| Employer Name The 1889 F | oundation | | | Occupat | tion | Retired | CEO | |
| Employer Mailing Address/Pr | | | City | • | State | | Zip Code (Pl | us 4) |
| | | | Johnstown | | PA | | 159054139 | |
| Full Name of Contributor | | | | | | | | |
| | | | | | | | | |
| | | | | мо | DAY | YEAR | \$ | 500.00 |
| Ms. Monique St. John | | | | мо | | YEAR | \$ | 500.00 |
| Ms. Monique St. John Mailing Address | State | | n Code (Plus 4) | мо 12 | DAY 5 | YEAR 2020 | \$ | 500.00 |
| Ms. Monique St. John Mailing Address | State | | p Code (Plus 4) | | | | \$ | 500.00 |
| Ms. Monique St. John Mailing Address City Philadelphia | PA | | p Code (Plus 4) 91304156 | - 12 | 5 | 2020 | | |
| Ms. Monique St. John Mailing Address City Philadelphia Employer Name Children's H | PA Hospital of Philadelphia | | 91304156 | | 5 | 2020 | nology &am | p; Security |
| Ms. Monique St. John Mailing Address City Philadelphia Employer Name Children's H | PA Hospital of Philadelphia | | 01304156 | - 12 | tion State | 2020 | nnology &am Zip Code (Pl | p; Security |
| Ms. Monique St. John Mailing Address City Philadelphia Employer Name Children's H | PA Hospital of Philadelphia | | 91304156 | - 12 | 5 | 2020 | nology &am | p; Security |
| Ms. Monique St. John Mailing Address City Philadelphia Employer Name Children's H Employer Mailing Address/Pr Full Name of Contributor | PA Hospital of Philadelphia | | 01304156 | - 12 | tion State | 2020 | nnology &am Zip Code (Pl 191044319 | p; Security us 4) |
| Ms. Monique St. John Mailing Address City Philadelphia Employer Name Children's H Employer Mailing Address/Pr Full Name of Contributor Dr. Richard Beigi MD | PA Hospital of Philadelphia | | 01304156 | Occupat | tion State PA | 2020 VP, Tech | nnology &am Zip Code (Pl | p; Security |
| Ms. Monique St. John Mailing Address City Philadelphia Employer Name Children's H Employer Mailing Address/Pr Full Name of Contributor Dr. Richard Beigi MD Mailing Address | PA Hospital of Philadelphia incipal Place of Business | | 01304156 City Philadelphia | Occupat | tion State PA | 2020 VP, Tech | nnology &am Zip Code (Pl 191044319 | p; Security us 4) |
| Ms. Monique St. John Mailing Address City Philadelphia Employer Name Children's H Employer Mailing Address/Pr Full Name of Contributor Dr. Richard Beigi MD | PA Hospital of Philadelphia | | 01304156 | Occupat | tion State PA DAY | 2020 VP, Tech YEAR | nnology &am Zip Code (Pl 191044319 | p; Security us 4) |
| Ms. Monique St. John Mailing Address City Philadelphia Employer Name Children's H Employer Mailing Address/Pr Full Name of Contributor Dr. Richard Beigi MD Mailing Address | PA Hospital of Philadelphia incipal Place of Business | 10 | 01304156 City Philadelphia | Occupat | tion State PA DAY | 2020 VP, Tech YEAR | nnology &am Zip Code (Pl 191044319 | p; Security us 4) |
| Ms. Monique St. John Mailing Address City Philadelphia Employer Name Children's H Employer Mailing Address/Pr Full Name of Contributor Dr. Richard Beigi MD Mailing Address City Pittsburgh | PA Hospital of Philadelphia incipal Place of Business State | 10 | City Philadelphia | Occupat | tion State PA DAY 3 | 2020 VP, Tech YEAR | anology &am Zip Code (Pl 191044319 \$ | p; Security us 4) |
| Ms. Monique St. John Mailing Address City Philadelphia Employer Name Children's H Employer Mailing Address/Pr Full Name of Contributor Dr. Richard Beigi MD Mailing Address City Pittsburgh | PA Hospital of Philadelphia incipal Place of Business State PA ee-Womens Hospital | 10 | City Philadelphia | - 12 Оссиран МО 12 | tion State PA DAY 3 | 2020 VP, Tech YEAR 2020 | anology &am Zip Code (Pl 191044319 \$ | p; Security us 4) 1,000.00 |

| Full Name of Contributor | | | | мо | DAY | YEAR | | | 500.00 |
|---|--|--------------------------------------|--|---|---|--|--|--|---|
| Mr. David Bobrzynski | | | | МО | DAT | TLAK | \$ | | 500.00 |
| Mailing Address | | | | 12 | 3 | 2020 | | | |
| City Pittsburgh | State | Zij | o Code (Plus 4) | | - | | | | |
| | PA | 15 | 2273515 | | | | | | |
| Employer Name UPMC Presbyterian | | | | Occupat | ion (| CFO, WI | PIC of U | PMC Pr | esbyt |
| Employer Mailing Address/Principal Plac | e of Business | | City | | State | | Zip Cod | e (Plus | s 4) |
| | | | Pittsburgh | | PA | | 152132 | 2536 | |
| Full Name of Contributor | | | | | | VEAD | | | |
| Dr. Kathleen Kinslow CRNA, EdD, MBA | | | | мо | DAY | YEAR | \$ | | 1,500.00 |
| Mailing Address | | | | 12 | 4 | 2020 | 1 | | |
| City Philadelphia | State | Zij | o Code (Plus 4) | 12 | 4 | 2020 | | | |
| | PA | 19 | 1034926 | | | | | | |
| Employer Name Prospect Medical Hold | ings | | | Occupat | ion : | Senior V | ice Pres | ident, | Bu |
| Employer Mailing Address/Principal Plac | e of Business | | City | | State | | Zip Cod | e (Plus | s 4) |
| | | | Los Angeles | | CA | | 90025 | | |
| Full Name of Contributor | | | | | • | | | | |
| Mr. Robert J Russell | | | | мо | DAY | YEAR | \$ | | 350.00 |
| Mailing Address | | | | | | | | | |
| City Marlton | State | Zij | code (Plus 4) | 12 | 1 | 2020 | | | |
| | L L L | | 0535345 | | | | | | |
| Employer Name Penn Presbyterian Me | - | | | Occupat | ion | Associat | | tive Di | rec |
| Employer Mailing Address/Principal Plac | | | City | occuput | State | -3300101 | | | |
| | | | - | | | | Zip Code (Plus 4) 191042640 | | , -, |
| | | Philadelphia | | | PA 1910 | | | 1040 | |
| | | | | | - | | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | | 144.23 |
| Mr. Andrew W. Carter | | | | мо | DAY | YEAR | \$ | | 144.23 |
| Mr. Andrew W. Carter Mailing Address | (chut) | | - Code (Dive 4) | мо 11 | DAY 30 | YEAR 2020 | \$ | | 144.23 |
| Mr. Andrew W. Carter | State | | o Code (Plus 4) | | | | \$ | | 144.23 |
| Mr. Andrew W. Carter Mailing Address City Harrisburg | PA | 17 | 1101230 | 11 | 30 | 2020 | | | |
| Mr. Andrew W. Carter Mailing Address City Harrisburg Employer Name Hospital and Healthsy | PA stem Association of | 17 | 1101230 ns, Th | | 30 :ion | | t and C | - | ecu |
| Mr. Andrew W. Carter Mailing Address City Harrisburg | PA stem Association of | 17 | 1101230 ns, Th City | 11 | ion State | 2020 | it and C Zip Cod | e (Plus | ecu |
| Mr. Andrew W. Carter Mailing Address City Harrisburg Employer Name Hospital and Healthsy | PA stem Association of | 17 | 1101230 ns, Th | 11 | 30 :ion | 2020 | t and C | e (Plus | ecu |
| Mr. Andrew W. Carter Mailing Address City Harrisburg Employer Name Hospital and Healthsy | PA stem Association of | 17 | 1101230 ns, Th City | 0ccupat | ion State PA | 2020 Presider | at and C Zip Cod 171011 | e (Plus | ecu 5 4) |
| Mr. Andrew W. Carter Mailing Address City Harrisburg Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place | PA stem Association of | 17 | 1101230 ns, Th City | 11 | ion State | 2020 | it and C Zip Cod | e (Plus | ecu |
| Mr. Andrew W. Carter Mailing Address City Harrisburg Employer Name Hospital and Healthsy Employer Mailing Address/Principal Plac Full Name of Contributor | PA stem Association of | 17 Pen | ns, Th City Harrisburg | 0ccupat | ion State PA | 2020 Presider | at and C Zip Cod 171011 | e (Plus | ecu 5 4) |
| Mr. Andrew W. Carter Mailing Address City Harrisburg Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Mr. Andrew W. Carter | PA stem Association of | 17 Pen | 1101230 ns, Th City | Occupat | ion State PA DAY | 2020 Presider YEAR | at and C Zip Cod 171011 | e (Plus | ecu 5 4) |
| Mr. Andrew W. Carter Mailing Address City Harrisburg Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Mr. Andrew W. Carter Mailing Address City Harrisburg | PA stem Association of ce of Business State PA | 17 Pen Zi J 17 | 21101230 ns, Th City Harrisburg | Occupat | ion State PA DAY | 2020 Presider YEAR | at and C Zip Cod 171011 | e (Plus | ecu 5 4) |
| Mr. Andrew W. Carter Mailing Address City Harrisburg Employer Name Hospital and Healthsy Employer Mailing Address/Principal Plac Full Name of Contributor Mr. Andrew W. Carter Mailing Address | PA stem Association of ce of Business State PA | 17 Pen Zi J 17 | 21101230 ns, Th City Harrisburg | Occupat | 30 ion PA DAY 30 | 2020 Presider YEAR | t and C Zip Cod 171011 | e (Plus .703 | ecu 5 4) 144.23 |
| Mr. Andrew W. Carter Mailing Address City Harrisburg Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Mr. Andrew W. Carter Mailing Address City Harrisburg | PA stem Association of se of Business State PA stem Association of | 17 Pen Zi J 17 | 21101230 ns, Th City Harrisburg | MO 11 | 30 ion PA DAY 30 | 2020 Presider YEAR 2020 | t and C Zip Cod 171011 | e (Plus 703 hief Ex | ecu 3 4) 144.23 ecu |
| Mr. Andrew W. Carter Mailing Address City Harrisburg Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Mr. Andrew W. Carter Mailing Address City Harrisburg Employer Name Hospital and Healthsy | PA stem Association of se of Business State PA stem Association of | 17 Pen Zi J 17 | 21101230 ns, Th City Harrisburg D Code (Plus 4) 21101230 ns, Th | MO 11 | 30 State PA DAY 30 | 2020 Presider YEAR 2020 | t and C Zip Cod 171011 \$ t and C | hief Ex | ecu 3 4) 144.23 ecu |
| Mr. Andrew W. Carter Mailing Address City Harrisburg Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Mr. Andrew W. Carter Mailing Address City Harrisburg Employer Name Hospital and Healthsy | PA stem Association of se of Business State PA stem Association of | 17 Pen Zi J 17 | 21101230 ns, Th City Harrisburg Code (Plus 4) 21101230 ns, Th City | MO 11 Occupat | ion PA DAY 30 30 CAY 30 State PA | 2020 Presider YEAR 2020 Presider | t and C Zip Cod 171011 \$ t and C Zip Cod 171011 | hief Ex | ecu 3 4) 144.23 ecu 3 4) |
| Mr. Andrew W. Carter Mailing Address City Harrisburg Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Mr. Andrew W. Carter Mailing Address City Harrisburg Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place | PA stem Association of se of Business State PA stem Association of | 17 Pen Zi J 17 | 21101230 ns, Th City Harrisburg Code (Plus 4) 21101230 ns, Th City | MO 11 | ion 30 State PA DAY 30 | 2020 Presider YEAR 2020 | t and C Zip Cod 171011 \$ t and C Zip Cod | hief Ex | ecu 3 4) 144.23 ecu |
| Mr. Andrew W. Carter Mailing Address City Harrisburg Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Mr. Andrew W. Carter Mailing Address City Harrisburg Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor | PA stem Association of se of Business State PA stem Association of | 17 Pen Zi J 17 | 21101230 ns, Th City Harrisburg Code (Plus 4) 21101230 ns, Th City | MO 11 Occupat | ion PA DAY 30 ion State PA 30 ion DAY | 2020 Presider YEAR 2020 Presider YEAR | t and C Zip Cod 171011 \$ t and C Zip Cod 171011 | hief Ex | ecu 3 4) 144.23 ecu 3 4) |
| Mr. Andrew W. Carter Mailing Address City Harrisburg Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Mr. Andrew W. Carter Mailing Address City Harrisburg Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor John T. Schwarz | PA stem Association of se of Business State PA stem Association of | 17 Pen Zil 17 Pen | 21101230 ns, Th City Harrisburg Code (Plus 4) 21101230 ns, Th City | MO 11 Occupat | ion PA DAY 30 30 CAY 30 State PA | 2020 Presider YEAR 2020 Presider | t and C Zip Cod 171011 \$ t and C Zip Cod 171011 | hief Ex | ecu 3 4) 144.23 ecu 3 4) |
| Mr. Andrew W. Carter Mailing Address City Harrisburg Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Mr. Andrew W. Carter Mailing Address City Harrisburg Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor John T. Schwarz Mailing Address | PA stem Association of e of Business State PA stem Association of e of Business | 17 Pen Zij 17 Pen | City Harrisburg Code (Plus 4) 1101230 ns, Th City Harrisburg | MO 11 Occupat | ion PA DAY 30 ion State PA 30 ion DAY | 2020 Presider YEAR 2020 Presider YEAR | t and C Zip Cod 171011 \$ t and C Zip Cod 171011 | hief Ex | ecu 3 4) 144.23 ecu 3 4) |
| Mr. Andrew W. Carter Mailing Address City Harrisburg Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Mr. Andrew W. Carter Mailing Address City Harrisburg Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor John T. Schwarz Mailing Address | PA stem Association of e of Business State PA stem Association of e of Business State PA | 17 Pen Zij 17 Pen | City Harrisburg Code (Plus 4) Harrisburg Code (Plus 4) Harrisburg Harrisburg | MO 11 Occupat | ion State PA OAY 30 30 30 30 Xate PA 30 30 Xate AY 30 30 30 | 2020 Presider YEAR 2020 Presider YEAR | tt and C Zip Cod 171011 \$ tt and C Zip Cod 171011 | hief Ex 703 | ecu 3 4) 144.23 ecu 3 4) |
| Mr. Andrew W. Carter Mailing Address City Harrisburg Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Mr. Andrew W. Carter Mailing Address City Harrisburg Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor John T. Schwarz Mailing Address City Narberth | PA stem Association of se of Business State PA stem Association of se of Business State PA State PA stem Association of se of Business | 17 Pen Zij 17 Pen | City Harrisburg Code (Plus 4) Harrisburg Code (Plus 4) Harrisburg Harrisburg | MO 11 Occupat MO 11 Occupat MO 11 | ion State PA OAY 30 30 30 30 Xate PA 30 30 Xate AY 30 30 30 | 2020 Presider YEAR 2020 Presider YEAR 2020 | tt and C Zip Cod 171011 \$ tt and C Zip Cod 171011 | hief Ex 703 hief Ex e (Plus .703 | ecu 4) 144.23 ecu 5 00.00 |

| | | | | | | | | - 17 |
|--|----------------------|---------------|-----------------------------|---------|---------------------|----------|---------------------------------|----------|
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 2,500.00 |
| Mr. John J Lynch III FACHE | | | | | | | - | 2,500.00 |
| Mailing Address | | | | 12 | 22 | 2020 | | |
| City Bryn Mawr | State | | p Code (Plus 4) | | | | | |
| | I PA | I 19 | 90103121 | | l - | | 1 | |
| Employer Name Main Line Healt | | | 1 - | Occupa | | Presider | nt and Chief | |
| Employer Mailing Address/Princip | al Place of Business | | City | | State | | Zip Code (F | |
| | | | Bryn Mawr | | PA | | 190103121 | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 1,000.00 |
| Jack Farber | | | | | | | _ * | 1,000.00 |
| Mailing Address | | | | 12 | 29 | 2020 | | |
| City Palm Beach Gardens | State | | p Code (Plus 4) | | | | | |
| | l FL | I 33 | 34101253 | | l | | Ι | |
| Employer Name CSS Industries | | | 1 | Occupa | tion | Busines | | |
| Employer Mailing Address/Princip | al Place of Business | | City | | State | | Zip Code (F | Plus 4) |
| Full Name of Contributor | | | <u>.</u> | мо | DAY | YEAR | \$ | 300.00 |
| Amy L. Nelson Esq. | | | | | | | - [*] | 500.00 |
| Mailing Address | | | | 12 | 21 | 2020 | | |
| City York | State | | p Code (Plus 4) | | | | | |
| | I PA | 17 | 74029229 | - | l | | Ι | |
| Employer Name WellSpan Health | | | 1 | Occupat | tion _ | Attorney | | |
| Employer Mailing Address/Princip | al Place of Business | | City | State | | | Zip Code (Plus 4) | |
| | | | York | | PA | | 174035071 | L |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 500.00 |
| Ms Kristen O'Shea RN, MS, NEA-E | 3C | | | _ | | | | 500.00 |
| Mailing Address | | | | 12 | 20 | 2020 | | |
| City York | State | | p Code (Plus 4) | | | | | |
| | l pa | l 17 | 74039017 | - | l | | | |
| Employer Name WellSpan Health | 1 | | I | Occupat | tion | Vice Pre | sident Nurs | ing Pr |
| Employer Mailing Address/Princip | al Place of Business | | City | | State | | Zip Code (F | Plus 4) |
| | | | York | | PA | | 174035071 | L |
| Full Name of Contributor | | | | мо | DAY | YEAR | | 1 000 00 |
| Ms. Christina Eckert | | | | HO | | | \$ | 1,000.00 |
| Mailing Address | | | | 12 | 18 | 2020 | | |
| City Etters | State | Zi | p Code (Plus 4) | | | | | |
| | I PA | ₁₇ | 73199563 | | | | | |
| Employer Name WellSpan Health | | | 1 | Occupat | tion | COO | | |
| Employer Mailing Address/Princip | al Place of Business | | City | | State | | Zip Code (F | Plus 4) |
| | | | York | | PA | | 174035071 | <u> </u> |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 500.00 |
| Dr. Bruce A. Meyer MD Mailing Address | | | | | | | - | |
| City Villanova | State | 71 | p Code (Plus 4) | 12 | 18 | 2020 | | |
| villariUVa | PA | | , | | | | | |
| | I FA | 1 19 | 90852141 | _ | • | • | • | |
| Employer Name Jofferson Harles | | | | 000000- | tion | | | |
| Employer Name Jefferson Health | | | City | Occupat | | CEO | 7in Code (1 | |
| Employer Name Jefferson Health Employer Mailing Address/Princip | | | City Philadelphia | Occupat | tion State PA | CEO | Zip Code (F 191074201 | |

| Full Name of Contributor | | | | мо | DAY | YEAR | _ | | 1 000 00 |
|---|--|---------------------------|---|---|---|---|---|---|--|
| Mr. Richard Webster RN | | | | | 2/11 | 12/11 | \$ | | 1,000.00 |
| Mailing Address | | | | 12 | 18 | 2020 | | | |
| City Philadelphia | State | Zij | p Code (Plus 4) | | | | | | |
| | PA | 19 | 1303104 | | | | | | |
| Employer Name Thomas Jefferson Uni | versity Hospitals | | | Occupat | ion | Presider | t | | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | State | | Zip Cod | e (Plus | 5 4) |
| | | | Philadelphia | | PA | | 191074 | 824 | |
| Full Name of Contributor | | | | | DAY | VEAD | | | |
| Dr. Eugenia Powell PhD, RN, NEA-BC | | | | мо | DAY | YEAR | \$ | | 500.00 |
| Mailing Address | | | | 12 | 17 | 2020 | | | |
| City Bowie | State | Zij | p Code (Plus 4) | 12 | 17 | 2020 | | | |
| | MD | 20 | 7214241 | | | | | | |
| Employer Name WellSpan Health | | | | Occupat | ion | | | | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | State | | Zip Cod | e (Plus | 5 4) |
| | | | York | | PA | | 174035 | 071 | |
| Full Name of Contributor | | | | | | | | | |
| Ms. Roxanna L Gapstur PhD, RN, CNAA | | | | мо | DAY | YEAR | \$ | | 625.00 |
| Mailing Address | | | | | | | | | |
| City York | State | Zi | p Code (Plus 4) | 12 | 22 | 2020 | | | |
| | PA | | 4034489 | | | | | | |
| Employer Name WellSpan Health | | | | Occupat | ion | Presider | t and Ch | nief Fx | |
| Employer Mailing Address/Principal Plac | e of Business | | City | State Zip Code (Plus 4) | | | | | |
| | | | - | | | | 174035071 | |) |
| York | | | PA 174035071 | | | | | | |
| | | | | | | | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | | 505.00 |
| Mr. Robert G. Shipp RN | | | | мо | DAY | YEAR | \$ | | 505.00 |
| Mr. Robert G. Shipp RN Mailing Address | State | 71 | | мо 12 | DAY 10 | YEAR 2020 | \$ | | 505.00 |
| Mr. Robert G. Shipp RN | State | | p Code (Plus 4) | | | | \$ | | 505.00 |
| Mr. Robert G. Shipp RN Mailing Address City Millerstown | PA | 17 | p Code (Plus 4) 70629535 | 12 | 10 | 2020 | | | |
| Mr. Robert G. Shipp RN Mailing Address City Millerstown Employer Name Hospital and Healthsy | PA stem Assn of Penns | 17 | p Code (Plus 4) 70629535 nia | | 10 ion | 2020 | lation He | | Stra |
| Mr. Robert G. Shipp RN Mailing Address City Millerstown | PA stem Assn of Penns | 17 | p Code (Plus 4) 70629535 nia City | 12 | ion State | 2020 | lation He Zip Code | e (Plus | Stra |
| Mr. Robert G. Shipp RN Mailing Address City Millerstown Employer Name Hospital and Healthsy | PA stem Assn of Penns | 17 | p Code (Plus 4) 70629535 nia | 12 | 10 ion | 2020 | lation He | e (Plus | Stra |
| Mr. Robert G. Shipp RN Mailing Address City Millerstown Employer Name Hospital and Healthsy | PA stem Assn of Penns | 17 | p Code (Plus 4) 70629535 nia City | 12 | ion State | 2020 | lation He Zip Code 171011 | e (Plus | Stra 5 4) |
| Mr. Robert G. Shipp RN Mailing Address City Millerstown Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Mr. Philip Okala | PA stem Assn of Penns | 17 | p Code (Plus 4) 70629535 nia City | 0ccupat | ion State PA | 2020 VP Popu | lation He Zip Code | e (Plus | Stra |
| Mr. Robert G. Shipp RN Mailing Address City Millerstown Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Mr. Philip Okala Mailing Address | PA stem Assn of Penns ce of Business | ylva | p Code (Plus 4) 70629535 nia City Harrisburg | 0ccupat | ion State PA | 2020 VP Popu | lation He Zip Code 171011 | e (Plus | Stra 5 4) |
| Mr. Robert G. Shipp RN Mailing Address City Millerstown Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Mr. Philip Okala | PA stem Assn of Penns e of Business State | ylva | p Code (Plus 4) 70629535 nia City Harrisburg | Occupat | ion State PA DAY | 2020 VP Popu YEAR | lation He Zip Code 171011 | e (Plus | Stra 5 4) |
| Mr. Robert G. Shipp RN Mailing Address City Millerstown Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Mr. Philip Okala Mailing Address City Wayne | PA stem Assn of Penns ce of Business State PA | 17 ylva Zi l | p Code (Plus 4) 70629535 nia City Harrisburg | оссират Оссират МО 12 | ion Y State PA DAY | 2020 VP Popu YEAR 2020 | lation He Zip Code 171011 | e (Plus 703 | Stra 3 4) 1,500.00 |
| Mr. Robert G. Shipp RN Mailing Address City Millerstown Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Mr. Philip Okala Mailing Address City Wayne Employer Name University of Pennsylv | PA stem Assn of Penns e of Business State PA vania Health System | 17 ylva Zi l | p Code (Plus 4) 70629535 nia City Harrisburg | Occupat | ion Y State PA DAY | 2020 VP Popu YEAR 2020 | lation He Zip Code 171011 \$ \$ eerating | e (Plus 703 Officer | Stra 5 4) 1,500.00 |
| Mr. Robert G. Shipp RN Mailing Address City Millerstown Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Mr. Philip Okala Mailing Address City Wayne | PA stem Assn of Penns e of Business State PA vania Health System | 17 ylva Zi l | p Code (Plus 4) 70629535 nia City Harrisburg | оссират Оссират МО 12 | ion Y State PA DAY | 2020 VP Popu YEAR 2020 | lation He Zip Code 171011 | e (Plus 703 Officer | Stra 5 4) 1,500.00 |
| Mr. Robert G. Shipp RN Mailing Address City Millerstown Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Mr. Philip Okala Mailing Address City Wayne Employer Name University of Pennsylv | PA stem Assn of Penns e of Business State PA vania Health System | 17 ylva Zi l | P Code (Plus 4) 70629535 nia City Harrisburg P Code (Plus 4) 70872181 | оссират Оссират МО 12 | ion State PA DAY 10 | 2020 VP Popu YEAR 2020 | lation He Zip Code 171011 \$ \$ eerating | e (Plus 703 Officer e (Plus | Stra 5 4) 1,500.00 |
| Mr. Robert G. Shipp RN Mailing Address City Millerstown Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Mr. Philip Okala Mailing Address City Wayne Employer Name University of Pennsylv | PA stem Assn of Penns e of Business State PA vania Health System | 17 ylva Zi l | P Code (Plus 4) 70629535 nia City Harrisburg P Code (Plus 4) 70872181 City | MO 12 MO 12 Occupat | ion 7 State PA DAY 10 ion 10 State PA | 2020 VP Popu YEAR 2020 Chief Op | lation He Zip Code 171011 \$ perating Zip Code 191045 | e (Plus 703 Officer e (Plus | Stra 5 4) 1,500.00 7 5 4) |
| Mr. Robert G. Shipp RN Mailing Address City Millerstown Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Mr. Philip Okala Mailing Address City Wayne Employer Name University of Pennsylv Employer Mailing Address/Principal Place | PA stem Assn of Penns e of Business State PA vania Health System | 17 ylva Zi l | P Code (Plus 4) 70629535 nia City Harrisburg P Code (Plus 4) 70872181 City | оссират Оссират МО 12 | ion 10 State PA DAY 10 ion 0 State 5 | 2020 VP Popu YEAR 2020 | lation He Zip Code 171011 \$ perating Zip Code | e (Plus 703 Officer e (Plus | Stra 5 4) 1,500.00 |
| Mr. Robert G. Shipp RN Mailing Address City Millerstown Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Mr. Philip Okala Mailing Address City Wayne Employer Name University of Pennsylv Employer Mailing Address/Principal Place Full Name of Contributor | PA stem Assn of Penns e of Business State PA vania Health System | 17 ylva Zi l | P Code (Plus 4) 70629535 nia City Harrisburg P Code (Plus 4) 70872181 City | MO 12 MO 12 Occupat | ion 10 State PA DAY 10 ion 10 State PA DAY | 2020 VP Popu YEAR 2020 Chief Op YEAR | lation He Zip Code 171011 \$ perating Zip Code 191045 | e (Plus 703 Officer e (Plus | Stra 5 4) 1,500.00 7 5 4) |
| Mr. Robert G. Shipp RN Mailing Address City Millerstown Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Mr. Philip Okala Mailing Address City Wayne Employer Name University of Pennsylv Employer Mailing Address/Principal Place Full Name of Contributor Ms Kristen O'Shea RN, MS, NEA-BC | PA stem Assn of Penns e of Business State PA vania Health System | 17 ylva 2ij 19 | P Code (Plus 4) 70629535 nia City Harrisburg P Code (Plus 4) 70872181 City | MO 12 MO 12 Occupat | ion 7 State PA DAY 10 ion 10 State PA | 2020 VP Popu YEAR 2020 Chief Op | lation He Zip Code 171011 \$ perating Zip Code 191045 | e (Plus 703 Officer e (Plus | Stra 5 4) 1,500.00 7 5 4) |
| Mr. Robert G. Shipp RN Mailing Address City Millerstown Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Mr. Philip Okala Mailing Address City Wayne Employer Name University of Pennsylv Employer Mailing Address/Principal Place Full Name of Contributor Ms Kristen O'Shea RN, MS, NEA-BC Mailing Address | PA stem Assn of Penns e of Business State PA vania Health System e of Business | 17 ylva 2i 19 | p Code (Plus 4) 70629535 nia City Harrisburg p Code (Plus 4) 70872181 City Philadelphia | MO 12 MO 12 Occupat | ion 10 State PA DAY 10 ion 10 State PA DAY | 2020 VP Popu YEAR 2020 Chief Op YEAR | lation He Zip Code 171011 \$ perating Zip Code 191045 | e (Plus 703 Officer e (Plus | Stra 5 4) 1,500.00 7 5 4) |
| Mr. Robert G. Shipp RN Mailing Address City Millerstown Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Mr. Philip Okala Mailing Address City Wayne Employer Name University of Pennsylv Employer Mailing Address/Principal Place Full Name of Contributor Ms Kristen O'Shea RN, MS, NEA-BC Mailing Address | PA stem Assn of Penns e of Business State PA vania Health System e of Business State State | 17 ylva 2i 19 | p Code (Plus 4) 70629535 nia City Harrisburg p Code (Plus 4) 00872181 City Philadelphia | MO 12 MO 12 Occupat | ion 10 State PA DAY 10 ion 10 ion 10 DAY 10 A10 10 10 10 | 2020 VP Popu YEAR 2020 Chief Op YEAR 2020 | lation He Zip Code 171011 \$ perating Zip Code 191045 | e (Plus 703 Officer e (Plus 127 | Stra 5 4) 1,500.00 7 5 4) 500.00 |
| Mr. Robert G. Shipp RN Mailing Address City Millerstown Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Mr. Philip Okala Mailing Address City Wayne Employer Name University of Pennsylv Employer Mailing Address/Principal Place Full Name of Contributor Ms Kristen O'Shea RN, MS, NEA-BC Mailing Address City York | PA stem Assn of Penns e of Business State PA vania Health System e of Business State PA | 17 ylva 2i 19 | p Code (Plus 4) 70629535 nia City Harrisburg p Code (Plus 4) 00872181 City Philadelphia | MO 12 Occupat MO 12 Occupat 12 12 12 12 12 12 12 12 12 12 12 12 | ion 10 State PA DAY 10 ion 10 ion 10 DAY 10 A10 10 10 10 | 2020 VP Popu YEAR 2020 Chief Op YEAR 2020 | lation He Zip Code 171011 \$ eerating Zip Code 191045 | e (Plus 703 Officer e (Plus 127 ursing | Stra 4) 1,500.00 r 500.00 Pr |

| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 350.00 |
|---|--|------------------|--|---------------------|---|---|--|---|
| Dr. Craig Pate DMD | | | | | | | - * | 550.00 |
| Mailing Address | | | | 12 | 10 | 2020 | | |
| City York | State | Zi | p Code (Plus 4) | | | | | |
| | I PA | l 17 | 74049761 | | | | | |
| Employer Name WellSpan Yor | rk Hospital | | 1 | Occupat | tion | Dentist | | |
| Employer Mailing Address/Prin | cipal Place of Business | | City | | State | | Zip Code (F | Plus 4) |
| | | | York | | PA | | 174033676 | 5 |
| Full Name of Contributor | | | | мо | DAY | YEAR | | |
| Dr. Frederick J. Bloom MD | | | | MO | DAT | TEAR | \$ | 1,000.00 |
| Mailing Address | | | | 12 | 9 | 2020 | | |
| City Sayre | State | Zi | p Code (Plus 4) | 12 | 5 | 2020 | | |
| | I PA | 18 | 88409756 | | | | | |
| Employer Name Guthrie Robe | ert Packer Hospital | | | Occupat | tion | Physicia | n | |
| Employer Mailing Address/Prin | cipal Place of Business | | City | | State | | Zip Code (P | Plus 4) |
| | | | Sayre | | PA | | 188401698 | 3 |
| Full Name of Contributor | | | - | | | | | |
| Ms. Brenda DeFeo | | | | мо | DAY | YEAR | \$ | 500.00 |
| Mailing Address | | | | | | | | |
| City Ardmore | State | Zi | p Code (Plus 4) | 12 | 9 | 2020 | | |
| | PA | 19 | 90031704 | | | | | |
| Employer Name Riddle Hospit | | | | Occupat | tion | Vice Pre | sident, Adm | ninistr |
| Employer Mailing Address/Prin | | | City | 1 | State | | Zip Code (F | |
| | | | Media | | PA | | | • |
| | | | licala | | 1.7. | | 190635177 | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 1,000.00 |
| Mr. Robert J. Holland Mailing Address | | | | | | | - | |
| City Bethel Park | State | 71 | p Code (Plus 4) | 12 | 9 | 2020 | | |
| City Detrier Park | PA | | , | | | | | |
| | IPA | | | | | | | |
| Employer Name Alliant | | 1 1: | 51024501 | 0.000 | tion | | 1 | |
| Employer Name Alliant | | <u> </u> | 1 | Occupat | 1 | EVP | l Zin Cada (D | |
| Employer Name Alliant Employer Mailing Address/Prin | | | City | Occupat | State | EVP | Zip Code (F | |
| | | | 1 | Occupat | 1 | EVP | I Zip Code (F 152332348 | |
| | | | City | Occupat | State | EVP | 152332348 | 3 |
| Employer Mailing Address/Prin Full Name of Contributor Mr. Robert Reilly | | | City | | State PA | | | |
| Employer Mailing Address/Prin Full Name of Contributor Mr. Robert Reilly Mailing Address | ncipal Place of Business | | City Pittsburgh | | State PA | | 152332348 \$ | 3 |
| Employer Mailing Address/Prin Full Name of Contributor Mr. Robert Reilly | | Zi | City Pittsburgh p Code (Plus 4) | МО | State PA DAY | YEAR | 152332348 \$ | 3 |
| Employer Mailing Address/Prin Full Name of Contributor Mr. Robert Reilly Mailing Address | ncipal Place of Business | Zi | City Pittsburgh | МО | State PA DAY | YEAR | 152332348 \$ | 3 |
| Employer Mailing Address/Prin Full Name of Contributor Mr. Robert Reilly Mailing Address City York Employer Name WellSpan He | state PA | Zi | City Pittsburgh p Code (Plus 4) | МО | State PA DAY 7 | YEAR 2020 | 152332348 \$ | 750.00 |
| Employer Mailing Address/Prin Full Name of Contributor Mr. Robert Reilly Mailing Address City York | state PA | Zi | City Pittsburgh p Code (Plus 4) | MO | State PA DAY 7 | YEAR 2020 | \$ | 750.00 |
| Employer Mailing Address/Prin Full Name of Contributor Mr. Robert Reilly Mailing Address City York Employer Name WellSpan He | state PA | Zi | City Pittsburgh p Code (Plus 4) 74023353 | MO | State PA DAY 7 | YEAR 2020 | 152332348 \$ nent Relatio | 750.00 ons Offi Plus 4) |
| Employer Mailing Address/Prin Full Name of Contributor Mr. Robert Reilly Mailing Address City York Employer Name WellSpan He | state PA | Zi | City Pittsburgh p Code (Plus 4) 74023353 City | MO 12 Occupat | State PA DAY 7 tion State PA | YEAR 2020 Governn | 152332348 \$ nent Relation Zip Code (P 174035071 | 750.00 ons Offi Plus 4) |
| Employer Mailing Address/Prin Full Name of Contributor Mr. Robert Reilly Mailing Address City York Employer Name WellSpan He Employer Mailing Address/Prin | state PA | Zi | City Pittsburgh p Code (Plus 4) 74023353 City | MO | State PA DAY 7 tion State | YEAR 2020 | 152332348 \$ nent Relation Zip Code (F | 750.00 ons Offi Plus 4) |
| Employer Mailing Address/Prin Full Name of Contributor Mr. Robert Reilly Mailing Address City York Employer Name WellSpan He Employer Mailing Address/Prin Full Name of Contributor | state PA | Zi | City Pittsburgh p Code (Plus 4) 74023353 City | MO 12 Occupat | State PA DAY 7 State PA DAY | YEAR 2020 Governr YEAR | 152332348 \$ nent Relation Zip Code (P 174035071 | 750.00 ons Offi Plus 4) |
| Employer Mailing Address/Prin Full Name of Contributor Mr. Robert Reilly Mailing Address City York Employer Name WellSpan He Employer Mailing Address/Prin Full Name of Contributor Ms. Michele M Volpe | state PA | Z i 17 | City Pittsburgh p Code (Plus 4) 74023353 City | MO 12 Occupat | State PA DAY 7 tion State PA | YEAR 2020 Governn | 152332348 \$ nent Relation Zip Code (P 174035071 | 750.00 ons Offi Plus 4) |
| Employer Mailing Address/Prin Full Name of Contributor Mr. Robert Reilly Mailing Address City York Employer Name WellSpan He Employer Mailing Address/Prin Full Name of Contributor Ms. Michele M Volpe Mailing Address | State PA PA PA | Zi 17 | City Pittsburgh p Code (Plus 4) 74023353 City York | MO 12 Occupat | State PA DAY 7 State PA DAY | YEAR 2020 Governr YEAR | 152332348 \$ nent Relation Zip Code (P 174035071 | 750.00 ons Offi Plus 4) |
| Employer Mailing Address/Prin Full Name of Contributor Mr. Robert Reilly Mailing Address City York Employer Name WellSpan He Employer Mailing Address/Prin Full Name of Contributor Ms. Michele M Volpe Mailing Address City Philadelphia | state PA PA PA PA PA PA PA State PA State | Zi 17 | City Pittsburgh P Code (Plus 4) 74023353 City York P Code (Plus 4) | MO 12 Occupat | State PA DAY 7 tion State PA DAY 11 | YEAR 2020 Governn YEAR 2020 | 152332348 \$ nent Relation Zip Code (P 174035071 | 3 750.00 ons Offi Plus 4) 312.50 |
| Employer Mailing Address/Prin Full Name of Contributor Mr. Robert Reilly Mailing Address City York Employer Name WellSpan He Employer Mailing Address/Prin Full Name of Contributor Ms. Michele M Volpe Mailing Address City Philadelphia | state PA PA PA PA PA PA PA PA PA terian Medical Center | Zi 17 | City Pittsburgh P Code (Plus 4) 74023353 City York P Code (Plus 4) | MO 12 Occupat | State PA DAY 7 tion State PA DAY 11 | YEAR 2020 Governn YEAR 2020 | 152332348 s ment Relation Zip Code (F 174035071 \$ | 3 750.00 ons Offi Plus 4) 312.50 cer |

\$

PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and

prior expenditures that were returned to the filer.

| Name of Filing Committee or Candidate Rep | | | | ing Perio | bd | | | |
|---|---------------------|------------|---------|-----------|------------------|--------------|-----------------|-------------------|
| Hospital & Healthsystem Assoc of PA PA | AC (HAPAC) | | From: | | <u>11/24/202</u> | <u>0</u> To: | | <u>12/31/2020</u> |
| | | | | D | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.31 |
| FNB-First National Bank | | | | MO | | | _ [⇒] | 0.51 |
| Mailing Address | | 1 | | 11 | 30 | 2020 | | |
| City Harrisburg | State | Zip Code (| Plus 4) | | | | | |
| | PA | 17111 | | | | | | |
| Receipt Description November 2020 | Interest Income | | | | | | | |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.85 |
| FNB-First National Bank | | | | | | | | |
| Mailing Address | - | | | 11 | 30 | 2020 | | |
| City Harrisburg | State | Zip Code (| Plus 4) | | | | | |
| | PA | 17111 | | | | | | |
| Receipt Description November 2020 | Interest Income | | | | | | | |
| Full Name | | | | мо | DAY | YEAR | \$ | 250.00 |
| Friends of Melissa Shusterman | | | | | | | * | 250.00 |
| Mailing Address | l | 1 | | 12 | 11 | 2020 | | |
| City Phoenixville | State | Zip Code (| Plus 4) | | | | | |
| | PA | 19460 | | | | | | |
| Receipt Description Void - Friends of | Melissa Shusterman | | | | | | | |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.31 |
| FNB-First National Bank | | | | | | | * | 0.51 |
| Mailing Address | | 1 | | 12 | 31 | 2020 | | |
| City Harrisburg | State | Zip Code (| Plus 4) | | | | | |
| | PA | 17111 | | | | | | |
| Receipt Description Dec 2020 Interes | st Income | | | | | | | |
| Full Name | | | | мо | DAY | YEAR | \$ | 1.10 |
| FNB-First National Bank | | | | | | | _ * | 1.10 |
| Mailing Address | 1 | 1 | | 12 | 31 | 2020 | | |
| City Harrisburg | State | Zip Code (| Plus 4) | | | | | |
| | PA | 17111 | | | | | | |
| Receipt Description 12-31-20 Interes | st Income | - | | | - | | • | |
| | | | | | | | | PAGE TOTAL |
| Enter Grand Total of Part E on Schedu | le I, Detailed Sumn | nary Page, | Section | 4. | | | ¢ | |
| | | | | | | | \$ | 252.57 |

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

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting Perio | d | |
|---|-----------------|-----------------------|-------------------|
| Hospital & Healthsystem Assoc of PA PAC (HAPAC) | From: | <u>11/24/2020</u> то: | <u>12/31/2020</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER CONTRIBUTOR | | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | T F) | | |
| TOTAL for the Reporting Pe | eriod (2) | \$ | 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Pe | eriod (3) | \$ | 0.00 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 3 | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

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

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

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

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Commit | tee or Candidate | | | Reporti | ng Period | | | |
|--|------------------|------------|-------------------|---------|---------------|---------------|------------|-------------------|
| Hospital & Healthsyste | m Assoc of PA P | AC (HAPAC) | | From | <u>11/2</u> 4 | <u>4/2020</u> | То: | <u>12/31/2020</u> |
| | | | | | DATE | | | AMOUNT |
| To Whom Paid | | | | мо | DAY | YEAR | | |
| FNB-First National Banl | ĸ | | | 140 | | | | |
| Mailing Address | | | | 11 | 27 | 2020 | \$ | 29.77 |
| City Harrisburg | | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | | РА | 17111 | Nov 202 | 20 Bank Fe | e - Amei | rican Exp | ress |
| To Whom Paid | | | | мо | DAY | YEAR | | |
| FNB-First National Banl | < | | | | | | | |
| Mailing Address | | | | 12 | 1 | 2020 | \$ | 82.90 |
| City Harrisburg | | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | | РА | 17111 | Dec 202 | 20 Bank Fe | es - Hea | rtland | |
| To Whom Paid FNB-First National Banl | < | | | мо | DAY | YEAR | | |
| Mailing Address | | | | 12 | 1 | 2020 | \$ | 519.10 |
| City Harrisburg | | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | 1 | |
| | | РА | 17111 | Dec 202 | 20 Bank Fe | es - Hea | rtland | |
| To Whom Paid | | | | мо | DAY | YEAR | | |
| FNB-First National Banl | < | | | | | | | |
| Mailing Address | | | | 12 | 2 | 2020 | \$ | 4.39 |
| City Harrisburg | | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | | РА | 17111 | Dec 202 | 20 Bank Fe | es - Auth | norize.ne | t |
| To Whom Paid | | | | мо | DAY | YEAR | | |
| FNB-First National Banl | K | | | | | | | |
| Mailing Address | | | | 12 | 2 | 2020 | \$ | 13.75 |
| City Harrisburg | | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | | PA | 17111 | Dec 202 | 20 Bank Fe | es - Auth | norize.ne | t |
| To Whom Paid | | | | мо | DAY | YEAR | | |
| CITY TREASURER -CITY | OF HARRISBUR | RG | | | | | | |
| Mailing Address | | | | 12 | 10 | 2020 | \$ | 50.00 |
| City HARRISBURG | | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | | РА | 171011680 | Busines | s Privilege | License | and Filing | g Fee |

| To Whom Paid | | | мо | DAY | YEAR | | | |
|--|--------------------|-------------------|----------------------------|-------------|------------|----------|------------|--|
| Mr. Andrew B. Block | | | мо | DAT | TLAK | | | |
| Mailing Address | | | 12 | 22 | 2020 | \$ | 150.00 | |
| City Allentown State Zip Code (Plus 4) | | | Description of Expenditure | | | | | |
| | PA | 181069166 | Refund | of 2020 Co | ontributio | n | | |
| To Whom Paid | | | мо | DAY | YEAR | | | |
| FNB-First National Bank | | | MO | | | | | |
| Mailing Address | | | 12 | 28 | 2020 | \$ | 15.29 | |
| City Harrisburg | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | | |
| | PA | 17111 | Dec 202 | 20 Bank Fe | es - Ame | rican Ex | press | |
| | | | | | | | PAGE TOTAL | |
| Enter Grand Total of Expenditures o | n Page 1, Report C | over Page, Item D | • | | | \$ | 865.20 | |