Campaign Finance Report

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

| Filer Identificati Number : | on 7900 | 364 | | | Rep File | | | CAI | NDI | DATE | | COM | AITTEE | ~ | LO | DDT | 131 | |
|--------------------------------|--|-----------|-----------------------|----------|-------------|-------|-------|----------|------|----------|-------------|----------|--------------------|----------------|--------|------------|-----------|----------------|
| Name of Filing C | Committee, Candid | late or L | obbyist: | • | Hosp | pital | & Не | ealths | yste | em Ass | oc of | PA PA | C (HAPA | C) | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | |
| City: | Harrisburg | | | | | | | State | e: | PA | | | Zip Co | de: 1 | 7101 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | Y PRE | - 2 | 2. | 30 DA | | F | POST- | 3. X | | AMENDN REPORT | | Yes | | No | ~ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDA ELECTION | AY PRE | Ē- 5 | 5. | 30 DA | | F | POST- | 6. | | TERMIN. REPORT | | Yes | | No | \ |
| report type) | ANNUAL REPORT | 7. | Year 2021 | | | | | NG ME | | | | | PAPER | | V | 1 P | ISKET | TE |
| Name of Office S | Sought by Candida | te: | - | | • | | | DAT | ΕO | F ELE | СТІО | N | District Number | Office Code | Р | arty | Code | County Code |
| | | | | | | | | МО | | DAY | YE | AR | | _ | | | | |
| | | | | | | | | | 11 | | 2 | 2021 | | (SEE IN | STRUC | TION | s FOR CO | DES) |
| | Receipts and | МО | DAY | YEAR | 2 | | | МО | | DAY | ΥI | AR | FC | OR OFFI | CE US | SE O | NLY | |
| Expenditures | from: | | 5 4 | 2 | 021 | Т | 0 | | 6 | | 7 | 2021 | | | | | | |
| A. Amount Bro | ught Forward Froi | m Last R | eport | | | | \$ | | | | 103,9 | 34.99 | | | | | | |
| B. Total Monet | ary Contributions | And Rec | eipts (Fron | n Sche | dule | I) | \$ | | | | 50,0 | 86.91 | | | | | | |
| C. Total Funds | Available (Sum O | f Lines A | and B) | | | | \$ | | | | 154,0 | 21.90 | | | | | | |
| D. Total Expend | ditures (From Sch | edule II | I) | | | | \$ | | | | 20,2 | 66.66 | | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line | C) | | | \$ | | | | 133,7 | 55.24 | | | | | | |
| F. Value Of In- | Kind Contribution | s Receiv | ed (From S | chedu | le II |) | \$ | | | | | 0.00 | | | | | | |
| G. Unpaid Debt | ts And Obligations | (From | Schedule I\ | /) | | | \$ | | | | | 0.00 | | | ' | | | |
| | | | | AFF | IDA | VI | T SE | CTIC | NC | | | | | | | | | |
| | s a Committee rep) that this report, inc | - | _ | | | | | | | | | _ | | of my kno | wledg | e an | d belief | , true |
| correct and comple | | _ | | | | | | | | | | | | | | | | |
| Sworn to and subs | cribed before me this day of | s | 20 | | | | _ | | | | S | ignature | of Perso | n Submit | ting R | epor | t | |
| | Signatu | ıre | | | | | - | | | | | | Prin | ted Nam | е | | | |
| My Commission Ex | cpires | | | | | | _ | | | | | | Ema | il | | | | |
| | МО | D | AY | YR | | | | | | Ar | ea Coc | e | Daytin | ne Telepi | none N | lumb | er | |
| | a report of a can | | | | | • | | | | _ | | _ | | | | | | |
| No 320) as amende | | my knowi | eage ana bei | ier this | polit | icai | comm | iittee n | as n | ot viola | ted an | y provis | ions of th | e act of J | une 3 | ,193 | / (P.L. : | 1333, |
| Sworn to and subsc | ribed before me this day of | | 20 | | | | | | | | | s | ignature | of Candid | ate | | | |
| | <u> </u> | | | | | | - | | | | | | Printe | ed Name | | | | |
| My Commission Exp | Signature pires | | | | | | | | | | | | Ema | nil | | | | - |
| | МО | D | AY | YR | l | | - | | | Area | Code | | D | aytime T | eleph | one l | Number | _ |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting Period | | | | | | |
|--|------------------|----------------|--------------|-----------|--|--|--|
| Hospital & Healthsystem Assoc of PA PAC (HAPAC) | From: | <u>5/4/202</u> | <u>1</u> To: | 6/7/2021 | | | |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | | | | |
| TOTAL for the Reporting |) Period | (1) | \$ | 419.36 | | | |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) | | | | | | | |
| Contributions Received From Political Committees (Part A) | | | \$ | 0.00 | | | |
| All Other Contributions (Part B) | | | \$ | 3,966.66 | | | |
| TOTAL for the Reporting |) Period | (2) | \$ | 3,966.66 | | | |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | | | | | | |
| Contributions Received From Political Committees (Part C) | | | \$ | 0.00 | | | |
| All Other Contributions (Part D) | | | \$ | 43,200.00 | | | |
| TOTAL for the Reporting |) Period | (3) | \$ | 43,200.00 | | | |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | | | | | | |
| TOTAL for the Reporting |) Period | (4) | \$ | 2,500.89 | | | |
| | | | | | | | |
| 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 | | | \$ | 50,086.91 | | | |

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 Re | | | | Reporting Period | | | | | | |
|--|-------|-------------------|------|------------------|------|---------|--|--|--|--|
| | | F | rom: | | То | : | | | | |
| | | · | | DATE | | AMOUNT | | | | |
| Full Name of Contributing Committee | | | МО | DAY | YEAR | | | | | |
| Mailing Address | | | | | | \$ 0.00 | | | | |
| City | State | Zip Code (Plus 4) | | | | | | | | |

PAGE TOTAL \$0.00

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

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

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

(Exclude contributions from political committees reported in Part A)

| Naı | me of Filing Committee or Candid | ate | | Rep | orting P | eriod | | | |
|---------------------|----------------------------------|---------------|------------------|------|----------|---------------|-----------------|----|----------|
| Hos | spital & Healthsystem Assoc of F | A PAC (HAPAC) | | Froi | m: | <u>5/4/</u> 2 | 2021 T o |): | 6/7/2021 |
| | | | | 1 | | DATE | | | AMOUNT |
| Full N | lame of Contributor | | | | мо | DAY | YEAR | | |
| Mrs. | Beth Duffy | | | | - 10 | | | | |
| Mailir | ng Address | _ | <u> </u> | | | | | \$ | 200.00 |
| City | North Wales | State | Zip Code (Plus 4 | •) | 5 | 11 | 2021 | | |
| | | PA | 194542749 | | | | | | |
| Full N | lame of Contributor | | | | мо | DAY | YEAR | | |
| Ms. S | Shelly Buck DNP, MBA | | | | 1-10 | אלו | ILAK | | |
| Mailir | ng Address | _ | | | | | | \$ | 200.00 |
| City | Baltimore | State | Zip Code (Plus 4 |) | 5 | 11 | 2021 | | |
| | | MD | 212061312 | | | | | | |
| Full N | Full Name of Contributor | | | | | DAY | YEAR | | |
| Mr. Stephen Massini | | | | | | | | | |
| Mailir | ng Address | | Т | | | | | \$ | 200.00 |
| City | Harrisburg | State | Zip Code (Plus 4 | •) | 5 | 11 | 2021 | | |
| | | PA | 171121010 | | | | | | |
| Full N | lame of Contributor | | | | мо | DAY | YEAR | | |
| Mr. B | rian Fritz CFO | | | | | | | | |
| Mailir | ng Address | | T | | | | | \$ | 100.00 |
| City | Leechburg | State | Zip Code (Plus 4 | •) | 5 | 12 | 2021 | | |
| | | PA | 156569517 | | | | | | |
| Full N | lame of Contributor | | | | мо | DAY | YEAR | | |
| Mr. K | eith Lorenz | | | | | | | | |
| Mailir | ng Address | | | | | | | \$ | 100.00 |
| City | Pittsburgh | State | Zip Code (Plus 4 |) | 5 | 12 | 2021 | | |
| | | PA | 152375108 | | | | | | |
| Full N | lame of Contributor | | | | мо | DAY | YEAR | | |
| Mr. D | onald R. Owrey | | | | | | | | |
| Mailir | ng Address | | | | | | | \$ | 200.00 |
| City | Grove City | State | Zip Code (Plus 4 |) | 5 | 12 | 2021 | | |
| | | PA | 161274530 | | | | | | |
| Full N | Full Name of Contributor | | | | мо | DAY | YEAR | | |
| Mr. T | 1r. Timothy E Schoener | | | | | | | | |
| Mailir | ailing Address | | | | | | | \$ | 100.00 |
| City | Lancaster | State | Zip Code (Plus 4 | +) | 5 | 13 | 2021 | | |
| | | PA | 176011900 | | | | | | |

| | | | | | | | 17182 3 |
|---------|-----------------------------|----------|-------------------|----------|------|-------|------------------|
| Full Na | ame of Contributor | | | МО | DAY | YEAR | |
| Mr. Mi | ichael Corso | | | 1-10 | DAI | ILAK | |
| Mailin | g Address | | | | | | \$ 100.00 |
| City | Altoona | State | Zip Code (Plus 4) | 5 | 14 | 2021 | |
| | | PA | 166022099 | | | | |
| Full Na | ame of Contributor | | | МО | DAY | YEAR | |
| Ms. Sı | usan Comp | | | | | | |
| Mailin | g Address | | | <u> </u> | | | \$ 100.00 |
| City | Newport | State | Zip Code (Plus 4) | 5 | 15 | 2021 | |
| | | PA | 170748867 | | | | |
| Full Na | ame of Contributor | | | мо | DAY | YEAR | |
| Ms. Sa | andra Winston | | | MO | DAY | YEAK | |
| Mailin | g Address | | | | | | \$ 100.00 |
| City | Harrisburg | State | Zip Code (Plus 4) | 5 | 15 | 2021 | |
| | | PA | 171114106 | | | | |
| Full Na | ame of Contributor | | | мо | DAY | YEAR | |
| Mr. Ec | lward Harrison | | | | | | |
| Mailin | g Address | | | <u> </u> | | | \$ 100.00 |
| City | Pittsburgh | State | Zip Code (Plus 4) | 5 | 15 | 2021 | |
| | | PA | 152382510 | | | | |
| Full Na | ame of Contributor | | мо | DAY | YEAR | | |
| Dr. Cr | aig A. Skurcenski MD | | | | | | |
| Mailin | g Address | T | | <u> </u> | | | \$ 100.00 |
| City | Mechanicsburg | State | Zip Code (Plus 4) | 5 | 17 | 2021 | |
| | | PA | 170556497 | | | | |
| Full Na | ame of Contributor | | | МО | DAY | YEAR | |
| | rrod Johnson | | | | | | |
| | g Address | T | 1 | 4 | | | \$ 200.00 |
| City | Mechanicsburg | State | Zip Code (Plus 4) | 5 | 17 | 2021 | |
| | | PA | 170507000 | | | | |
| Full Na | ame of Contributor | | | МО | DAY | YEAR | |
| Mr. Br | adley Dinger | | | | | | |
| Mailin | g Address | <u> </u> | | <u> </u> | | | \$ 250.00 |
| City | Erie | State | Zip Code (Plus 4) | 5 | 18 | 2021 | |
| | | PA | 165067028 | | | | |
| Full Na | ame of Contributor | | | мо | DAY | YEAR | |
| Ms. Li | sa D McChesney RN, BSN, CCR | N | | | | . LAR | |
| Mailin | g Address | | | | | | \$ 100.00 |
| City | Wattsburg | State | Zip Code (Plus 4) | 5 | 19 | 2021 | |
| | | PA | 164421109 | | | | |
| Full Na | ull Name of Contributor | | | | DAY | YEAR | |
| Mr. Ad | Adam Dimm | | | МО | | | |
| Mailin | g Address | | | 1 | | | \$ 100.00 |
| City | Mifflintown | State | Zip Code (Plus 4) | 5 | 19 | 2021 | |
| | | PA | 170598503 | | | | |
| | | | | | | | |

| | | | | | | | 17.62 0 | |
|----------|-------------------------|----------|-------------------|----------|------|------|--------------|------|
| Full Nan | me of Contributor | | | мо | DAY | YEAR | | |
| Mr. Bria | an Durniok | | | "" | | ILAK | | |
| Mailing | Address | | | | | | \$ 200 | 0.00 |
| City | Jamestown | State | Zip Code (Plus 4) | 5 | 26 | 2021 | | |
| | | PA | 161349505 | | | | | |
| Full Nan | me of Contributor | · | | МО | DAY | YEAR | | |
| Ms. Sus | san E Hoolahan RN, MSN, | NEA-BC | | МО | DAY | YEAK | | |
| Mailing | Address | | | | | | \$ 200 | 0.00 |
| City | Wexford | State | Zip Code (Plus 4) | 5 | 26 | 2021 | | |
| | | PA | 150907382 | | | | | |
| Full Nar | me of Contributor | | · | | | | | |
| Mrs. Joy | ye Gingrich | | | МО | DAY | YEAR | | |
| Mailing | Address | | | | | | \$ 100 | 0.00 |
| City | Mc Alisterville | State | Zip Code (Plus 4) | 5 | 27 | 2021 | | |
| | | PA | 170498137 | | | | | |
| Full Nan | me of Contributor | | · | мо | DAY | YEAR | | |
| Mrs. Joy | ye Gingrich | | | МО | DAT | TEAR | | |
| Mailing | Address | | | _ | | | \$ 100 | 0.00 |
| City | Mc Alisterville | State | Zip Code (Plus 4) | 5 | 27 | 2021 | | |
| | | PA | 170498137 | | | | | |
| Full Nan | ne of Contributor | | | мо | DAY | YEAR | | |
| Mr. And | ly W. Carter | | | | 57(1 | | | |
| Mailing | Address | | | 1 | | | \$ 83 | 3.33 |
| City | Harrisburg | State | Zip Code (Plus 4) | 5 | 27 | 2021 | | |
| | | PA | 171101230 | | | | | |
| Full Nan | me of Contributor | | | мо | DAY | YEAR | | |
| Mr. And | ly W. Carter | | | | | | | |
| Mailing | Address | <u> </u> | | _ | | | \$ 83 | 3.33 |
| City | Harrisburg | State | Zip Code (Plus 4) | 5 | 27 | 2021 | | |
| | | PA | 171101230 | | | | | |
| Full Nan | ne of Contributor | | | мо | DAY | YEAR | | |
| Mr. Cha | arles Hagerty | | | | | | | |
| Mailing | Address | | | 1 | | | \$ 250 | 0.00 |
| City | Erie | State | Zip Code (Plus 4) | 5 | 31 | 2021 | | |
| | | PA | 165061160 | | | | | |
| Full Nan | me of Contributor | | | мо | DAY | YEAR | | |
| Ms. Jan | E. Fisher | | | 1-10 | DAI | ILAK | | |
| Mailing | Address | | | | | | \$ 200 | 0.00 |
| City | Hollidaysburg | State | Zip Code (Plus 4) | 6 | 2 | 2021 | | |
| | | PA | 166482512 | | | | | |
| Full Nan | ull Name of Contributor | | | | DAY | YEAR | | |
| Mr. And | Andrew B. Block | | | | | AIX | | |
| Mailing | Address | | | | | | \$ 150 | 0.00 |
| City | Allentown | State | Zip Code (Plus 4) | 6 | 2 | 2021 | | |
| | | PA | 181069166 | <u> </u> | | | | |
| | | | | | | | | |

| Full Name of Contributor | | | | | | | |
|--|-------|-------------------|-----------|--------------|------------------|----|--------|
| | | | МО | DAY | YEAR | | |
| Dr. Andrew Urbach MD | | | | | | | |
| Mailing Address | | | | | | \$ | 250.00 |
| City Pittsburgh | State | Zip Code (Plus 4) | 6 | 2 | 2021 | | |
| | PA | 152064541 | | | | | |
| Full Name of Contributor | | | | | | | |
| Full Name of Contributor | | | MO | DAV | VEAD | | |
| Full Name of Contributor Dawn M. Hall | | | МО | DAY | YEAR | | |
| | | | МО | DAY | YEAR | \$ | 100.00 |
| Dawn M. Hall | State | Zip Code (Plus 4) | MO | DAY 3 | YEAR 2021 | \$ | 100.00 |

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

| PAGE TOTAL |
|----------------|
| \$ 3,966.66 |

PART C

Contributions Received From Political Committees

OVER \$250.00

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

| Name of Filing Committee or Candidate | | | Reporting | Period | | | | | |
|---------------------------------------|----------------------|----------|-------------|--------|-----|------|----------|------------|------|
| | | | From: | | | То: | | | |
| | | | | DA | TE | | P | AMOUNT | |
| Full Name of Contributing Committee | | | | МО | DAY | YEAR | | ſ | 0.00 |
| Mailing Address | | | | | | | + | C |).00 |
| City | State | Zip Code | e (Plus 4) | | | | | | |
| | | | | | | | | PAGE TOTAL | L |
| Enter Grand Total of Part C on Scheo | dule I, Detailed Sun | nmary Pa | age, Sectio | n 3. | | | \$ | 0. | 00 |

ALL OTHER CONTRIBUTIONS

OVER \$250.00

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

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

| Name of Filing Committee or Candidate | | | | Repo | orting Pe | riod | | | |
|--|--------------------|-----------------|------------|---------|------------|--------------|--|-------------------|------------|
| Hospital & Healthsystem Assoc of PA PA | AC (HAPAC) | | | Fron | 1: | <u>5/4/2</u> | 021 To: 6/7/2021 | | |
| | | | | | D <i>A</i> | ATE | | AM | IOUNT |
| Full Name of Contributor | | | | | МО | DAY | VEAD | | |
| Dr. Srinivasan Suresh MD | | | | | МО | DAY | YEAR | \$ | 500.00 |
| Mailing Address | | | | | 6 | 4 | 2021 | 1 | |
| City Wexford | State | Zij | Code (Plus | 4) | 0 | 4 | 2021 | 1 | |
| | PA | l ₁₅ | 0901004 | | | | | 1 | |
| Employer Name UPMC Children's Hosp | ital of Pittsburgh | | | | Occupat | ion | Chief Medical Information Zip Code (Plus 4) 152241529 YEAR \$ 50 3 2021 | | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | | State | | Zip Code | e (Plus 4) |
| | | | Pittsburgh | | | PA | | 152241 | 529 |
| Full Name of Contributor | | | | | | | | | |
| Dr. Marshall W. Webster MD | | | | | МО | DAY | YEAR | \$ | 500.00 |
| Mailing Address | | | | | | 2 | 2021 | 1 | |
| City Pittsburgh | State | Zij | Code (Plus | 4) | 6 | 3 | 2021 | 1 | |
| _ | PA | PA 152386103 | | | | | | | |
| Employer Name UPMC | | | | | Occupat | ion | SVP | | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | | State | | Zip Code | e (Plus 4) |
| | | | Pittsburgh | | | PA | | 152192 | 702 |
| Full Name of Contributor | | | | | | • | | | |
| Mr. Thomas S. Albanesi Jr. | | | | | МО | DAY | YEAR | \$ | 1,000.00 |
| Mailing Address | | | | | | | 2024 | 1 | |
| City Latrobe | State | Zij | Code (Plus | 4) | 6 | 3 | 2021 | | |
| | PA | 15 | 6509061 | | | | | | |
| Employer Name Excela Health | | | | | Occupat | ion | CFO | | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | <u> </u> | State | | Zip Code | e (Plus 4) |
| | | | Greensbur | ·a | | PA | | 156017 | |
| Full Name of Contributor | | | | | | | | 1 | - |
| Dr. Richard Beigi MD | | | | | МО | DAY | YEAR | \$ | 1,000.00 |
| Mailing Address | | | | | | | | 7 | |
| City Pittsburgh | State | 7iı | Code (Plus | 4) | 6 | 2 | 2021 | 1 | |
| Tittsburgii | PA | | 52281542 | -, | | | | | |
| Fmnlover Name LIPMC Magao-Womana | | . 13 | 2201342 | | Occupat | ion | resider | nt | |
| Employer Name UPMC Magee-Womens Hospital | | | | Оссиран | | | | Zip Code (Plus 4) | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | | State | | Zip Code | e (Plus 4) |

| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 500.00 | | |
|-----------------------------------|--|------|-----------------|-------------------------|--------|---------------|--------------|----------|--|--|
| Dr. Brian Martin DMD | | | | | | | _ | 300.00 | | |
| Mailing Address | | | | 6 | 2 | 2021 | | | | |
| City Allison Park | State | Zi | p Code (Plus 4) | | | | | | | |
| | I PA | l 15 | 51011160 | | | | <u> </u> | | | |
| Employer Name UPMC Children' | s Hospital of Pittsburgh | 1 | <u> </u> | Occupat | tion | Vice Pre | sident Medic | al Af | | |
| Employer Mailing Address/Princip | al Place of Business | | City | | State | | Zip Code (P | us 4) | | |
| | | | Pittsburgh | | PA | | 152241529 | | | |
| Full Name of Contributor | | | | МО | DAY | VEAD | | | | |
| Mr. Ron Deems | | | | МО | DAY | YEAR | \$ | 500.00 | | |
| Mailing Address | | | | - 6 | 1 | 2021 | 7 | | | |
| City Glenshaw | State | Zi | p Code (Plus 4) | | _ | 2021 | | | | |
| | l _{PA} | 15 | 51163017 | | | | | | | |
| Employer Name UPMC Mercy | | | | Occupation CFO | | | | | | |
| Employer Mailing Address/Princip | al Place of Business | | City | | State | | Zip Code (P | us 4) | | |
| | | | Pittsburgh | | PA | | 152195114 | | | |
| Full Name of Contributor | | | | | | | | | | |
| Mr. James E Donnelly | | | | МО | DAY | YEAR | \$ | 500.00 | | |
| Mailing Address | | | | | | | 1 | | | |
| City Edinboro | State | Zi | p Code (Plus 4) | 6 | 1 | 2021 | | | | |
| , | l _{PA} | | | | | | | | | |
| Employer Name UPMC Hamot | | . 10 | 71123720 | Occupat | ion | Chiaf Nu | rsing Office | and | | |
| Employer Mailing Address/Princip | al Place of Rusiness | | City | Toccuput | State | Ciliei N | Zip Code (P | | | |
| Limployer Mailing Address/Frincip | al Flace of Busilless | | Erie | | | | 165500002 | us 4) | | |
| | | | спе | | PA | | 165500002 | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 1,000.00 | | |
| Mr. Stephen H. Nimmo Esq. | | | | | | | ļ . | 2,000.00 | | |
| Mailing Address | | T | | 6 | 1 | 2021 | | | | |
| City Pittsburgh | State | | p Code (Plus 4) | | | | | | | |
| | I PA | I 15 | 52374216 | | - | <u> </u> | I | | | |
| Employer Name UPMC Mercy | | | T | Occupat | tion , | Attorne | | | | |
| Employer Mailing Address/Princip | al Place of Business | | City | | State | | Zip Code (P | • | | |
| | | | Pittsburgh | | PA | | 152195166 | | | |
| Full Name of Contributor | | | | МО | DAY | YEAR | | 1 000 00 | | |
| Lori Gruber | | | | 140 | DAI | ILAK | \$ | 1,000.00 | | |
| Mailing Address | | | | 5 | 30 | 2021 | | | | |
| City Brooklyn | State | Zi | p Code (Plus 4) | | | | | | | |
| | I _{NY} | 11 | 2013401 | | | | | | | |
| Employer Name UPMC | | | | Occupat | ion | VP | | | | |
| Employer Mailing Address/Princip | al Place of Business | | City | | State | | Zip Code (P | us 4) | | |
| | | | Pittsburgh | | PA | | 152192701 | | | |
| Full Name of Contributor | | | | | | | | | | |
| Mr. Michael Comunale | | | МО | DAY | YEAR | \$ | 500.00 | | | |
| Mailing Address | | | | _ | 20 | 2024 | | | | |
| City Monroeville | State | Zi | p Code (Plus 4) | 5 | 28 | 2021 | | | | |
| | l _{PA} | | 51463957 | | | | | | | |
| Employer Name UPMC Children' | Employer Name UPMC Children's Hospital of Pittsburgh | | | | | Occupation EA | | | | |
| Employer Mailing Address/Princip | | - | City | State Zip Code (Plus 4) | | | | us 4) | | |
| | | | | | PA | | 152241529 | | | |
| | Pittsburgh | | | | ILW | | 102241029 | | | |

| Full Name of Contributor | | | | МО | DAY | YEAR | \$ | 500.00 | | |
|--|---------------------|----|-----------------|----------------------|----------------------------|-------------|-------------------|--------|--|--|
| Valerie Satkoske | | | | | | | - | | | |
| Mailing Address | Grana I | | o Cada (Disa 4) | 5 | 27 | 2021 | | | | |
| City Gibsonia | State | | p Code (Plus 4) | | | | | | | |
| | l pa l | 15 | 50448100 | | | l | <u> </u> | | | |
| Employer Name UPMC Mercy | | | | Occupat | ion | Vice Pre | sident | | | |
| Employer Mailing Address/Principal Pla | ce of Business | | City | | State | | Zip Code (Pl | ıs 4) | | |
| | | | Pittsburgh | | PA | | 152195114 | | | |
| Full Name of Contributor | | | | | - - - - - - - - - - | | | | | |
| Nichole Radulovich | | | | МО | DAY | YEAR | \$ | 500.00 | | |
| Mailing Address | | | | 5 | 27 | 2021 | 1 | | | |
| City McMurray | State | Zi | p Code (Plus 4) | J 5 | 27 | 2021 | | | | |
| • | _{PA} | 15 | 3172505 | | | | | | | |
| Employer Name UPMC Presbyterian | | | | Occupat | ion | EA | | | | |
| Employer Mailing Address/Principal Pla | ce of Business | | City | <u> </u> | State | | Zip Code (Plus 4) | | | |
| 3 , | | | Pittsburgh | | PA | | 152132536 | , | | |
| | | | Tittsburgii | | IIA | | 132132330 | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 500.00 | | |
| Dr. Louis Alarcon | | | | | | | | | | |
| Mailing Address | Ta | | | 5 | 27 | 2021 | | | | |
| City Wexford | State | | p Code (Plus 4) | | | | | | | |
| | l pa l | 15 | 50907322 | | | l | I | | | |
| Employer Name UPMC Presbyterian | | | | Occupat | ion | Medical | Director | | | |
| Employer Mailing Address/Principal Pla | ce of Business | | City | | State | | Zip Code (Pl | ıs 4) | | |
| | | | Pittsburgh | | PA | A 152132536 | | | | |
| Full Name of Contributor | | | | | DAY | VEAD | | | | |
| Dr. Alejandro Hoberman MD | | | | МО | DAY | YEAR | \$ | 500.00 | | |
| Mailing Address | | | | - 5 | 27 | 2021 | 1 | | | |
| City Wexford | State | Zi | p Code (Plus 4) |] ³ | 27 | 2021 | | | | |
| | _{PA} | 15 | 50908826 | | | | | | | |
| Employer Name Children's Communit | v Pediatrics - UPMC | | | Occupat | ion | Physicia | n | | | |
| Employer Mailing Address/Principal Pla | | | City | | State | , | Zip Code (Plu | us 4) | | |
| , , , , , , , , , , , , , , , , , , , | | | Pittsburgh | | PA | | 152241334 | , | | |
| | | | r recoburgi: | | 1 . / . | | 1 | | | |
| Full Name of Contributor | | | | МО | DAY | YEAR | \$ | 500.00 | | |
| Ms. Stephanie K. Dutton | | | | | | | - | | | |
| Mailing Address | Chata | 7: | - Cada (Diva 4) | 5 | 27 | 2021 | | | | |
| City Wexford | State | | p Code (Plus 4) | | | | | | | |
| | I PA I | 15 | 50909003 | - | | l | ı | | | |
| Employer Name UPMC Hillman Cance | | | | Occupat | 1 | COO | | | | |
| Employer Mailing Address/Principal Pla | ce of Business | | City | | State | | Zip Code (Pl | ıs 4) | | |
| | | | Pittsburgh | | PA | | 152321309 | | | |
| Full Name of Contributor | | | | МО | DAY | YEAR | | F00 00 | | |
| Mr. Tim Kagle | | | 1.10 | DAI | ILAK | \$ | 500.00 | | | |
| Mailing Address | | | | - 5 | 27 | 2021 | | | | |
| City Sewickley | State | Zi | p Code (Plus 4) | | [| 2021 | | | | |
| | l _{PA} | 15 | 51438427 | | | | | | | |
| Employer Name UPMC Shadyside | | | | Occupat | tion | Exec Dir | ector | | | |
| Employer Mailing Address/Principal Pla | ce of Business | | City | State Zip Code (Plus | | ıs 4) | | | | |
| | | | - | | PA | | 152321381 | - | | |
| | Pittsburgh | | | | 1 | | -5-52-501 | | | |

| Full Name of Contributor | | | | | | | | | |
|---|---------------------|------|-----------------|-------------------------------------|-------|----------|-------------|----------------|--|
| | | | | МО | DAY | YEAR | \$ | 500.00 | |
| Ms. Diane Hupp DPN, RN, NEA-BC Mailing Address | | | | | | | - | | |
| | State | 7: | p Code (Plus 4) | 5 | 27 | 2021 | | | |
| City Pittsburgh | | | | | | | | | |
| | I PA | 1 15 | 52386130 | _ | _ | | <u> </u> | | |
| Employer Name UPMC Children's Hosp | | | T | Occupat | 1 | Vice Pre | sident Supp | | |
| Employer Mailing Address/Principal Place | ce of Business | | City | | State | | Zip Code (P | • | |
| | | | Pittsburgh | | PA | | 152241529 | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | 1 000 00 | |
| Mr. Andrew Rush | | | | 140 | DAI | ILAK | \$ | 1,000.00 | |
| Mailing Address | | | | 5 | 27 | 2021 | | | |
| City Somerset | State | Zi | p Code (Plus 4) | | 27 | 2021 | | | |
| | _{PA} | 15 | 55014531 | | | | | | |
| Employer Name UPMC Somerset | | | | Occupation CEO | | | | | |
| Employer Mailing Address/Principal Plac | ce of Business | | City | | State | | Zip Code (P | lus 4) | |
| | | | Somerset | | PA | | 155012088 | | |
| Full Name of Contributor | | | | | | | | | |
| Mr. David J. Patton | | | | МО | DAY | YEAR | \$ | 1,000.00 | |
| Mailing Address | | | | | | | 7 | | |
| City New Castle | State | 71 | p Code (Plus 4) | - 5 | 27 | 2021 | | | |
| New Castle | | | | | | | | | |
| Faradayan Nama - UBMG Gr. M | I PA | 1 10 | 51013244 | | • | | <u>'</u> | | |
| Employer Name UPMC St. Margaret | | | | Occupat | 1 | Presider | | | |
| Employer Mailing Address/Principal Place | ce of Business | | City | | State | | Zip Code (P | | |
| | | | Pittsburgh | | PA | | 152153399 | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 350.00 | |
| Dr. Heather Lynne Ambrose DNP,RN,CI | ENP | | | | | | _] * | 350.00 | |
| Mailing Address | , | | | 5 | 26 | 2021 | 1 | | |
| City Irwin | State | Zi | p Code (Plus 4) | | | | | | |
| | l _{PA} | 15 | 6425632 | | | | | | |
| Employer Name UPMC Magee-Women | s Hospital | | | Occupation CNO | | | | | |
| Employer Mailing Address/Principal Plac | ce of Business | | City | State Zip Code (Plus 4) | | | | | |
| | | | Pittsburgh | | PA | | 152133180 | | |
| Full Name of Contributor | | | | | | | | | |
| Mr. Laurene Timmons | | | | МО | DAY | YEAR | \$ | 500.00 | |
| Mailing Address | | | | _ | | | 1 | | |
| City Monroeville | State | Zi | p Code (Plus 4) | 5 | 26 | 2021 | | | |
| - | _{PA} | | 51463635 | | | | | | |
| Employer Name UPMC McKeesport | | | | Occupat | tion | CFO | | | |
| Employer Mailing Address/Principal Plac | ce of Business | | City | 1ba | State | <u></u> | Zip Code (P | lus 4) | |
| Employer Flaming Address/11mcipal Fla | ce or business | | McKeesport | | PA | | 151322482 | | |
| | | | rickeesport | | 117 | | 131322402 | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 1,000.00 | |
| Mr. David C Russell | | | | | | | ļ · | _, - 5 0 . 0 0 | |
| Mailing Address | T | 1 | | 5 | 26 | 2021 | | | |
| City Pittsburgh | State | | p Code (Plus 4) | | | | | | |
| | I _{РА} | l 15 | 52172555 | | | l | I | | |
| Employer Name UPMC | | | | Occupation Vice President Strategic | | | | | |
| Employer Mailing Address/Principal Pla | ce of Business | | City | | State | | Zip Code (P | lus 4) | |
| | | | Pittsburgh | | PA | | 152192702 | | |
| | | | | | 1 | | | | |

| | | | | _ | | | _ | |
|---------------------------------------|--------------------|------|-----------------|-------------------------|----------|----------|--------------|----------|
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 1,000.00 |
| Mr. Craig Stambaugh | | | | | 57(1 | 127414 |] * | 1,000.00 |
| Mailing Address | | | | 5 | 26 | 2021 | | |
| City Venetia | State | Zi | p Code (Plus 4) | | | 2021 | | |
| | l _{PA} | 1 15 | 3671000 | | | | | |
| Employer Name UPMC | | | | Occupat | tion | VP HR | | |
| Employer Mailing Address/Principal I | Place of Business | | City | | State | | Zip Code (| Plus 4) |
| | | | Pittsburgh | | PA | | 15219270 | 2 |
| Full Name of Contributor | | | | | | | | |
| Ms. Tracey A. Kolo | | | | МО | DAY | YEAR | \$ | 500.00 |
| Mailing Address | | | | | | | 1 | |
| City Freedom | State | Zi | p Code (Plus 4) | 5 | 26 | 2021 | | |
| Trecuom | PA | | 50422337 | | | | | |
| Employer Name UPMC Mercy | IFA | ' 1. | 00422337 | Occupat | lion | VP-HR | <u>'</u> | |
| · · · · · · · · · · · · · · · · · · · | Dinco of Business | | City | CCCupat | | VP-NK | Zin Codo (| Dive 4) |
| Employer Mailing Address/Principal I | riace of business | | City | | State | | Zip Code (| |
| | | | Pittsburgh | | PA | | 15219516 | b |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 750.00 |
| Ms. Deborah J Willwerth RN, MSN, N | IEA-BC | | | | | | _ * | 750.00 |
| Mailing Address | | | | 5 | 26 | 2021 | | |
| City Lititz | State | Zi | p Code (Plus 4) | | | | | |
| | I _{PA} | 1 17 | 75437694 | | | | | |
| Employer Name UPMC Lititz | | | | Occupat | tion | Interim | President/\ | /P, Ped |
| Employer Mailing Address/Principal I | Place of Business | | City | | State | | Zip Code (| Plus 4) |
| | | | Lititz | | PA | | 17543769 | 4 |
| Full Name of Contributor | | | | | | | | |
| Mrs. Sandra E. McAnallen | | | | МО | DAY | YEAR | \$ | 1,000.00 |
| Mailing Address | | | | _ | 26 | 2024 | | |
| City Wimauma | State | Zi | p Code (Plus 4) | 5 | 26 | 2021 | | |
| | _{FL} | 33 | 35984157 | | | | | |
| Employer Name UPMC | | | | Occupat | tion | SVP Clir | ical Affairs | . Oua |
| Employer Mailing Address/Principal I | Place of Business | | City | State Zip Code (Plus 4) | | | | |
| , , , , , , , , , , , , , , , , , , , | | | Pittsburgh | | PA | | 15219270 | • |
| | | | r recobargii | | 1 | | 1 | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 1,000.00 |
| Mr. John L. Galley | | | | | | | - | |
| Mailing Address | State | 7: | n Codo (Divo 4) | 5 | 26 | 2021 | | |
| City Pittsburgh | State | | p Code (Plus 4) | | | | | |
| | I рд | I 15 | 52431865 | 1_ | | l | 1 | |
| Employer Name UPMC | | | Г - | Occupat | 1 | SK VP a | nd Chief H | |
| Employer Mailing Address/Principal I | Place of Business | | City | | State | | Zip Code (| |
| | | | Pittsburgh | | PA | | 15219270 | 2 |
| Full Name of Contributor | | | | мо | DAY | YEAR | | 1 000 00 |
| Mr. John L. Galley | | | | 1.13 | | LAIN | \$ | 1,000.00 |
| Mailing Address | | | | 5 | 26 | 2021 | | |
| City Pittsburgh | State | Zi | p Code (Plus 4) | | | | | |
| | l _{PA} | 15 | 52431865 | <u>L</u> | <u> </u> | <u> </u> | <u> </u> | |
| Employer Name UPMC | Employer Name UPMC | | | Occupat | tion | SR VP a | nd Chief HI | R Office |
| Employer Mailing Address/Principal I | Place of Business | | City | State Zip Code (Plus 4) | | Plus 4) | | |
| | | | Pittsburgh | | PA | | 15219270 | |
| | | | 1 | | 1 | | | |

| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 1,000.00 | |
|--|---------------------------------------|----|-----------------|------------------------------------|----------------|----------|--------------|----------|--|
| Dr. Joon Sup Lee MD | | | | | | | _ | 1,000.00 | |
| Mailing Address | · · · · · · · · · · · · · · · · · · · | | | 5 | 26 | 2021 | | | |
| City Pittsburgh | State | Zi | p Code (Plus 4) | | | | | | |
| | l pa l | 15 | 5213 | | | | <u> </u> | | |
| Employer Name UPMC St. Margaret | | | | Occupat | ion | Physicia | n | | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | State | | Zip Code (Pl | ıs 4) | |
| | | | Pittsburgh | | PA | | 152153399 | | |
| Full Name of Contributor | | | | мо | DAY | VEAD | | | |
| Mr. Robert Charles Jackson Jr | | | | МО | DAT | YEAR | \$ | 1,000.00 | |
| Mailing Address | | | | 5 | 25 | 2021 | | | |
| City Wexford | State | Zi | p Code (Plus 4) | | 25 | 2021 | | | |
| | l _{PA} | 15 | 50906859 | | | | | | |
| Employer Name UPMC Horizon | | | | Occupation Preside | | | nt | | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | State | | Zip Code (Pl | us 4) | |
| | | | Farrell | | PA | | 161211357 | | |
| Full Name of Contributor | | | | | | | | | |
| Mr. Mark Papalia | | | | МО | DAY | YEAR | \$ | 500.00 | |
| Mailing Address | | | | _ | | | 1 | | |
| City Warren | State | Zi | p Code (Plus 4) | 5 | 25 | 2021 | | | |
| | l _{PA} | | 3658438 | | | | | | |
| Employer Name UPMC Kane | | | | Occupat | ion | Presider | | | |
| Employer Mailing Address/Principal Plac | e of Business | | City | 1 | State | resider | Zip Code (Pl | us 4) | |
| | | | Kane | | PA | | 167359654 | | |
| | | | Karie | | 117 | | 10/339034 | | |
| Full Name of Contributor | | | | МО | DAY | YEAR | \$ | 500.00 | |
| Mr. Mario Wilfong | | | | | | | - | | |
| Mailing Address | State | 7: | p Code (Plus 4) | 5 | 25 | 2021 | | | |
| City Gibsonia | | | | | | | | | |
| Francisco Norman (1984) | I PA I | 15 | 50446144 | | • | OL: 65: | 1 | | |
| Employer Name UPMC Children's Hosp | | | | Occupation Chief Financial Officer | | | | | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | State | | Zip Code (Pl | us 4) | |
| | | | Pittsburgh | | PA | | 152241529 | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 500.00 | |
| Ms. Jessica Peterman | | | | | | |] * | 300.00 | |
| Mailing Address | г т | | | 5 | 24 | 2021 | | | |
| City Nanty Glo | State | Zi | p Code (Plus 4) | | | | | | |
| | l PA I | 15 | 59431806 | | | | | | |
| Employer Name Conemaugh Miners M | | | | Occupat | ion | CNO | | | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | State | | Zip Code (Pl | us 4) | |
| | | | Hastings | | PA | | 166465610 | | |
| Full Name of Contributor | | | | 110 | DAY | VEC | | | |
| Dr. William Barrington MD | | | | МО | DAY | YEAR | \$ | 500.00 | |
| Mailing Address | | | | 5 | 24 | 2021 | 7 | | |
| City Pittsburgh | State | Zi | p Code (Plus 4) |] 3 | Z 4 | 2021 | | | |
| | l _{PA} | 15 | 52381224 | | | | | | |
| Employer Name UPMC Shadyside | | | | Occupat | ion | VP, Med | ical Affairs | | |
| Employer Mailing Address/Principal Place | e of Business | | City | | State | | Zip Code (Pl | us 4) | |
| _ · · · | | | Pittsburgh | | PA | | 152321381 | | |
| | | | | | 1 | | | | |

| | | | | | | | | AGE 13 |
|---|-----------------|------|-----------------|------------------------|----------|----------|--------------------|----------|
| Full Name of Contributor | | | | мо | DAY | YEAR | | 1 000 00 |
| Mr. Joel Fagerstrom | | | | 1-10 | JA! | ILAK | \$ | 1,000.00 |
| Mailing Address | | | | 5 | 24 | 2021 | | |
| City Coopersburg | State | Zi | p Code (Plus 4) | | | | | |
| | l _{PA} | 18 | 80361205 | | | | | |
| Employer Name St. Luke's Hospital M | iners Campus | | | Occupat | tion | Executiv | e Vice Pre | esident |
| Employer Mailing Address/Principal Pla | ce of Business | | City | | State | | Zip Code | (Plus 4) |
| | | | Coaldale | | PA | | 18218109 | 99 |
| Full Name of Contributor | | | | | | | | |
| Ms. Julie Hecker | | | | МО | DAY | YEAR | \$ | 500.00 |
| Mailing Address | | | | | | | 1 | |
| City Pittsburgh | State | Zi | p Code (Plus 4) | 5 | 20 | 2021 | | |
| Tittsburgii | PA | ' | 52353714 | | | | | |
| Francisco Name - UDMC M | TPA | 1 13 | 02353/14 | 0 | | | · · · · · · | |
| Employer Name UPMC Mercy | | | | Occupat | | vice Pre | sident, Op | |
| Employer Mailing Address/Principal Pla | ce of Business | | City | | State | | Zip Code | |
| | | | Pittsburgh | | PA | | 1521951 | 56 |
| Full Name of Contributor | | | | МО | DAY | YEAR | | F00.00 |
| Ms. Kathleen Zell BSN | | | | | 571. | · = / \ |] * | 500.00 |
| Mailing Address | _ | | | 5 | 19 | 2021 | 1 | |
| City Apollo | State | Zi | p Code (Plus 4) | | | | | |
| | l _{PA} | 15 | 6131700 | | | | | |
| Employer Name UPMC Shadyside | | | | Occupat | tion | Vice Pre | sident, Op | eration |
| Employer Mailing Address/Principal Pla | ce of Business | | City | | State | | Zip Code | (Plus 4) |
| | | | Pittsburgh | | PA | | 1523213 | 31 |
| Full Name of Contributor | | | | | | | | |
| Mr. David Gibbons | | | | МО | DAY | YEAR | \$ | 1,000.00 |
| Mailing Address | | | | _ | | | 1 | |
| City Erie | State | Zi | p Code (Plus 4) | 5 | 19 | 2021 | 1 | |
| | l _{PA} | 16 | 55052541 | | | | | |
| Employer Name UPMC Hamot | | | | Occupat | tion | Dresider | n† | |
| Employer Mailing Address/Principal Pla | ce of Rusiness | | City | Occupation President | | | | |
| Zimpioyer riaming Address, rimeipar ria | ce or business | | Erie | | PA | | 1655000 | |
| | | | Line | | 117 | | 100000 | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 500.00 |
| Mr. John P. Krolicki | | | | | | | - | |
| Mailing Address | - Charles | T | . 6. 4. (5) | 5 | 19 | 2021 | | |
| City Cranberry Township | State | l ' | p Code (Plus 4) | | | | | |
| | I PA | 1 16 | 0665416 | | <u> </u> | I | 1 | |
| Employer Name UPMC Shadyside | | | | Occupat | | Vice Pre | | |
| Employer Mailing Address/Principal Pla | ce of Business | | City | | State | | Zip Code | (Plus 4) |
| | | | Pittsburgh | | PA | | 1523213 | 31 |
| Full Name of Contributor | | | | МО | DAY | YEAR | | |
| Mr. David T Martin | | | | 1,10 | DAI | ILAK | \$ | 1,000.00 |
| Mailing Address | | | | 5 | 19 | 2021 | | |
| City Pittsburgh | State | Zi | p Code (Plus 4) | | | 2021 | | |
| | _{PA} | 1 15 | 52381917 | | | | 1 | |
| | | | | | | | | |
| Employer Name UPMC | 110 | | | Occupat | tion | Market | President | |
| Employer Name UPMC Employer Mailing Address/Principal Pla | | | City | Occupat | State | Market | President Zip Code | (Plus 4) |
| • • | | | | Occupat | | Market | | • |

| | | | | | | | 1 | OL 10 | | | |
|--|---------------------|------|-----------------|---------|---------|----------|-------------------|----------------------|--|--|--|
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 500.00 | | | |
| Ms. Anita Nowak | | | | | | | _] * | 300.00 | | | |
| Mailing Address | | | | 5 | 17 | 2021 | | | | | |
| City Cabot | State | Zi | p Code (Plus 4) | | | | | | | | |
| | I _{PA} | 16 | 0239509 | | | | 1 | | | | |
| Employer Name UPMC Magee-Wome | ns Hospital | | | Occupat | ion | Director | • | | | | |
| Employer Mailing Address/Principal Pla | ce of Business | | City | | State | | Zip Code (F | Plus 4) | | | |
| | | | Pittsburgh | | PA | | 152133108 | 3 | | | |
| Full Name of Contributor | | | - | | | | | | | | |
| Dr. Terence Dermody MD | | | | МО | DAY | YEAR | \$ | 500.00 | | | |
| Mailing Address | | | | | | | 1 | | | | |
| City Pittsburgh | State | Zi | p Code (Plus 4) | 5 | 17 | 2021 | | | | | |
| | PA | | 52171155 | | | | | | | | |
| Employer Name LIDMC Children's Line | | 1 1. | 021/1133 | Occupat | ·ian | Db | <u>'</u> | | | | |
| Employer Name UPMC Children's Hos | - | | City. | ТОссира | | Physicia | | N 4) | | | |
| Employer Mailing Address/Principal Pla | ice of Business | | City | | State | | Zip Code (F | | | | |
| | | | Pittsburgh | | PA | | 152241529 |) | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 500.00 | | | |
| Ms. Laura C. Gailey Moul | | | | | | | * | 300.00 | | | |
| Mailing Address | | | | 5 | 17 | 2021 | | | | | |
| City Pittsburgh | State | Zi | p Code (Plus 4) | | | | | | | | |
| | I PA | 15 | 52031404 | | | | | | | | |
| Employer Name UPMC East | | | | Occupat | tion | Vice Pre | sident | | | | |
| Employer Mailing Address/Principal Pla | ce of Business | | City | | State | | Zip Code (F | Plus 4) | | | |
| | | | Monroeville | | PA | | 151462760 |) | | | |
| Full Name of Contributor | | | | | | | | | | | |
| Mr. Mark O'Hern | | | | МО | DAY | YEAR | \$ | 1,000.00 | | | |
| Mailing Address | | | | _ | 47 | 2024 | 7 | | | | |
| City Murrysville | State | Zi | p Code (Plus 4) | 5 | 17 | 2021 | | | | | |
| | _{PA} | 15 | 56329283 | | | | | | | | |
| Employer Name UPMC McKeesport | | | | Occupat | ion | Presider | nt | | | | |
| Employer Mailing Address/Principal Pla | ce of Business | | City | • | State | | Zip Code (F | Plus 4) | | | |
| , | | | McKeesport | | PA | | 151322482 | | | | |
| | | | Hercespore | | 1 . / . | | 1 | - | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 500.00 | | | |
| Dr. Sandra Rader RN, MSA, DNP | | | | | | | - | | | | |
| Mailing Address City Wexford | State | _, | n Codo (Dive 4) | 5 | 17 | 2021 | | | | | |
| City Wexford | | | p Code (Plus 4) | | | | | | | | |
| | I PA | 1 15 | 50908861 | - | | l | | | | | |
| Employer Name UPMC Shadyside | | | | Occupat | 1 | Chief No | ursing Office | | | | |
| Employer Mailing Address/Principal Pla | ice of Business | | City | | State | | Zip Code (F | | | | |
| | | | Pittsburgh | | PA | | 152321381 | | | | |
| Full Name of Contributor | | | | МО | DAY | YEAR | | 1 000 00 | | | |
| Mr. Mark Sevco | | | | 1.10 | DAI | LAN | \$ | 1,000.00 | | | |
| Mailing Address | | | | - 5 | 17 | 2021 | | | | | |
| City Gibsonia | State | Zi | p Code (Plus 4) | | ' | 2021 | | | | | |
| | | 1 | -0.4.4.6.0.0.0 | 1 | | l | 1 | | | | |
| | I PA | 1 15 | 50446032 | | | • | • | Occupation President | | | |
| Employer Name UPMC Children's Hos | | 1 15 | 00446032 | Occupat | tion | Presider | nt | | | | |
| Employer Name UPMC Children's Hos Employer Mailing Address/Principal Pla | pital of Pittsburgh | 1 15 | City | Occupat | tion | Presider | nt Zip Code (F | Plus 4) | | | |
| | pital of Pittsburgh | 1 15 | | Occupat | 1 | Presider | | - | | | |

| Full Name of Contributor | | | | мо | DAY | YEAR | | 1,000.00 |
|--|-------------------|------|-----------------------|----------------|-------|-----------|--------------------------|------------|
| Mr. John Innocenti Sr. | | | | | | | ' | 1,000.00 |
| Mailing Address | T ₌ . | Τ | | 5 | 17 | 2021 | | |
| City South Park | State | | p Code (Plus 4) | | | | | |
| | I PA | I 15 | 51299113 | | l | | ı | |
| Employer Name UPMC Presbyterian | | | T | Occupat | tion | Presider | | |
| Employer Mailing Address/Principal F | Place of Business | | City | | State | | Zip Code | (Plus 4) |
| | | | Pittsburgh | | PA | | 1521325 | 36 |
| Full Name of Contributor | | | | мо | DAY | YEAR | | 1 000 00 |
| Mr. Ed Karlovich | | | | | 5711 | 12741 | \$ | 1,000.00 |
| Mailing Address | | | | 5 | 17 | 2021 | | |
| City Pittsburgh | State | Zi | p Code (Plus 4) | | | | | |
| | I _{PA} | 1 15 | 52431002 | | | | | |
| Employer Name UPMC | | | | Occupat | tion | , Vice Pr | esident ar | nd Chie |
| Employer Mailing Address/Principal F | Place of Business | | City | | State | | Zip Code | (Plus 4) |
| | | | Pittsburgh | | PA | | 15219270 |)2 |
| Full Name of Contributor | | | | | | W= | | |
| Ms. Maribeth McLaughlin RN, BSN, M | 1PM | | | МО | DAY | YEAR | \$ | 500.00 |
| Mailing Address | | | | - 5 | 16 | 2021 | 1 | |
| City Seven Fields | State | Zi | p Code (Plus 4) |] | 10 | 2021 | | |
| | l _{PA} | 16 | 50468034 | | | | | |
| Employer Name UPMC Magee-Wom | ens Hospital | | | Occupat | tion | COO | | |
| Employer Mailing Address/Principal F | | | City | - | State | | Zip Code | (Plus 4) |
| | | | Pittsburgh Pittsburgh | | PA | | 15213318 | 30 |
| Full Name of Contributor | | | | | | | | |
| Mr. Chris J. Vitsas | | | | МО | DAY | YEAR | \$ | 500.00 |
| Mailing Address | | | | _ | | | 1 | |
| City North Huntingdon | State | Zi | p Code (Plus 4) | 5 | 13 | 2021 | | |
| , and the second | _{PA} | 1 15 | 56423372 | | | | | |
| Employer Name UPMC Magee-Wom | ens Hospital | | | Occupat | tion | Director | ı | |
| Employer Mailing Address/Principal F | • | | City | <u> </u> | State | | Zip Code | (Plus 4) |
| | | | Pittsburgh | | PA | | 15213310 | |
| Full Name of Contributor | | | , | | | | 1 | |
| Mr. Jared Weiner | | | | МО | DAY | YEAR | \$ | 500.00 |
| Mailing Address | | | | | | | 1 | |
| City Pittsburgh | State | Zi | p Code (Plus 4) | 5 | 13 | 2021 | | |
| | PA | | 52171321 | | | | | |
| Employer Name UPMC Shadyside | | | ,,, | Occupat | tion | CFO | | |
| Employer Mailing Address/Principal F | Place of Business | | City | 1 | State | <u></u> | Zip Code | (Plus 4) |
| Zimpioyer riaming Address, rimeipar i | lace of Basiness | | Pittsburgh | | PA | | 15232138 | |
| | | | 1 ricesourgii | | 117 | | 10202130 | / <u>1</u> |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 500.00 |
| Dr. Bruce A. Meyer MD | | | | | | | - | |
| Mailing Address | State | 7: | n Code (Plus 4) | - 5 | 13 | 2021 | | |
| City Villanova | State | | p Code (Plus 4) | | | | | |
| I PA I 190852141 | | | 1 1 1 1 | | | | | |
| Employer Name Jefferson Health | | | o't- | Occupation CEO | | | (Dl | |
| Employer Mailing Address/Principal F | riace of Business | | City | | State | | Zip Code 19107420 | |
| | | | Philadelphia | | PA | | | |

| Full Name of Contributor | | | | мо | DAY | YEAR | | 500.00 | |
|--|-----------------|-----|---------------|------------------------------------|-------|------------|--------------------------|--------------|--|
| Ms. Christina J. Persson | | | | | | | _ | 300.00 | |
| Mailing Address | г г | | | 5 | 13 | 2021 | | | |
| City Camp Hill | State | Zip | Code (Plus 4) | | | | | | |
| | l pa l | 17 | 0118421 | | | | <u> </u> | | |
| Employer Name UPMC Harrisburg | | | | Occupat | ion | Director | of Marketing | | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | State | | Zip Code (Plu | s 4) | |
| | | | Harrisburg | | PA | | 171058700 | | |
| Full Name of Contributor | | | | МО | DAY | VEAD | | | |
| Ms. Dawndra Jones RN, MSN | | | | МО | DAY | YEAR | \$ | 500.00 | |
| Mailing Address | | | | - 5 | 13 | 2021 | | | |
| City Pittsburgh | State | Zip | Code (Plus 4) | | 15 | 2021 | | | |
| | _{PA} | 15 | 2393610 | | | | | | |
| Employer Name UPMC McKeesport | | | | Occupat | ion (| CNO &a | amp; VP, Patient Care Se | | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | State | | Zip Code (Plu | s 4) | |
| | | | McKeesport | | PA | | 151322482 | | |
| Full Name of Contributor | | | • | | | | | | |
| Dr. Anthony Pinevich MD, MBA | | | | МО | DAY | YEAR | \$ | 500.00 | |
| Mailing Address | | | | | | | 1 | | |
| City Pittsburgh | State | Zir | Code (Plus 4) | 5 | 13 | 2021 | | | |
| Tittsburgii | 1 | - | 2371597 | | | | | | |
| Employer Name UPMC Mercy | I FA I | 13 | 23/139/ | Occupat | ion \ | lico Dro | sident Ouelit | | |
| Employer Mailing Address/Principal Plac | o of Rusiness | 1 | City | Occupat | State | vice Pre | zip Code (Plu | | |
| Employer Mailing Address/Fillicipal Plac | e or business | | - | | 1 | | | 5 4) | |
| | | | Pittsburgh | _ | PA | | 152195166 | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 500.00 | |
| Ms. Eileen Simmons | | | | | | | <u> </u> | 300100 | |
| Mailing Address | <u> </u> | | | 5 | 13 | 2021 | | | |
| City Pittsburgh | State | | Code (Plus 4) | | | | | | |
| | | 15 | 2161538 | | | | l | | |
| Employer Name UPMC Magee-Womens | s Hospital | | | Occupation Chief Financial Officer | | | | | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | State | | Zip Code (Plu | s 4) | |
| | | | Pittsburgh | | PA | | 152133180 | | |
| Full Name of Contributor | | | | NO. | DAY | VEAD | | | |
| Mr. Cornelio R Catena | | | | МО | DAY | YEAR | \$ | 1,000.00 | |
| Mailing Address | | | | - 5 | 13 | 2021 | 7 | | |
| City Nazareth | State | Zip | Code (Plus 4) | | 15 | 2021 | | | |
| | l _{PA} | 18 | 0648200 | | | | | | |
| Employer Name Commonwealth Healtl | h | | | Occupat | ion | GRO | | | |
| Employer Mailing Address/Principal Plac | ce of Business | | City | | State | | Zip Code (Plu | s 4) | |
| | | | Wilkes Barre | | PA | | 187640999 | | |
| Full Name of Contributor | | | | | | | | | |
| Dr. James Edward Hartle II, MD | | | | МО | DAY | YEAR | \$ | 1,000.00 | |
| Mailing Address | | | | | | | 1 | | |
| City Danville | State | Zir | Code (Plus 4) | 5 | 12 | 2021 | | | |
| , 50 | PA | - | 8217065 | | | | | | |
| Employer Name Geisinger | · I A | 1/ | 0217003 | Occupat | ion | Physicia | n | | |
| Employer Mailing Address/Principal Plac | | | | Cecupat | State | i iiysicid | Zip Code (Plu | s 4) | |
| Limployer maining Address/Principal Plac | e or busiliess | | City | | 1 | | - | 3 7) | |
| | | - 1 | Danville | | PA | | 178229800 | | |

| | | | | | | | | AGL 19 | |
|---|-----------------|-----|------------------------------------|---------------|-----------------------------------|------------------|---------------------------|-----------------------------------|--|
| Full Name of Contributor | | | | мо | DAY | YEAR | | 1,500.00 | |
| Mr. Douglas Hock | | | | | | | 」 | 1,500.00 | |
| Mailing Address | | | | 5 | 12 | 2021 | | | |
| City Bryn Mawr | State | Zip | Code (Plus 4) | | | | | | |
| | l _{PA} | 19 | 0101404 | | | | | | |
| Employer Name Children's Hospital of | Philadelphia | | | Occupat | Occupation COO | | | | |
| Employer Mailing Address/Principal Plac | e of Business | | City | State | | | Zip Code (Plus 4) | | |
| | | | Philadelphia | | PA | | 1910443 | 19 | |
| Full Name of Contributor | | | | | | | | | |
| Mr. Richard Allen | | | | МО | DAY | YEAR | \$ | 300.00 | |
| Mailing Address | | | | _ | 12 | 2021 | | | |
| City Warren | State | Zip | Code (Plus 4) | 5 | 12 | 2021 | | | |
| | _{PA} | 16 | 3651325 | | | | | | |
| Employer Name Warren General Hospital | | | | | Ccupation Chief Executive Officer | | | | |
| Employer Mailing Address/Principal Place of Business City | | | | • | State | | Zip Code | (Plus 4) | |
| Warren | | | | | PA | | 1636500 | 68 | |
| Full Name of Contributor | | | | | | | | | |
| Mr. Brook Ward | | | | МО | DAY | YEAR | \$ | 300.00 | |
| Mailing Address | | | | | | | - | | |
| City Washington | State | Zir | Code (Plus 4) | 5 | 12 | 2021 | | | |
| washington | PA | - | 3015082 | | | | | | |
| Employer Name - Washington Haalth Co | '''' | | 3013002 | <u> </u> | | • | • | | |
| Employer Name Washington Health System | | | | Occupat | ion | Drocidor | at and Chi | of Evacu | |
| | | | City | Occupat | | Presider | nt and Chi | | |
| Employer Mailing Address/Principal Place | | | City | Occupat | State | Presider | Zip Code | (Plus 4) | |
| Employer Mailing Address/Principal Place | | | City Washington | Occupat | | Presider | | (Plus 4) | |
| Employer Mailing Address/Principal Place Full Name of Contributor | | | • | Occupat MO | State | Presider YEAR | Zip Code | (Plus 4) 36 | |
| Employer Mailing Address/Principal Place Full Name of Contributor Ms. Tami Minnier RN, MSN, FACHE | | | • | | State PA | | Zip Code 1530133 | (Plus 4) | |
| Full Name of Contributor Ms. Tami Minnier RN, MSN, FACHE Mailing Address | e of Business | | Washington | | State PA | | Zip Code 1530133 | (Plus 4) 36 | |
| Employer Mailing Address/Principal Place Full Name of Contributor Ms. Tami Minnier RN, MSN, FACHE | e of Business | - | Washington Code (Plus 4) | мо | State PA DAY | YEAR | Zip Code 1530133 | (Plus 4) 36 | |
| Full Name of Contributor Ms. Tami Minnier RN, MSN, FACHE Mailing Address City Oakmont | e of Business | - | Washington | MO 5 | State PA DAY | YEAR 2021 | Zip Code 1530133 | (Plus 4) 36 1,000.00 | |
| Full Name of Contributor Ms. Tami Minnier RN, MSN, FACHE Mailing Address City Oakmont Employer Name UPMC | State | - | Washington Code (Plus 4) 1392184 | мо | State PA DAY 12 | YEAR 2021 | zip Code 1530133 \$ | (Plus 4) 36 1,000.00 | |
| Full Name of Contributor Ms. Tami Minnier RN, MSN, FACHE Mailing Address City Oakmont | State | - | Washington Code (Plus 4) | MO 5 | State PA DAY | YEAR 2021 | Zip Code 1530133 | (Plus 4) 36 1,000.00 cer (Plus 4) | |

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

PAGE TOTAL \$ 43,200.00

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

| Name of Filing Committee or Candidate | me of Filing Committee or Candidate Re | | | | | porting Period | | | | | |
|--|--|-------------|---------|----|---------|----------------|-----------------|----------|--|--|--|
| Hospital & Healthsystem Assoc of PA PA | AC (HAPAC) | | From: | | 5/4/202 | <u>:1</u> To: | <u>6/7/2021</u> | | | | |
| | | | | D | ATE | | | AMOUNT | | | |
| Full Name | | | | мо | DAY | YEAR | | 0.57 | | | |
| FNB-First National Bank | | | | МО | DAY | YEAR | \$ | 0.57 | | | |
| Mailing Address | | | | 5 | 28 | 2021 | l | | | | |
| City Harrisburg | State | Zip Code (I | Plus 4) | | | | | | | | |
| | PA | 17111 | | | | | | | | | |
| Receipt Description May 2021 Intere | st Income | • | | | | | | | | | |
| Full Name | | | | | | | | | | | |
| FNB-First National Bank | | | | МО | DAY | YEAR | \$ | 0.32 | | | |
| Mailing Address | | | | 5 | 28 | 2021 | 1 | | | | |
| City Harrisburg | State | Zip Code (I | Plus 4) | , | 20 | 2021 | 1 | | | | |
| | PA | 17111 | | | | | | | | | |
| Receipt Description May 2021 Intere | st Income | ı | | | | | • | | | | |
| Full Name | | | | | | | l . | | | | |
| HRCC | | | | МО | DAY | YEAR | \$ | 2,500.00 | | | |
| Mailing Address | | | | 6 | 2 | 2021 | 1 | | | | |
| City Harrisburg | State | Zip Code (I | Plus 4) | | _ | 2021 | 1 | | | | |
| | PA | 17108 | | | | | | | | | |
| Receipt Description Void - HRCC | | 1 | | | | | | | | | |

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

PAGE TOTAL \$ 2,500.89

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

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

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting Period | | |
|--|------------------|----------------------------|-----------------|
| Hospital & Healthsystem Assoc of PA PAC (HAPAC) | From: | <u>5/4/2021</u> To: | <u>6/7/2021</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER CONTRIBUTOR | | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | T F) | | |
| TOTAL for the Reporting Pe | eriod (2) | \$ | 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Pe | eriod (3) | \$ | 0.00 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate | | | | | Reporting Period | | | | | |
|---|--------------------|---------------------|-------|--------|------------------|-------------|----------|------|--|--|
| | | | From: | | | То: | | | | |
| | | DATE | | AMOUNT | | | | | | |
| Full Name of Contributor | | | мо | DAY | YEAR | | | | | |
| Mailing Address | | _ | | | | 7 \$ | | 0.00 | | |
| City | State | Zip Code (Plus 4) | | | | | | | | |
| Description of Contribution: | - | • | • | • | | • | | | | |
| | | | | | _ | | | | | |
| Enter Grand Total of Part F on Sched Section 2. | Contributions Deta | ailed Summary Page, | | | PAGE TOTAL | | L | | | |
| Section 2. | | | | | | \$ | | 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 | Period | | | | |
|--|--------------------------------------|-----|------------------|--------|-------------------|----------------|-------|-------|-----------------|------|
| | | | | Fro | m: | | To: | То: | | |
| | | | | | | DATE | | | AMOUNT | - |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | | | \$ | 0.00 |
| City | State | | Zip Code(Plus 4) | | | | | | | |
| Employer of Contributor | | | | | Occup | oation | | | | |
| Employer Mailing Address/Principal Pla | ce of Business | Cit | ty | Stat | e Zi _l | p Code(Plus 4) | Descr | iptio | on of Contribut | ion |
| Enter Grand Total of Part G on Sch | edule II, In-K | ind | Contributions D | etaile | ed | | | | PAGE TO | TAL |
| Summary Page, Section 3. | | | | | | | | | | 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period | | | | |
|---|------------------|----------|-----|-----------------|--|
| Hospital & Healthsystem Assoc of PA PAC (HAPAC) | From | 5/4/2021 | То: | <u>6/7/2021</u> | |

| | | | | DATE | AMOUNT | | | | |
|---|---------|-------------------|--------------------------------------|---|----------|----|----------|--|--|
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| FNB-First National Bank | | | МО | DAI | ILAK | | | | |
| Mailing Address | | | | 4 | 2021 | \$ | 3.14 | | |
| City Harrisburg | Descrip | tion of Exp | enditure | • | | | | | |
| PA 17111 | | | | May 2021 Bank Fees - Authorize.net | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| FNB-First National Bank | | | МО | DAI | ILAK | | | | |
| Mailing Address | | | 5 | 4 | 2021 | \$ | 10.50 | | |
| City Harrisburg State Zip Code (Plus 4) | | | Descrip | tion of Exp | enditure | | | | |
| | PA | 17111 | May 20 | May 2021 Bank Fees - Authorize.net | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| Kerry Benninghoff for Rep | . Cte. | | М | | ILAK | | | | |
| Mailing Address | | | | 10 | 2021 | \$ | 1,000.00 | | |
| City Harrisburg State Zip Code (Plus 4) | | | Description of Expenditure | | | | | | |
| PA 17108 | | | | Kerry Benninghoff, STATE HOUSE 171st PA | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| Committee to Elect Rob K | auffman | | МО | DAY | YEAK | | | | |
| Mailing Address | | | 5 | 10 | 2021 | \$ | 500.00 | | |
| City Chambersburg | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | PA | 17201 | Robert Kauffman, STATE HOUSE 89th PA | | | | h PA | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| HRCC | | | МО | DAT | ILAK | | | | |
| Mailing Address | | | 5 | 10 | 2021 | \$ | 2,500.00 | | |
| City Harrisburg | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | 1 | | | |
| PA 17108 | | | | HRCC - SW Golf Outing - 5/17/21 | | | | | |
| To Whom Paid | | | | DAY | YEAR | | | | |
| Friends of Kim Ward | | | | | I LAR | | | | |
| Mailing Address | | | 5 | 10 | 2021 | \$ | 1,000.00 | | |
| City Harrisburg State Zip Code (Plus 4) | | | Description of Expenditure | | | | | | |
| | PA | 17108 | Kim Ward, STATE SENATE 39th PA | | | | | | |

| To W | nom Paid | | | МО | DAY | YEAR | | | |
|---|---|-------|-------------------|---------------------------------|------------------|----------|-------------|----------|--|
| Rosemary Brown for State Representative | | | | 140 | | ILAK | | | |
| Mailing Address | | | | 5 | 10 | 2021 | \$ | 500.00 | |
| City Dillsburg State Zip Code (Plus 4) | | | | Description of Expenditure | | | | | |
| PA 17019 | | | | Rosema | ry Brown, | STATE H | OUSE 189t | h PA | |
| To Whom Paid | | | | мо | DAY | YEAR | | | |
| Citize | ns for Grove | | | | | | | | |
| Mailin | g Address | | | 5 | 10 | 2021 | \$ | 500.00 | |
| City | City Harrisburg State Zip Code (Plus 4) | | | Description of Expenditure | | | | | |
| | | PA | 17108 | Seth Gr | ove, STAT | E HOUSE | 196th PA | | |
| To W | nom Paid | | | мо | DAY | YEAR | | | |
| DiSan | to for Senate | | | МО | DAT | TEAR | | | |
| Mailin | g Address | | | 5 | 10 | 2021 | \$ | 500.00 | |
| City | Harrisburg | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | ı | | |
| | | PA | 17108 | John Di | Santo, STA | ATE SENA | TE 15th PA | 1 | |
| To Wi | nom Paid | | | мо | DAY | YEAR | | | |
| Friend | ds of Matthew Dowling | | | 140 | | ILAK | | | |
| Mailin | g Address | | | 5 | 10 | 2021 | \$ | 200.00 | |
| City | Uniontown | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| | | PA | 15401 | Matthey | v Dowling, | STATE H | OUSE 51st | PA | |
| To W | nom Paid | | | | DAY | VEAD | | | |
| Citize | ns for Pat Browne-Senate | | | МО | DAY | YEAR | | | |
| Mailin | g Address | | | 5 | 24 | 2021 | \$ | 1,000.00 | |
| City | Harrisburg | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| | | PA | 17108 | Patrick | Browne, S | TATE SEN | IATE 16th I | PA | |
| To Wi | nom Paid | | | мо | DAY | YEAR | | | |
| Friend | ds of Jim Cox | | | MO | DAT | TEAR | | | |
| Mailin | g Address | | | 5 | 24 | 2021 | \$ | 500.00 | |
| City | Sinking Springs | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| | | PA | 19608 | Jim Cox | , STATE H | OUSE 129 | 9th PA | | |
| To W | nom Paid | | | | l _{DAY} | VEAD | | | |
| Came | ra for Senate | | | МО | DAY | YEAR | | | |
| Mailin | g Address | | | 5 | 24 | 2021 | \$ | 1,000.00 | |
| City Harrisburg State Zip Code (Plus 4) | | | | Descrip | tion of Exp | enditure | I . | | |
| PA 17108 | | | | Camera | Bartolotta | , STATE | SENATE 46 | th PA | |
| To Whom Paid | | | | МО | DAY | YEAR | | | |
| Community First PAC - House | | | | МО | | ILAK | | | |
| Mailin | Mailing Address | | | | 24 | 2021 | \$ | 800.00 | |
| City | Langhorne | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| | | PA | 19047 | Community First PAC - 5/20/2021 | | | | | |
| | | | | | | | | | |

| | | | | | | | PAGE | 26 | |
|---|---|-------|-------------------|------------------------------------|-------------|-----------|-------------|----------|--|
| To Whom Paid | | | | | DAY | YEAR | | | |
| Friends of Barry Jozwiak | | | | МО | | | | | |
| Mailing Address | | | | 5 | 24 | 2021 | \$ | 750.00 | |
| City | City Bernville State Zip Code (Plus 4) | | | Descrip | tion of Exp | enditure | | | |
| PA 19506 | | | | Barry Jozwiak, STATE HOUSE 5th PA | | | | | |
| To Wh | om Paid | | | мо | DAY | YEAR | | | |
| Comn | nittee to Elect Ryan Bizzarro | | | MO | | ILAK | | | |
| Mailin | g Address | | | 5 | 24 | 2021 | \$ | 500.00 | |
| City | City Erie State Zip Code (Plus 4) | | | Descrip | tion of Exp | enditure | | | |
| PA 16506 | | | Ryan Bi | zzarro, ST | ATE HOUS | SE 3rd PA | | | |
| To Wh | om Paid | | | МО | DAY | YEAR | | | |
| Mako | for PA | | | МО | DAY | YEAK | | | |
| Mailin | g Address | | | 5 | 24 | 2021 | \$ | 250.00 | |
| City | Harrisburg | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| | | PA | 17108 | Zachary | Mako, ST | ATE HOU | SE 183rd PA | | |
| To Wh | om Paid | | | МО | DAY | YEAR | | | |
| Dan F | rankel for the 23rd District Comm | ittee | | MO | | ILAK | | | |
| Mailin | g Address | | | 5 | 26 | 2021 | \$ | 500.00 | |
| City | Harrisburg | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| PA 17108 | | | | Dan Frankel, STATE HOUSE 23rd PA | | | | | |
| To Wh | om Paid | | | МО | DAY | YEAR | | | |
| Senat | e Republican Campaign Committe | e | | PIO | | ILAK | | | |
| Mailin | g Address | | | 5 | 26 | 2021 | \$ | 1,000.00 | |
| City | Harrisburg | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| | | PA | 17108 | SRCC Reception - 5/26/21 | | | | | |
| To Wh | om Paid | | | мо | DAY | YEAR | | | |
| Citize | ns for Jake Wheatley | | | 1-10 | J | . LA | | | |
| Mailin | g Address | | | 5 | 26 | 2021 | \$ | 500.00 | |
| City | Pittsburgh | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| | | PA | 15219 | Jake Wheatley, STATE HOUSE 19th PA | | | | | |
| To Wh | om Paid | | | мо | DAY | YEAR | | | |
| HRCC | | | | MO | DAT | TEAR | | | |
| Mailin | g Address | | | 5 | 26 | 2021 | \$ | 1,500.00 | |
| City Harrisburg State Zip Code (Plus 4) | | | Descrip | tion of Exp | enditure | | | | |
| PA 17108 | | | | HRCC R | oundup 6/ | 7/21 | | | |
| To Whom Paid | | | | МО | DAY | YEAR | | | |
| Friends of Kim Ward | | | | MO | DAT | TEAK | | | |
| Mailin | Mailing Address | | | | 26 | 2021 | \$ | 1,000.00 | |
| City | City Harrisburg State Zip Code (Plus 4) | | | Descrip | tion of Exp | enditure | | | |
| L_ | | PA | 17108 | Kim Ward, STATE SENATE 39th PA | | | | | |
| | 111 | | | | | | | | |

| To Wh | om Paid | | | мо | DAY | YEAR | | | |
|---|------------------------|-------|------------------------------------|--|-------------|----------|--------------|----------|--|
| Friends of Frank Farry | | | | | | | | | |
| Mailing Address | | | | | 26 | 2021 | \$ | 300.00 | |
| City Harrisburg State Zip Code (Plus 4) | | | | Description of Expenditure | | | | | |
| PA 17108 | | | | Frank Farry, STATE HOUSE 142nd PA | | | | | |
| To Whom Paid | | | | мо | DAY | YEAR | | | |
| Committee to Elect Pam Snyder | | | | МО | | ILAK | | | |
| Mailing Address | | | | 5 | 26 | 2021 | \$ | 200.00 | |
| City Harrisburg State Zip Code (Plus 4) | | | | Description of Expenditure | | | | | |
| PA 17108 | | | | Pam Sn | yder, STA | TE HOUSE | 50th PA | | |
| To Wh | om Paid | | | мо | DAY | YEAR | | | |
| FNB-F | irst National Bank | | | МО | DAI | ILAK | | | |
| Mailin | g Address | | | 5 | 26 | 2021 | \$ | 39.23 | |
| City | Harrisburg | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| | | PA | 17111 | May 202 | 21 Bank Fe | es - Ame | erican Expre | ess | |
| To Wh | om Paid | | | мо | DAY | YEAR | | | |
| Friend | ls of Joanna McClinton | | | МО | | ILAK | | | |
| Mailing Address | | | | | 26 | 2021 | \$ | 1,000.00 | |
| City | Philadelphia | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| | | PA | 19139 | Joanna McClinton, STATE HOUSE 191st PA | | | | t PA | |
| To Wh | om Paid | | | МО | DAY | YEAR | | | |
| Mike F | Regan for Senate | | | 1-10 | | 1 = Aux | | | |
| Mailin | g Address | | | 5 | 26 | 2021 | \$ | 500.00 | |
| City | Harrisburg | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| | | PA | 17108 | Mike Regan, STATE SENATE 31st PA | | | | | |
| To Wh | om Paid | | | мо | DAY | YEAR | | | |
| Citize | ns for Kail | | | | | | | | |
| Mailin | g Address | | | 5 | 26 | 2021 | \$ | 500.00 | |
| City | Beaver | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| | | PA | 15009 | Joshua Kail, STATE HOUSE 15th PA | | | | | |
| To Wh | om Paid | | | мо | DAY | YEAR | | | |
| Friend | s of Todd Polinchock | | | МО | DAT | TEAR | | | |
| Mailin | g Address | | | 5 | 26 | 2021 | \$ | 250.00 | |
| City | Doylestown | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| PA 18901 | | | | F. Todd | Polinchock | , STATE | HOUSE 144 | th PA | |
| To Whom Paid | | | | мо | DAY | YEAR | | | |
| Mr. John L. Galley | | | | | | | | | |
| Mailing Address | | | | 5 | 27 | 2021 | \$ | 1,000.00 | |
| City | Pittsburgh | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| PA 152431865 | | | Refund 2021 Duplicate Contribution | | | | | | |
| _ | <u> </u> | | | | | | | | |

| | | | | | | PA | GE 28 | | |
|---|-------|-------------------|------------------------------------|------------------------------------|-----------|------------|-----------|--|--|
| To Whom Paid | МО | DAY | YEAR | | | | | | |
| Mrs. Joye Gingrich | | | , - , | | | | | | |
| Mailing Address | 5 | 28 | 2021 | \$ | 100.00 | | | | |
| City Mc Alisterville | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | • | | | |
| PA 170498137 | | | | Refund 2021 Duplicate Contribution | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| FNB-First National Bank | MO | DAT | TEAR | | | | | | |
| Mailing Address | 6 | 1 | 2021 | \$ | 154.28 | | | | |
| City Harrisburg State Zip Code (Plus 4) | | | | Description of Expenditure | | | | | |
| | PA | 17111 | June 2021 Bank Fee - Heartland | | | | | | |
| To Whom Paid FNB-First National Bank | мо | DAY | YEAR | | | | | | |
| Mailing Address | | | 6 | 1 | 2021 | \$ | 191.76 | | |
| City Harrisburg | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| , | PA | 17111 | June 2021 Bank Fee - Heartland | | | | | | |
| To Whom Paid | | · | | DAY | VEAD | | | | |
| FNB-First National Bank | | | МО | DAY | YEAR | | | | |
| Mailing Address | | | 6 | 2 | 2021 | \$ | 7.25 | | |
| City Harrisburg | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | PA | 17111 | June 2021 Bank Fee - Authorize.net | | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| FNB-First National Bank | | | | | | | | | |
| Mailing Address | | | | 2 | 2021 | \$ | 10.50 | | |
| City Harrisburg | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 17111 | June 20 | 21 Bank F | ee - Auth | orize.net | | | |
| | | | | | ı | PAGE TOTAL | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | \$ | 20,266.66 | | |
| | | | | | | | | | |