### **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	79003	364			Rep File			CANI	DIE	DATE		COMM	4ITTEE	<b>✓</b>	LOE	BBY.	IST	
Name of Filing C	ommittee	, Candida	ite or Lo	obbyist:		Hosp	pital	& Не	ealthsys	ste	m Ass	oc of	PA PA	C (HAPA	C)				
Street Address:	30 No	orth Thirc	l Street	Suite 600	ı														
City:	Harris -	burg							State:		PA			Zip Cod	le: 17	7101	_		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE-	- 2	2.	30 DA		P	OST-	3. <b>X</b>		AMENDM REPORT?		Yes		No	<b>/</b>
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA ELECTION	Y PRE	- 5	5.	30 DA	DAY POST- 6. ECTION				TERMINATION REPORT?		Yes		No	<b>\</b>	
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2022					NG MET CHECK					PAPER		<b>Y</b>	<b>D</b>	ISKETT	ΓE
Name of Office S	ought by	Candidat	e:						DATE	OF	FELE	СТІС	N	District Number	Office Code	Pa	irty	Code C	ounty ode
									МО		DAY	ΥI	AR						
									1	11		8	2022		(SEE IN	STRUCT	IONS	FOR CO	DES)
Summary of		and	МО	DAY	YEAR				МО		DAY	YI	EAR	FO	R OFFI	CE US	ΕO	NLY	
Expenditures	from:			5 3	2	022	Т	0		6		6	2022						
A. Amount Bro	ught Forw	ard From	Last R	eport				\$				44,	543.36						
B. Total Moneta	ary Contri	butions A	and Rec	eipts (Fron	n Sche	dule	I)	\$				3,4	153.75						
C. Total Funds Available (Sum Of Lines A and B) \$ 47,997.11																			
D. Total Expenditures (From Schedule III)							\$				11,2	249.53							
E. Ending Cash	Balance (	Subtract	Line D	From Line	C)			\$				36,7	47.58						
F. Value Of In-	Kind Cont	ributions	Receive	ed (From S	chedu	le II	)	\$					0.00						
G. Unpaid Debt	s And Obl	igations	(From S	Schedule IV	/)			\$			0.00								
					AFF	IDA	VI	T SE	CTIO	N									
PART I - If this is		-	•	_									_						
I swear (or affirm) correct and comple		eport, incli	iding the	attached sc	hedules	filed	on	paper	or by ele	ectr	onic me	edium	, are to t	the best o	my kno	wledge	e and	d belief	, true
Sworn to and subs	cribed befo day of	re me this		20						-		5	ignature	of Perso	n Submit	ting Re	epor	t	
-	<u> </u>	Signatur	e					<b>-</b>		-				Prin	ted Name	•			—
My Commission Ex	cpires	0.9	-							-				Ema	il				
	i	10	D/	AY	YR						Are	a Coc	le	Daytim	e Teleph	one N	umb	er	
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	e, C	andid	ate sha	ıll s	ign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and beli	ief this	polit	ical	comm	ittee has	s no	t violat	ed an	y provis	ions of the	e act of J	une 3,	1937	7 (P.L. 1	.333,
Sworn to and subsc		e me this											s	ignature o	of Candid	ate			
	day of ——							-						Printe	d Name				
	s	ignature						-		_									
My Commission Exp		-												Ema	il				
		мо	D	AY	YR			•		•	Area	Code		Da	ytime T	elepho	ne l	lumber	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	From:	<u>5/3/202</u>	<u>2</u> To:	6/6/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	103.32
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)	\$	750.00		
TOTAL for the Reporting	\$	750.00		
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)			\$	2,600.00
TOTAL for the Reporting	) Period	(3)	\$	2,600.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J Period	(4)	\$	0.43
			1	
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			\$	3,453.75

#### **PART A**

#### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

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

Name of Filing Committee or Candidat	Name of Filing Committee or Candidate			Reporting Period							
		Fi	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)

Name of Filing Committee or Candida	ame of Filing Committee or Candidate				Reporting Period						
Hospital & Healthsystem Assoc of PA	PAC (HAPAC)		Fro	m:	<u>5/3/2</u>	2022 To	):	6/6/2022			
					AMOUNT						
Full Name of Contributor				мо	DAY	YEAR					
Mr. Douglas Hock											
Mailing Address 1436 County Line I	Road						\$	200.00			
City Bryn Mawr	State	Zip Code (Plus 4	)	5	17	2022					
	PA	190101404									
Full Name of Contributor Mrs. Janie Marie Hilfiger RN, BSN, MHA					DAY	YEAR					
Mailing Address 830 Canada Road							\$	200.00			
City Covington	State	Zip Code (Plus 4	)	5	25	2022					
	PA	169179685									
Full Name of Contributor				МО	DAY	YEAR					
Mr. Cornelio R Catena FACHE				1-10	DAI	ILAK					
Mailing Address 368 Nolf Road							\$	200.00			
City Nazareth	State	Zip Code (Plus 4	)	5	25	2022					
	PA	180648200									
Full Name of Contributor				мо	DAY	YEAR					
Mrs. Heidi Ryan				1-10	DAI	ILAK					
Mailing Address P.O. Box 182							\$	150.00			
City Grantham	State	Zip Code (Plus 4	)	5	25	2022					
	PA	170270182									

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

**PAGE TOTAL \$** 750.00

#### **PART C**

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

**OVER \$250.00** 

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

Name of Filing Committee or Candidate	me of Filing Committee or Candidate		Reporting Period							
			From:			То:				
				DA	TE		P	AMOUNT		
Full Name of Contributing Committee				МО	DAY	YEAR		0	.00	
Mailing Address							<b>*</b>	U	.00	
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scheo	Page, Section 3.				\$	0.0	)0			

## 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					eporting Period						
Hospital & Healthsystem Assoc of PA I	PAC (HAPAC)			Fron	n:	<u>5/3/2</u>	<u>022</u> <b>To</b>	:	6/6/2022		
					D/	ATE		AN	<b>1</b> OUNT		
Full Name of Contributor					мо	DAY	YEAR		500.00		
Dr. Roxanna L Gapstur PhD, RN, CNAA					МО	DAT	ILAK	\$	500.00		
Mailing Address 990 Wyndsong Driv	/e				6	2	2022				
City York	State	Zip	Code (Plus	4)		_	2022				
	PA	17	4034489					1			
Employer Name WellSpan Health					Occupat	ion	Presiden	t and Ch	nief Execu		
Employer Mailing Address/Principal Pla	ce of Business		City			State		Zip Cod	e (Plus 4)		
45 Monument Road, Suite 200			York			PA		174035	071		
Full Name of Contributor											
Mr. John J. Lynch III, FACHE					МО	DAY	YEAR	\$	500.00		
Mailing Address 913 Potts Lane					5	25	2022	1			
City Bryn Mawr	State	Zip Code (Plus 4)			3	25	2022	1			
	PA	19	0102918								
Employer Name Main Line Health/Mai	n Line Hospitals				Occupat	tion	Presiden	it and CE	<b>E</b> O		
Employer Mailing Address/Principal Pla	ce of Business		City		State			Zip Code	e (Plus 4)		
130 South Bryn Mawr Avenue			Bryn Maw	r	PA			190103	143		
Full Name of Contributor											
Mr. David Gibbons					МО	DAY	YEAR	\$	1,000.00		
Mailing Address 1324 South Shore	Drive Apt 907				_			1			
City Erie	State	Zip	Code (Plus	4)	5	25	2022				
	PA		5052541	-							
Employer Name UPMC Hamot					Occupat	ion	Presiden	nt .			
Employer Mailing Address/Principal Pla	ce of Business		City		-	State		Zip Code	e (Plus 4)		
201 State Street			Erie			PA		165500	002		
Full Name of Contributor					мо	DAY	VEAD				
Mr. John F. Duggan					МО	DAY	YEAR	<b> </b> \$	600.00		
Mailing Address 1764 North Meadow Drive				5	5	2022					
City Mechanicsburg State Zip Code (Plus 4)			4)			2022					
PA 170555151							<u> </u>				
Employer Name Kessler Institute for Rehabilitation			Occupation Senior Vice President and				ident and				
Employer Mailing Address/Principal Pla	ce of Business		City			State		Zip Code	e (Plus 4)		
1199 Pleasant Valley Way			West Orar	ige		NJ		070521	419		

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

2,600.00

**PAGE TOTAL** 

## OTHER RECEIPTS

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

Name of Filing Committee or Candidate	Report	ing Perio	od				
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	From:		5/3/202	<u>2</u> To:		6/6/2022	
		D	ATE		Δ	AMOUNT	
Full Name		мо	DAY	YEAR			0.23
FNR-First National Bank		".0		ILAK	\$	1	0.23

5

2022

31

	PA	17111					
Receipt Description May 2022 Interes	st Income						
Full Name			мо	DAY	YEAR	<b>s</b> 0	.20
FNB-First National Bank				DAI	ILAK	] •	.20
Mailing Address 4250 Derry Street			5	31	2022		
City Harrisburg	State	Zip Code (Plus 4)		01			
	PA	17111					

Zip Code (Plus 4)

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

May 2022 Interest Income

State

**Mailing Address** 

**Receipt Description** 

Harrisburg

City

4250 Derry Street

PAGE TOTAL
\$ 0.43

#### **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>5/3/2022</u> <b>To:</b>	<u>6/6/2022</u>					
. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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,	<u> </u>	\$	0.00					

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

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

Name of Filing Committee or Car	ndidate		Reporting Period					
			From:			To		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>7</b> \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
inter Grand Total of Part F on Schedule II, In-Kind Contributions Deta			ailed Summary Page,			PAGE TOTAL		
Section 2.						\$	(	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Rep	porting	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					Occupation				
Employer Mailing Address/Principal Plac	ce of Business	Cit	ty	State	e Zij	o Code(Plus 4)	Descri	ptio	n of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kir	nd (	Contributions D	etaile	ed				PAGE TOTAL
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Deta 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	5/3/2022	То:	<u>6/6/2022</u>		

				DATE			AMOUNT		
To Whom Paid			МО	DAY	YEAR				
FNB-First National Bank			МО	DAI	ILAK				
Mailing Address 4250 Derry Stree	5	3	2022	\$	5.14				
<b>City</b> Harrisburg	Descrip	tion of Exp	enditure						
	PA	17111	May 2022 Bank Fees - Authorize.net						
To Whom Paid			мо	DAY	YEAR				
FNB-First National Bank	MO	DAT	TEAR						
Mailing Address 4250 Derry Stree	5	3	2022	\$	10.00				
<b>City</b> Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	17111	May 20	22 Bank Fe	es - Auth	norize.net			
To Whom Paid			мо	DAY	YEAR				
Committee to Elect Rob Kauffman			MO	DAT	TEAR				
Mailing Address 1349 Fourth Ave	nue		5	26	2022	\$	500.00		
City Chambersburg State Zip Code (Plus 4)				Description of Expenditure					
	PA	17201	Robert Kauffman, STATE HOUSE 89th P.				PA		
To Whom Paid				DAY	YEAR				
HRCC			МО	DAY	TEAK				
Mailing Address P.O. Box 11787			5	26	2022	\$	3,000.00		
<b>City</b> Harrisburg	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	17108	SW Golfing Event - 5/16/22						
To Whom Paid			мо	DAY	YEAR				
HRCC			MO	DAT	TEAR				
Mailing Address P.O. Box 11787			5	26	2022	\$	1,500.00		
<b>City</b> Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	I			
	PA	17108	HRCC Roundup - 6/7/22						
To Whom Paid				DAY	YEAR				
Kathy Rapp for Representative	МО	DAI	ILAK						
Mailing Address 660 Follett Run F	5	26	2022	\$	750.00				
<b>City</b> Warren	State	Zip Code (Plus 4)	) Description of Expenditure						
	PA	16365	Kathy Rapp, STATE HOUSE 65th PA						

									12			
To Whom F	Paid				МО	DAY	YEAR					
Friends of Kim Ward												
Mailing Address P.O. Box 12103					5	26	2022	\$	1,000.00			
City Hai	City Harrisburg State Zip Code (Plus 4)					Description of Expenditure						
			PA	17108	Kim Wa	rd, STATE	39th PA					
To Whom F	Paid				мо	DAY	YEAR					
Elder Voge	el for Senat	e										
Mailing Address P.O. Box 792					5	26	2022	\$	500.00			
City Harrisburg State Zip Code (Plus 4)				Description of Expenditure								
			PA	17108	Elder Vo	gel, STAT	E SENATE	47th PA				
To Whom F					мо	DAY	YEAR					
	Frank Farry	-						<b>*</b>	F00.00			
Mailing Add	dress P.	O. Box 412			5	26	2022	\$	500.00			
<b>City</b> Hai	rrisburg		State	Zip Code (Plus 4)	Descript	ion of Exp	enditure					
			PA	17108	Frank Farry, STATE HOUSE 142nd PA							
To Whom F	Paid				мо	DAY	YEAR					
Committee	e to Elect D	oyle Heffley										
Mailing Add	dress 14	10 Ironwood Road			5	26	2022	\$	500.00			
<b>City</b> Pal	Imerton		State	Zip Code (Plus 4)	Description of Expenditure							
			PA	18071	Doyle Heffley, STATE HOUSE 122nd PA							
To Whom F	Paid				МО	DAY	YEAR					
Friends of	Keith Grein	ner										
Mailing Add	dress 4(	05 Myer Terrace			5	26	2022	\$	250.00			
City Led	ola		State	Zip Code (Plus 4)	Descript	ion of Exp	enditure					
			PA	17540	Keith Greiner, STATE HOUSE 43rd PA							
To Whom F	Paid				мо	DAY	YEAR					
Supporters	s of Dave Z	Zimmerman										
Mailing Add	<b>dress</b> P.	O. Box 232			5	26	2022	\$	250.00			
City Eas	st Earl		State	Zip Code (Plus 4)	Descript	ion of Exp	enditure					
			PA	17519	David Zimmerman, STATE HOUSE 99th PA							
To Whom F	Paid				мо	DAY	YEAR					
Friends of	Judy Schwa	ank										
Mailing Add	<b>dress</b> P.	O. Box 12424			5	26	2022	\$	500.00			
City Rea	ading		State	Zip Code (Plus 4)	Descript	ion of Exp	enditure					
			PA	19612	Judith Schwank, STATE SENATE 11th PA							
To Whom Paid				МО	DAY	YEAR						
Langerholc for Senate Committee						•						
Mailing Add	dress P.	O. Box 792			5	26	2022	\$	500.00			
City Harrisburg State Zip Code (Plus 4)				Description of Expenditure								
PA 17108					Wayne Langerholc, STATE SENATE 35th PA							
					•							

								PAGI	= 13
To Who	om Paid				МО	DAY	YEAR		
Friend	s of Martina	White			М		ILAK		
Mailing	g Address	P.O. Box 16041			5	26	2022	\$	500.00
City	Philadelphi	a	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
PA 19114				Martina White, STATE HOUSE 170th PA					
To Wh	om Paid				мо	DAY	YEAR		
Comm	ittee to Elec	t Ryan Bizzarro							
Mailing	g Address	3120 Broadlawn Dri	ve		5	26	2022	\$	500.00
City	Erie		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
			PA	16506	Ryan Bi	zzarro, ST	ATE HOU	SE 3rd PA	
To Who	om Paid				мо	DAY	YEAR		
Friends	s of Ryan W	arner							
Mailing	g Address	115 Liberty Street			5	26	2022	<b>\$</b>	250.00
City	Perryopolis	;	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
			PA	15473	Ryan W	arner, STA	TE HOUS	E 52nd PA	
To Wh	om Paid				МО	DAY	YEAR		
FNB-Fi	rst National	Bank							
Mailing	g Address	4250 Derry Street			6	1	2022	\$	153.50
City	City Harrisburg State Zip Code (Plus 4) Description of Expenditur					enditure			
			PA	17111	June 20	22 Bank F	ees - Hea	ertland	
To Wh	om Paid				МО	DAY	YEAR		
FNB-Fi	rst National	Bank							
Mailing	g Address	4250 Derry Street			6	1	2022	\$	65.53
City	Harrisburg		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
			PA	17111	June 2022 Bank Fees - Heartland				
To Who	om Paid				мо	DAY	YEAR		
FNB-Fi	rst National	Bank							
Mailing	g Address	4250 Derry Street			6	2	2022	\$	10.00
City	Harrisburg		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
			PA	17111	June 20	22 Bank F	ees - Aut	horize.net	
To Who	om Paid				мо	DAY	YEAR		
FNB-Fi	rst National	Bank			140				
Mailing	g Address	4250 Derry Street			6	2	2022	\$	5.36
City Harrisburg State Zip Code (Plus 4)				Description of Expenditure					
PA 17111				June 2022 Bank Fees - Authorize.net					
								PA	GE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	11,249.53		