### **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 :			Report CANDID		DATE		СОМ	4ITTEE	<b>✓</b>	LOB	BYIST							
Name of Filing C	ommittee, Candi	date or L	obbyist:		Hosp	ital	& He	ealthsy	ste	m Ass	oc of	PA PA	C (HAPA	C)				
Street Address:																		
City:	Harrisburg							State:		PA			Zip Cod	le: 17	101			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2		30 DA PRIMA		P	OST-	3. <b>X</b>		AMENDMENT REPORT?		Yes	N	0	<b>√</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5		30 DA		P	OST-	6.		TERMINA REPORT?		Yes	١	0	<b>\</b>
report type)	ANNUAL REPOR	<b>T</b> 7.	<b>Year</b> 2022					NG MET CHECK		_			PAPER		<b>√</b>	DISK	ETTE	
Name of Office S	ought by Candid	ate:	-					DATE	OI	F ELE	СТІС	N	District Number	Office Code	Pai	ty Cod	e Cour	
								МО		DAY	YI	AR					•	
									11		8	2022		(SEE INS	TRUCTI	ONS FOI	CODES	)
	Receipts and	МО	DAY	YEAR				МО		DAY	ΥI	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	trom:		5 3	20	022	T	0		6		6	2022						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				44,5	543.36						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sched	dule	I)	\$				3,4	153.75						
C. Total Funds	Available (Sum C	)f Lines A	and B)				\$				47,9	997.11						
D. Total Expend	ditures (From Sc	nedule II	I)				\$				11,2	249.53						
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$				36,7	47.58						
F. Value Of In-	Kind Contribution	ıs Receiv	ed (From S	chedul	e II)	)	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV	<b>'</b> )			\$					0.00						
				AFF:	IDA	VI	ΓSE	CTIO	N									
PART I - If this is		-	_									_						
correct and comple	) that this report, in ete.	cluding the	e attached sci	neaules	Tilea	on	paper	or by ele	ectr	onic me	earum	, are to t	ne best of	тту кпоч	vieage	and be	iier , tr	ue
Sworn to and subs	cribed before me th day of	is	20						-		S	ignature	of Perso	n Submitt	ing Re	oort		
	Signat	ure					-		-				Print	ted Name				-
My Commission Ex	xpires						_		-				Emai	I				
	МО	D	AY	YR						Are	ea Coo	le	Daytim	e Teleph	one Nu	mber		ᆜ
Part II- If this is	a report of a car	ndidate's	authorized	Comm	ittee	e, Ca	andid	ate sha	ıll s	ign he	ere.							
I swear (or affirm) No 320) as amende		my knowl	edge and beli	ef this	politi	cal	comm	ittee has	s no	t violat	ted an	y provis	ions of the	e act of Ju	ine 3,1	937 (P	.L. 133	3,
Sworn to and subsc	ribed before me this day of	s	20									s	ignature o	f Candida	ite			_
							-						Printe	d Name				-
	Signature	1					-		-									_
My Commission Exp	ires												Emai	ı				
	МО	D	AY	YR			•		,	Area	Code		Da	ytime Te	elephor	ne Num	ber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	Period		
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	From:	5/3/202	<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	Period	(2)	\$	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	) Period	(4)	\$	0.43
Γ				
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 Committ	ee or Candidate			Reporting	Period			
				From:		То	:	
			<b>'</b>		DATE			AMOUNT
Full Name of Contributing	J 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	Name of Filing Committee or Candidate						Reporting Period					
Hospital & Healthsystem Assoc of PA	PAC (HAPAC)		Fro	m:	<u>5/3/2</u>	2022 <b>T</b> o	<b>:</b>	6/6/2022				
					DATE			AMOUNT				
Full Name of Contributor				мо	DAY	YEAR						
Mr. Douglas Hock												
Mailing Address							\$	200.00				
City Bryn Mawr	State	Zip Code (Plus 4	)	5	17	2022						
	PA	190101404										
Full Name of Contributor				мо	DAY	YEAR						
Mrs. Janie Marie Hilfiger RN, BSN, MHA												
Mailing Address							\$	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				М	DAI	ILAK						
Mailing Address							\$	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							\$	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			Reporting	Period				
			From:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							<b>-</b>   \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
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.

Name of Filing Committee or Candidate

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

Reporting Period

Hospital & Healthsystem Assoc of PA P	ospital & Healthsystem Assoc of PA PAC (HAPAC)				m:	<u>5/3/2</u>	022	To:	<u>6/</u>	6/2022
			·		D/	ATE			AMOUN	т
Full Name of Contributor					МО	DAY	VEAL	D		
Dr. Roxanna L Gapstur PhD, RN, CNAA					МО	DAY	YEAI	K	\$	500.00
Mailing Address					- 6	2	202	) )		
City York	State	Zip	Code (Plus	4)	] "	2	202			
	PA	   <sub>174</sub>	034489							
Employer Name WellSpan Health					Occupat	ion	Presid	ent	and Chief E	xecu
Employer Mailing Address/Principal Plac	e of Business		City		•	State		$\top_{i}$	Zip Code (Plu	ıs 4)
			York			PA			174035071	•
Full Name of County House			1011			1.71			17 1033071	
Full Name of Contributor					мо	DAY	YEAI	R	\$	500.00
Mr. John J. Lynch III, FACHE  Mailing Address										
	State	Zin	Code (Plus	4)	5	25	202	22		
<b>City</b> Bryn Mawr		_	-	4)						
	I PA	190	102918		_	_				
Employer Name Main Line Health/Main	-				Occupat	1	Presid		and CEO	
Employer Mailing Address/Principal Plac	e of Business		City			State		2	Zip Code (Plu	ıs 4)
			Bryn Mawı	r		PA			190103143	
Full Name of Contributor					МО	DAY	YEAI	D	_	
Mr. David Gibbons					140	DAT	ILAI	`	<b>\$</b>	1,000.00
Mailing Address					5	25	202	))		
City Erie	State	Zip	Code (Plus	4)		25	202	-2		
	PA	<sub>165</sub>	052541							
Employer Name UPMC Hamot					Occupat	ion	Presid	ent	:	
Employer Mailing Address/Principal Plac	e of Business		City			State		7	Zip Code (Plu	ıs 4)
			Erie			PA			165500002	
Full Name of Contributor					МО	DAY	YEAI	D		
Mr. John F. Duggan					140	DAT	ILAI	Λ.	<b>\$</b>	600.00
Mailing Address					5	5	202	))		
<b>City</b> Mechanicsburg	State	Zip	Code (Plus	4)		3	202	-2		
	PA	170	555151							
<b>Employer Name</b> Kessler Institute for R	ehabilitation				Occupat	tion	Senior	r Vi	ce President	and
Employer Mailing Address/Principal Plac	e of Business		City			State			Zip Code (Plu	ıs 4)
			West Oran	ige		NJ			070521419	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sec				Section	on 3.		Ī		PAGE T	OTAL

2,600.00

## 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.

**Reporting Period** 

Hospital & Healthsystem Assoc of PA PA	AC (HAPAC)		From:		<u>5/3/202</u>	<u>2</u> To:	<u>6/6/2022</u>	<u>2</u>
				D	ATE		AMOUNT	
Full Name				мо	DAY	VEAD	_	0.22
FNB-First National Bank				MO	DAY	YEAR	\$	0.23
Mailing Address				5	31	2022		
<b>City</b> Harrisburg	State	Zip Code (I	Plus 4)					
	PA	17111						
Receipt Description May 2022 Intere	st Income							
Full Name						V=45		
FNB-First National Bank				МО	DAY	YEAR	\$	0.20
Mailing Address				5	31	2022		
<b>City</b> Harrisburg	State	Zip Code (I	Plus 4)	3	] 31	2022		
	PA	17111						
Receipt Description May 2022 Intere	st Income	-						

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

Name of Filing Committee or Candidate

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	ı	
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	From:	<u>5/3/2022</u> <b>To:</b>	<u>6/6/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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	TF)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( 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 Ca	Name of Contributor ing Address State Zip Code (Plus 4)			g Period			
	scription of Contribution:  ter Grand Total of Part F on Schedule II, In-Kind Contributions Deta					To:	
				DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
Full Name of Contributor  Mailing Address					<b>-</b> \$	0.00	
City	State	Zip Code (Plus 4)					
Description of Contribution:	•		•	•			
				_	Г		
	n Schedule II, In-Ki	nd Contributions Detai	led Sum	nmary Pa	ge,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	riod		
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	From	5/3/2022	То:	6/6/2022

			DATE			AMOUNT	
To Whom Paid	МО	,	DAY	YEAR			
FNB-First National Bank	MO	ַ	JA I	ILAK			
Mailing Address			3	2022	\$	5.14	
City Harrisburg State Zip C	Code (Plus 4) Desc	scriptio	on of Exp	enditure			
PA 1711	.1 May	y 2022	2 Bank Fe	es - Auth	orize.net		
To Whom Paid	мо	, ,	DAY	YEAR			
FNB-First National Bank			JA I	ILAK			
Mailing Address			3	2022	\$	10.00	
City Harrisburg State Zip C	Code (Plus 4) Desc	scriptio	on of Exp	enditure			
PA 1711	.1 May	May 2022 Bank Fees - Authorize.net					
To Whom Paid	мо	0 [	DAY	YEAR			
Committee to Elect Rob Kauffman	1410		ZAI	ILAK			
Mailing Address			26	2022	\$	500.00	
City Chambersburg State Zip C	Code (Plus 4) Desc	Description of Expenditure					
PA 1720	)1 Robe	Robert Kauffman, STATE HOUSE 89th PA					
To Whom Paid	МО	, ,	DAY	YEAR			
HRCC		֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	JAI	ILAK			
Mailing Address			26	2022	\$	3,000.00	
City Harrisburg State Zip C	Code (Plus 4) Desc	Description of Expenditure					
PA 1710	)8 SW	SW Golfing Event - 5/16/22					
To Whom Paid	мо	, ,	DAY	YEAR			
HRCC		֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	JAI	ILAK			
Mailing Address			26	2022	\$	1,500.00	
City Harrisburg State Zip C	Code (Plus 4) Desc	scriptio	on of Exp	enditure			
PA 1710	)8 HRC	.CC Rou	undup - 6	5/7/22			
	мо	<u>.  </u>	DAY	YEAR			
To Whom Paid	i MO		- A I	LLAIN			
<b>To Whom Paid</b> Kathy Rapp for Representative							
		5	26	2022	\$	750.00	
Kathy Rapp for Representative  Mailing Address		5	26 on of Expe		\$	750.00	

								12		
To Wh	om Paid			мо	DAY	YEAR				
Friends of Kim Ward						7_7.11				
Mailing Address			5	26	2022	\$	1,000.00			
City	Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	17108	Kim Wa	rd, STATE	SENATE	39th PA			
To Wh	om Paid			мо	DAY	YEAR				
Elder Vogel for Senate			М		ILAK					
Mailing Address			5	26	2022	\$	500.00			
City	Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	17108	Elder Vo	ogel, STAT	E SENATE	47th PA			
To Wh	om Paid			мо	DAY	YEAR				
Friends of Frank Farry			МО	DAI	ILAK					
Mailin	g Address			5	26	2022	\$	500.00		
City	Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
PA 17108			Frank F	arry, STAT	E HOUSE	142nd PA				
To Wh	om Paid			мо	DAY	YEAR				
Comn	nittee to Elect Doyle Heffley			1-10		ILAK				
Mailing Address			5	26	2022	\$	500.00			
City	Palmerton	State	Zip Code (Plus 4)	Description of Expenditure						
		PA	18071	Doyle Heffley, STATE HOUSE 122nd PA						
To Wh	om Paid			мо	DAY	YEAR				
Friends of Keith Greiner			1-10		I Z/IIX					
Mailing Address			5	26	2022	\$	250.00			
City	Leola	eola State Zip Code (Plus 4) PA 17540			Description of Expenditure					
					Keith Greiner, STATE HOUSE 43rd PA					
To Whom Paid			мо	DAY	YEAR					
Supporters of Dave Zimmerman										
Mailing Address			5	26	2022	\$	250.00			
City	East Earl State Zip Code (Plus 4)			Description of Expenditure						
	PA 17519				David Zimmerman, STATE HOUSE 99th PA					
To Whom Paid				мо	DAY	YEAR				
Friends of Judy Schwank			МО	DAI	ILAK					
Mailing Address			5	26	2022	\$	500.00			
City	Reading	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA 19612 Judith Schwank, STATE SENATE 11th P					NATE 11th PA				
To Whom Paid			мо	DAY	YEAR					
Langerholc for Senate Committee			140		LAK					
Mailin	g Address			5	26	2022	\$	500.00		
City	Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	17108	Wayne	Langerhold	, STATE	SENATE 35th	PA		

To Wh	nom Paid			МО	DAY	YEAR				
Friends of Martina White										
Mailing Address			5	26	2022	\$	500.00			
City	Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•			
		PA	19114	Martina	White, ST	ATE HOU	SE 170th F	PA		
To Wh	nom Paid			МО	DAY	YEAR				
Committee to Elect Ryan Bizzarro										
Mailing Address			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 Whom Paid				МО	DAY	YEAR				
Friends of Ryan Warner			1-10		12/11					
Mailing Address				5	26	2022	\$	250.00		
City	Perryopolis	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	15473	Ryan W	arner, STA	TE HOUS	SE 52nd PA	Ĺ		
To Wh	nom Paid			МО	DAY	YEAR				
FNB-F	First National Bank			1-10		I Z / II K				
Mailing Address			6	1	2022	\$	153.50			
City	Harrisburg State Zip Code (Plus 4)			Description of Expenditure						
		PA	17111	June 20	22 Bank F	rtland				
To Whom Paid				МО	DAY	YEAR				
FNB-First National Bank										
Mailing Address			6	1	2022	\$	65.53			
City	Harrisburg State Zip Code (Plus 4)			Description of Expenditure						
	PA 17111				June 2022 Bank Fees - Heartland					
To Whom Paid				МО	DAY	YEAR				
FNB-First National Bank										
Mailing Address			6	2	2022	\$	10.00			
City	Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
PA 17111				June 2022 Bank Fees - Authorize.net						
To Whom Paid				МО	DAY	YEAR				
FNB-First National Bank			PIO		ILAK					
	Mailing Address			6	2	2022	\$	5.36		
Mailin				+			·			
Mailin City	Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111		_		horize.net			
City		PA		June 20	_			PAGE TOTAL		