

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		7900364		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> Hospital & Healthsystem Assoc of PA PAC (HAPAC)												
<b>Street Address:</b>												
<b>City:</b> Harrisburg						<b>State:</b> PA			<b>Zip Code:</b> 17101			
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1. <input checked="" type="checkbox"/>	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2023	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>				
						11	7	2023	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>					
				1	1	2023	<b>TO</b>	3	27	2023		
<b>A. Amount Brought Forward From Last Report</b>						\$ 84,531.56						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 6,286.00						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 90,817.56						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 20,816.35						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 70,001.21						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 0.00						

## AFFIDAVIT SECTION

**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.**

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
**Detailed Summary Page**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	From: <u>1/1/2023</u> To: <u>3/27/2023</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 587.50
<b>TOTAL for the Reporting Period (2)</b>	\$ 587.50

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 5,350.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 5,350.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 348.50

<b>Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)</b>	\$ 6,286.00
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## PART B ALL OTHER CONTRIBUTIONS

**\$50.01 TO \$250.00**

**Use this Part to itemize all other contributions with an aggregate value from  
\$50.01 to \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part A)**

<b>Name of Filing Committee or Candidate</b> Hospital & Healthsystem Assoc of PA PAC (HAPAC)	<b>Reporting Period</b> <b>From:</b> <u>1/1/2023</u> <b>To:</b> <u>3/27/2023</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$ 87.50
Ms. Marcia Messer							
Mailing Address				1	3	2023	
City	Greer	State	Zip Code (Plus 4)				
		SC	296502781				
Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
Dr. Charles Barbera MD							
Mailing Address				1	4	2023	
City	Reading	State	Zip Code (Plus 4)				
		PA	196126052				
Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
Mr. Robert B. Ryan							
Mailing Address				1	10	2023	
City	Phoenixville	State	Zip Code (Plus 4)				
		PA	194601960				

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

<b>PAGE TOTAL</b>
\$ 587.50

**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:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$	0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

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

<b>PAGE TOTAL</b>
\$ 0.00

**PART D**  
**ALL OTHER CONTRIBUTIONS**  
**OVER \$250.00**

**Use this Part to itemize all other contributions with an aggregate value of  
over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C.)**

<b>Name of Filing Committee or Candidate</b>  Hospital & Healthsystem Assoc of PA PAC (HAPAC)	<b>Reporting Period</b>  <b>From:</b> <u>1/1/2023</u> <b>To:</b> <u>3/27/2023</u>
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				DATE			AMOUNT
<b>Full Name of Contributor</b> Dr. Elisabeth J. Kunkel MD				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b>				1	26	2023	
<b>City</b> Hershey	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170332112					
<b>Employer Name</b> Pennsylvania Psychiatric Institute				<b>Occupation</b> Professor, Pennsylvania S			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Harrisburg		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 171101904
<b>Full Name of Contributor</b> Ms. Cristina G. Cavalieri ESQ				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 4,000.00
<b>Mailing Address</b>				1	3	2023	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191074824					
<b>Employer Name</b> Thomas Jefferson University Hospital				<b>Occupation</b> Senior Vice President and			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Philadelphia		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 191074824
<b>Full Name of Contributor</b> Ms. Sharon Shank PMP				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 350.00
<b>Mailing Address</b>				1	5	2023	
<b>City</b> Orlando	<b>State</b> FL	<b>Zip Code (Plus 4)</b> 328255921					
<b>Employer Name</b> Tower Health				<b>Occupation</b> System Director AP/ERP Ma			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> West Reading		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 19611

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

<b>PAGE TOTAL</b>
\$ 5,350.00

## PART E OTHER RECEIPTS

### REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

**Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.**

<b>Name of Filing Committee or Candidate</b>  Hospital & Healthsystem Assoc of PA PAC (HAPAC)	<b>Reporting Period</b>  <b>From:</b> <u>1/1/2023</u> <b>To:</b> <u>3/27/2023</u>
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				DATE		AMOUNT	
Full Name				MO	DAY	YEAR	\$ 347.75
Hens and Chicks LLC				1	24	2023	
Mailing Address							
City	Pittsburgh	State	PA	Zip Code (Plus 4)		15222	
Receipt Description      Void - Hens and Chicks LLC							
Full Name				MO	DAY	YEAR	\$ 0.34
FNB-First National Bank				1	31	2023	
Mailing Address							
City	Harrisburg	State	PA	Zip Code (Plus 4)		17111	
Receipt Description      January 2023 Interest Income							
Full Name				MO	DAY	YEAR	\$ 0.25
FNB-First National Bank				1	31	2023	
Mailing Address							
City	Harrisburg	State	PA	Zip Code (Plus 4)		17111	
Receipt Description      January 2023 Interest Income							
Full Name				MO	DAY	YEAR	\$ 0.16
FNB-First National Bank				2	28	2023	
Mailing Address							
City	Harrisburg	State	PA	Zip Code (Plus 4)		17111	
Receipt Description      February 2023 Interest Income							

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

PAGE TOTAL	
\$	348.50

## 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
Hospital & Healthsystem Assoc of PA PAC (HAPAC)		From: <u>1/1/2023</u> To: <u>3/27/2023</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	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: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						<b>PAGE TOTAL</b>  \$ 0.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

## SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	From <u>1/1/2023</u> To: <u>3/27/2023</u>

DATE				AMOUNT
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
FNB-First National Bank				
<b>Mailing Address</b>	1	3	2023	\$ 9.30
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111	<b>Description of Expenditure</b> January 2023 Bank Fees - Authorize.net	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
FNB-First National Bank				
<b>Mailing Address</b>	1	3	2023	\$ 282.50
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111	<b>Description of Expenditure</b> January 2023 Bank Fees - Heartland	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
FNB-First National Bank				
<b>Mailing Address</b>	1	3	2023	\$ 10.00
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111	<b>Description of Expenditure</b> January 2023 Bank Fees - Authorize.net	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
FNB-First National Bank				
<b>Mailing Address</b>	1	3	2023	\$ 257.73
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111	<b>Description of Expenditure</b> January 2023 Bank Fees - Heartland	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Citizens for Lynda Schlegel-Culver				
<b>Mailing Address</b>	1	13	2023	\$ 500.00
<b>City</b> Sunbury	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17801	<b>Description of Expenditure</b> 1/11/23 Harrisburg Hilton	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Friends of Joanna McClinton				
<b>Mailing Address</b>	1	13	2023	\$ 1,000.00
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19139	<b>Description of Expenditure</b> 1/18/2023 Level 2	

To Whom Paid			MO	DAY	YEAR	\$ 1,000.00
Friends of Joe Pittman						
Mailing Address			1	13	2023	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure 1/25/23 Harrisburg Hilton			
To Whom Paid			MO	DAY	YEAR	\$ 1,000.00
Friends of Scott Martin						
Mailing Address			1	19	2023	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure 1/31/23 Rubicon			
To Whom Paid			MO	DAY	YEAR	\$ 347.75
Hens and Chicks LLC						
Mailing Address			1	24	2023	
City Pittsburgh	State PA	Zip Code (Plus 4) 15222	Description of Expenditure 9/19/23 Flowers for Shapiro Event / \$347.75 Allocated To Shapiro for PA (Governor)			
To Whom Paid			MO	DAY	YEAR	\$ 32.07
FNB-First National Bank						
Mailing Address			1	26	2023	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure January 2023 Bank Fees - AMEX			
To Whom Paid			MO	DAY	YEAR	\$ 153.50
FNB-First National Bank						
Mailing Address			2	1	2023	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure February 2023 Bank Fees: Heartland			
To Whom Paid			MO	DAY	YEAR	\$ 10.00
FNB-First National Bank						
Mailing Address			2	2	2023	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure February 2023 Bank Fees: Authorize.net			
To Whom Paid			MO	DAY	YEAR	\$ 1,000.00
ChamberPAC						
Mailing Address			2	9	2023	
City Harrisburg	State PA	Zip Code (Plus 4) 17101	Description of Expenditure Invoice 305881			
To Whom Paid			MO	DAY	YEAR	\$ 750.00
Aument for Senate						
Mailing Address			2	9	2023	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure 2/27/23 Rubicon			

To Whom Paid			MO	DAY	YEAR	\$ 500.00
Jay Costa for State Senate Committee			2	28	2023	
Mailing Address			2	28	2023	\$ 500.00
City Pittsburgh	State PA	Zip Code (Plus 4) 15221	Description of Expenditure 3/8/23 Hilton Harrisburg			
To Whom Paid			MO	DAY	YEAR	\$ 500.00
HRCC			2	28	2023	
Mailing Address			2	28	2023	\$ 500.00
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure 3/7/23 Hilton Harrisburg			
To Whom Paid			MO	DAY	YEAR	\$ 1,000.00
Friends of Bryan Cutler			2	28	2023	
Mailing Address			2	28	2023	\$ 1,000.00
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure 2/28/23 Stock's on 2nd			
To Whom Paid			MO	DAY	YEAR	\$ 1,000.00
Friends of Kim Ward			2	28	2023	
Mailing Address			2	28	2023	\$ 1,000.00
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure 3/6/23 Level 2			
To Whom Paid			MO	DAY	YEAR	\$ 1,000.00
Friends of Matt Bradford			2	28	2023	
Mailing Address			2	28	2023	\$ 1,000.00
City Norristown	State PA	Zip Code (Plus 4) 194040349	Description of Expenditure 2/28/23 Zeroday Taphouse			
To Whom Paid			MO	DAY	YEAR	\$ 300.00
Committee to Elect Doyle Heffley			2	28	2023	
Mailing Address			2	28	2023	\$ 300.00
City Palmerton	State PA	Zip Code (Plus 4) 18071	Description of Expenditure 3/6/23 First Floor			
To Whom Paid			MO	DAY	YEAR	\$ 500.00
Friends of Mary Jo Daley			2	28	2023	
Mailing Address			2	28	2023	\$ 500.00
City Conshohocken	State PA	Zip Code (Plus 4) 19428	Description of Expenditure 3/21/23 Anna Rose Bakers			
To Whom Paid			MO	DAY	YEAR	\$ 500.00
Camera for Senate			2	28	2023	
Mailing Address			2	28	2023	\$ 500.00
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure 3/6/23 Home 231			

To Whom Paid			MO	DAY	YEAR	\$ 1,000.00
Citizens for Jordan Harris						
Mailing Address			2	28	2023	
City Philadelphia	State PA	Zip Code (Plus 4) 19146	Description of Expenditure 3/7/23 Level 2			
To Whom Paid			MO	DAY	YEAR	\$ 500.00
Citizens for Kail						
Mailing Address			2	28	2023	
City Beaver	State PA	Zip Code (Plus 4) 15009	Description of Expenditure 2/27/23 First Floor			
To Whom Paid			MO	DAY	YEAR	\$ 500.00
Friends of Tim O'Neal						
Mailing Address			2	28	2023	
City Washington	State PA	Zip Code (Plus 4) 15301	Description of Expenditure 2/28/23 Cafe Fresco			
To Whom Paid			MO	DAY	YEAR	\$ 250.00
Friends of Arvind Venkat						
Mailing Address			2	28	2023	
City Wexford	State PA	Zip Code (Plus 4) 15090	Description of Expenditure 3/8/23 Deco Grab and Go			
To Whom Paid			MO	DAY	YEAR	\$ 500.00
Friends of Cris Dush						
Mailing Address			2	28	2023	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure 3/1/23 Carley's			
To Whom Paid			MO	DAY	YEAR	\$ 5,000.00
Democratic Legislative Campaign Committee (DLCC)						
Mailing Address			2	28	2023	
City Washington	State DC	Zip Code (Plus 4) 20005	Description of Expenditure 3/3/23 - DLCC-Philadelphia Event			
To Whom Paid			MO	DAY	YEAR	\$ 153.50
FNB-First National Bank						
Mailing Address			3	1	2023	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure March 2023 Bank Fees: Heartland			
To Whom Paid			MO	DAY	YEAR	\$ 10.00
FNB-First National Bank						
Mailing Address			3	2	2023	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure March 2023 Bank Fees: Authorize.net			

<b>To Whom Paid</b> Tim Briggs for State Representative			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b>			3	13	2023	
<b>City</b> King of Prussia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19406	<b>Description of Expenditure</b> McGrath's Pub 3/9/23			

  

<b>To Whom Paid</b> Committee to Elect Frank Burns			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b>			3	13	2023	
<b>City</b> Johnstown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15906	<b>Description of Expenditure</b> Anna Rose Baker 3/8/23			

  

<b>To Whom Paid</b> Friends of Sharif Street			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 250.00
<b>Mailing Address</b>			3	13	2023	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19151	<b>Description of Expenditure</b> EAS Regional Council of Carpenters in Philly 3/16/23			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						<b>\$</b> 20,816.35

