

Campaign Finance Report

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

Filer Identification Number : 7900364		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: HOSPITAL & HEALTHSYSTEM ASSOC OF PA (HAPAC)											
Street Address:											
City: HARRISBURG				State: PA		Zip Code: 17101					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2023	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO	DAY	YEAR				
					1	31	2023				
Summary of Receipts and Expenditures from:					MO	DAY	YEAR	FOR OFFICE USE ONLY			
					1	17	2023				TO
					2	10	2023				
A. Amount Brought Forward From Last Report					\$ 84,531.56						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 6,285.84						
C. Total Funds Available (Sum Of Lines A and B)					\$ 90,817.40						
D. Total Expenditures (From Schedule III)					\$ 6,189.35						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 84,628.05						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 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

Name of Filing Committee or Candidate	Reporting Period
HOSPITAL & HEALTHSYSTEM ASSOC OF PA (HAPAC)	From: <u>1/17/2023</u> To: <u>2/10/2023</u>

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

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)	\$ 587.50
TOTAL for the Reporting Period (2)	\$ 587.50

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)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 348.34

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.)	\$ 935.84
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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)**

Name of Filing Committee or Candidate	Reporting Period
HOSPITAL & HEALTHSYSTEM ASSOC OF PA (HAPAC)	From: <u>1/17/2023</u> To: <u>2/10/2023</u>

				DATE			AMOUNT
Full Name of Contributor MR. ROBERT B. RYAN				MO 1	DAY 10	YEAR 2023	\$ 250.00
Mailing Address							
City	PHOENIXVILLE	State PA	Zip Code (Plus 4) 194601960				
Full Name of Contributor DR. CHARLES BARBERA MD				MO 1	DAY 4	YEAR 2023	\$ 250.00
Mailing Address							
City	READING	State PA	Zip Code (Plus 4) 196126052				
Full Name of Contributor MS. MARCIA MESSER				MO 1	DAY 3	YEAR 2023	\$ 87.50
Mailing Address							
City	GREER	State SC	Zip Code (Plus 4) 296502781				

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

PAGE TOTAL
\$ 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.

PAGE TOTAL
\$ 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.)

Name of Filing Committee or Candidate	Reporting Period
	From: To:

			DATE	AMOUNT
Full Name of Contributor			MO	DAY
Mailing Address			YEAR	\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name			Occupation	
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)	

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

PAGE TOTAL
\$ 0.00

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.

Name of Filing Committee or Candidate HOSPITAL & HEALTHSYSTEM ASSOC OF PA (HAPAC)	Reporting Period From: <u>1/17/2023</u> To: <u>2/10/2023</u>
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	
HENS AND CHICKS LLC						\$ 347.75
Mailing Address			1	24	2023	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222				
Receipt Description VOID - HENS AND CHICKS LLC						

Full Name			MO	DAY	YEAR	
FNB-FIRST NATIONAL BANK						\$ 0.25
Mailing Address			1	31	2023	
City HARRISBURG	State PA	Zip Code (Plus 4) 17111				
Receipt Description JANUARY 2023 INTEREST INCOME						

Full Name			MO	DAY	YEAR	
FNB-FIRST NATIONAL BANK						\$ 0.34
Mailing Address			1	31	2023	
City HARRISBURG	State PA	Zip Code (Plus 4) 17111				
Receipt Description JANUARY 2023 INTEREST INCOME						

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

PAGE TOTAL
\$ 348.34

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 (HAPAC)		From: <u>1/17/2023</u> To: <u>2/10/2023</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
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: To:
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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.						PAGE TOTAL \$ 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

Name of Filing Committee or Candidate	Reporting Period
HOSPITAL & HEALTHSYSTEM ASSOC OF PA (HAPAC)	From <u>1/17/2023</u> To: <u>2/10/2023</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
FNB-FIRST NATIONAL BANK				
Mailing Address	1	3	2023	\$ 282.50
City HARRISBURG	State PA	Zip Code (Plus 4) 17111	Description of Expenditure	
			JANUARY 2023 BANK FEES - HEARTLAND	
To Whom Paid	MO	DAY	YEAR	
FNB-FIRST NATIONAL BANK				
Mailing Address	1	3	2023	\$ 10.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17111	Description of Expenditure	
			JANUARY 2023 BANK FEES - AUTHORIZE.NET	
To Whom Paid	MO	DAY	YEAR	
FNB-FIRST NATIONAL BANK				
Mailing Address	1	3	2023	\$ 9.30
City HARRISBURG	State PA	Zip Code (Plus 4) 17111	Description of Expenditure	
			JANUARY 2023 BANK FEES - AUTHORIZE.NET	
To Whom Paid	MO	DAY	YEAR	
FNB-FIRST NATIONAL BANK				
Mailing Address	1	3	2023	\$ 257.73
City HARRISBURG	State PA	Zip Code (Plus 4) 17111	Description of Expenditure	
			JANUARY 2023 BANK FEES - HEARTLAND	
To Whom Paid	MO	DAY	YEAR	
CITIZENS FOR LYNDIA SCHLEGEL-CULVER				
Mailing Address	1	13	2023	\$ 500.00
City SUNBURY	State PA	Zip Code (Plus 4) 17801	Description of Expenditure	
			1/11/23 HARRISBURG HILTON	
To Whom Paid	MO	DAY	YEAR	
FRIENDS OF JOANNA MCCLINTON				
Mailing Address	1	13	2023	\$ 1,000.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19139	Description of Expenditure	
			1/18/2023 LEVEL 2	

To Whom Paid FRIENDS OF JOE PITTMAN			MO	DAY	YEAR	\$ 1,000.00
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 FRIENDS OF SCOTT MARTIN			MO	DAY	YEAR	\$ 1,000.00
Mailing Address			1	19	2023	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure 1/31/23 RUBICON			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 4,059.53

