

# 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> 30 North Third Street,Suite 600												
<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.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6. X	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>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		10	24	2023		11	27	2023				
<b>A. Amount Brought Forward From Last Report</b>						\$ 65,624.11						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 15,757.83						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 81,381.94						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 36,410.15						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 44,971.79						
<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>10/24/2023</u> To: <u>11/27/2023</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 308.35

<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>	\$ 1,998.25
<b>TOTAL for the Reporting Period (2)</b>	\$ 1,998.25

<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>	\$ 13,450.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 13,450.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 1.23

<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>	\$ 15,757.83
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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> From: <u>10/24/2023</u> To: <u>11/27/2023</u>			
				<b>DATE</b>		<b>AMOUNT</b>	
<b>Full Name of Contributor</b> Mrs. Amy McLaughlin RN, MSN				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 227.50
<b>Mailing Address</b> 438 Grace St				10	25	2023	
<b>City</b> Pleasant Hills	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 152362729					
<b>Full Name of Contributor</b> Mr. Thomas C. Schnars CRN				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 227.50
<b>Mailing Address</b> 49 Hillcrest Lane				10	26	2023	
<b>City</b> Williamsport	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 177013145					
<b>Full Name of Contributor</b> Mr. Keith Kuzio				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 97.50
<b>Mailing Address</b> 558 Dunkleberger Road				10	26	2023	
<b>City</b> Williamsport	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 177019266					
<b>Full Name of Contributor</b> Mr. Steven Ettinger				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 150.00
<b>Mailing Address</b> 6511 Plowman Rdg				10	26	2023	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171123432					
<b>Full Name of Contributor</b> Mr. Robert G. Shipp RN				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 68.25
<b>Mailing Address</b> 804 Poplar Street				10	31	2023	
<b>City</b> Millerstown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170629535					
<b>Full Name of Contributor</b> Mr. Joe Tibbs				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 32.50
<b>Mailing Address</b> 3835 Seattle Slew Drive				10	31	2023	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171127066					

Full Name of Contributor			MO	DAY	YEAR	\$ 32.50
Mr. Joe Tibbs			10	31	2023	
Mailing Address	3835 Seattle Slew Drive					
City	Harrisburg	State PA	Zip Code (Plus 4) 171127066			
Full Name of Contributor			MO	DAY	YEAR	\$ 81.25
Mr. John Myers			10	31	2023	
Mailing Address	1116 G St. NE					
City	Washington	State DC	Zip Code (Plus 4) 200024416			
Full Name of Contributor			MO	DAY	YEAR	\$ 81.25
Mr. John Myers			10	31	2023	
Mailing Address	1116 G St. NE					
City	Washington	State DC	Zip Code (Plus 4) 200024416			
Full Name of Contributor			MO	DAY	YEAR	\$ 162.50
Ms. Judy Miller			11	1	2023	
Mailing Address	510 Woodthrush Court					
City	Harrisburg	State PA	Zip Code (Plus 4) 171104024			
Full Name of Contributor			MO	DAY	YEAR	\$ 65.00
Mr. Jason Tomashunas			11	1	2023	
Mailing Address	2415 Aberdeen Road					
City	Madison Township	State PA	Zip Code (Plus 4) 184447142			
Full Name of Contributor			MO	DAY	YEAR	\$ 227.50
Dr. Craig Pate DMD			11	3	2023	
Mailing Address	645 Olmstead Way					
City	York	State PA	Zip Code (Plus 4) 174041384			
Full Name of Contributor			MO	DAY	YEAR	\$ 195.00
Mr. Robert Gongaware			11	7	2023	
Mailing Address	402 Andrew Circle					
City	Indiana	State PA	Zip Code (Plus 4) 157012224			
Full Name of Contributor			MO	DAY	YEAR	\$ 250.00
Mr. Charles Hagerty			11	9	2023	
Mailing Address	6028 Swanville Road #3B					
City	Erie	State PA	Zip Code (Plus 4) 165061160			
Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
Mr. Christopher Neidert			11	13	2023	
Mailing Address	640 Manbeck Road PO Box 804 CA328					
City	Robesonia	State PA	Zip Code (Plus 4) 195518950			

**PAGE TOTAL**

\$ 1,998.25

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

## 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.**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> <b>To:</b>

			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>	<b>Reporting Period</b>
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	<b>From:</b> <u>10/24/2023</u> <b>To:</b> <u>11/27/2023</u>

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 500.00
Dr. James W Boyle MD							
Mailing Address 126 Eisele Road							
City Cheswick	State PA	Zip Code (Plus 4) 150244200					
Employer Name UPMC Passavant				Occupation Chief Medical Officer			
Employer Mailing Address/Principal Place of Business		City		State		Zip Code (Plus 4)	
9100 Babcock Boulevard		Pittsburgh		PA		152375815	
Full Name of Contributor				MO	DAY	YEAR	\$ 500.00
Dr. Anthony Pinevich MD, MBA							
Mailing Address 1649 Pinehurst Court							
City Pittsburgh	State PA	Zip Code (Plus 4) 152371597					
Employer Name UPMC Mercy				Occupation Vice President, Quality &			
Employer Mailing Address/Principal Place of Business		City		State		Zip Code (Plus 4)	
1400 Locust Street		Pittsburgh		PA		152195166	
Full Name of Contributor				MO	DAY	YEAR	\$ 500.00
Ms. Deborah Addo							
Mailing Address 791 Bent Creek Drive							
City Lititz	State PA	Zip Code (Plus 4) 175438326					
Employer Name Penn State Milton S. Hershey Medical Center				Occupation President/COO			
Employer Mailing Address/Principal Place of Business		City		State		Zip Code (Plus 4)	
P O Box 850		Hershey		PA		170330850	
Full Name of Contributor				MO	DAY	YEAR	\$ 325.00
Dr. Ronen Elefant MD							
Mailing Address 105 Mohawk Drive							
City West Hartford	State CT	Zip Code (Plus 4) 061172230					
Employer Name UPMC Williamsport				Occupation Physician			
Employer Mailing Address/Principal Place of Business		City		State		Zip Code (Plus 4)	
700 High Street		Williamsport		PA		177013100	



<b>Full Name of Contributor</b> Mr. John T. Schwarz				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b> 236 Dudley Avenue				10	26	2023	
<b>City</b> Narberth	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190722106					
<b>Employer Name</b> Bryn Mawr Hospital				<b>Occupation</b> President			
<b>Employer Mailing Address/Principal Place of Business</b> 130 South Bryn Mawr Avenue			<b>City</b> Bryn Mawr		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 190103160

  

<b>Full Name of Contributor</b> Ms. Paula Tinch				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b> 6677 Terrace Way				10	26	2023	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171117057					
<b>Employer Name</b> Penn State Health				<b>Occupation</b> Executive Vice President,			
<b>Employer Mailing Address/Principal Place of Business</b> 500 University Drive			<b>City</b> Hershey		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 170332360

  

<b>Full Name of Contributor</b> Mr. James Majsak				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b> 112 Pearson Rd				10	30	2023	
<b>City</b> Jefferson Hills	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 150253138					
<b>Employer Name</b> UPMC Children's Hospital of Pittsburgh				<b>Occupation</b> VP of Facilities and Supp			
<b>Employer Mailing Address/Principal Place of Business</b> 1 Childrens Hospital DR			<b>City</b> Pittsburgh		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 152241529

  

<b>Full Name of Contributor</b> Ms. Christina Eckert MBA				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 325.00
<b>Mailing Address</b> 20 Jack Nicklaus Lane				10	31	2023	
<b>City</b> Etters	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 173199563					
<b>Employer Name</b> WellSpan Health				<b>Occupation</b> COO			
<b>Employer Mailing Address/Principal Place of Business</b> 45 Monument Road, Suite 200			<b>City</b> York		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 174035071

  

<b>Full Name of Contributor</b> Mr. Brian Durniok				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,000.00
<b>Mailing Address</b> 838 East Jamestown Road				10	31	2023	
<b>City</b> Jamestown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 161349505					
<b>Employer Name</b> UPMC Northwest				<b>Occupation</b> President			
<b>Employer Mailing Address/Principal Place of Business</b> 100 Fairfield Drive			<b>City</b> Seneca		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 163462130

  

<b>Full Name of Contributor</b> Mr. Eric Luttringer				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 325.00
<b>Mailing Address</b> 122 Springdale Road				10	31	2023	
<b>City</b> Venetia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 153671318					
<b>Employer Name</b> St. Clair Hospital				<b>Occupation</b> Vice President, Finance a			
<b>Employer Mailing Address/Principal Place of Business</b> 1000 Bower Hill Road			<b>City</b> Pittsburgh		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 152431873

<b>Full Name of Contributor</b> Mr. Michael J Flanagan				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 650.00
<b>Mailing Address</b> 309 Wildberry Road				10	31	2023	
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 152382138					
<b>Employer Name</b> St. Clair Hospital				<b>Occupation</b> President and Chief Execu			
<b>Employer Mailing Address/Principal Place of Business</b> 1000 Bower Hill Road			<b>City</b> Pittsburgh		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 152431873

  

<b>Full Name of Contributor</b> Mr. David J. Patton				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,000.00
<b>Mailing Address</b> 2305 Old Butler Road				10	31	2023	
<b>City</b> New Castle	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 161013244					
<b>Employer Name</b> UPMC St. Margaret				<b>Occupation</b> President			
<b>Employer Mailing Address/Principal Place of Business</b> 815 Freeport Road			<b>City</b> Pittsburgh		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 152153399

  

<b>Full Name of Contributor</b> Ms. Paula Hooper				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 325.00
<b>Mailing Address</b> 409 Four Lakes Drive				10	31	2023	
<b>City</b> Gibsonia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 150448009					
<b>Employer Name</b> St. Clair Hospital				<b>Occupation</b> Senior Vice President and			
<b>Employer Mailing Address/Principal Place of Business</b> 1000 Bower Hill Road			<b>City</b> Pittsburgh		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 152431873

  

<b>Full Name of Contributor</b> Dr. John Sullivan MD				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 325.00
<b>Mailing Address</b> 200 Lee Street #1A				10	31	2023	
<b>City</b> Evanston	<b>State</b> IL	<b>Zip Code (Plus 4)</b> 602021450					
<b>Employer Name</b> St. Clair Hospital				<b>Occupation</b> Chief Medical Officer			
<b>Employer Mailing Address/Principal Place of Business</b> 1000 Bower Hill Road			<b>City</b> Pittsburgh		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 152431873

  

<b>Full Name of Contributor</b> Ms. Emily Shears				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b> 600 E Ravine Drive Suite 600				10	31	2023	
<b>City</b> Erie	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 165055614					
<b>Employer Name</b> UPMC Hamot				<b>Occupation</b>			
<b>Employer Mailing Address/Principal Place of Business</b> 201 State Street			<b>City</b> Erie		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 165500002

  

<b>Full Name of Contributor</b> Ms. Nicole Dempsey Stallings				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 162.50
<b>Mailing Address</b> 30 North Third Street, Suite 600				10	31	2023	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171011730					
<b>Employer Name</b> Hospital and Healthsystem Association of Penns, Th				<b>Occupation</b> President and Chief Execu			
<b>Employer Mailing Address/Principal Place of Business</b> 30 North Third Street, Suite 600Suite 600			<b>City</b> Harrisburg		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 171011703

<b>Full Name of Contributor</b> Ms. Nicole Dempsey Stallings				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 162.50
<b>Mailing Address</b> 30 North Third Street, Suite 600				10	31	2023	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171011730					
<b>Employer Name</b> Hospital and Healthsystem Association of Penns, Th				<b>Occupation</b> President and Chief Execu			
<b>Employer Mailing Address/Principal Place of Business</b> 30 North Third Street, Suite 600Suite 600			<b>City</b> Harrisburg		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 171011703

  

<b>Full Name of Contributor</b> Mr. Mario Wilfong				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b> 207 Cardinal Court				11	2	2023	
<b>City</b> Gibsonia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 150446144					
<b>Employer Name</b> UPMC Children's Hospital of Pittsburgh				<b>Occupation</b> Chief Financial Officer			
<b>Employer Mailing Address/Principal Place of Business</b> 1 Childrens Hospital DR			<b>City</b> Pittsburgh		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 152241529

  

<b>Full Name of Contributor</b> Ms. Marion A McGowan				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 325.00
<b>Mailing Address</b> 113 Elm Grove Drive				11	3	2023	
<b>City</b> McMurray	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15317					
<b>Employer Name</b> St. Clair Hospital				<b>Occupation</b> COO			
<b>Employer Mailing Address/Principal Place of Business</b> 1000 Bower Hill Road			<b>City</b> Pittsburgh		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 152431873

  

<b>Full Name of Contributor</b> Mr. Peter M Grollman				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 650.00
<b>Mailing Address</b> 718 Beacom Lane				11	3	2023	
<b>City</b> Merion Station	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190661604					
<b>Employer Name</b> Children's Hospital of Philadelphia				<b>Occupation</b> SVP, External Affairs			
<b>Employer Mailing Address/Principal Place of Business</b> 3401 Civic Center Boulevard			<b>City</b> Philadelphia		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 191044319

  

<b>Full Name of Contributor</b> Ms. Dawndra Jones RN, MSN				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b> 543 Cresthaven Drive				11	3	2023	
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 152393610					
<b>Employer Name</b> UPMC Magee-Womens Hospital				<b>Occupation</b> CNO & VP, Patient Care Se			
<b>Employer Mailing Address/Principal Place of Business</b> 300 Halket Street			<b>City</b> Pittsburgh		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 152133180

  

<b>Full Name of Contributor</b> Dr. Richard Beigi MD				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 575.00
<b>Mailing Address</b> 227 Longuevue Drive				11	3	2023	
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 152281542					
<b>Employer Name</b> UPMC Magee-Womens Hospital				<b>Occupation</b> President and Professor U			
<b>Employer Mailing Address/Principal Place of Business</b> 300 Halket Street			<b>City</b> Pittsburgh		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 152133180

<b>Full Name of Contributor</b> Mrs. Annmarie PI Lyons				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 325.00
<b>Mailing Address</b> 1705 Holmes Drive				11	3	2023	
<b>City</b> Sewickley	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 151438583					
<b>Employer Name</b> UPMC				<b>Occupation</b> Executive Administrator			
<b>Employer Mailing Address/Principal Place of Business</b> 600 Grant Street, US Steel Tower, Suite 6262			<b>City</b> Pittsburgh		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 152192702

  

<b>Full Name of Contributor</b> Dr. Gabriella Gosman MD				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 325.00
<b>Mailing Address</b> 326 S Lexington Avenue				11	3	2023	
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 152082723					
<b>Employer Name</b> UPMC Magee-Womens Hospital				<b>Occupation</b> Vice President			
<b>Employer Mailing Address/Principal Place of Business</b> 300 Halket Street			<b>City</b> Pittsburgh		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 152133180

  

<b>Full Name of Contributor</b> Mr. Chris J. Vitsas				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 325.00
<b>Mailing Address</b> 7829 Oxford Court				11	3	2023	
<b>City</b> North Huntingdon	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 156423372					
<b>Employer Name</b> UPMC Magee-Womens Hospital				<b>Occupation</b> Vice President, Operation			
<b>Employer Mailing Address/Principal Place of Business</b> 300 Halket Street			<b>City</b> Pittsburgh		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 152133180

  

<b>Full Name of Contributor</b> Mr. John E Kunicky Jr				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 325.00
<b>Mailing Address</b> 1065 Finchley Rd				11	6	2023	
<b>City</b> North Huntingdon	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 156421881					
<b>Employer Name</b> UPMC				<b>Occupation</b> Director, Human Resources			
<b>Employer Mailing Address/Principal Place of Business</b> 600 Grant Street, US Steel Tower, Suite 6262			<b>City</b> Pittsburgh		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 152192702

  

<b>Full Name of Contributor</b> Mr. Donald McKenna				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,000.00
<b>Mailing Address</b> 11 Woods Drive				11	8	2023	
<b>City</b> Camp Hill	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170112648					
<b>Employer Name</b> Penn State Health Hampden Medical Center				<b>Occupation</b> Regional President			
<b>Employer Mailing Address/Principal Place of Business</b> 2200 Good Hope Road			<b>City</b> Enola		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 170251210

  

<b>Full Name of Contributor</b> Mrs. Kimberly A. Lansford				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b> 63 Clover Place				11	10	2023	
<b>City</b> Lebanon	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170429400					
<b>Employer Name</b> Penn State Milton S. Hershey Medical Center				<b>Occupation</b> Chief Compliance Officer			
<b>Employer Mailing Address/Principal Place of Business</b> P O Box 850			<b>City</b> Hershey		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 170330850

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

PAGE TOTAL	
\$	13,450.00

## 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>10/24/2023</u> <b>To:</b> <u>11/27/2023</u>
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				DATE		AMOUNT	
<b>Full Name</b> FNB-First National Bank				MO	DAY	YEAR	\$ 0.48
<b>Mailing Address</b> 4250 Derry Street							
<b>City</b> Harrisburg		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111				
<b>Receipt Description</b> October 2023 Interest Income							
<b>Full Name</b> FNB-First National Bank				MO	DAY	YEAR	\$ 0.75
<b>Mailing Address</b> 4250 Derry Street							
<b>City</b> Harrisburg		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111				
<b>Receipt Description</b> October 2023 Interest Income							

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

<b>PAGE TOTAL</b>
\$ 1.23

## 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>10/24/2023</u> To: <u>11/27/2023</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 RECEIVED - 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>10/24/2023</u> To: <u>11/27/2023</u>

DATE				AMOUNT
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Committee to Elect Frank Burns				
<b>Mailing Address</b> 535 Fairfield Avenue	10	24	2023	\$ 1,500.00
<b>City</b> Johnstown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15906	<b>Description of Expenditure</b> Susquehanna Golf - 10/19/23	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Friends of Kristin Phillips-Hill (Senate)				
<b>Mailing Address</b> P.O. Box 156	10	24	2023	\$ 500.00
<b>City</b> Jacobus	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17407	<b>Description of Expenditure</b> Cafe Fresco - 10/17/23	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Friends of Judy Ward (Senate)				
<b>Mailing Address</b> 3421 Sylvan Heights Drive	10	24	2023	\$ 500.00
<b>City</b> Hollidaysburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16648	<b>Description of Expenditure</b> Harrisburg Hilton - 10/25/23	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Maria for PA				
<b>Mailing Address</b> P.O. Box 1006	10	24	2023	\$ 500.00
<b>City</b> Spring House	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19477	<b>Description of Expenditure</b> Anna Rose Bakery 10/24/23	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
FNB-First National Bank				
<b>Mailing Address</b> 4250 Derry Street	10	26	2023	\$ 82.95
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111	<b>Description of Expenditure</b> October 2023 Bank Fees: AMEX	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
FNB-First National Bank				
<b>Mailing Address</b> 4250 Derry Street	11	1	2023	\$ 153.50
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111	<b>Description of Expenditure</b> November 2023 Bank Fees: Heartland	

To Whom Paid FNB-First National Bank			MO	DAY	YEAR	\$ 590.56
Mailing Address 4250 Derry Street			11	1	2023	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure November 2023 Bank Fees: Heartland			

To Whom Paid FNB-First National Bank			MO	DAY	YEAR	\$ 23.14
Mailing Address 4250 Derry Street			11	2	2023	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure November 2023 Bank Fees: Authorize.net			

To Whom Paid FNB-First National Bank			MO	DAY	YEAR	\$ 10.00
Mailing Address 4250 Derry Street			11	2	2023	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure November 2023 Bank Fees: Authorize.net			

To Whom Paid Friends of Frank Farry			MO	DAY	YEAR	\$ 500.00
Mailing Address P.O. Box 412			11	9	2023	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Union League at Torresdale - 11/15/23			

To Whom Paid CITY TREASURER -CITY OF HARRISBURG			MO	DAY	YEAR	\$ 50.00
Mailing Address REV. DR. MARTIN L. KING, JR, CITY GOVT CENTER 10 N. 2ND STREET, SUITE 305A			11	9	2023	
City HARRISBURG	State PA	Zip Code (Plus 4) 171011680	Description of Expenditure Business Privilege License and Filing Fee			

To Whom Paid Citizens for Jordan Harris			MO	DAY	YEAR	\$ 1,000.00
Mailing Address P.O. Box 32097			11	9	2023	
City Philadelphia	State PA	Zip Code (Plus 4) 19146	Description of Expenditure 230 State Street - 10/18/23			

To Whom Paid Kutz for PA			MO	DAY	YEAR	\$ 250.00
Mailing Address PO Box 122			11	9	2023	
City Mechanicsburg	State PA	Zip Code (Plus 4) 17055	Description of Expenditure Locust Court Building - 10/31/23			

To Whom Paid Senate Democratic Campaign Committee			MO	DAY	YEAR	\$ 1,000.00
Mailing Address P.O. Box 5938			11	17	2023	
City Philadelphia	State PA	Zip Code (Plus 4) 19102	Description of Expenditure Ad Lib Restaurant - 11/14/23			

<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> P.O. Box 62193			11	17	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 - 11/15/23			

  

<b>To Whom Paid</b> Friends of Joanna McClinton			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,000.00
<b>Mailing Address</b> P.O. Box 16668			11	17	2023	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19139	<b>Description of Expenditure</b> New York Hilton Midtown - 12/1/23			

  

<b>To Whom Paid</b> Committee to Elect Dan Laughlin			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b> P.O. Box 792			11	17	2023	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Description of Expenditure</b> Stocks on Second - 11/14/23			

  

<b>To Whom Paid</b> Citizens for Jordan Harris			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 2,000.00
<b>Mailing Address</b> P.O. Box 32097			11	17	2023	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19146	<b>Description of Expenditure</b> Harvard Club - 12/1/23			

  

<b>To Whom Paid</b> Friends of Devlin			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b> P.O. Box 712			11	17	2023	
<b>City</b> Bridgeville	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15017	<b>Description of Expenditure</b> Rubicon - 11/14/23			

  

<b>To Whom Paid</b> I'm For Watro			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 250.00
<b>Mailing Address</b> PO Box 4434			11	17	2023	
<b>City</b> Scranton	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18505	<b>Description of Expenditure</b> 500 N. Third Street - 11/15/23			

  

<b>To Whom Paid</b> Four Kids PAC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 25,000.00
<b>Mailing Address</b> PO Box 182			11	17	2023	
<b>City</b> Indiana	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15701	<b>Description of Expenditure</b> Bobby Vans Steakhouse - 11/30/23			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						<b>\$</b> 36,410.15

