

# 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.	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. X	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>			
		11	28	2023		12	31	2023				
<b>A. Amount Brought Forward From Last Report</b>						\$ 44,971.79						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 40,727.40						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 85,699.19						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 8,119.60						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 77,579.59						
<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>11/28/2023</u> To: <u>12/31/2023</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 595.84

<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>	\$ 4,530.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 4,530.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 4,200.00
<b>All Other Contributions (Part D)</b>	\$ 29,400.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 33,600.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 2,001.56

<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>	\$ 40,727.40
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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 Candidate	Reporting Period
	From: To:

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

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

PAGE TOTAL
\$0.00

## 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>11/28/2023</u> To: <u>12/31/2023</u>			
				<b>DATE</b>		<b>AMOUNT</b>	
<b>Full Name of Contributor</b> Ms. Sheilah Borne				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 150.00
<b>Mailing Address</b>				11	30	2023	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171111803					
<b>Full Name of Contributor</b> Mr. Brian W. Wingard				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 75.00
<b>Mailing Address</b>				11	30	2023	
<b>City</b> Curwensville	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 168336840					
<b>Full Name of Contributor</b> Mark J. Watson				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b>				12	7	2023	
<b>City</b> Linden	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 177449639					
<b>Full Name of Contributor</b> Mrs. Michelle Fisher Reyes				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b>				12	7	2023	
<b>City</b> Venetia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 153671447					
<b>Full Name of Contributor</b> Dr. Thiru Annaswamy MD				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b>				12	7	2023	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171123432					
<b>Full Name of Contributor</b> Ms. Michelle Smith				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 150.00
<b>Mailing Address</b>				12	11	2023	
<b>City</b> Dubois	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 158013962					
<b>Full Name of Contributor</b> Dr. Christine Roussel PharmD, BCOP				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 75.00
<b>Mailing Address</b>				12	11	2023	
<b>City</b> Hatboro	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190402510					

Full Name of Contributor Ms. Andrea Kalina			MO	DAY	YEAR	\$ 125.00
Mailing Address			12	13	2023	
City Bridgeville	State PA	Zip Code (Plus 4) 150173811				

Full Name of Contributor Ms. Diane Puccetti RN, MS			MO	DAY	YEAR	\$ 175.00
Mailing Address			12	13	2023	
City Imperial	State PA	Zip Code (Plus 4) 151269672				

Full Name of Contributor Mr. John Mitchell			MO	DAY	YEAR	\$ 250.00
Mailing Address			12	13	2023	
City Newtown Square	State PA	Zip Code (Plus 4) 190732417				

Full Name of Contributor Ms. Robin Melvin RN, MSN, CNO			MO	DAY	YEAR	\$ 100.00
Mailing Address			12	14	2023	
City Cambridge Springs	State PA	Zip Code (Plus 4) 164033566				

Full Name of Contributor Ms. Mindy Berta			MO	DAY	YEAR	\$ 100.00
Mailing Address			12	14	2023	
City Dubois	State PA	Zip Code (Plus 4) 158019002				

Full Name of Contributor Mr. Max Weiss Esq.			MO	DAY	YEAR	\$ 250.00
Mailing Address			12	14	2023	
City Meadville	State PA	Zip Code (Plus 4) 163352629				

Full Name of Contributor Mr. Kevin Kraeling DO			MO	DAY	YEAR	\$ 250.00
Mailing Address			12	14	2023	
City Saegertown	State PA	Zip Code (Plus 4) 164335012				

Full Name of Contributor Ms. Maryann Singley MSN, RN, NE-BC			MO	DAY	YEAR	\$ 100.00
Mailing Address			12	18	2023	
City Latrobe	State PA	Zip Code (Plus 4) 156504114				

Full Name of Contributor Mrs. Rhonda Halstead MSM			MO	DAY	YEAR	\$ 175.00
Mailing Address			12	21	2023	
City Port Matilda	State PA	Zip Code (Plus 4) 168707143				

Full Name of Contributor Mr. Ryan Kirkwood			MO	DAY	YEAR	\$ 150.00
Mailing Address			12	21	2023	
City Lyndora	State PA	Zip Code (Plus 4) 160451053				
Full Name of Contributor Dr. G Alan Yeasted MD			MO	DAY	YEAR	\$ 175.00
Mailing Address			12	21	2023	
City Pittsburgh	State PA	Zip Code (Plus 4) 152281630				
Full Name of Contributor Ms. Nicole Dempsey Stallings			MO	DAY	YEAR	\$ 125.00
Mailing Address			12	22	2023	
City Harrisburg	State PA	Zip Code (Plus 4) 171011730				
Full Name of Contributor Ms. Nicole Dempsey Stallings			MO	DAY	YEAR	\$ 125.00
Mailing Address			12	22	2023	
City Harrisburg	State PA	Zip Code (Plus 4) 171011730				
Full Name of Contributor Mr. Robert G. Shipp RN			MO	DAY	YEAR	\$ 52.50
Mailing Address			12	22	2023	
City Millerstown	State PA	Zip Code (Plus 4) 170629535				
Full Name of Contributor Mr. Robert G. Shipp RN			MO	DAY	YEAR	\$ 52.50
Mailing Address			12	22	2023	
City Millerstown	State PA	Zip Code (Plus 4) 170629535				
Full Name of Contributor Mr. John Myers			MO	DAY	YEAR	\$ 62.50
Mailing Address			12	22	2023	
City Washington	State DC	Zip Code (Plus 4) 200024416				
Full Name of Contributor Mr. John Myers			MO	DAY	YEAR	\$ 62.50
Mailing Address			12	22	2023	
City Washington	State DC	Zip Code (Plus 4) 200024416				
Full Name of Contributor Mr. Mark A Norman			MO	DAY	YEAR	\$ 100.00
Mailing Address			12	22	2023	
City Newton	State MS	Zip Code (Plus 4) 393458063				

Full Name of Contributor Mr. Barry S. Zaiser			MO	DAY	YEAR	\$ 175.00
Mailing Address			12	26	2023	
City Mars	State PA	Zip Code (Plus 4) 160467110				
Full Name of Contributor Mr. Robert Keith Price MD			MO	DAY	YEAR	\$ 150.00
Mailing Address			12	26	2023	
City Warren	State PA	Zip Code (Plus 4) 163658411				
Full Name of Contributor Dr. Evan Fieldston MD			MO	DAY	YEAR	\$ 125.00
Mailing Address			12	26	2023	
City Gladwyne	State PA	Zip Code (Plus 4) 190351320				
Full Name of Contributor Ms. Anne Lehman			MO	DAY	YEAR	\$ 100.00
Mailing Address			12	26	2023	
City Cranberry Township	State PA	Zip Code (Plus 4) 160666321				
Full Name of Contributor Mr. Robert Reilly			MO	DAY	YEAR	\$ 125.00
Mailing Address			12	28	2023	
City York	State PA	Zip Code (Plus 4) 174023353				
Full Name of Contributor Ms. Heather Tyler			MO	DAY	YEAR	\$ 75.00
Mailing Address			12	29	2023	
City Camp Hill	State PA	Zip Code (Plus 4) 170113844				
Full Name of Contributor Mr. David Lim			MO	DAY	YEAR	\$ 200.00
Mailing Address			12	29	2023	
City Glenmoore	State PA	Zip Code (Plus 4) 193432015				
Full Name of Contributor Mr. James Kinneer SPHR, CBP, CCP			MO	DAY	YEAR	\$ 125.00
Mailing Address			12	29	2023	
City Indiana	State PA	Zip Code (Plus 4) 157012352				
Full Name of Contributor Mr. James L Brexler FACHE			MO	DAY	YEAR	\$ 125.00
Mailing Address			12	31	2023	
City Doylestown	State PA	Zip Code (Plus 4) 189012554				

**PAGE TOTAL**

\$ 4,530.00

**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>
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	<b>From:</b> <u>11/28/2023</u> <b>To:</b> <u>12/31/2023</u>

				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$	1,700.00
HighMark Health PAC				11	30	2023		
Mailing Address								
City	Camp Hill	State	PA	Zip Code (Plus 4)	170890089			
Full Name of Contributing Committee				MO	DAY	YEAR	\$	2,500.00
Duane Morris LLP Government-Cte State Local				12	21	2023		
Mailing Address								
City	Philadelphia	State	PA	Zip Code (Plus 4)	19103			

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

<b>PAGE TOTAL</b>
\$ 4,200.00

**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>11/28/2023</u> <b>To:</b> <u>12/31/2023</u>

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 1,000.00
Dr. Bruce A. Meyer MD, MBA							
Mailing Address							
City	Villanova	State	Zip Code (Plus 4)				
		PA	190852141				
Employer Name Allegheny Health Network				Occupation Executive Vice President			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
			Pittsburgh		PA		152223000
Full Name of Contributor				MO	DAY	YEAR	\$ 500.00
Mrs. Jill Muir							
Mailing Address							
City	Dubois	State	Zip Code (Plus 4)				
		PA	158019004				
Employer Name Penn Highlands DuBois				Occupation Chief Nursing Officer			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
			Du Bois		PA		158011499
Full Name of Contributor				MO	DAY	YEAR	\$ 500.00
Mr. Michael Curran							
Mailing Address							
City	Scranton	State	Zip Code (Plus 4)				
		PA	185101810				
Employer Name Moses Taylor Hospital				Occupation CEO			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
			Scranton		PA		185101724
Full Name of Contributor				MO	DAY	YEAR	\$ 1,000.00
Dr. Imran Qadeer							
Mailing Address							
City	Sewickley	State	Zip Code (Plus 4)				
		PA	151433602				
Employer Name Allegheny General Hospital				Occupation President			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
			Pittsburgh		PA		152124756

<b>Full Name of Contributor</b> Mr. Hugh J. Lavery				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,500.00
<b>Mailing Address</b>				12	1	2023	
<b>City</b> Lawrenceville	<b>State</b> NJ	<b>Zip Code (Plus 4)</b> 086485552					
<b>Employer Name</b> Jefferson Health				<b>Occupation</b> Senior Vice President, Go			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191072934		

  

<b>Full Name of Contributor</b> Mr. Brian Fritz CFO				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b>				12	1	2023	
<b>City</b> Leechburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 156569517					
<b>Employer Name</b> UPMC				<b>Occupation</b> CFO			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 152192702		

  

<b>Full Name of Contributor</b> Ms. Kelly Noel				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b>				12	4	2023	
<b>City</b> Cranberry Twp	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 160663811					
<b>Employer Name</b> UPMC				<b>Occupation</b> VP, Corp Construction/Rea			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 152192702		

  

<b>Full Name of Contributor</b> Nichole Radulovich				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b>				12	4	2023	
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15213					
<b>Employer Name</b> UPMC Presbyterian				<b>Occupation</b> EA			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 152132536		

  

<b>Full Name of Contributor</b> Ms. Jessica Cooper				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b>				12	4	2023	
<b>City</b> Villanova	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190852126					
<b>Employer Name</b> Good Shepherd Penn Partners				<b>Occupation</b> Executive Director			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191468400		

  

<b>Full Name of Contributor</b> Dr. Kate FitzPatrick DNP, RN, NEA-BC, ACN				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,000.00
<b>Mailing Address</b>				12	6	2023	
<b>City</b> Paoli	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 193011107					
<b>Employer Name</b> Jefferson Health				<b>Occupation</b> Chief Nurse Executive Off			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191072934		

<b>Full Name of Contributor</b> Mr. Mark Whalen				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,000.00
<b>Mailing Address</b>				12	6	2023	
<b>City</b> Richmond Heights	<b>State</b> MO	<b>Zip Code (Plus 4)</b> 631171037					
<b>Employer Name</b> Thomas Jefferson University Hospital				<b>Occupation</b> EVP - Chief Strategy Offi			
<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> Dr. Marshall W. Webster MD				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b>				12	7	2023	
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 152386103					
<b>Employer Name</b> UPMC				<b>Occupation</b> SVP			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Pittsburgh	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 152192702	

  

<b>Full Name of Contributor</b> Dr. Joseph Cacchione MD				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 3,500.00
<b>Mailing Address</b>				12	7	2023	
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code (Plus 4)</b> 443211865					
<b>Employer Name</b> Jefferson Health				<b>Occupation</b> Chief Executive Officer			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Philadelphia	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 191072934	

  

<b>Full Name of Contributor</b> Mrs. Kelly A. Altland				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 350.00
<b>Mailing Address</b>				12	7	2023	
<b>City</b> Middletown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170572978					
<b>Employer Name</b> Penn State Health				<b>Occupation</b> Associate VP & Chief Deve			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Hershey	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 170332360	

  

<b>Full Name of Contributor</b> Dr. April Armstrong MD, BSc, MSc, FRCSC				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,000.00
<b>Mailing Address</b>				12	7	2023	
<b>City</b> Dillsburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170191512					
<b>Employer Name</b> Penn State Milton S. Hershey Medical Center				<b>Occupation</b> Physician			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Hershey	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 170330850	

  

<b>Full Name of Contributor</b> Dr. Robert Harbaugh MD				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,000.00
<b>Mailing Address</b>				12	7	2023	
<b>City</b> Hummelstown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170368712					
<b>Employer Name</b> Penn State Milton S. Hershey Medical Center				<b>Occupation</b> Physician			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Hershey	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 170330850	

<b>Full Name of Contributor</b> Mr. Edward Lovern				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,000.00
<b>Mailing Address</b>				12	7	2023	
<b>City</b> Moorestown	<b>State</b> NJ	<b>Zip Code (Plus 4)</b> 080571338					
<b>Employer Name</b> Jefferson Health				<b>Occupation</b> Senior Vice President, Op			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Philadelphia	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 191072934	

  

<b>Full Name of Contributor</b> Bernadette Weis				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b>				12	8	2023	
<b>City</b> Collegeville	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 194263902					
<b>Employer Name</b> Paoli Hospital				<b>Occupation</b> Vice President, Patient S			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Paoli	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 193011792	

  

<b>Full Name of Contributor</b> JoAnn Magnatta				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b>				12	13	2023	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191302960					
<b>Employer Name</b> Main Line Health/Main Line Hospitals				<b>Occupation</b> Senior VP Facilities, Des			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Bryn Mawr	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 190103143	

  

<b>Full Name of Contributor</b> Mr. Brian Sweeney				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,000.00
<b>Mailing Address</b>				12	13	2023	
<b>City</b> Blue Bell	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 194222422					
<b>Employer Name</b> Jefferson Health				<b>Occupation</b> President North Region			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Philadelphia	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 191072934	

  

<b>Full Name of Contributor</b> Ms. Judith J Hlafcsak ESQ				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,000.00
<b>Mailing Address</b>				12	13	2023	
<b>City</b> Mount Gretna	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170646017					
<b>Employer Name</b> Penn State Health				<b>Occupation</b> General Counsel			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Hershey	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 170332360	

  

<b>Full Name of Contributor</b> Mr. Thomas Stoessel				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b>				12	14	2023	
<b>City</b> Grantville	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170288505					
<b>Employer Name</b> Penn State Hershey Health System				<b>Occupation</b>			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Hershey	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 170332360	

<b>Full Name of Contributor</b> Dr. Baligh Yehia MD, MPP				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,500.00
<b>Mailing Address</b>				12	14	2023	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191305000					
<b>Employer Name</b> Jefferson Health				<b>Occupation</b> President			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Philadelphia	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 191072934	

  

<b>Full Name of Contributor</b> Mr. Thomas A. Genevro SPHR				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b>				12	18	2023	
<b>City</b> Mars	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 160464801					
<b>Employer Name</b> Independence Health System				<b>Occupation</b> Chief Human Resource Offi			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Butler	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 160014670	

  

<b>Full Name of Contributor</b> Mr. David Swift				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,000.00
<b>Mailing Address</b>				12	18	2023	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171116945					
<b>Employer Name</b> Penn State Health Hampden Medical Center				<b>Occupation</b> Senior Vice President and			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Enola	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 170251210	

  

<b>Full Name of Contributor</b> Mr. Richard Schickler				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b>				12	18	2023	
<b>City</b> Bluffton	<b>State</b> SC	<b>Zip Code (Plus 4)</b> 299108027					
<b>Employer Name</b> Wharf Consulting Group				<b>Occupation</b> Consultant			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Bluffton	<b>State</b> SC		<b>Zip Code (Plus 4)</b> 299108027	

  

<b>Full Name of Contributor</b> Dr. Janet Frings MD				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 350.00
<b>Mailing Address</b>				12	20	2023	
<b>City</b> Butler	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16001					
<b>Employer Name</b> Butler Memorial Hospital				<b>Occupation</b> Executive Director			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Butler	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 160014670	

  

<b>Full Name of Contributor</b> Mr. Roger Lutz				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b>				12	20	2023	
<b>City</b> Butler	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 160011636					
<b>Employer Name</b> Butler Memorial Hospital				<b>Occupation</b> Chief Information Officer			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Butler	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 160014670	

<b>Full Name of Contributor</b> Dr. Traci Fick DNP, RN, NEA-BC				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 350.00
<b>Mailing Address</b>				12	21	2023	
<b>City</b> Greensburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 156014515					
<b>Employer Name</b> Excelsa Health Westmoreland Hospital				<b>Occupation</b> CNO			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Greensburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 156012282		

  

<b>Full Name of Contributor</b> Mr. Steven Fontaine				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b>				12	21	2023	
<b>City</b> Dubois	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 158019053					
<b>Employer Name</b> Penn Highlands Healthcare				<b>Occupation</b> CEO			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Dubois	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 158011440		

  

<b>Full Name of Contributor</b> Dr. Michael Fiorina DO, FAAFP				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>				12	21	2023	
<b>City</b> Butler	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 160019624					
<b>Employer Name</b> Butler Health System				<b>Occupation</b> CMO			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Butler	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 160014670		

  

<b>Full Name of Contributor</b> Ms. Karen A Allen RN, BS				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>				12	26	2023	
<b>City</b> Mars	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 160463949					
<b>Employer Name</b> Independence Health System				<b>Occupation</b> President			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Butler	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 160014670		

  

<b>Full Name of Contributor</b> Dr. David M. Rottinghaus MD				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>				12	26	2023	
<b>City</b> Wexford	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 150908864					
<b>Employer Name</b> Independence Health System				<b>Occupation</b> Chief Medical Officer			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Butler	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 160014670		

  

<b>Full Name of Contributor</b> Ms. Susan M. Latella				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 350.00
<b>Mailing Address</b>				12	26	2023	
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 152202811					
<b>Employer Name</b> Independence Health System				<b>Occupation</b> Administrator			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Butler	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 160014670		

<b>Full Name of Contributor</b> Mr. Michael W. Gaskins				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b>				12	27	2023	
<b>City</b> Wrightsville	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 173689181					
<b>Employer Name</b> UPMC Hanover				<b>Occupation</b> President			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Hanover	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 173312297		

  

<b>Full Name of Contributor</b> Mr. James E Donnelly				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b>				12	28	2023	
<b>City</b> Edinboro	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 164123726					
<b>Employer Name</b> UPMC Hamot				<b>Occupation</b> Chief Nursing Officer and			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Erie	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 165500002		

  

<b>Full Name of Contributor</b> Mr. Brian T. Corbett				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b>				12	29	2023	
<b>City</b> Thornton	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 193731135					
<b>Employer Name</b> Bryn Mawr Hospital				<b>Occupation</b> SVP and General Counsel			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Bryn Mawr	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190103160		

  

<b>Full Name of Contributor</b> Ms. Donna M. Ottoviani MSN, RN				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b>				12	30	2023	
<b>City</b> Wexford	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 150909400					
<b>Employer Name</b> UPMC Passavant				<b>Occupation</b> Vice President, Community			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 152375815		

  

<b>Full Name of Contributor</b> Ms. Tamra Minnier RN, MSN, FACHE				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b>				12	31	2023	
<b>City</b> Oakmont	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 151392184					
<b>Employer Name</b> UPMC				<b>Occupation</b> Senior Vice President Hea			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 152192702		

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

**PAGE TOTAL****\$** 29,400.00



## 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>11/28/2023</u> <b>To:</b> <u>12/31/2023</u>
---	--

				DATE	AMOUNT	
Full Name				MO	DAY	YEAR
FNB-First National Bank						
Mailing Address						
City	Harrisburg	State	PA	11	30	2023
		Zip Code (Plus 4)	17111			
Receipt Description November 2023 Interest Income						
Full Name				MO	DAY	YEAR
Citizens for Jordan Harris						
Mailing Address						
City	Philadelphia	State	PA	12	7	2023
		Zip Code (Plus 4)	19146			
Receipt Description Void - Citizens for Jordan Harris						
Full Name				MO	DAY	YEAR
FNB-First National Bank						
Mailing Address						
City	Harrisburg	State	PA	12	29	2023
		Zip Code (Plus 4)	17111			
Receipt Description December 2023 Interest Income						
Full Name				MO	DAY	YEAR
FNB-First National Bank						
Mailing Address						
City	Harrisburg	State	PA	12	29	2023
		Zip Code (Plus 4)	17111			
Receipt Description December 2023 Interest Income						

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

<b>PAGE TOTAL</b>
\$ 2,001.56

## 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>11/28/2023</u> To: <u>12/31/2023</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>
---------------------------------------	--

			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>11/28/2023</u> To: <u>12/31/2023</u>

				DATE	AMOUNT		
To Whom Paid				MO	DAY	YEAR	\$ 153.50
FNB-First National Bank				12	1	2023	
Mailing Address				12	1	2023	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure				
			November 2023 Bank Fees: Heartland				
To Whom Paid				MO	DAY	YEAR	\$ 1,000.00
Republican Party of Pennsylvania				12	1	2023	
Mailing Address				12	1	2023	
City Harrisburg	State PA	Zip Code (Plus 4) 17110	Description of Expenditure				
			Metropolitan Club New York - 12/1/23				
To Whom Paid				MO	DAY	YEAR	\$ 1,000.00
Friends of Carolyn Comitta				12	1	2023	
Mailing Address				12	1	2023	
City West Chester	State PA	Zip Code (Plus 4) 19382	Description of Expenditure				
			Teca West Chester - 11/29/23				
To Whom Paid				MO	DAY	YEAR	\$ 10.00
FNB-First National Bank				12	4	2023	
Mailing Address				12	4	2023	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure				
			December 2023 Bank Fees: Authorize.net				
To Whom Paid				MO	DAY	YEAR	\$ 4,325.50
The Hospital and Healthsystem Association of Pennsylvania (S)				12	7	2023	
Mailing Address				12	7	2023	
City Harrisburg	State PA	Zip Code (Plus 4) 17101	Description of Expenditure				
			HAP-Catering Costs - Pittman Event 11/30/23 / \$4,325.50 Allocated To Friends of Joe Pittman				
To Whom Paid				MO	DAY	YEAR	\$ 500.00
Friends of Scott Martin				12	15	2023	
Mailing Address				12	15	2023	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure				
			Barn & Barrel at Mt Hope - 12/13/23				

<b>To Whom Paid</b> Friends of Kristin Phillips-Hill (Senate)			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 250.00
<b>Mailing Address</b>			12	15	2023	
<b>City</b> Jacobus	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17407	<b>Description of Expenditure</b> Country Club of York - 12/13/23			

<b>To Whom Paid</b> Friends of Chris Gebhard			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b>			12	15	2023	
<b>City</b> Lebanon	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17042	<b>Description of Expenditure</b> Hilton Harrisburg - 12/12/23			

<b>To Whom Paid</b> Friends of David Rowe			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 300.00
<b>Mailing Address</b>			12	15	2023	
<b>City</b> Lewsiburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17837	<b>Description of Expenditure</b> 500 N.Third Street - 12/12/23			

<b>To Whom Paid</b> FNB-First National Bank			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 80.60
<b>Mailing Address</b>			12	26	2023	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111	<b>Description of Expenditure</b> December 2023 Bank Fees: AMEX			

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						<b>\$</b> 8,119.60

