

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 PAC (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. <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 2024	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	
				MO	DAY	YEAR				
				11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		MO	DAY	YEAR	
		1	1	2024			3	4	2024	
FOR OFFICE USE ONLY										
A. Amount Brought Forward From Last Report				\$ 77,579.59						
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 5,795.39						
C. Total Funds Available (Sum Of Lines A and B)				\$ 83,374.98						
D. Total Expenditures (From Schedule III)				\$ 13,082.57						
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 70,292.41						
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 PAC (HAPAC)	From: <u>1/1/2024</u> To: <u>3/4/2024</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 457.15

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)	\$ 912.50
TOTAL for the Reporting Period (2)	\$ 912.50

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)	\$ 4,425.00
TOTAL for the Reporting Period (3)	\$ 4,425.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.74

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.)	\$ 5,795.39
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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 Hospital & Healthsystem Assoc of PA PAC (HAPAC)				Reporting Period From: <u>1/1/2024</u> To: <u>3/4/2024</u>			
				DATE		AMOUNT	

Full Name of Contributor Mr. John Myers			MO	DAY	YEAR	\$ 5.21
Mailing Address			2	29	2024	
City Washington	State DC	Zip Code (Plus 4) 200024416				

Full Name of Contributor Mr. John Myers			MO	DAY	YEAR	\$ 5.21
Mailing Address			2	29	2024	
City Washington	State DC	Zip Code (Plus 4) 200024416				

Full Name of Contributor Ms. Nicole Dempsey Stallings			MO	DAY	YEAR	\$ 10.42
Mailing Address			2	29	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 171011730				

Full Name of Contributor Ms. Nicole Dempsey Stallings			MO	DAY	YEAR	\$ 10.42
Mailing Address			2	29	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 171011730				

Full Name of Contributor Dr. Brian A. Nester DO, MBA			MO	DAY	YEAR	\$ 125.00
Mailing Address			2	27	2024	
City Center Valley	State PA	Zip Code (Plus 4) 180348926				

Full Name of Contributor Ms. Denise Kennedy			MO	DAY	YEAR	\$ 125.00
Mailing Address			2	15	2024	
City Manheim	State PA	Zip Code (Plus 4) 175459643				

Full Name of Contributor Ms. Jen Groff			MO	DAY	YEAR	\$ 62.50
Mailing Address			2	14	2024	
City Manheim	State PA	Zip Code (Plus 4) 175459652				

Full Name of Contributor Mr. John Myers			MO	DAY	YEAR	\$ 26.04
Mailing Address			1	31	2024	
City Washington	State DC	Zip Code (Plus 4) 200024416				
Full Name of Contributor Mr. John Myers			MO	DAY	YEAR	\$ 26.02
Mailing Address			1	31	2024	
City Washington	State DC	Zip Code (Plus 4) 200024416				
Full Name of Contributor Ms. Kimberly S. McCoy			MO	DAY	YEAR	\$ 87.50
Mailing Address			1	31	2024	
City Mechanicsburg	State PA	Zip Code (Plus 4) 170553947				
Full Name of Contributor Ms. Nicole Dempsey Stallings			MO	DAY	YEAR	\$ 52.08
Mailing Address			1	31	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 171011730				
Full Name of Contributor Ms. Nicole Dempsey Stallings			MO	DAY	YEAR	\$ 52.10
Mailing Address			1	31	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 171011730				
Full Name of Contributor Mr. William Hildebrandt RN			MO	DAY	YEAR	\$ 150.00
Mailing Address			1	18	2024	
City Butler	State PA	Zip Code (Plus 4) 160010257				
Full Name of Contributor Mr. James C. Kohler			MO	DAY	YEAR	\$ 87.50
Mailing Address			1	4	2024	
City Bethel Park	State PA	Zip Code (Plus 4) 151021225				
Full Name of Contributor Dr. Richard K. Neff MD			MO	DAY	YEAR	\$ 87.50
Mailing Address			1	3	2024	
City Indiana	State PA	Zip Code (Plus 4) 157012454				

PAGE TOTAL

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

\$ 912.50

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 Hospital & Healthsystem Assoc of PA PAC (HAPAC)	Reporting Period From: <u>1/1/2024</u> To: <u>3/4/2024</u>
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				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 500.00
Dr. Norman K. Beals III, MD							
Mailing Address							
City Franklin		State PA	Zip Code (Plus 4) 163233710				
Employer Name Independence Health System				Occupation Physician			
Employer Mailing Address/Principal Place of Business			City Butler		State PA		Zip Code (Plus 4) 160014670
Full Name of Contributor				MO	DAY	YEAR	\$ 625.00
Dr. Bruce A. Meyer MD, MBA							
Mailing Address							
City Villanova		State PA	Zip Code (Plus 4) 190852141				
Employer Name Allegheny Health Network				Occupation Executive Vice President			
Employer Mailing Address/Principal Place of Business			City Pittsburgh		State PA		Zip Code (Plus 4) 152223000
Full Name of Contributor				MO	DAY	YEAR	\$ 1,000.00
Dr. Elisabeth J. Kunkel MD							
Mailing Address							
City Hershey		State PA	Zip Code (Plus 4) 170332112				
Employer Name Pennsylvania Psychiatric Institute				Occupation Professor, Pennsylvania S			
Employer Mailing Address/Principal Place of Business			City Harrisburg		State PA		Zip Code (Plus 4) 171101904
Full Name of Contributor				MO	DAY	YEAR	\$ 300.00
Ms. Melinda Hildebrandt							
Mailing Address							
City Butler		State PA	Zip Code (Plus 4) 160010257				
Employer Name Butler Memorial Hospital				Occupation CNO			
Employer Mailing Address/Principal Place of Business			City Butler		State PA		Zip Code (Plus 4) 160014670

Full Name of Contributor Mr. Brett Morgan			MO	DAY	YEAR	\$ 500.00
Mailing Address			1	16	2024	
City Connellsville	State PA	Zip Code (Plus 4) 154259337				
Employer Name Independence Health System			Occupation VP, Operations			
Employer Mailing Address/Principal Place of Business		City Butler	State PA		Zip Code (Plus 4) 160014670	

Full Name of Contributor Mr. Gary Davidson			MO	DAY	YEAR	\$ 1,000.00
Mailing Address			1	4	2024	
City Lititz	State PA	Zip Code (Plus 4) 175439326				
Employer Name Penn Medicine Lancaster General Health			Occupation Senior Vice President and			
Employer Mailing Address/Principal Place of Business		City Lancaster	State PA		Zip Code (Plus 4) 176022250	

Full Name of Contributor Mr. Scott Madden			MO	DAY	YEAR	\$ 500.00
Mailing Address			1	3	2024	
City Pittsburgh	State PA	Zip Code (Plus 4) 152032280				
Employer Name Independence Health System			Occupation COO			
Employer Mailing Address/Principal Place of Business		City Butler	State PA		Zip Code (Plus 4) 160014670	

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

PAGE TOTAL
\$ 4,425.00

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 PAC (HAPAC)	Reporting Period From: <u>1/1/2024</u> To: <u>3/4/2024</u>
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				DATE	AMOUNT	
Full Name				MO	DAY	YEAR
FNB-First National Bank						
Mailing Address						
City	Harrisburg	State	PA	Zip Code (Plus 4)	17111	
Receipt Description				1	31	2024
January 2024 Interest Income						\$ 0.12
Full Name				MO	DAY	YEAR
FNB-First National Bank						
Mailing Address						
City	Harrisburg	State	PA	Zip Code (Plus 4)	17111	
Receipt Description				1	31	2024
January 2024 Interest Income						\$ 0.37
Full Name				MO	DAY	YEAR
FNB-First National Bank						
Mailing Address						
City	Harrisburg	State	PA	Zip Code (Plus 4)	17111	
Receipt Description				2	29	2024
February 2024 Interest Income						\$ 0.18
Full Name				MO	DAY	YEAR
FNB-First National Bank						
Mailing Address						
City	Harrisburg	State	PA	Zip Code (Plus 4)	17111	
Receipt Description				2	29	2024
February 2024 Interest Income						\$ 0.07

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

PAGE TOTAL	
\$	0.74

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 PAC (HAPAC)		From: <u>1/1/2024</u> To: <u>3/4/2024</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 PAC (HAPAC)	From <u>1/1/2024</u> To: <u>3/4/2024</u>

			DATE	AMOUNT		
To Whom Paid			MO	DAY	YEAR	\$ 321.76
FNB-First National Bank			1	2	2024	
Mailing Address			1	2	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure			
			January 2024 Bank Fees: Heartland			
To Whom Paid			MO	DAY	YEAR	\$ 318.02
FNB-First National Bank			1	2	2024	
Mailing Address			1	2	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure			
			January 2024 Bank Fees: Heartland			
To Whom Paid			MO	DAY	YEAR	\$ 9.68
FNB-First National Bank			1	2	2024	
Mailing Address			1	2	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure			
			January 2024 Bank Fees: Authorize.net			
To Whom Paid			MO	DAY	YEAR	\$ 10.25
FNB-First National Bank			1	2	2024	
Mailing Address			1	2	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure			
			January 2024 Bank Fees: Authorize.net			
To Whom Paid			MO	DAY	YEAR	\$ 17.56
FNB-First National Bank			1	26	2024	
Mailing Address			1	26	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure			
			January 2024 Bank Fees: AMEX			
To Whom Paid			MO	DAY	YEAR	\$ 500.00
Dan Frankel for the 23rd District Committee			1	30	2024	
Mailing Address			1	30	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure			
			Level 2 - 2/5/24			

To Whom Paid			MO	DAY	YEAR	\$ 500.00
HRCC						
Mailing Address			1	30	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Federal Taphouse - 2/6/24			
To Whom Paid			MO	DAY	YEAR	\$ 500.00
Committee to Elect Dan Laughlin						
Mailing Address			1	30	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Hilton Harrisburg - 2/7/24			
To Whom Paid			MO	DAY	YEAR	\$ 300.00
Gaydos for PA						
Mailing Address			1	30	2024	
City Sewickley	State PA	Zip Code (Plus 4) 15143	Description of Expenditure Cafe Fresco - 2/6/24			
To Whom Paid			MO	DAY	YEAR	\$ 100.00
Friends of Joe Hogan						
Mailing Address			1	30	2024	
City Langhorne	State PA	Zip Code (Plus 4) 19047	Description of Expenditure Bella Tori at the Mansion - 1/31/24			
To Whom Paid			MO	DAY	YEAR	\$ 159.02
FNB-First National Bank						
Mailing Address			2	1	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure February 2024 Bank Fees: Heartland			
To Whom Paid			MO	DAY	YEAR	\$ 58.30
FNB-First National Bank						
Mailing Address			2	1	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure February 2024 Bank Fees: AMEX			
To Whom Paid			MO	DAY	YEAR	\$ 10.25
FNB-First National Bank						
Mailing Address			2	2	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure February 2024 Bank Fees: Authorize.net			
To Whom Paid			MO	DAY	YEAR	\$ 6.80
FNB-First National Bank						
Mailing Address			2	2	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure February 2024 Bank Fees: Authorize.net			

To Whom Paid			MO	DAY	YEAR	\$ 1,000.00
Friends of Bryan Cutler						
Mailing Address			2	19	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Rubicon 2/21/24			
To Whom Paid			MO	DAY	YEAR	\$ 750.00
Aument for Senate						
Mailing Address			2	19	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Rubicon 2/20/24			
To Whom Paid			MO	DAY	YEAR	\$ 500.00
Friends of Kate Klunk						
Mailing Address			2	19	2024	
City Hanover	State PA	Zip Code (Plus 4) 17331	Description of Expenditure Cafe Fresco 2/27/24			
To Whom Paid			MO	DAY	YEAR	\$ 500.00
Friends of Kyle Mullins						
Mailing Address			2	19	2024	
City Peckville	State PA	Zip Code (Plus 4) 18452	Description of Expenditure Deco Grab & Go 2/28/24			
To Whom Paid			MO	DAY	YEAR	\$ 5,000.00
Citizens for Kail						
Mailing Address			2	19	2024	
City Beaver	State PA	Zip Code (Plus 4) 15009	Description of Expenditure Omni William Penn 2/15/24			
To Whom Paid			MO	DAY	YEAR	\$ 500.00
Friends of Arvind Venkat						
Mailing Address			2	19	2024	
City Wexford	State PA	Zip Code (Plus 4) 15090	Description of Expenditure Elemental Coffee 4/9/24			
To Whom Paid			MO	DAY	YEAR	\$ 500.00
Friends of Tracy Pennycuick						
Mailing Address			2	19	2024	
City Harleysville	State PA	Zip Code (Plus 4) 19438	Description of Expenditure Stocks on 2nd 2/27/24			
To Whom Paid			MO	DAY	YEAR	\$ 4.37
FNB-First National Bank						
Mailing Address			2	26	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure February 2024 Bank Fees: AMEX			

To Whom Paid Jake Felker			MO	DAY	YEAR	\$ 1,333.44
Mailing Address			2	27	2024	
City Annville	State PA	Zip Code (Plus 4) 17003	Description of Expenditure HAP-Catering Costs - Josh Kail Event / \$1,333.44 Allocated To Citizens for Kail			

To Whom Paid FNB-First National Bank			MO	DAY	YEAR	\$ 158.50
Mailing Address			3	1	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure March 2024 Bank Fees: Heartland			

To Whom Paid FNB-First National Bank			MO	DAY	YEAR	\$ 13.23
Mailing Address			3	1	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure March 2024 Bank Fees: Heartland			

To Whom Paid FNB-First National Bank			MO	DAY	YEAR	\$ 10.00
Mailing Address			3	4	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure March 2024 Bank Fees: Authorize.net			

To Whom Paid FNB-First National Bank			MO	DAY	YEAR	\$ 1.39
Mailing Address			3	4	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure March 2024 Bank Fees: Authorize.net			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 13,082.57

