Campaign Finance Report

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

Filer Identificati Number :	on 79003	364			Repor Filed		CA	MDI	DATE		СОМІ	IMITTEE V		E COBB1131			
Name of Filing C	ommittee, Candida	ite or Lo	obbyist:	İ	Hospita	al & H	ealths	syste	em Asso	oc of	PA PA	C (HAPA	AC)				
Street Address:	30 North Third	l Street	Suite 600				_					_					
City:	Harrisburg						Stat	e:	PA			Zip Code: 17101					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDA PRIMARY	Y PRE-	2.	30 D PRIM	AY 1ARY	F	POST-	3.		AMENDMENT REPORT?			Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D	AY CTION	F	POST-	6.		TERMINATION REPORT?			Yes	No	\
report type)	ANNUAL REPORT	7.	Year 2024			FILING METHOD () CHECK ONE					PAPER		ŀ	\checkmark	DISKET	TTE	
Name of Office S	ought by Candidat	e:				•	DAT	ΈO	F ELEC	TIO	N	District Number	Offic		Part	y Code	County Code
							МО		DAY	YE	AR		•		•	•	
								11		5	2024		(SEE	INST	RUCTIO	NS FOR C	ODES)
Summary of		МО	DAY	YEAR			МО		DAY	YE	AR	FC	OR OFF	ICE	USE	ONLY	
Expenditures	from:		1 1	20)24 1	ГО		3		4	2024						
A. Amount Bro	ught Forward Fron	Last R	eport			\$	\$			77,5	79.59						
B. Total Moneta	ary Contributions A	and Rec	eipts (From	Sched	dule I)		\$			5,7	795.39						
C. Total Funds Available (Sum Of Lines A and B)						9	\$			83,3	374.98						
D. Total Expenditures (From Schedule III)						9	\$			13,0	82.57						
E. Ending Cash	Balance (Subtract	Line D	From Line (C)			\$			70,2	92.41						
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedul	e II)		\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	')		9	\$				0.00						
				AFF.	IDAV:	IT SI	ECTI	NC									
	a Committee repo	-	_								_						
I swear (or affirm) correct and comple	that this report, include ete.	uding the	attached scl	hedules	filed on	papei	r or by	elect	ronic me	dium	, are to 1	the best o	of my kr	nowle	edge a	nd belie	f , true
Sworn to and subs	cribed before me this day of		20							S	ignature	e of Perso	n Subn	nittin	g Rep	ort	
	Signatur	e				_						Prin	ited Na	me			
My Commission Ex	pires					_						Ema	nil				
	МО	D/	AY	YR					Are	a Cod	le	Daytin	ne Tele	phon	e Nur	nber	
	a report of a cand				•				_								
I swear (or affirm) No 320) as amende	that to the best of med.	y knowle	edge and beli	ef this	political	comr	nittee l	nas n	ot violat	ed an	y provis	ions of th	e act of	f Jun	e 3,19	37 (P.L.	1333,
Sworn to and subsc	ribed before me this day of		20								S	ignature	of Cand	lidate	•		
						_						Printe	ed Nam	e			—
My Commission Exp	Signature ires					_						Ema	nil				—
·						_											
	МО	D/	AY	YR					Area C	ode		D	aytime	Tele	phone	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	From:	1/1/202	2 <u>4</u> To:	3/4/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g 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	g Period	(3)	\$	4,425.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.74
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	5,795.39

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 Candida	ate	R	eporting	Period			
		Fi	rom:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

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 Candid	Name of Filing Committee or Candidate			Reporting Period						
Hospital & Healthsystem Assoc of F	PA PAC (HAPAC)		From:	1/1/	2024 T o	3/4/2024				
				DATE		AMOUNT				
Full Name of Contributor			мо	DAY	YEAR					
Dr. Richard K. Neff MD										
Mailing Address 403 Heritage Rur	1	_				\$ 87.50				
City Indiana	State	Zip Code (Plus 4) 1	3	2024					
	PA	157012454								
Full Name of Contributor			мо	DAY	YEAR					
Mr. James C. Kohler			МО	DAI	LAK					
Mailing Address 227 Voss Road						\$ 87.50				
City Bethel Park	State	Zip Code (Plus 4) 1	4	2024					
	PA	151021225								
Full Name of Contributor	•	•								
Mr. William Hildebrandt RN			МО	DAY	YEAR					
Mailing Address 129 Rieger Road						\$ 150.00				
City Butler	State	Zip Code (Plus 4) 1	18	2024					
	PA	160010257								
Full Name of Contributor	-	-	МО	DAY	VEAD					
Ms. Nicole Dempsey Stallings			МО	DAY	YEAR					
Mailing Address 30 North Third S	treet, Suite 600					\$ 52.10				
City Harrisburg	State	Zip Code (Plus 4) 1	31	2024					
	PA	171011730								
Full Name of Contributor	•	•								
Ms. Nicole Dempsey Stallings			МО	DAY	YEAR					
Mailing Address 30 North Third S	treet, Suite 600					\$ 52.08				
City Harrisburg	State	Zip Code (Plus 4) 1	31	2024					
	PA	171011730								
Full Name of Contributor	•	•								
Ms. Kimberly S. McCoy			МО	DAY	YEAR					
Mailing Address 1102 East Coove	r Street					\$ 87.50				
				I	1	1				
City Mechanicsburg	State	Zip Code (Plus 4) 1	31	2024					

Full N	ame of Contributor			мо	DAY	YEAR	
Mr. Jo	ohn Myers						
Mailin	g Address 1116 G St. NE			_			\$ 26.02
City	Washington	State	Zip Code (Plus 4)	1	31	2024	
		DC	200024416				
Full N	ame of Contributor			мо	DAY	YEAR	
Mr. Jo	ohn Myers						
Mailin	g Address 1116 G St. NE			_			\$ 26.04
City	Washington	State	Zip Code (Plus 4)	1	31	2024	
		DC	200024416				
Full N	ame of Contributor			МО	DAY	YEAR	
Ms. Je	en Groff				2711		
Mailin	g Address 3320 Bricker Road	1					\$ 62.50
City	Manheim	State	Zip Code (Plus 4)	2	14	2024	
		PA	175459652				
Full N	ame of Contributor			мо	DAY	YEAR	
Ms. D	enise Kennedy			МО	DAT	TEAR	
Mailin	g Address 580 N Strickler Ro	ad					\$ 125.00
City	Manheim	State	Zip Code (Plus 4)	2	15	2024	
		PA	175459643				
Full N	ame of Contributor			МО	DAY	YEAR	
Dr. Brian A. Nester DO, MBA				МО	DAT	TEAR	
Mailin	ng Address 1995 Augusta Drive						\$ 125.00
City	Center Valley	State	Zip Code (Plus 4)	2	27	2024	
		PA	180348926				
Full N	ame of Contributor			мо	DAY	YEAR	
Ms. N	icole Dempsey Stallings			140	DAT	ILAK	
Mailin	g Address 30 North Third Str	eet, Suite 600					\$ 10.42
City	Harrisburg	State	Zip Code (Plus 4)	2	29	2024	
		PA	171011730				
Full N	ame of Contributor				DAY	VEAD	
Ms. N	icole Dempsey Stallings			МО	DAT	YEAR	
Mailin	g Address 30 North Third Str	eet, Suite 600					\$ 10.42
City	Harrisburg	State	Zip Code (Plus 4)	2	29	2024	
		PA	171011730				
Full N	ame of Contributor				DAY	VEAD	
Mr. Jo	ohn Myers			МО	DAY	YEAR	
Mailin	g Address 1116 G St. NE						\$ 5.21
City	Washington	State	Zip Code (Plus 4)	2	29	2024	
		DC	200024416				
Full N	ame of Contributor	•	<u> </u>				-
	ohn Myers			МО	DAY	YEAR	
	g Address 1116 G St. NE						\$ 5.21
City	Washington	State	Zip Code (Plus 4)	2	29	2024	
-	<u> </u>	DC	200024416				
		I		1	1	I	l .

PAGE 6

PAGE TOTAL \$ 912.50

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.

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		A	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.00		
Mailing Address							*	0.00		
City	State	Zip Cod	e (Plus 4)							
						<u> </u>				
								PAGE TOTAL		
Enter Grand Total of Part C on Scheo	nmary Pa	age, Sectio	n 3.			\$	0.00			

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				Repo	orting Pe	g Period				
Hospital & Healthsystem Assoc of PA PA	AC (HAPAC)			Fron	n:	1/1/2	<u>024</u> To	:	3/4	<u>1/2024</u>
			•		D.A	ATE			AMOUNT	Г
Full Name of Contributor					мо	DAY	YEAR			
Mr. Scott Madden					МО	DAT	TEAR	\$		500.00
Mailing Address 2250 Mary Street L	oft 310				1	3	2024	1		
City Pittsburgh	State	Zip	Code (Plus	4)	-		2021			
	PA	15	2032280							
Employer Name Independence Health	System				Occupation COO					
Employer Mailing Address/Principal Plac	e of Business		City			State	Zip C	ode (Plu	s 4)	
1 Hospital Way			Butler			PA		1600	14670	
Full Name of Contributor		•								
Mr. Gary Davidson					МО	DAY	YEAR	\$		1,000.00
Mailing Address 335 Millpond Drive						4	2024	7		
City Lititz	State	Zip	Code (Plus	4)	1	4	2024			
	PA	17	5439326							
Employer Name Penn Medicine Lancaster General Health					Occupat	ion	Senior \	/ice Pr	resident	and
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip C	ode (Plu	s 4)
555 North Duke Street			Lancaster			PA		1760	22250	
Full Name of Contributor										
Mr. Brett Morgan					МО	DAY	YEAR	\$		500.00
Mailing Address 25 East Keefer Road	1							1		
City Connellsville	State	Zip	Code (Plus	4)	1	16	2024			
	PA	15	4259337							
Employer Name Independence Health	System				Occupat	ion	VP, Ope	ration	ıs	
Employer Mailing Address/Principal Plac			City			State			ode (Plus	s 4)
1 Hospital Way			Butler			PA		1600	14670	
Full Name of Contributor		<u>'</u>								
Ms. Melinda Hildebrandt					МО	DAY	YEAR	\$		300.00
Mailing Address 129 Rieger Rd					1	25	2024	7		
City Butler	State	Zip	Code (Plus	4)		25	2024			
	PA	16	0010257							
Employer Name Butler Memorial Hospital				Occupation CNO						
Employer Mailing Address/Principal Plac	e of Business		City		State			Zip Code (Plus 4)		
One Hospital Way			Butler			PA		1600	14670	

Full Name of Contributor									
Dr. Elisabeth J. Kunkel MD				МО	DAY	YEAR	\$	1,000.00	
Mailing Address 30 Clark Road				1	30	2024	1		
City Hershey	State	Zip	Code (Plus 4)	1 1	30	2024			
	PA	17	0332112						
Employer Name Pennsylvania Psychiat	ric Institute			Occupat	ion [Professo	sor, Pennsylvania S		
Employer Mailing Address/Principal Plac	e of Business		City		State			e (Plus 4)	
2501 North Third Street Harrisburg					PA		171101	904	
Full Name of Contributor					DAY	YEAR			
Dr. Bruce A. Meyer MD, MBA				МО	DAY	TEAK	\$	625.00	
Mailing Address 1110 N. Spring Mill Road				2	15	2024	1		
City Villanova	State	Zip	Code (Plus 4)] - [13	2021			
	PA	19	0852141						
Employer Name Allegheny Health Netw	vork			Occupat	ion [Executiv	e Vice P	resident	
Employer Mailing Address/Principal Plac	e of Business		City		State		Zip Cod	e (Plus 4)	
120 5th Avenue, FAPHM-294E			Pittsburgh		PA		152223	000	
Full Name of Contributor				мо	DAY	YEAR	l .		
Dr. Norman K. Beals III, MD				МО	DAY	TEAK	\$	500.00	
Mailing Address 411 South Penn Roa	ıd			2	20	2024	1		
City Franklin	State	Zip	Code (Plus 4)		20	2024			
	PA	16	3233710				Į		
Employer Name Independence Health System			Occupat	ion [Physicia	n			
Employer Mailing Address/Principal Place of Business City			State Zip Code (Plus 4			e (Plus 4)			
1 Hospital Way Butler					l _{PA}		160014	670	

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

PAGE TOTAL \$ 4,425.00

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			Report	ing Perio	d				
Hospital & Healthsystem Assoc of PA PA	AC (HAPAC)		From:		1/1/202	<u>4</u> To:	<u>3/4/2024</u>		
				D	ATE			AMOUNT	
Full Name FNB-First National Bank				мо	DAY	YEAR	\$	0.12	
Mailing Address 4250 Derry Street				1	31	2024	7		
City Harrisburg	State	Zip Code (Plus 4)	1	31	2022			
	PA	17111							
Receipt Description January 2024 Int									
Full Name				мо	DAY	YEAR	\$	0.37	
FNB-First National Bank							↓ *	0.57	
Mailing Address 4250 Derry Street	Г	Т		1	31	2024	.		
City Harrisburg	State	Zip Code (Plus 4)						
	PA	17111							
Receipt Description January 2024 In	terest Income								
Full Name						V=45			
FNB-First National Bank				МО	DAY	YEAR	\$	0.18	
Mailing Address 4250 Derry Street				2	29	2024			
City Harrisburg	State	Zip Code (Plus 4)	_					
	PA	17111							
Receipt Description February 2024 In	nterest Income	•							
Full Name				мо	DAY	YEAR	\$	0.07	
FNB-First National Bank				1-10	DAI	ILAK	_ *	0.07	
Mailing Address 4250 Derry Street				2	29	2024	.		
City Harrisburg	State	Zip Code (Plus 4)						
	PA	17111							
Receipt Description February 2024 In	nterest Income				•				
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section								PAGE TOTAL	
	.c _, Detailed Sullill	, . uge,	Jection				\$	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:	3/4/2024					
. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)							
TOTAL for the Reporting Pe	eriod (2)	\$	0.00					
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)								
TOTAL for the Reporting Pe	eriod (3)	\$	0.00					
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	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:			То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	•	•	•				
					_			
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Deta				mary Pag	je,		PAGE TOTA	L
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	orting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	V	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	Contributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.	,									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period			
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	From	1/1/2024	То:	<u>3/4/2024</u>

				DATE			AMOUNT		
To Whom Paid				мо	DAY	YEAR			
FNB-First National Bank	(
Mailing Address 425	Mailing Address 4250 Derry Street				2	2024	\$	321.76	
City Harrisburg		State	Zip Code (Plus 4)	Description of Expenditure					
		PA	17111	January 2024 Bank Fees: Heartland					
To Whom Paid				мо	DAY	YEAR			
FNB-First National Bank	(
Mailing Address 425	0 Derry Street			1	2	2024	\$	318.02	
City Harrisburg		State	Zip Code (Plus 4)	Description of Expenditure					
		PA	17111	January	2024 Ban	k Fees: F	leartland		
To Whom Paid				мо	DAY	YEAR			
FNB-First National Bank	(
Mailing Address 425	0 Derry Street			1	2	2024	\$	9.68	
City Harrisburg State Zip Code (Plus 4)			Description of Expenditure						
		PA	17111	January	2024 Ban	k Fees: A	uthorize.ne	t	
To Whom Paid				МО	DAY	YEAR			
FNB-First National Bank	(
Mailing Address 425	0 Derry Street			1	2	2024	\$	10.25	
City Harrisburg		State	Zip Code (Plus 4)	Description of Expenditure					
		PA	17111	January 2024 Bank Fees: Authorize.net				t	
To Whom Paid				мо	DAY	YEAR			
FNB-First National Bank	(
Mailing Address 425	0 Derry Street			1	26	2024	\$	17.56	
City Harrisburg		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	17111	January 2024 Bank Fees: AMEX					
To Whom Paid			мо	DAY	YEAR				
Dan Frankel for the 23rd District Committee					, _, ,,,				
Mailing Address P.O.	Box 439			1	30	2024	\$	500.00	
City Harrisburg State Zip Code (Plus 4)			Description of Expenditure						
PA 17108				Level 2	- 2/5/24				

To Wi	nom Paid			МО	DAY	YEAR				
HRCC										
Mailin	Mailing Address P.O. Box 556				30	2024	\$	500.00		
City Harrisburg State Zip Code (Plus 4)			Description of Expenditure							
PA 17108				Federal Taphouse - 2/6/24						
To Wh	nom Paid			мо	DAY	YEAR				
Comn	nittee to Elect Dan Laughlin									
Mailin	g Address P.O. Box 792			1	30	2024	\$	500.00		
City	Harrisburg	State	Zip Code (Plus 4)	Description of Expenditure						
		PA	17108	Hilton Harrisburg - 2/7/24						
To W	nom Paid			МО	DAY	YEAR				
Gaydo	os for PA									
Mailin	19 Address 411 Trailside Drive	2		1	30	2024	\$	300.00		
City	Sewickley	State	Zip Code (Plus 4)	Description of Expenditure						
		PA	15143	Cafe Fresco - 2/6/24						
To W	nom Paid			мо	DAY	YEAR				
Friend	ds of Joe Hogan									
Mailin	g Address PO Box 1235			1	30	2024	\$	100.00		
City Langhorne State Zip Code (Plus 4)				Description of Expenditure						
		PA	19047	Bella Tori at the Mansion - 1/31/24						
To Whom Paid				мо	DAY	YEAR				
FNB-First National Bank										
Mailin	g Address 4250 Derry Street			2	1	2024	\$	159.02		
City	Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	17111	February 2024 Bank Fees: Heartland						
To W	nom Paid			мо	DAY	YEAR				
FNB-F	First National Bank									
Mailin	ag Address 4250 Derry Street			2	1	2024	\$	58.30		
City	Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	17111	Februar	y 2024 Ba	nk Fees:	AMEX			
To W	nom Paid			мо	DAY	YEAR				
FNB-F	First National Bank			M		ILAK				
Mailin	g Address 4250 Derry Street			2	2	2024	\$	10.25		
City	Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•			
PA 17111				Februar	y 2024 Ba	nk Fees:	Authorize.n	et		
To Whom Paid				мо	DAY	YEAR				
FNB-First National Bank						,,,,				
Mailing Address 4250 Derry Street				2	2	2024	\$	6.80		
City Harrisburg State Zip Code (Plus 4)				Descrip	tion of Exp	enditure				
PA 17111			February 2024 Bank Fees: Authorize.net							

								02 10		
To Whom Paid					DAY	YEAR				
Friends of Bryan Cutler				МО						
Mailing Address P.O. Box 412			2	19	2024	\$	1,000.00			
City Harrisburg State Zip Code (Plus 4)				Description of Expenditure						
PA 17108				Rubicon	2/21/24					
To Whom Paid				МО	DAY	YEAR				
Aument	for Senate									
Mailing A	Address P.O. Box 792			2	19	2024	\$	750.00		
City	Harrisburg	State	Zip Code (Plus 4)	Description of Expenditure						
		PA	17108	Rubicon	2/20/24					
To Whom	n Paid			МО	DAY	YEAR				
Friends o	of Kate Klunk									
Mailing A	Address P.O. Box 941			2	19	2024	\$	500.00		
City	Hanover	State	Zip Code (Plus 4)	Description of Expenditure						
		PA	17331	Cafe Fre	esco 2/27/	24				
To Whom	n Paid			МО	DAY	YEAR				
Friends o	of Kyle Mullins									
Mailing A	Address P.O. Box 72			2	19	2024	\$	500.00		
City P	Peckville	State	Zip Code (Plus 4) Description of Expenditure							
		PA	18452	Deco Grab & Go 2/28/24						
To Whom Paid				МО	DAY	YEAR				
Citizens for Kail										
Mailing A	Address P.O. Box 94			2	19	2024	\$	5,000.00		
City B	Beaver	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	15009	Omni William Penn 2/15/24						
To Whom	n Paid			МО	DAY	YEAR				
Friends o	of Arvind Venkat									
Mailing A	Address 10675 Perry Highwa	ay #489		2	19	2024	\$	500.00		
City V	Wexford	State	Zip Code (Plus 4)	Description of Expenditure						
		PA	15090	Element	tal Coffee 4	1/9/24				
To Whom	n Paid			МО	DAY	YEAR				
Friends o	of Tracy Pennycuick									
Mailing A	Address 937 Clubhouse Driv	re		2	19	2024	\$	500.00		
City	Harleysville	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
PA 19438				Stocks	on 2nd 2/2	7/24				
To Whom Paid				МО	DAY	YEAR				
FNB-First National Bank										
Mailing Address 4250 Derry Street			2	26	2024	\$	4.37			
City Harrisburg State Zip Code (Plus 4)				Descrip	tion of Exp	enditure				
		PA 17111 February 2024 Bank Fees				nk Fees:	AMEX			

							,		
To Whom Paid			мо	DAY	YEAR				
Jake Felker	MO	DAT	TEAR						
Mailing Address 19 Valley Drive				27	2024	\$	1,333.44		
City Annville State Zip Code (Plus 4)				Description of Expenditure					
PA 17003				HAP-Catering Costs - Josh Kail Event / \$1,333.44 Allocated To Citizens for Kail					
To Whom Paid			мо	DAY	YEAR				
FNB-First National Bank			МО	DAI	ILAK				
Mailing Address 4250 Derr	y Street		3	1	2024	\$	158.50		
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	17111	March 2	March 2024 Bank Fees: Heartland					
To Whom Paid FNB-First National Bank			МО	DAY	YEAR				
Mailing Address 4250 Derry Street				1	2024	\$	13.23		
City Harrisburg State Zip Code (Plus 4)				Description of Expenditure					
	PA	17111	March 2	2024 Bank	Fees: He	artland			
To Whom Paid			мо	DAY	YEAR				
FNB-First National Bank						.	10.00		
Mailing Address 4250 Derr	y Street		3	4	2024	\$	10.00		
City Harrisburg	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	17111	March 2	2024 Bank	Fees: Aut	thorize.ne	t		
To Whom Paid FNB-First National Bank			МО	DAY	YEAR				
Mailing Address 4250 Derr	y Street		3	4	2024	\$	1.39		
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	17111	March 2	2024 Bank	Fees: Aut	thorize.ne	et		
						PAGE TOTAL			
Enter Grand Total of Exper	naitures on Page 1, Re	port Cover Page, Item D	•			\$	13,082.57		