

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.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	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	County Code
					MO	DAY	YEAR				
					11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		4	9	2024		5	13	2024			
A. Amount Brought Forward From Last Report					\$ 39,274.49						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 25,866.70						
C. Total Funds Available (Sum Of Lines A and B)					\$ 65,141.19						
D. Total Expenditures (From Schedule III)					\$ 15,440.59						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 49,700.60						
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>4/9/2024</u> To: <u>5/13/2024</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 401.44

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)	\$ 465.00
TOTAL for the Reporting Period (2)	\$ 465.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 25,000.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 25,000.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.26

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.)	\$ 25,866.70
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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		
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)**

Name of Filing Committee or Candidate	Reporting Period
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	From: <u>4/9/2024</u> To: <u>5/13/2024</u>

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 125.00
Mr. David Gibbons							
Mailing Address				4	23	2024	
City	Erie	State	Zip Code (Plus 4)				
		PA	165052541				
Full Name of Contributor				MO	DAY	YEAR	\$ 125.00
Ms. Michele M Volpe MBA, FACHE							
Mailing Address				5	7	2024	
City	Philadelphia	State	Zip Code (Plus 4)				
		PA	191062014				
Full Name of Contributor				MO	DAY	YEAR	\$ 90.00
Mr. Brook Ward							
Mailing Address				5	8	2024	
City	Washington	State	Zip Code (Plus 4)				
		PA	153015082				
Full Name of Contributor				MO	DAY	YEAR	\$ 125.00
Dr. Roxanna L Gapstur PhD, RN							
Mailing Address				5	10	2024	
City	York	State	Zip Code (Plus 4)				
		PA	174034489				

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

PAGE TOTAL
\$ 465.00

				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$25,000.00	
HighMark Health PAC								
Mailing Address				4	30	2024		
City	Camp Hill	State	Zip Code (Plus 4)					
		PA	170890089					

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

PAGE TOTAL	
\$	25,000.00

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>4/9/2024</u> To: <u>5/13/2024</u>
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				DATE		AMOUNT	
Full Name FNB-First National Bank				MO 4	DAY 30	YEAR 2024	\$ 0.04
Mailing Address							
City Harrisburg	State PA	Zip Code (Plus 4) 17111					
Receipt Description April 2024 Interest Income							
Full Name FNB-First National Bank				MO 4	DAY 30	YEAR 2024	\$ 0.22
Mailing Address							
City Harrisburg	State PA	Zip Code (Plus 4) 17111					
Receipt Description April 2024 Interest Income							

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

PAGE TOTAL	
\$	0.26

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>4/9/2024</u> To: <u>5/13/2024</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>4/9/2024</u> To: <u>5/13/2024</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
Baker for Senate Committee				
Mailing Address	4	24	2024	\$ 500.00
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Rubicon 4/30/24	
To Whom Paid	MO	DAY	YEAR	
Kathy Rapp for Representative				
Mailing Address	4	24	2024	\$ 500.00
City Warren	State PA	Zip Code (Plus 4) 16365	Description of Expenditure HRCC First Floor 4/29/24	
To Whom Paid	MO	DAY	YEAR	
Friends of Martin Causer				
Mailing Address	4	24	2024	\$ 500.00
City Dillsburg	State PA	Zip Code (Plus 4) 17019	Description of Expenditure Stocks on Second 4/16/24	
To Whom Paid	MO	DAY	YEAR	
Elder Vogel for Senate				
Mailing Address	4	24	2024	\$ 500.00
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Harrisburg Hilton 5/7/24	
To Whom Paid	MO	DAY	YEAR	
Camera for Senate				
Mailing Address	4	24	2024	\$ 500.00
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Home 231 4/29/24	
To Whom Paid	MO	DAY	YEAR	
Friends of Judy Ward (Senate)				
Mailing Address	4	24	2024	\$ 500.00
City Hollidaysburg	State PA	Zip Code (Plus 4) 16648	Description of Expenditure Ad Lib Restaurant 4/30/24	

To Whom Paid			MO	DAY	YEAR	\$ 250.00
Latasha D. Mayes for State Representative						
Mailing Address			4	24	2024	
City Pittsburgh	State PA	Zip Code (Plus 4) 15206	Description of Expenditure Deco Grab and Go 4/9/24			
To Whom Paid			MO	DAY	YEAR	\$ 500.00
Friends of Gina H. Curry						
Mailing Address			4	24	2024	
City Lansdowne	State PA	Zip Code (Plus 4) 19082	Description of Expenditure Elementary Coffee Co. 4/10/24			
To Whom Paid			MO	DAY	YEAR	\$ 3.97
FNB-First National Bank						
Mailing Address			4	26	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure April 2024 Bank Fees: AMEX			
To Whom Paid			MO	DAY	YEAR	\$ 158.50
FNB-First National Bank						
Mailing Address			5	1	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure May 2024 Bank Fees: Heartland			
To Whom Paid			MO	DAY	YEAR	\$ 16.75
FNB-First National Bank						
Mailing Address			5	1	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure May 2024 Bank Fees: Heartland			
To Whom Paid			MO	DAY	YEAR	\$ 1.37
FNB-First National Bank						
Mailing Address			5	2	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure May 2024 Bank Fees: Authorize.net			
To Whom Paid			MO	DAY	YEAR	\$ 10.00
FNB-First National Bank						
Mailing Address			5	2	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure May 2024 Bank Fees: Authorize.net			
To Whom Paid			MO	DAY	YEAR	\$ 7,500.00
Senate Republican Campaign Committee						
Mailing Address			5	8	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure West Shore Country Club 5/7/24			

To Whom Paid Friends of Keith Greiner			MO	DAY	YEAR	\$ 500.00
Mailing Address			5	8	2024	
City Leola	State PA	Zip Code (Plus 4) 17540	Description of Expenditure Stocks on Second 5/1/24			

To Whom Paid Aument for Senate			MO	DAY	YEAR	\$ 1,500.00
Mailing Address			5	8	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Bent Creek Golf Course 5/23/24			

To Whom Paid Friends of Greg Rothman			MO	DAY	YEAR	\$ 1,000.00
Mailing Address			5	8	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure West Shore Country Club 5/8/24			

To Whom Paid Friends of Joe Pittman			MO	DAY	YEAR	\$ 1,000.00
Mailing Address			5	8	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Federal Taphouse 5/1/24			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 15,440.59

