

# 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. 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	<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	5	2024	(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>			
		4	9	2024		5	13	2024				
<b>A. Amount Brought Forward From Last Report</b>						\$ 39,274.49						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 25,866.70						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 65,141.19						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 15,440.59						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 49,700.60						
<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>4/9/2024</u> To: <u>5/13/2024</u>

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

<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>	\$ 465.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 465.00

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

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

<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>	\$ 25,866.70
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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>	<b>Reporting Period</b>
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	<b>From:</b> <u>4/9/2024</u> <b>To:</b> <u>5/13/2024</u>

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$
Dr. Roxanna L Gapstur PhD, RN							
Mailing Address 990 Wyndsong Drive							
City York		State PA	Zip Code (Plus 4) 174034489	5	10	2024	125.00
Full Name of Contributor				MO	DAY	YEAR	\$
Mr. Brook Ward							
Mailing Address 310 Woodside Drive							
City Washington		State PA	Zip Code (Plus 4) 153015082	5	8	2024	90.00
Full Name of Contributor				MO	DAY	YEAR	\$
Ms. Michele M Volpe MBA, FACHE							
Mailing Address 14 Appletree Court							
City Philadelphia		State PA	Zip Code (Plus 4) 191062014	5	7	2024	125.00
Full Name of Contributor				MO	DAY	YEAR	\$
Mr. David Gibbons							
Mailing Address 1324 South Shore Drive Apt 907							
City Erie		State PA	Zip Code (Plus 4) 165052541	4	23	2024	125.00

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

<b>PAGE TOTAL</b>
\$ 465.00

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

				DATE			AMOUNT		
Full Name of Contributing Committee					MO	DAY	YEAR	\$	25,000.00
HighMark Health PAC									
Mailing Address					4	30	2024		
1800 Center Street									
City	Camp Hill		State	PA	Zip Code (Plus 4)	170890089			

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

<b>PAGE TOTAL</b>
\$ 25,000.00

**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	Reporting Period
	From: <span style="float: right;">To:</span>

			DATE	AMOUNT
Full Name of Contributor			MO	DAY
Mailing Address			YEAR	\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name			Occupation	
Employer Mailing Address/Principal Place of Business	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 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>4/9/2024</u> <b>To:</b> <u>5/13/2024</u>
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				DATE		AMOUNT	
<b>Full Name</b> FNB-First National Bank				MO	DAY	YEAR	\$ 0.04
<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> April 2024 Interest Income							

<b>Full Name</b> FNB-First National Bank				MO	DAY	YEAR	\$ 0.22
<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> April 2024 Interest Income							

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

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

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

DATE				AMOUNT
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Baker for Senate Committee				
<b>Mailing Address</b> P.O. Box 792	4	24	2024	\$ 500.00
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Description of Expenditure</b> Rubicon 4/30/24	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Kathy Rapp for Representative				
<b>Mailing Address</b> 660 Follett Run Road	4	24	2024	\$ 500.00
<b>City</b> Warren	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16365	<b>Description of Expenditure</b> HRCC First Floor 4/29/24	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Friends of Martin Causer				
<b>Mailing Address</b> 430 Franklin Church Road	4	24	2024	\$ 500.00
<b>City</b> Dillsburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17019	<b>Description of Expenditure</b> Stocks on Second 4/16/24	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Elder Vogel for Senate				
<b>Mailing Address</b> P.O. Box 792	4	24	2024	\$ 500.00
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Description of Expenditure</b> Harrisburg Hilton 5/7/24	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Camera for Senate				
<b>Mailing Address</b> P.O. Box 12103	4	24	2024	\$ 500.00
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Description of Expenditure</b> Home 231 4/29/24	
<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	4	24	2024	\$ 500.00
<b>City</b> Hollidaysburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16648	<b>Description of Expenditure</b> Ad Lib Restaurant 4/30/24	

To Whom Paid			MO	DAY	YEAR	\$ 250.00
Latasha D. Mayes for State Representative						
Mailing Address PO Box 5483			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 PO Box 1241			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 4250 Derry Street			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 4250 Derry Street			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 4250 Derry Street			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 4250 Derry Street			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 4250 Derry Street			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 P.O. Box 792 Federal Square Station			5	8	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure West Shore Country Club 5/7/24			

<b>To Whom Paid</b> Friends of Keith Greiner			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b> 405 Myer Terrace			5	8	2024	
<b>City</b> Leola	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17540	<b>Description of Expenditure</b> Stocks on Second 5/1/24			

  

<b>To Whom Paid</b> Aument for Senate			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,500.00
<b>Mailing Address</b> P.O. Box 792			5	8	2024	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Description of Expenditure</b> Bent Creek Golf Course 5/23/24			

  

<b>To Whom Paid</b> Friends of Greg Rothman			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,000.00
<b>Mailing Address</b> P.O. Box 412			5	8	2024	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Description of Expenditure</b> West Shore Country Club 5/8/24			

  

<b>To Whom Paid</b> Friends of Joe Pittman			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,000.00
<b>Mailing Address</b> P. O. Box 792			5	8	2024	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Description of Expenditure</b> Federal Taphouse 5/1/24			

  

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

