Campaign Finance Report

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

					_		CANDI	DATE		COM	MITTEE		LOR	BYIST	
Filer Identificat Number :	tion 7900	364			Report Filed B		CANDI	DATE		СОМГ	MILLEE	✓	LOBI	51131	
Name of Filing	Committee, Candid	ate or L	obbyist:		Hospital	& He	ealthsyste	em Ass	oc of	PA PA	C (HAPA	C)			
Street Address:	:														
City:	Harrisburg						State:	PA			Zip Co	de: 17	101		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE		30 D/ PRIM		POST-	3.		AMENDN REPORT		Yes	No) 🗸
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5. X	30 D/ ELEC		POST-	6.		TERMIN REPORT		Yes	No	· 🗸
report type)	ANNUAL REPORT	7.	Year 2024				NG METHO				PAPER		\checkmark	DISK	TTE
Name of Office	Sought by Candidat	te:					DATE O	F ELEC	СТІО	N	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YE	AR					
							11		5	2024		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YE	AR	FC	R OFFIC	E USE	ONLY	
Expenditure	s from:		9 17	2	024 T	0	10	2	21	2024	-				
A. Amount Bro	ought Forward Fron	n Last R	eport			\$			32,7	12.06					
B. Total Monet	tary Contributions /	And Rec	eipts (Fron	n Sche	dule I)	\$			26,1	.58.95					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$			58,8	871.01					
D. Total Exper	nditures (From Sche	edule II	I)			\$			21,7	53.57					
E. Ending Cast	h Balance (Subtract	t Line D	From Line	C)		\$			37,1	17.44					
F. Value Of In-	-Kind Contributions	Receiv	ed (From S	chedu	le II)	\$				0.00	1				
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)		\$				0.00					
				AFF	IDAVI	T SE	CTION								
PART I - If this i	is a Committee repo	ort, trea	surer sign	here.	If this is	a Ca	ndidate re	eport, c	andic	late sig	gn here.				
I swear (or affirm correct and comp	 that this report, incl lete. 	uding the	e attached sc	hedules	s filed on	paper	or by elect	ronic me	edium,	, are to t	the best o	f my knov	vledge	and bel	ief , true
Sworn to and sub	scribed before me this day of	5	20						s	ignature	e of Perso	n Submitt	ing Rep	oort	
	Signatu	re				-					Prin	ted Name			
My Commission E	_										Ema	il			
	мо	D	AY	YR				Are	ea Cod	e	Daytin	e Teleph	one Nu	mber	
Part II- If this is	a report of a canc	lidate's	authorized	Comn	nittee, Ca	andid	ate shall	sign he	ere.						
I swear (or affirm No 320) as amend) that to the best of m led.	ny knowle	edge and beli	ief this	political	comm	ittee has n	ot violat	ted an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.I	. 1333,
Sworn to and subs	cribed before me this day of		20							s	ignature	of Candida	ite		
						-					Printe	ed Name			
My Commission Ex	Signature pires					-					Ema	il			
	мо	D	AY	YR				Area	Code		D	aytime Te	elephor	ne Numb	ber

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>9/17/2024</u> **To:** 10/21/2024 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor \$ 674.91 **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 2,977.08 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 2,977.08 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 5,500.00 15,975.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 21,475.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 1,031.96 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 26,158.95 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Candidat	e		Reporting Period						
			From	m:		То			
		·			DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	4)						
								PAGE TOTAL	
Enter Grand Total of Part A on Sche	dule I, Detailed Sun	nmary Page, Se	ection	12.			\$	0.00	

Use this Part to it	emize all other 50.01 to \$250.0	1 TO \$250.00 contribution 00 in the repo) Is wi ortin	th an g peri	aggreg			rom
Name of Filing Committee or Candida	nte		Repo	orting Po	eriod			
Hospital & Healthsystem Assoc of P/	A PAC (HAPAC)		From	n:	<u>9/17/</u> 2	2024 T o) :	<u>10/21/2024</u>
					DATE			AMOUNT
Full Name of Contributor Ms. Suzette Cunicelli				мо	DAY	YEAR		
Mailing Address							\$	187.50
City Newtown	State PA	Zip Code (Plus 4 189401528	•)	9	18	2024		
Full Name of Contributor Ms. Andrea Reed BSN, RN				мо	DAY	YEAR		
Mailing Address			-1				\$	75.00
City Muncy	State PA	Zip Code (Plus 4 177566860	•)	9	20	2024		
Full Name of Contributor	•				-			
Ms. Kate McCale				мо	DAY	YEAR		
Mailing Address		•					\$	31.25
City Phoenixville	State	Zip Code (Plus 4	•)	9	26	2024		
	РА	194602729						
Full Name of Contributor				мо	DAY	YEAR		
Ms. Kate McCale			-					
Mailing Address	Chaba	Zin Code (Dive 4		9	26	2024	\$	31.25
City Phoenixville	State PA	Zip Code (Plus 4 194602729	·)	9	20	2024		
Full Name of Contributor								
Ms. Stephanie Watkins				мо	DAY	YEAR		
Mailing Address							\$	97.91
City Halifax	State	Zip Code (Plus 4	•)	9	26	2024		
	РА	170328813						
Full Name of Contributor				мо	DAY	YEAR		
Ms. Stephanie Watkins				-				
Mailing Address	T			0	26	2024	\$	97.91
City Halifax	State PA	Zip Code (Plus 4 170328813		9	26	2024		
	<u> </u>	1,0520015						
Full Name of Contributor Mr. Joe Tibbs				мо	DAY	YEAR		
Mailing Address							\$	31.25
City Harrisburg	State	Zip Code (Plus 4	•)	9	26	2024		51125
	РА	171127066						

								TAOL 5
Full Name of C	ontributor			мо	DAY	YEAR		
Mr. Joe Tibbs					DAT	TLAK		
Mailing Addres	s						\$	31.25
City Harrist	ourg	State	Zip Code (Plus 4)	9	26	2024		
		PA	171127066					
Full Name of C	ontributor			мо	DAY	YEAR		
Mr. John Myer	S			140	DAI			
Mailing Addres	S						\$	78.13
City Washir	ngton	State	Zip Code (Plus 4)	9	26	2024		
		DC	200024416					
Full Name of C	ontributor			мо	DAY	YEAR		
Mr. John Myer	S			MO	DAT	TLAK		
Mailing Addres	s						\$	78.13
City Washir	ngton	State	Zip Code (Plus 4)	9	26	2024		
		DC	200024416					
Full Name of C	ontributor			мо	DAY	YEAR		
Michael Murph	у			MO	DAT	TEAR		
Mailing Addres	s						\$	150.00
City York		State	Zip Code (Plus 4)	9	30	2024		
		PA	174035928					
Full Name of C	ontributor			NO	DAY	YEAR		
Dr. Ericka Pow	ell MD			мо	DAT	TEAR		
Mailing Addres	is						\$	187.50
City Lititz		State	Zip Code (Plus 4)	9	30	2024		
		PA	175435008					
Full Name of C	ontributor	•	ł	мо	DAY	YEAR		
Ms. Amber Kin	Ig			MO	DAT	TEAR		
Mailing Addres	S						\$	112.50
City Elmira		State	Zip Code (Plus 4)	10	1	2024		
		NY	149055112					
Full Name of C	ontributor							
Mrs. Gretchen				мо	DAY	YEAR		
Mailing Addres							\$	150.00
City Halifax		State	Zip Code (Plus 4)	10	1	2024		100100
		PA	170329663					
Full Name of C	ontributor	I	I					
Mr. Kent Ecker				мо	DAY	YEAR		
Mailing Addres							\$	100.00
	nicsburg	State	Zip Code (Plus 4)	10	1	2024	*	100.00
	licobulg	PA	170507389	-		-		
Full Name of C	ontributor	I	I	I				
	berly Wortman			мо	DAY	YEAR		
Mailing Addres							\$	75.00
City Bryn M		State	Zip Code (Plus 4)	10	7	2024		75.00
		PA						
		PA	190101018					

								INGE 0
Full N	ame of Contributor			мо	DAY	YEAR		
Dr. Pa	aul Weidner MC			, no				
Mailin	g Address						\$	150.00
City	Perkasie	State	Zip Code (Plus 4)	10	7	2024		
		PA	189442361					
Full N	ame of Contributor			мо	DAY	YEAR		
Ms. W	endy Kaiser				DAI			
Mailin	g Address						\$	112.50
City	Havertown	State	Zip Code (Plus 4)	10	7	2024		
		PA	190834028					
Full N	ame of Contributor				DAY	VEAD		
Ms. M	arla Marie Pellegrini MSN,	RN, CEN		мо	DAY	YEAR		
Mailin	g Address						\$	75.00
City	Doylestown	State	Zip Code (Plus 4)	10	7	2024		
		PA	189029176					
Full N	ame of Contributor							
Ms. Ja	anice Swartz			мо	DAY	YEAR		
Mailin	g Address						\$	75.00
City	Hanover	State	Zip Code (Plus 4)	10	8	2024		
		PA	173318222					
Full N	ame of Contributor							
	yle C Snyder			мо	DAY	YEAR		
	g Address						\$	150.00
City	Mechanicsburg	State	Zip Code (Plus 4)	10	7	2024	4	150.00
,	ricenamesburg	PA	170556766			-		
Full N	ame of Contributor							
Ms. S	heilah Borne			мо	DAY	YEAR		
	g Address						\$	187.50
City	Harrisburg	State	Zip Code (Plus 4)	10	10	2024		207.00
	2	PA	171111803					
Full N	ame of Contributor							
-	ean Reinhardt MD			мо	DAY	YEAR		
	g Address						\$	112.50
City	Doylestown	State	Zip Code (Plus 4)	10	8	2024		112.50
		PA	189021477					
E.I.I.N	ame of Contributor							
	rooke Bowers			мо	DAY	YEAR		
	g Address							75.00
City	Jersey Shore	State	Zip Code (Plus 4)	10	8	2024	\$	75.00
city	Jersey Shore	PA	177401231					
			177401251					
	ame of Contributor			мо	DAY	YEAR		
	ly M. Peck RN							
	g Address					2024	\$	112.50
City	Lemont Furnace	State	Zip Code (Plus 4)	10	9	2024		
		PA	154561137					

Full Name of Contributor						
Dr. Sundeep Ekbote MD			мо	DAY	YEAR	
Mailing Address						\$ 112.50
City Pittsburgh	State	Zip Code (Plus 4)	10	9	2024	
-	PA	152412948				
Full Name of Contributor			мо	DAY	YEAR	
Mr. Donald McKenna					TEAK	
Mailing Address						\$ 150.00
City Harrisburg	State	Zip Code (Plus 4)	10	8	2024	
	PA	171126048				
Full Name of Contributor			мо	DAY	YEAR	
Mr. Jordan Zabady				DAI	TEAK	
Mailing Address						\$ 75.00
City New Cumberland	State	Zip Code (Plus 4)	10	15	2024	
	PA	170701205				
Full Name of Contributor			мо	DAY	YEAR	
Mr. Matthew Costello					TEAR	
Mailing Address						\$ 75.00
City New Hope	State	Zip Code (Plus 4)	10	15	2024	
	PA	18938				
	·					PAGE TOTAL
Enter Grand Total of Par	t A on Schedule I, I	Detailed Summary Page, S	Section 2	2.		\$ 2,977.08

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 Candida	ite		Reporting	g Period				
Hospital & Healthsystem Assoc of PA	A PAC (HAPAC)		From:	<u>9/1</u>	7/2024	То:	<u>1</u>	0/21/2024
				DA	TE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Select Medical PAC							\$	5,000.00
Mailing Address				9	17	2024		
City Mechanicsburg	State	Zip Cod	e (Plus 4)			2021		
	PA	17055						
Full Name of Contributing Committee	2			мо	DAY	YEAR		
Greenlee Partners State PAC				140			\$	500.00
Mailing Address				10	10	2024		
City Harrisburg	State	Zip Cod	e (Plus 4)		10	2024		
	PA	171081	1972					
						[PAGE TOTAL
Enter Grand Total of Part C on Sc	hedule I, Detailed S	ummary P	age, Sectio	on 3.			\$	5,500.00

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				Repo	orting Per	riod			
Hospital & Healthsystem Assoc of PA PA	AC (HAPAC)			Fron	n:	<u>9/17/2</u>	<u>024</u> To	: <u>10/</u>	21/2024
					DA	TE		AMOU	NT
Full Name of Contributor					мо	DAY	YEAR		
Mr. Harvey Green					MO	DAT	TEAR	\$	375.00
Mailing Address					10	17	2024		
City Lutherville Timonium	State	Zip	o Code (Plus	4)		_ /			
	MD	21	0933518						
Employer Name WellSpan Health					Occupat	ion	Philanth	ropy	
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Code (P	us 4)
			York			PA		174035071	
Full Name of Contributor							VEAD		
Dr. David James Gasperack DO					мо	DAY	YEAR	\$	375.00
Mailing Address					10	16	2024	1	
City Wyomissing	State	Zip	o Code (Plus	4)	10	10	2024		
	PA	19	6102517						
Employer Name WellSpan Health					Occupat	ion y	VP-Regi	onal Medical	Direc
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Code (P	us 4)
			York			PA		174035071	
Full Name of Contributor		-							
Mrs. Patricia F Donley RN, MSN					мо	DAY	YEAR	\$	375.00
Mailing Address					10	16	2024		
City Lebanon	State	Zip	o Code (Plus	4)	10	10	2024		
	PA	17	0428808						
Employer Name WellSpan Good Sama	ritan Hospital				Occupat	ion	Presider	nt	
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Code (P	us 4)
			Ephrata			PA		175221724	
Full Name of Contributor									
Ms. Deborah Addo					мо	DAY	YEAR	\$	750.00
Ms. Deborah Addo Mailing Address								-	750.00
	State	Zip	o Code (Plus	4)	мо 10	DAY 15	YEAR 2024	-	750.00
Mailing Address	State PA		5 Code (Plus	4)				-	750.00
Mailing Address			•	: 4)		15			750.00
Mailing Address City Lititz	PA		•	4)	10	15	2024		

Dr. Dane McFarland MSN, RN-BC MO DAY YEAR \$ 375.00 Mailing Address VA 201412251 10 115 2024 Employer Mailing Address/Principal Place of Business City 201412251 Cocupation CNU Mailing Address/Principal Place of Business City York Sate Zip Code (Plus 4) 174035071 Moi BAY VEAR YEAR \$ 375.00 Sate Zip Code (Plus 4) 174035071 Mailing Address/Principal Place of Business City York YEAR \$ 375.00 Mailing Address/Principal Place of Business City York YeAR \$ 375.00 Full Name of Contributor Nr York YeAR \$ 100 11 2024 Full Name of Contributor Nr York York YeAR \$ 1/125.00 Full Name of Contributor Nr York York YeAR \$ 1/125.00 Mailing Address/Principal Place of Business City York YeAR \$ 1/125.00 Full Name of Contributor Nr York YeAR \$ 1/125.00 Mr. Richard Allen State Zip Code (Plus 4) 10 9 2024 Full Name of Contributor Nr YeAR \$ 375.00 </th <th>Full Name of Contributor</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	Full Name of Contributor								
Mailing Address Use Zip Code (Plus 4) 201412251 10 15 2024 Employer Name WellSpan Health 0ccupation CNV State Zip Code (Plus 4) 174035071 Employer Name WellSpan Health 0ccupation PA 174035071 174035071 Full Name of Contributor Mo DAY YEAR 375.00 375.00 Nailing Address State Zip Code (Plus 4) 10 11 2024 Full Name of Contributor State Zip Code (Plus 4) 173169143 10 11 2024 Employer Name WellSpan Health 0ccupation VP Care Management Zip Code (Plus 4) 174035071 Full Name of Contributor Mr. Richard Allen Nr. Kichard Allen 10 9 2024 1,125.00 Mailing Address / Principal Place of Business City Yerk No DAY YEAR 1,125.00 Mailing Address / Principal Place of Business City Yeare State Zip Code (Plus 4) 1063651325 Decupation Cief Evecutive Officer </td <td></td> <td></td> <td></td> <td>мо</td> <td>DAY</td> <td>YEAR</td> <td>\$</td> <td>375.00</td>				мо	DAY	YEAR	\$	375.00	
City Round Hill State Zip Code (Plus 4) 1U 1D 1D 2D/24 Employer Name WellSpan Health Occupation CNO Zip Code (Plus 4) 774 Zip Code (Plus 4) 74035071 Full Name of Contributor MSs. Marlene: Couse MSN, NN. NE-BC MO DAY YEAR \$ 375.00 Mailing Address T/73169143 10 11 2024 \$ \$ Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4) 1/1 2024 \$ \$ 375.00 Full Name of Contributor PA T/3169143 10 11 Zip Code (Plus 4) 1/1 1/2035071 \$ 1/1/2035071 \$ 1/1/2035071 \$ 1/1/2035071 \$ 1/1/2035071 \$ 1/1/2035071 \$ 1/1/2035071 \$ 1/1/2035071 \$ 1/1/2035071 \$ 1/1/2035071 \$ 1/1/2035071 \$ 1/1/2035071 \$ 1/1/2035071 \$ 1/1/2035071 \$ 1/1/2035071 \$ 1/1/							1		
$ \begin{array}{ c c c } & \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $		State	7in Code (Plus 4)	10	15	2024			
Employer Name WellSpan Health Occupation CNO Employer Mailing Address/Principal Place of Business City York State PA Zip Code (Plus 4) 174035071 Full Name of Contributor MO DAY YEAR 									
Employer Mailing Address/Principal Place of Business City York State PA Zip Code (Plus 4) 174035071 Full Name of Contributor Mising Address MO DAY YEAR \$ 375.00 Mailing Address PA 10 11 2024 \$ 375.00 Mailing Address PA 10 11 2024 \$ 375.00 Employer Name WeilSpan Health Occupation VP Care Management 21p Code (Plus 4) 174035071 \$ 174035071 Full Name of Contributor Mr. Richard Allen MO DAY YEAR \$ 1,125.00 Mailing Address City VP Kare State 21p Code (Plus 4) 174035071 \$ 1,125.00 Full Name of Contributor Mr. Richard Allen MO DAY YEAR \$ 1,125.00 Mailing Address City VP A 163651325 Occupation Chief Executive Officer Employer Name Warren General Hospital Occupation Chief Executive Officer 21p Code (Plus 4) 163650068 \$ 375.00 Full Name of Contributor Mr. Pater J. Adamo State Zip Code (Plus 4) 193558601 10 9 2024 \$ 375.00 Mailing Address City Mailon Address State Zip Code (Plus 4) 15063101	Employer Name WellSpan Health		201412231	Occupat	ion		•		
Full Name of Contributor Ms. Marlene Crouse MSN, RN, RE-BCYorkPA174035071Full Name of Contributor Ms. Marlene Crouse MSN, RN, RE-BCIDAYYEAR Variable Variable Varia		e of Business	City		1		Zin Codo (Dive 4)	
IN Name of Contributor MO DAY YEAR 375.00 Mailing Address In In In 2024 S 375.00 City East Berlin State Zip Code (Plus 4) In In 2024 S 375.00 Employer Name WellSpan Health Occupation VP Care Management Zip Code (Plus 4) In 10 In 2024 S 10 11 2024 S 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 9 2024 S 1,125.00 Full Name of Contributor Mr. Richard Allen MO DAY YEAR YEAR 1,125.00 1,125.00 Mailing Address In 10 9 2024 State 1,125.00 1,125.00 Full Name of Contributor Mailing Address/Principal Place of Business City State Zip Code (Plus 4) 10 9 2024 S 375.00 Mailing Address In 10 9 20		te of Business							
Marine Crouse MSN, RN, NE-BC M0 DAY YEAR YEAR 375.00 Mailing Address State Zip Code (Plus 4) 10 11 2024 11 2024 Employer Name WellSpan Health PA 173169143 10 11 2024 Year Xip Code (Plus 4) Full Name of Contributor York York State Zip Code (Plus 4) 174035071 Full Name of Contributor York No DAY YEAR Year 1,125.00 Mailing Address City York To Cocupation Chie Year 1,125.00 Mailing Address State Zip Code (Plus 4) 1,125.00 1,125.00 Mailing Address York Year Year 1,125.00 Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4) Full Name of Contributor Mr. Pa 10 D4Y Year Year Full Name of Contributor Mr. Pa 193558601 D4Y Year Year 375.00 Mailing Address PA 193558601 D4Y Year Xear <td></td> <td></td> <td>York</td> <td></td> <td>PA</td> <td></td> <td>1/40350/</td> <td>1</td>			York		PA		1/40350/	1	
Ms. Marlene Crouse MSN, RN, NE-BC Image Address Image Address <thimage address<="" th=""> Image Address</thimage>	Full Name of Contributor			мо	DAY	YEAR	4	375.00	
City East Berlin State Zip Code (Plus 4) 10 11 2024 Employer Name WellSpan Health Occupation VP Care Management Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4) Full Name of Contributor MO DAY YEAR \$ Mailing Address State Zip Code (Plus 4) 10 9 2024 Full Name of Contributor MA Year \$ 1,125.00 Mailing Address Tabsol (Plus 4) 10 9 2024 \$ Employer Name Warren General Hospital Occupation Chief Executive Officer Employer Mailing Address City State Zip Code (Plus 4) 10 9 2024 \$ Full Name of Contributor Market State City State Zip Code (Plus 4) 10 10 9 2024 \$ 375.00 Mailing Address City Market President 10 9 2024 \$ 375.00 Mailing Address/Principal Place of Business City Monongahela MO DAY <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>, Ť</td> <td>575.00</td>							, Ť	575.00	
PA173169143VP CareManagementEmployer Name WellSpan HealthOccupationVP CareZip Code (Plus 4)Transpan="4">Full Name of ContributorVP CareZip Code (Plus 4)NorkVP CareZip Code (Plus 4)Transpan="4">Transpan="4">Transpan="4">Transpan="4">Transpan="4">Transpan="4">Transpan="4">Transpan="4">VP CareZip Code (Plus 4)Transpan="4">Transpan="4">Transpan="4">Transpan="4">Transpan="4">VP CareZip Code (Plus 4)Transpan="4">Transpan="4">Transpan="4"VP CareZip Code (Plus 4)Transpan="4">Transpan="4">Transpan="4"VP CareZip Code (Plus 4)Transpan="4">Transpan="4"VP CareZip Code (Plus 4)Transpan="4"Transpan="4"Transpan="4"VP CareMODAYYEARTranspan="4"Transpan="4"Transpan="4"Transpan="4"Transpan="4"Transpan="4"Transpan="4"Transpan="4"Transpan="4"Transpan="4"Transpan="4"Transpan="4" <th c<="" td=""><td></td><td></td><td></td><td>10</td><td>11</td><td>2024</td><td></td><td></td></th>	<td></td> <td></td> <td></td> <td>10</td> <td>11</td> <td>2024</td> <td></td> <td></td>				10	11	2024		
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Full Name of Contributor				мо	DAY	YEAR			
Mr. Douglas Hughes RN, BSN, MBA				MO	DAT	TEAR	\$		1,875.00
Mailing Address				10	10	2024			
City Harleysville	State	Zip	o Code (Plus 4)	10	10	2024			
	PA I	19	4382723						
Employer Name Grand View Health				Occupat	ion	Presider	nt and G	Chief Ex	(ecu
Employer Mailing Address/Principal Plac	ce of Business		City		State		Zip Co	de (Plu	s 4)
			Sellersville		PA		18960	0902	
Full Name of Contributor									
Ms. Melissa Dubrow				мо	DAY	YEAR	\$		375.00
Mailing Address				10	-	2024			
City Waynesboro	State	Zip	Code (Plus 4)	10	7	2024			
	PA	17	2688436						
Employer Name Wellspan Waynesbord	Hospital			Occupat	ion	Vice Pre	sident	Wellspa	n H
Employer Mailing Address/Principal Place			City		State			de (Plu	
			Waynesboro		PA		17268		
Full Name of Contributor					1.7.	-	1		
				мо	DAY	YEAR	\$		375.00
Mr. Orie Chambers Jr Mailing Address							÷		
	State	Zir	Code (Plus 4)	10	2	2024			
City Temple									
		19	5609754	0	ian)	<i></i>			<u> </u>
Employer Name WellSpan Ephrata Con			<u></u>	Occupat	1	Vice Pre			
Employer Mailing Address/Principal Place	ce of Business		City		State		-	de (Plu	s 4)
			Ephrata		PA		17522	1002	
Full Name of Contributor				мо	DAY	YEAR	4		275.00
Full Name of Contributor Ms. Kathryn Slatt				мо	DAY	YEAR	\$		375.00
				мо 10	DAY	YEAR 2024	\$		375.00
Ms. Kathryn Slatt	State	Zip	o Code (Plus 4)				\$		375.00
Ms. Kathryn Slatt Mailing Address	State PA	-	o Code (Plus 4) 0362718				\$		375.00
Ms. Kathryn Slatt Mailing Address	PA	17	0362718		1			Innova	
Ms. Kathryn Slatt Mailing Address City Hummelstown	PA Pstem Association of I	17	0362718	10	1	2024	sident,	Innova de (Plus	itiv
Ms. Kathryn Slatt Mailing Address City Hummelstown Employer Name Hospital and Healthsy	PA Pstem Association of I	17	0362718 ns, Th	10	1 ion	2024	sident,	de (Plu	itiv
Ms. Kathryn Slatt Mailing Address City Hummelstown Employer Name Hospital and Healthsy	PA Pstem Association of I	17	0362718 ns, Th City	0ccupat	ion State PA	2024 Vice Pre	sident, Zip Co 17101	de (Plu	itiv s 4)
Ms. Kathryn Slatt Mailing Address City Hummelstown Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place	PA Pstem Association of I	17	0362718 ns, Th City	10	ion V	2024	sident,	de (Plu	itiv
Ms. Kathryn Slatt Mailing Address City Hummelstown Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor	PA Pstem Association of I	17	0362718 ns, Th City	Occupat	ion Y State PA DAY	2024 Vice Pre	sident, Zip Co 17101	de (Plu	itiv s 4)
Ms. Kathryn Slatt Mailing Address City Hummelstown Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Dr. David Vega MD	PA Pstem Association of I	17 Pen	0362718 ns, Th City	0ccupat	ion State PA	2024 Vice Pre	sident, Zip Co 17101	de (Plu	itiv s 4)
Ms. Kathryn Slatt Mailing Address City Hummelstown Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Dr. David Vega MD Mailing Address	PA rstem Association of I ce of Business	17 Pen	0362718 ns, Th City Harrisburg	Occupat	ion Y State PA DAY	2024 Vice Pre	sident, Zip Co 17101	de (Plu	itiv s 4)
Ms. Kathryn Slatt Mailing Address City Hummelstown Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Dr. David Vega MD Mailing Address	PA rstem Association of R ce of Business State	17 Pen	0362718 ns, Th City Harrisburg	Occupat	ion V State PA DAY 30	2024 Vice Pre	sident, Zip Co 17101 \$	de (Plu	itiv s 4)
Ms. Kathryn Slatt Mailing Address City Hummelstown Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Dr. David Vega MD Mailing Address City York	PA rstem Association of R ce of Business State PA	17 Pen	0362718 ns, Th City Harrisburg	10 Оссират МО 9	ion V State PA DAY 30	2024 Vice Pre YEAR 2024	sident, Zip Co 17101 \$	de (Plu	itiv 5 4) 262.50
Ms. Kathryn Slatt Mailing Address City Hummelstown Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Dr. David Vega MD Mailing Address City York Employer Name WellSpan Health	PA rstem Association of R ce of Business State PA	17 Pen	0362718 ns, Th City Harrisburg Code (Plus 4) 4069684	10 Оссират МО 9	ion State PA DAY 30	2024 Vice Pre YEAR 2024	sident, Zip Co 17101 \$	de (Plus 1703 de (Plus	itiv 5 4) 262.50
Ms. Kathryn Slatt Mailing Address City Hummelstown Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Dr. David Vega MD Mailing Address City York Employer Name WellSpan Health Employer Mailing Address/Principal Place	PA rstem Association of R ce of Business State PA	17 Pen	0362718 ns, Th City Harrisburg • Code (Plus 4) 4069684 City	10 Оссират МО 9	ion V PA DAY 30 ion State	2024 Vice Pre YEAR 2024	sident, Zip Co 17101 \$ n Zip Co	de (Plus 1703 de (Plus	itiv 5 4) 262.50
Ms. Kathryn Slatt Mailing Address City Hummelstown Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Dr. David Vega MD Mailing Address City York Employer Name WellSpan Health Employer Mailing Address/Principal Place Full Name of Contributor	PA rstem Association of R ce of Business State PA	17 Pen	0362718 ns, Th City Harrisburg • Code (Plus 4) 4069684 City	10 Оссират МО 9	ion V PA DAY 30 ion State	2024 Vice Pre YEAR 2024	sident, Zip Co 17101 \$ n Zip Co	de (Plus 1703 de (Plus	itiv 5 4) 262.50
Ms. Kathryn Slatt Mailing Address City Hummelstown Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Dr. David Vega MD Mailing Address City York Employer Name WellSpan Health Employer Mailing Address/Principal Place Full Name of Contributor Dr. Tina Citro DNP, RN, NE-BC	PA rstem Association of R ce of Business State PA	17 Pen	0362718 ns, Th City Harrisburg • Code (Plus 4) 4069684 City	MO 9 Occupat	ion V PA DAY 30 ion State PA DAY DAY	2024 Vice Pre YEAR 2024 Physicia	sident, Zip Co 17101 \$ n Zip Co 17403	de (Plus 1703 de (Plus	itiv s 4) 262.50 s 4)
Ms. Kathryn Slatt Mailing Address City Hummelstown Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Dr. David Vega MD Mailing Address City York Employer Name WellSpan Health Employer Mailing Address/Principal Place Full Name of Contributor Dr. Tina Citro DNP, RN, NE-BC Mailing Address	PA rstem Association of R ce of Business State PA	17 Pen Zi ţ	0362718 ns, Th City Harrisburg • Code (Plus 4) 4069684 City	MO 9 Occupat	ion v PA DAY 30 ion state PA	2024 Vice Pre YEAR 2024 Physicia	sident, Zip Co 17101 \$ n Zip Co 17403	de (Plus 1703 de (Plus	itiv s 4) 262.50 s 4)
Ms. Kathryn Slatt Mailing Address City Hummelstown Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Dr. David Vega MD Mailing Address City York Employer Name WellSpan Health Employer Mailing Address/Principal Place Full Name of Contributor Dr. Tina Citro DNP, RN, NE-BC Mailing Address	PA rstem Association of P re of Business State PA re of Business State State	17 Pen Zir 17 27	0362718 ns, Th City Harrisburg O Code (Plus 4) 4069684 City York City York	MO 9 Occupat	ion V PA DAY 30 ion State PA DAY DAY	2024 Vice Pre YEAR 2024 Physicia	sident, Zip Co 17101 \$ n Zip Co 17403	de (Plus 1703 de (Plus	itiv s 4) 262.50 s 4)
Ms. Kathryn Slatt Mailing Address City Hummelstown Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Dr. David Vega MD Mailing Address City York Employer Name WellSpan Health Employer Mailing Address/Principal Place Full Name of Contributor Dr. Tina Citro DNP, RN, NE-BC Mailing Address City Douglassville	PA rstem Association of I re of Business State PA re of Business State PA	17 Pen Zir 17 27	0362718 ns, Th City Harrisburg • Code (Plus 4) 4069684 City York	MO Occupat MO 9 Occupat	ion (State (PA (DAY (30 (State (PA (30 (2024 Vice Pre YEAR 2024 Physicia YEAR 2024	sident, Zip Co. 17101 \$ n Zip Co. 17403 \$	de (Plus 1703 de (Plus 5071	itiv 5 4) 262.50 5 4) 375.00
Ms. Kathryn Slatt Mailing Address City Hummelstown Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Dr. David Vega MD Mailing Address City York Employer Name WellSpan Health Employer Mailing Address/Principal Place Full Name of Contributor Dr. Tina Citro DNP, RN, NE-BC Mailing Address City Douglassville Employer Name WellSpan Ephrata Contributar	PA stem Association of P se of Business State PA se of Business State PA state PA mmunity Hospital	17 Pen Zir 17 27	0362718 ns, Th City Harrisburg Code (Plus 4) 4069684 City York City York Code (Plus 4) 5189591	MO 9 Occupat	ion 1 State PA DAY 30 ion 1 State PA 30 ion 30 ion 30	2024 Vice Pre YEAR 2024 Physicia	sident, Zip Co. 17101 \$ n Zip Co. 17403 \$ 17403	de (Plus 1703 de (Plus 5071 /ice Pre	tiv 5 4) 262.50 5 4) 375.00 esid
Ms. Kathryn Slatt Mailing Address City Hummelstown Employer Name Hospital and Healthsy Employer Mailing Address/Principal Place Full Name of Contributor Dr. David Vega MD Mailing Address City York Employer Name WellSpan Health Employer Mailing Address/Principal Place Full Name of Contributor Dr. Tina Citro DNP, RN, NE-BC Mailing Address City Douglassville	PA stem Association of P se of Business State PA se of Business State PA state PA mmunity Hospital	17 Pen Zir 17 27	0362718 ns, Th City Harrisburg O Code (Plus 4) 4069684 City York City York	MO Occupat MO 9 Occupat	ion (State (PA (DAY (30 (State (PA (30 (2024 Vice Pre YEAR 2024 Physicia YEAR 2024	sident, Zip Co. 17101 \$ n Zip Co. 17403 \$ 17403	de (Plus 1703 de (Plus 5071 /ice Pre de (Plus	tiv 5 4) 262.50 5 4) 375.00 esid

							_	
Full Name of Contributor				мо	DAY	YEAR	\$	1,000.00
Dr. Robert Harbaugh MD							-	1,000.00
Mailing Address				9	27	2024		
City Hummelstown	State		p Code (Plus 4)					
	I PA		70368712					
Employer Name Penn State M	ilton S. Hershey Medical	Center		Occupat	tion	Physicia	n	
Employer Mailing Address/Prine	cipal Place of Business		City		State		Zip Code (P	lus 4)
			Hershey		PA		170330850	
Full Name of Contributor					DAY	VEAD		
Ms. Nicole Dempsey Stallings				мо	DAY	YEAR	\$	156.25
Mailing Address				9	26	2024		
City Harrisburg	State	Zir	p Code (Plus 4)		20	2021		
	PA	₁₇	71011730					
Employer Name Hospital and	Healthsystem Associatio	n of Pen	ins, Th	Occupat	tion	Presider	nt and Chief	Execu
Employer Mailing Address/Prine	cipal Place of Business		City		State		Zip Code (P	lus 4)
			Harrisburg		PA		171011703	
Full Name of Contributor			-					
Ms. Nicole Dempsey Stallings				мо	DAY	YEAR	\$	156.25
Mailing Address					26		1	
City Harrisburg	State	Zi	p Code (Plus 4)	- 9	26	2024		
5	PA		71011730					
Employer Name Hospital and	Healthsystem Associatio	n of Per	ins. Th	Occupat	tion	Presider	t and Chief	Execu
Employer Mailing Address/Princ			City	<u></u>	State		Zip Code (P	
			Harrisburg		PA		171011703	
			Harrisburg		1.7.		1,1011,00	
Full Name of Contributor				мо	DAY	YEAR	\$	750.00
Ms. Annette White ESQ Mailing Address							-	
City Bethlehem	State	71	p Code (Plus 4)	9	25	2024		
erry Detmenent	PA		30155092					
Employer Name Labiah Vallay	I FA	1 10	30133092				1	
Employer Name Lenigh Valley	Llaste Naturali			Occupat	lion	Comion I	line Dunaidan	t and
Encoder and Marillon and July and (Dates)	Health Network		C'ha	Occupat		Senior V	/ice Presiden	
Employer Mailing Address/Prine			City	Occupat	State	Senior V	Zip Code (P	lus 4)
Employer Mailing Address/Prin			City Allentown	Occupat		Senior V		lus 4)
Full Name of Contributor	cipal Place of Business		-	Occupat	State	Senior V	Zip Code (P 181051556	lus 4)
Full Name of Contributor Dr. James Edward Hartle II, MI	cipal Place of Business		-		State PA		Zip Code (P	lus 4)
Full Name of Contributor Dr. James Edward Hartle II, MI Mailing Address	cipal Place of Business		Allentown		State PA		Zip Code (P 181051556 \$	lus 4)
Full Name of Contributor Dr. James Edward Hartle II, MI	D State		Allentown p Code (Plus 4)	МО	State PA DAY	YEAR	Zip Code (P 181051556 \$	lus 4)
Full Name of Contributor Dr. James Edward Hartle II, MI Mailing Address City Danville	cipal Place of Business		Allentown	MO 9	State PA DAY 25	YEAR	Zip Code (P 181051556 \$	lus 4)
Full Name of Contributor Dr. James Edward Hartle II, MI Mailing Address	D State		Allentown p Code (Plus 4)	МО	State PA DAY 25	YEAR	Zip Code (P 181051556 \$	lus 4)
Full Name of Contributor Dr. James Edward Hartle II, MI Mailing Address City Danville	D State PA		Allentown p Code (Plus 4)	MO 9	State PA DAY 25	YEAR 2024	Zip Code (P 181051556 \$	l us 4) 750.00
Full Name of Contributor Dr. James Edward Hartle II, MI Mailing Address City Danville Employer Name Geisinger	D State PA		Allentown P Code (Plus 4) 78217065	MO 9	State PA DAY 25	YEAR 2024	Zip Code (P 181051556 \$ n	lus 4) 750.00 lus 4)
Full Name of Contributor Dr. James Edward Hartle II, MI Mailing Address City Danville Employer Name Geisinger	D State PA		Allentown p Code (Plus 4) 78217065 City	MO 9 Occupat	State PA DAY 25 tion State PA	YEAR 2024 Physicia	Zip Code (P 181051556 \$ \$ n Zip Code (P 187110027	lus 4) 750.00 lus 4)
Full Name of Contributor Dr. James Edward Hartle II, MI Mailing Address City Danville Employer Name Geisinger Employer Mailing Address/Princ	D State PA		Allentown p Code (Plus 4) 78217065 City	MO 9	State PA DAY 25 tion State	YEAR 2024	Zip Code (P 181051556 \$ n Zip Code (P	lus 4) 750.00 lus 4)
Full Name of Contributor Dr. James Edward Hartle II, MI Mailing Address City Danville Employer Name Geisinger Employer Mailing Address/Prince	D State PA		Allentown p Code (Plus 4) 78217065 City	MO 9 Occupat	State PA DAY 25 tion State PA DAY	YEAR 2024 Physicia YEAR	Zip Code (P 181051556 \$ n Zip Code (P 187110027 \$	lus 4) 750.00 lus 4)
Full Name of Contributor Dr. James Edward Hartle II, MI Mailing Address City Danville Employer Name Geisinger Employer Mailing Address/Prince Full Name of Contributor Dr. Elizabeth A. Piccione MD	D State PA	₁₇	Allentown p Code (Plus 4) 78217065 City	MO 9 Occupat	State PA DAY 25 tion State PA	YEAR 2024 Physicia	Zip Code (P 181051556 \$ n Zip Code (P 187110027 \$	lus 4) 750.00 lus 4)
Full Name of Contributor Dr. James Edward Hartle II, MI Mailing Address City Danville Employer Name Geisinger Employer Mailing Address/Prince Full Name of Contributor Dr. Elizabeth A. Piccione MD Mailing Address	cipal Place of Business	17	Allentown P Code (Plus 4) 78217065 City Wilkes Barre	MO 9 Occupat	State PA DAY 25 tion State PA DAY	YEAR 2024 Physicia YEAR	Zip Code (P 181051556 \$ n Zip Code (P 187110027 \$	lus 4) 750.00 lus 4)
Full Name of Contributor Dr. James Edward Hartle II, MI Mailing Address City Danville Employer Name Geisinger Employer Mailing Address/Prince Full Name of Contributor Dr. Elizabeth A. Piccione MD Mailing Address	cipal Place of Business D State PA cipal Place of Business State PA	17	Allentown P Code (Plus 4) 78217065 City Wilkes Barre P Code (Plus 4)	MO 9 Occupat	State PA DAY 25 tion State PA DAY 24	YEAR 2024 Physicia YEAR	Zip Code (P 181051556 \$ n Zip Code (P 187110027 \$	lus 4) 750.00 lus 4)
Full Name of Contributor Dr. James Edward Hartle II, MI Mailing Address City Danville Employer Name Geisinger Employer Mailing Address/Prince Full Name of Contributor Dr. Elizabeth A. Piccione MD Mailing Address City New Castle	cipal Place of Business D State PA cipal Place of Business State PA ant	17	Allentown P Code (Plus 4) 78217065 City Wilkes Barre P Code (Plus 4)	MO 9 0ccupat	State PA DAY 25 tion State PA DAY 24	YEAR 2024 Physicia YEAR 2024	Zip Code (P 181051556 \$ n Zip Code (P 187110027 \$	lus 4) 750.00 lus 4) 750.00

Full Name of Contributor	. 15			мо	DAY	YEAR	\$	375.00
Ms. Tina M. Weatherwax Gra	nt JU						-	
Mailing Address	State		n Codo (Blue 4)	9	24	2024		
City Okemos			p Code (Plus 4)					
	I MI	1 48	38643350				1	
Employer Name Trinity Hea				Occupat	1	VP, Pub	lic Policy Stat	
Employer Mailing Address/Pr	incipal Place of Business		City		State		Zip Code (Plu	is 4)
			Livonia		MI		481527031	
Full Name of Contributor				мо	DAY	YEAR		750.00
Mr. Kenneth DeFurio				110		TEAR	\$	750.00
Mailing Address				9	23	2024		
City Renfrew	State	Zi	p Code (Plus 4)					
	I PA	16	50539664					
Employer Name Independe	nce Health System			Occupat	tion	Presider	nt and Chief E	xecu
Employer Mailing Address/Pr	incipal Place of Business		City		State		Zip Code (Plu	is 4)
			Butler		PA		160014670	
Full Name of Contributor			•					
Mr. Cornelio R Catena FACH	=			мо	DAY	YEAR	\$	750.00
Mailing Address	-							
City Nazareth	State	Zi	p Code (Plus 4)	9	23	2024		
and nazareti			30648200					
		1 10	50048200	Occupat	lan	Due et el eur	1 	
Employer Name Lehigh Vall			City		1	Presider		- 1)
Employer Mailing Address/Pr	Incipal Place of Business		City		State		Zip Code (Plu	IS 4)
			East Stroudsbu	rg	PA		183013006	
Full Name of Contributor				мо	DAY	YEAR	\$	262.50
Marlene C. Parsell RN, BSN							- ⁺	202.30
Mailing Address				9	20	2024		
City Galeton	State	Zi	p Code (Plus 4)					
	I PA	l 16	59221409					
Employer Name UPMC Wells	sboro			Occupat	tion	Nurse		
Employer Mailing Address/Pr	incipal Place of Business		City		State		Zip Code (Plu	is 4)
			Wellsboro		PA		169011899	
Full Name of Contributor								
Mr. Mark A Norman				мо	DAY	YEAR	\$	750.00
							7	
Mailing Address				0	10	2024		
-	State	Zi	p Code (Plus 4)	9	19	2024		
	State PA		p Code (Plus 4) 58019034	9	19	2024		
Mailing Address City DUBOIS Employer Name Penn Highl	PA		,	9 Occupat		2024 COO		
City DUBOIS	PA ands Clearfield		,				Zip Code (Plu	ıs 4)
City DUBOIS Employer Name Penn Highl	PA ands Clearfield		58019034		tion (is 4)
City DUBOIS Employer Name Penn Highl Employer Mailing Address/Pr	PA ands Clearfield		58019034		tion State		Zip Code (Plu	is 4)
City DUBOIS Employer Name Penn Highl Employer Mailing Address/Pr Full Name of Contributor	PA ands Clearfield		58019034		tion State		Zip Code (Plu	1s 4) 262.50
City DUBOIS Employer Name Penn Highl Employer Mailing Address/Pr Full Name of Contributor Dr. Lee Maddox MD	PA ands Clearfield		58019034	Occupat	tion State PA	COO	Zip Code (Plu 168300992	
City DUBOIS Employer Name Penn Highl Employer Mailing Address/Pr Full Name of Contributor Dr. Lee Maddox MD Mailing Address	PA ands Clearfield incipal Place of Business	<u>1</u> 5	City Clearfield	Occupat	tion State PA	COO	Zip Code (Plu 168300992 \$	
City DUBOIS Employer Name Penn Highl Employer Mailing Address/Pr Full Name of Contributor Dr. Lee Maddox MD	PA ands Clearfield incipal Place of Business State	15	City Clearfield	Occupat MO	tion State PA DAY	COO YEAR	Zip Code (Plu 168300992 \$	
City DUBOIS Employer Name Penn Highl Employer Mailing Address/Pr Full Name of Contributor Dr. Lee Maddox MD Mailing Address City York	PA ands Clearfield incipal Place of Business State PA	15	City Clearfield	MO 9	tion State PA DAY 17	COO YEAR 2024	Zip Code (Plu 168300992 \$	262.50
City DUBOIS Employer Name Penn Highl Employer Mailing Address/Pr Full Name of Contributor Dr. Lee Maddox MD Mailing Address City York Employer Name WellSpan H	PA ands Clearfield incipal Place of Business State PA Health	15	City Clearfield p Code (Plus 4) 74028257	Occupat MO	tion State PA DAY 17	COO YEAR 2024	Zip Code (Plu 168300992 \$ Director - Pu	262.50
City DUBOIS Employer Name Penn Highl Employer Mailing Address/Pr Full Name of Contributor Dr. Lee Maddox MD Mailing Address City York	PA ands Clearfield incipal Place of Business State PA Health	15	City Clearfield	MO 9	tion State PA DAY 17	COO YEAR 2024	Zip Code (Plu 168300992 \$	262.50

Full Name of Contributor	мо	DAY	YEAR		750.00		
Mr. John T. Schwarz	MO	DAT		\$	750.00		
Mailing Address			9	17	2024		
City Narberth	State	Zip Code (Plus 4)		17	2024		
Employer Name Bryn Mawr Hospital			Occupation President				
Employer Mailing Address/Principal Plac	e of Business	City	State		State Z		e (Plus 4)
		Bryn Mawr	PA			190103	160
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.						PA 6	AGE TOTAL 15,975.00

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 Reporting				ing Perio	d				
Hospital & Healthsystem Assoc of PA PAC (HAPAC) From:			9/17/2024 To :			<u>10/21/2024</u>			
					ATE			AMOUNT	
Full Name				мо	DAY	YEAR		11.02	
FNB-First National Bank				MO	DAT	TEAR		\$ 11.93	
Mailing Address	1			9	30	2024	4		
City Harrisburg	State	Zip Code (Plus 4)						
	РА	17111							
Receipt Description September 2024 Interest Income									
Full Name				мо	DAY	YEAR		\$ 20.03	
FNB-First National Bank				MO				P 20.03	
Mailing Address	I			9	30	2024	4		
City Harrisburg	State	Zip Code (Plus 4)						
	PA	17111							
Receipt Description September 2024	Interest Income						•		
Full Name					DAY	VEAD			
Dan Frankel for the 23rd District Commit	tee			мо	DAY	YEAR		\$ 1,000.00	
Mailing Address				10	9	2024	4		
City Harrisburg	State	Zip Code (Plus 4)		-				
	РА	17108							
Receipt Description Void - Dan Frank	kel for the 23rd Distric	t Committe	e						
								PAGE TOTAL	
Enter Grand Total of Part E on Schedu	le I, Detailed Sumn	ary Page,	Section	4.			\$	1,031.96	

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 Perio	bd	
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	From:	<u>9/17/2024</u> To:	<u>10/21/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	l	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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, 3		\$	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 Detailed Summary Page,							PAGE TOTA	L
						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate			Rep	Reporting Period			
			Fro	m:		То:	
					DATE		AMOUNT
Full Name of Contributor				мо	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	e Zip	Code(Plus 4)	Descri	ption 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)				<u>9/1</u>	7/2024	То:	<u>10/21/2024</u>		
				DATE	AMOUNT				
To Whom Paid			мо	DAY	YEAR				
HRCC			мо		1 LAK				
Mailing Address			9	25	2024	\$	2,500.00		
City Harrisburg State Zip Code (Plus 4)			Descrip	tion of Exp	enditure				
	PA	17108	Dukes I	Riverside B	ar &	; Grill - 9	/23/24		
To Whom Paid			мо	DAY	YEAR				
Citizens for Grove									
Mailing Address			9	25	2024	\$	1,000.00		
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	17108	Warring	Warrington Sporting Clays - 9/27/24					
To Whom Paid FNB-First National Bank			мо	DAY	YEAR				
Mailing Address			9	26	2024	\$	117.68		
City Harrisburg	State	Zip Code (Plus 4)	Descrip	Description of Expenditure					
	PA	17111	Septem	September 2024 Bank Fees: AMEX					
To Whom Paid			мо	DAY	YEAR				
FNB-First National Bank			мо						
Mailing Address			10	1	2024	\$	237.29		
City Harrisburg	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	17111	October	October 2024 Bank Fees: Heartland					
To Whom Paid			мо	DAY	YEAR				
FNB-First National Bank									
Mailing Address			10	1	2024	\$	613.61		
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	17111	October	⁻ 2024 Ban	k Fees: H	Heartland			
To Whom Paid			мо	DAY	YEAR				
FNB-First National Bank									
Mailing Address			10	2	2024	\$	10.50		
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	17111	October	October 2024 Bank Fees: Authorize.net					

				-	-	-				
	hom Paid			мо	DAY	YEAR				
FNB-First National Bank										
Mailir	ng Address			10	2	2024	\$	24.49		
City	Harrisburg	State	Zip Code (Plus 4)	Description of Expenditure						
PA 17111				October 2024 Bank Fees: Authorize.net						
To W	hom Paid			мо	DAY	YEAR				
Jay C	Jay Costa for State Senate Committee					12/11				
Mailir	ng Address			10	9	2024	\$	1,000.00		
City	Pittsburgh	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•			
		PA	15221	Harrisbu	urg Hilton	- 10/8/24	1			
To W	hom Paid					VEAD				
Dan F	Frankel for the 23rd District Co	mmittee		мо	DAY	YEAR				
Mailing Address					9	2024	\$	1,000.00		
City	Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1			
		PA	17108	Stocks	on 2nd - 1	0/1/24				
To W	hom Paid			NO	DAY	YEAR				
Dan F	Frankel for the 23rd District Co	mmittee		мо		TEAR				
Mailir	ng Address			10	9	2024	\$	1,000.00		
City	Harrisburg	State	Zip Code (Plus 4)	Description of Expenditure						
		PA	17108	Stocks on 2nd - 10/1/24						
To W	hom Paid					VEAD				
Frien	ds of Bryan Cutler			мо	DAY	YEAR				
Mailir	Mailing Address									
				10	9	2024	\$	6,000.00		
City	ng Address Harrisburg	State	Zip Code (Plus 4)		9 tion of Exp		\$	6,000.00		
City		State PA	Zip Code (Plus 4) 17108	Descrip		enditure	\$	6,000.00		
				Descrip Eden Re	 tion of Exp esort - 10/	 enditure 18/24	\$	6,000.00		
To W	Harrisburg			Descrip	l tion of Exp	enditure	\$	6,000.00		
To W I Volun	Harrisburg hom Paid			Descrip Eden Re	 tion of Exp esort - 10/	 enditure 18/24	\$	6,000.00		
To W I Volun	Harrisburg hom Paid hteers for Argall - Senate ng Address		17108	Descrip Eden Re MO 10	tion of Exp esort - 10/ DAY 9	enditure 18/24 YEAR 2024				
To Wi Volun Mailir	Harrisburg hom Paid nteers for Argall - Senate	PA		Descrip Eden Re мо 10 Descrip	tion of Exp esort - 10/	enditure 18/24 YEAR 2024 enditure	\$			
To Wi Volun Mailir City	Harrisburg hom Paid hteers for Argall - Senate ng Address	PA State	17108 Zip Code (Plus 4)	MO Descrip Eden Re 10 Descrip 1700 St	tion of Exp esort - 10/ DAY 9 tion of Exp seakhouse	enditure 18/24 YEAR 2024 enditure - 10/1/24	\$			
To Wi Volun Mailir City To Wi	Harrisburg hom Paid hteers for Argall - Senate ng Address Tamaqua	PA State	17108 Zip Code (Plus 4)	Descrip Eden Re мо 10 Descrip	tion of Exp esort - 10/ DAY 9 tion of Exp	enditure 18/24 YEAR 2024 enditure	\$			
To Wi Volun Mailin City To Wi	Harrisburg hom Paid nteers for Argall - Senate ng Address Tamaqua hom Paid	PA State	17108 Zip Code (Plus 4)	MO Descrip Eden Re 10 Descrip 1700 St	tion of Exp esort - 10/ DAY 9 tion of Exp seakhouse	enditure 18/24 YEAR 2024 enditure - 10/1/24	\$			
To Wi Volun Mailin City To Wi	Harrisburg hom Paid nteers for Argall - Senate ng Address Tamaqua hom Paid ds of Greg Rothman ng Address	PA State	17108 Zip Code (Plus 4)	MO Descrip Eden Re MO 10 Descrip 1700 St MO 10	tion of Exp esort - 10/ DAY 9 tion of Exp teakhouse DAY	enditure 18/24 YEAR 2024 enditure - 10/1/24 YEAR 2024	4	500.00		
To Wi Volun Mailir City To Wi Friend Mailir	Harrisburg hom Paid nteers for Argall - Senate ng Address Tamaqua hom Paid ds of Greg Rothman	PA State PA	17108 Zip Code (Plus 4) 18252	Descrip Eden Re MO 10 Descrip 1700 St MO 10 Descrip 1700 St MO	tion of Exp esort - 10/ DAY 9 tion of Exp teakhouse DAY 9	enditure 18/24 YEAR 2024 enditure - 10/1/24 YEAR 2024 enditure	4	500.00		
To Wi Volun Mailir City To Wi Friend Mailir City	Harrisburg hom Paid nteers for Argall - Senate ng Address Tamaqua hom Paid ds of Greg Rothman ng Address	PA State PA State	17108 Zip Code (Plus 4) 18252	Descrip Eden Re MO 10 Descrip 1700 St MO 10 West St	tion of Exp esort - 10/ DAY 9 tion of Exp teakhouse DAY 9 tion of Exp	enditure 18/24 YEAR 2024 enditure - 10/1/24 YEAR 2024 enditure ry Club -	4	500.00		
To Wi Volun Mailir City To Wi Friend Mailir City	Harrisburg hom Paid nteers for Argall - Senate ng Address Tamaqua hom Paid ds of Greg Rothman ng Address Harrisburg	PA State PA State PA	17108 Zip Code (Plus 4) 18252	Descrip Eden Re MO 10 Descrip 1700 St MO 10 Descrip 1700 St MO	tion of Exp esort - 10/ DAY 9 tion of Exp reakhouse DAY 9 tion of Exp	enditure 18/24 YEAR 2024 enditure - 10/1/24 YEAR 2024 enditure	4	500.00		
To Wi Volun Mailir City To Wi Friend City To Wi	Harrisburg hom Paid hteers for Argall - Senate ng Address Tamaqua hom Paid ds of Greg Rothman ng Address Harrisburg hom Paid	PA State PA State PA	17108 Zip Code (Plus 4) 18252	Descrip Eden Re MO 10 Descrip 1700 St MO 10 West St	tion of Exp esort - 10/ DAY 9 tion of Exp teakhouse DAY 9 tion of Exp	enditure 18/24 YEAR 2024 enditure - 10/1/24 YEAR 2024 enditure ry Club -	4	500.00		
To Wi Volun Mailir City To Wi Friend City	Harrisburg hom Paid hteers for Argall - Senate ng Address Tamaqua hom Paid ds of Greg Rothman ng Address Harrisburg hom Paid ds of Kristin Phillips-Hill (Senat	PA State PA State PA	17108 Zip Code (Plus 4) 18252	Descrip Eden Re MO 10 Descrip 1700 St MO 10 Descrip 1700 St MO 10 Descrip West St MO 10	tion of Exp esort - 10/ DAY 9 tion of Exp reakhouse DAY 9 tion of Exp nore Count	enditure 18/24 YEAR 2024 enditure - 10/1/24 YEAR 2024 enditure ry Club - YEAR 2024	\$ 10/9/24	500.00		

To Whom Paid					DAY	YEAR				
Friends of Martina White				мо		TEAR				
Mailing Address				10	9	2024	\$	500.00		
City Philadelphia State Zip Code (Plus 4)					Description of Expenditure					
PA 19114					larrisburg ·	- 9/23/24	ŀ			
To Whom Paid				мо	DAY	YEAR				
Maria	for PA			MO		TLAK				
Mailin	g Address			10	9	2024	\$	1,000.00		
City Spring House State Zip Code (Plus 4)				Descrip	tion of Exp	enditure				
		РА	19477	Anna Ro	ose - 10/9/	24				
To Wh	om Paid			мо	DAY	YEAR				
Friend	ls of Carolyn Comitta			MO		TEAK				
Mailin	g Address			10	9	2024	\$	1,000.00		
City	West Chester	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		РА	19382	Milestor	ne Events					
To Wh	om Paid			мо	DAY	YEAR				
Hanov	er Adams Leadership Team			МО		TEAR				
Mailin	g Address			10	9	2024	\$	500.00		
City	York	State	Zip Code (Plus 4)	Description of Expenditure						
		РА	17405	Hanove	r Country (Club - 10	/3/24			
To Wh	om Paid			мо	DAY	YEAR				
Kutz f	or PA			MO		TEAR				
Mailin	g Address			10	9	2024	\$	250.00		
City Mechanicsburg State Zip Code (Plus 4)			Descrip	tion of Exp	enditure	1				
	PA 17055 Locust Court Building - 10/1						1/24			
								PAGE TOTAL		
Enter	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	21,753.57		