

# 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>												
<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 POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY POST-ELECTION	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>	
				9	17	2024		10	21	2024		
<b>A. Amount Brought Forward From Last Report</b>						\$ 32,712.06						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 26,158.95						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 58,871.01						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 21,753.57						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 37,117.44						
<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>9/17/2024</u> To: <u>10/21/2024</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 674.91

<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>	\$ 2,977.08
<b>TOTAL for the Reporting Period (2)</b>	\$ 2,977.08

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 5,500.00
<b>All Other Contributions (Part D)</b>	\$ 15,975.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 21,475.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 1,031.96

<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>	\$ 26,158.95
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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> Hospital & Healthsystem Assoc of PA PAC (HAPAC)				<b>Reporting Period</b> From: <u>9/17/2024</u> To: <u>10/21/2024</u>			
				<b>DATE</b>		<b>AMOUNT</b>	

  

<b>Full Name of Contributor</b> Ms. Suzette Cunicelli			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 187.50
<b>Mailing Address</b>			9	18	2024	
<b>City</b> Newtown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 189401528				

  

<b>Full Name of Contributor</b> Ms. Andrea Reed BSN, RN			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 75.00
<b>Mailing Address</b>			9	20	2024	
<b>City</b> Muncy	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 177566860				

  

<b>Full Name of Contributor</b> Ms. Kate McCale			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 31.25
<b>Mailing Address</b>			9	26	2024	
<b>City</b> Phoenixville	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 194602729				

  

<b>Full Name of Contributor</b> Ms. Kate McCale			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 31.25
<b>Mailing Address</b>			9	26	2024	
<b>City</b> Phoenixville	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 194602729				

  

<b>Full Name of Contributor</b> Ms. Stephanie Watkins			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 97.91
<b>Mailing Address</b>			9	26	2024	
<b>City</b> Halifax	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170328813				

  

<b>Full Name of Contributor</b> Ms. Stephanie Watkins			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 97.91
<b>Mailing Address</b>			9	26	2024	
<b>City</b> Halifax	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170328813				

  

<b>Full Name of Contributor</b> Mr. Joe Tibbs			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 31.25
<b>Mailing Address</b>			9	26	2024	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171127066				

Full Name of Contributor			MO	DAY	YEAR	\$ 31.25
Mr. Joe Tibbs			9	26	2024	
Mailing Address						
City	Harrisburg	State	PA	Zip Code (Plus 4)	171127066	

Full Name of Contributor			MO	DAY	YEAR	\$ 78.13
Mr. John Myers			9	26	2024	
Mailing Address						
City	Washington	State	DC	Zip Code (Plus 4)	200024416	

Full Name of Contributor			MO	DAY	YEAR	\$ 78.13
Mr. John Myers			9	26	2024	
Mailing Address						
City	Washington	State	DC	Zip Code (Plus 4)	200024416	

Full Name of Contributor			MO	DAY	YEAR	\$ 150.00
Michael Murphy			9	30	2024	
Mailing Address						
City	York	State	PA	Zip Code (Plus 4)	174035928	

Full Name of Contributor			MO	DAY	YEAR	\$ 187.50
Dr. Ericka Powell MD			9	30	2024	
Mailing Address						
City	Lititz	State	PA	Zip Code (Plus 4)	175435008	

Full Name of Contributor			MO	DAY	YEAR	\$ 112.50
Ms. Amber King			10	1	2024	
Mailing Address						
City	Elmira	State	NY	Zip Code (Plus 4)	149055112	

Full Name of Contributor			MO	DAY	YEAR	\$ 150.00
Mrs. Gretchen Ramsey			10	1	2024	
Mailing Address						
City	Halifax	State	PA	Zip Code (Plus 4)	170329663	

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
Mr. Kent Eckerd			10	1	2024	
Mailing Address						
City	Mechanicsburg	State	PA	Zip Code (Plus 4)	170507389	

Full Name of Contributor			MO	DAY	YEAR	\$ 75.00
Ms. Laura Kimberly Wortman			10	7	2024	
Mailing Address						
City	Bryn Mawr	State	PA	Zip Code (Plus 4)	190101018	

Full Name of Contributor			MO	DAY	YEAR	\$ 150.00
Dr. Paul Weidner MC			10	7	2024	
Mailing Address						
City	Perkasie	State	Zip Code (Plus 4)			
		PA	189442361			
Full Name of Contributor			MO	DAY	YEAR	\$ 112.50
Ms. Wendy Kaiser			10	7	2024	
Mailing Address						
City	Havertown	State	Zip Code (Plus 4)			
		PA	190834028			
Full Name of Contributor			MO	DAY	YEAR	\$ 75.00
Ms. Marla Marie Pellegrini MSN, RN, CEN			10	7	2024	
Mailing Address						
City	Doylestown	State	Zip Code (Plus 4)			
		PA	189029176			
Full Name of Contributor			MO	DAY	YEAR	\$ 75.00
Ms. Janice Swartz			10	8	2024	
Mailing Address						
City	Hanover	State	Zip Code (Plus 4)			
		PA	173318222			
Full Name of Contributor			MO	DAY	YEAR	\$ 150.00
Mr. Kyle C Snyder			10	7	2024	
Mailing Address						
City	Mechanicsburg	State	Zip Code (Plus 4)			
		PA	170556766			
Full Name of Contributor			MO	DAY	YEAR	\$ 187.50
Ms. Sheilah Borne			10	10	2024	
Mailing Address						
City	Harrisburg	State	Zip Code (Plus 4)			
		PA	171111803			
Full Name of Contributor			MO	DAY	YEAR	\$ 112.50
Dr. Sean Reinhardt MD			10	8	2024	
Mailing Address						
City	Doylestown	State	Zip Code (Plus 4)			
		PA	189021477			
Full Name of Contributor			MO	DAY	YEAR	\$ 75.00
Ms. Brooke Bowers			10	8	2024	
Mailing Address						
City	Jersey Shore	State	Zip Code (Plus 4)			
		PA	177401231			
Full Name of Contributor			MO	DAY	YEAR	\$ 112.50
Ms. Lily M. Peck RN			10	9	2024	
Mailing Address						
City	Lemont Furnace	State	Zip Code (Plus 4)			
		PA	154561137			

Full Name of Contributor			MO	DAY	YEAR	\$ 112.50
Dr. Sundeep Ekbote MD			10	9	2024	
Mailing Address						
City	Pittsburgh	State	10	9	2024	
		PA				
		Zip Code (Plus 4)				
		152412948				
Full Name of Contributor			MO	DAY	YEAR	\$ 150.00
Mr. Donald McKenna			10	8	2024	
Mailing Address						
City	Harrisburg	State				
		PA				
		Zip Code (Plus 4)				
		171126048				
Full Name of Contributor			MO	DAY	YEAR	\$ 75.00
Mr. Jordan Zabady			10	15	2024	
Mailing Address						
City	New Cumberland	State				
		PA				
		Zip Code (Plus 4)				
		170701205				
Full Name of Contributor			MO	DAY	YEAR	\$ 75.00
Mr. Matthew Costello			10	15	2024	
Mailing Address						
City	New Hope	State				
		PA				
		Zip Code (Plus 4)				
		18938				

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

**PAGE TOTAL**

\$ 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.

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	<b>From:</b> <u>9/17/2024</u> <b>To:</b> <u>10/21/2024</u>

				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$	5,000.00
Select Medical PAC								
Mailing Address								
City Mechanicsburg		State PA	Zip Code (Plus 4) 17055					
Full Name of Contributing Committee				MO	DAY	YEAR	\$	500.00
Greenlee Partners State PAC								
Mailing Address								
City Harrisburg		State PA	Zip Code (Plus 4) 171081972					

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

PAGE TOTAL	
\$	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.)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	<b>From:</b> <u>9/17/2024</u> <b>To:</b> <u>10/21/2024</u>

				DATE		AMOUNT	
<b>Full Name of Contributor</b>				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 375.00
Mr. Harvey Green				10	17	2024	
<b>Mailing Address</b>							
<b>City</b>	Lutherville Timonium	<b>State</b>	MD	<b>Zip Code (Plus 4)</b>		210933518	
<b>Employer Name</b> WellSpan Health				<b>Occupation</b> Philanthropy			
<b>Employer Mailing Address/Principal Place of Business</b>				<b>City</b>		<b>State</b>	<b>Zip Code (Plus 4)</b>
				York		PA	174035071
<b>Full Name of Contributor</b>				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 375.00
Dr. David James Gasperack DO				10	16	2024	
<b>Mailing Address</b>							
<b>City</b>	Wyomissing	<b>State</b>	PA	<b>Zip Code (Plus 4)</b>		196102517	
<b>Employer Name</b> WellSpan Health				<b>Occupation</b> VP-Regional Medical Direc			
<b>Employer Mailing Address/Principal Place of Business</b>				<b>City</b>		<b>State</b>	<b>Zip Code (Plus 4)</b>
				York		PA	174035071
<b>Full Name of Contributor</b>				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 375.00
Mrs. Patricia F Donley RN, MSN				10	16	2024	
<b>Mailing Address</b>							
<b>City</b>	Lebanon	<b>State</b>	PA	<b>Zip Code (Plus 4)</b>		170428808	
<b>Employer Name</b> WellSpan Good Samaritan Hospital				<b>Occupation</b> President			
<b>Employer Mailing Address/Principal Place of Business</b>				<b>City</b>		<b>State</b>	<b>Zip Code (Plus 4)</b>
				Ephrata		PA	175221724
<b>Full Name of Contributor</b>				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 750.00
Ms. Deborah Addo				10	15	2024	
<b>Mailing Address</b>							
<b>City</b>	Lititz	<b>State</b>	PA	<b>Zip Code (Plus 4)</b>		175438326	
<b>Employer Name</b> Penn State Health				<b>Occupation</b> President/COO			
<b>Employer Mailing Address/Principal Place of Business</b>				<b>City</b>		<b>State</b>	<b>Zip Code (Plus 4)</b>
				Hershey		PA	170339524

<b>Full Name of Contributor</b> Dr. Diane McFarland MSN, RN-BC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 375.00
<b>Mailing Address</b>			10	15	2024	
<b>City</b> Round Hill	<b>State</b> VA	<b>Zip Code (Plus 4)</b> 201412251				
<b>Employer Name</b> WellSpan Health			<b>Occupation</b> CNO			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b> York	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 174035071	

  

<b>Full Name of Contributor</b> Ms. Marlene Crouse MSN, RN, NE-BC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 375.00
<b>Mailing Address</b>			10	11	2024	
<b>City</b> East Berlin	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 173169143				
<b>Employer Name</b> WellSpan Health			<b>Occupation</b> VP Care Management			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b> York	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 174035071	

  

<b>Full Name of Contributor</b> Mr. Richard Allen			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,125.00
<b>Mailing Address</b>			10	9	2024	
<b>City</b> Warren	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 163651325				
<b>Employer Name</b> Warren General Hospital			<b>Occupation</b> Chief Executive Officer			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b> Warren	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 163650068	

  

<b>Full Name of Contributor</b> Mr. Peter J. Adamo			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 375.00
<b>Mailing Address</b>			10	9	2024	
<b>City</b> Malvern	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 193558601				
<b>Employer Name</b> Penn Highlands Mon Valley			<b>Occupation</b> Regional Market President			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b> Monongahela	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 150631013	

  

<b>Full Name of Contributor</b> Mr. Jeffrey Marrazzo			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 375.00
<b>Mailing Address</b>			10	8	2024	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191036596				
<b>Employer Name</b>			<b>Occupation</b>			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b>	<b>State</b>		<b>Zip Code (Plus 4)</b>	

  

<b>Full Name of Contributor</b> Mr. Robert J. Russell MS, NHA, FACHE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 375.00
<b>Mailing Address</b>			10	10	2024	
<b>City</b> Marlton	<b>State</b> NJ	<b>Zip Code (Plus 4)</b> 080535345				
<b>Employer Name</b> Penn Presbyterian Medical Center			<b>Occupation</b> Chief Executive Officer			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b> Philadelphia	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 191042640	

<b>Full Name of Contributor</b> Mr. Douglas Hughes RN, BSN, MBA				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,875.00
<b>Mailing Address</b>				10	10	2024	
<b>City</b> Harleysville	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 194382723					
<b>Employer Name</b> Grand View Health				<b>Occupation</b> President and Chief Execu			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Sellersville	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 189600902		

  

<b>Full Name of Contributor</b> Ms. Melissa Dubrow				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 375.00
<b>Mailing Address</b>				10	7	2024	
<b>City</b> Waynesboro	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 172688436					
<b>Employer Name</b> Wellspan Waynesboro Hospital				<b>Occupation</b> Vice President Wellspan H			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Waynesboro	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 172682394		

  

<b>Full Name of Contributor</b> Mr. Orie Chambers Jr				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 375.00
<b>Mailing Address</b>				10	2	2024	
<b>City</b> Temple	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 195609754					
<b>Employer Name</b> WellSpan Ephrata Community Hospital				<b>Occupation</b> Vice President Patient Ca			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Ephrata	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 175221002		

  

<b>Full Name of Contributor</b> Ms. Kathryn Slatt				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 375.00
<b>Mailing Address</b>				10	1	2024	
<b>City</b> Hummelstown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170362718					
<b>Employer Name</b> Hospital and Healthsystem Association of Penns, Th				<b>Occupation</b> Vice President, Innovativ			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171011703		

  

<b>Full Name of Contributor</b> Dr. David Vega MD				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 262.50
<b>Mailing Address</b>				9	30	2024	
<b>City</b> York	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 174069684					
<b>Employer Name</b> WellSpan Health				<b>Occupation</b> Physician			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> York	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 174035071		

  

<b>Full Name of Contributor</b> Dr. Tina Citro DNP, RN, NE-BC				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 375.00
<b>Mailing Address</b>				9	30	2024	
<b>City</b> Douglassville	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 195189591					
<b>Employer Name</b> WellSpan Ephrata Community Hospital				<b>Occupation</b> President and Vice Presid			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Ephrata	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 175221002		

<b>Full Name of Contributor</b> Dr. Robert Harbaugh MD				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,000.00
<b>Mailing Address</b>				9	27	2024	
<b>City</b> Hummelstown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170368712					
<b>Employer Name</b> Penn State Milton S. Hershey Medical Center				<b>Occupation</b> Physician			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Hershey	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 170330850	

  

<b>Full Name of Contributor</b> Ms. Nicole Dempsey Stallings				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 156.25
<b>Mailing Address</b>				9	26	2024	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171011730					
<b>Employer Name</b> Hospital and Healthsystem Association of Penns, Th				<b>Occupation</b> President and Chief Execu			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Harrisburg	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 171011703	

  

<b>Full Name of Contributor</b> Ms. Nicole Dempsey Stallings				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 156.25
<b>Mailing Address</b>				9	26	2024	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171011730					
<b>Employer Name</b> Hospital and Healthsystem Association of Penns, Th				<b>Occupation</b> President and Chief Execu			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Harrisburg	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 171011703	

  

<b>Full Name of Contributor</b> Ms. Annette White ESQ				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 750.00
<b>Mailing Address</b>				9	25	2024	
<b>City</b> Bethlehem	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 180155092					
<b>Employer Name</b> Lehigh Valley Health Network				<b>Occupation</b> Senior Vice President and			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Allentown	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 181051556	

  

<b>Full Name of Contributor</b> Dr. James Edward Hartle II, MD				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 750.00
<b>Mailing Address</b>				9	25	2024	
<b>City</b> Danville	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 178217065					
<b>Employer Name</b> Geisinger				<b>Occupation</b> Physician			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Wilkes Barre	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 187110027	

  

<b>Full Name of Contributor</b> Dr. Elizabeth A. Piccione MD				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 750.00
<b>Mailing Address</b>				9	24	2024	
<b>City</b> New Castle	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 161053020					
<b>Employer Name</b> UPMC Passavant				<b>Occupation</b> President			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Pittsburgh	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 152375815	

<b>Full Name of Contributor</b> Ms. Tina M. Weatherwax Grant JD				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 375.00
<b>Mailing Address</b>				9	24	2024	
<b>City</b> Okemos	<b>State</b> MI	<b>Zip Code (Plus 4)</b> 488643350					
<b>Employer Name</b> Trinity Health				<b>Occupation</b> VP, Public Policy State			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Livonia	<b>State</b> MI		<b>Zip Code (Plus 4)</b> 481527031	

  

<b>Full Name of Contributor</b> Mr. Kenneth DeFurio				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 750.00
<b>Mailing Address</b>				9	23	2024	
<b>City</b> Renfrew	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 160539664					
<b>Employer Name</b> Independence Health System				<b>Occupation</b> President and Chief Execu			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Butler	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 160014670	

  

<b>Full Name of Contributor</b> Mr. Cornelio R Catena FACHE				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 750.00
<b>Mailing Address</b>				9	23	2024	
<b>City</b> Nazareth	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 180648200					
<b>Employer Name</b> Lehigh Valley Hospital - Pocono				<b>Occupation</b> President			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> East Stroudsburg	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 183013006	

  

<b>Full Name of Contributor</b> Marlene C. Parsell RN, BSN				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 262.50
<b>Mailing Address</b>				9	20	2024	
<b>City</b> Galeton	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 169221409					
<b>Employer Name</b> UPMC Wellsboro				<b>Occupation</b> Nurse			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Wellsboro	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 169011899	

  

<b>Full Name of Contributor</b> Mr. Mark A Norman				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 750.00
<b>Mailing Address</b>				9	19	2024	
<b>City</b> DUBOIS	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 158019034					
<b>Employer Name</b> Penn Highlands Clearfield				<b>Occupation</b> COO			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Clearfield	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 168300992	

  

<b>Full Name of Contributor</b> Dr. Lee Maddox MD				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 262.50
<b>Mailing Address</b>				9	17	2024	
<b>City</b> York	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 174028257					
<b>Employer Name</b> WellSpan Health				<b>Occupation</b> Division Director - Pulmo			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> York	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 174035071	

<b>Full Name of Contributor</b> Mr. John T. Schwarz			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 750.00
<b>Mailing Address</b>			9	17	2024	
<b>City</b> Narberth	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190722106				
<b>Employer Name</b> Bryn Mawr Hospital			<b>Occupation</b> President			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b> Bryn Mawr	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190103160		

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

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

<b>Name of Filing Committee or Candidate</b>  Hospital & Healthsystem Assoc of PA PAC (HAPAC)	<b>Reporting Period</b>  <b>From:</b> <u>9/17/2024</u> <b>To:</b> <u>10/21/2024</u>
-----------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------

				DATE	AMOUNT	
Full Name				MO	DAY	YEAR
FNB-First National Bank						
Mailing Address				9	30	2024
City	Harrisburg	State	PA	Zip Code (Plus 4)	17111	
Receipt Description     September 2024 Interest Income						

Full Name				MO	DAY	YEAR
FNB-First National Bank						
Mailing Address				9	30	2024
City	Harrisburg	State	PA	Zip Code (Plus 4)	17111	
Receipt Description     September 2024 Interest Income						

Full Name				MO	DAY	YEAR
Dan Frankel for the 23rd District Committee						
Mailing Address				10	9	2024
City	Harrisburg	State	PA	Zip Code (Plus 4)	17108	
Receipt Description     Void - Dan Frankel for the 23rd District Committee						

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

<b>PAGE TOTAL</b>
\$            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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
Hospital & Healthsystem Assoc of PA PAC (HAPAC)		From: <u>9/17/2024</u> To: <u>10/21/2024</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>
---------------------------------------	----------------------------------------------------------------------

			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>9/17/2024</u> To: <u>10/21/2024</u>

DATE				AMOUNT
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
HRCC				
<b>Mailing Address</b>	9	25	2024	\$ 2,500.00
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Description of Expenditure</b> Dukes Riverside Bar & Grill - 9/23/24	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Citizens for Grove				
<b>Mailing Address</b>	9	25	2024	\$ 1,000.00
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Description of Expenditure</b> Warrington Sporting Clays - 9/27/24	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
FNB-First National Bank				
<b>Mailing Address</b>	9	26	2024	\$ 117.68
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111	<b>Description of Expenditure</b> September 2024 Bank Fees: AMEX	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
FNB-First National Bank				
<b>Mailing Address</b>	10	1	2024	\$ 237.29
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111	<b>Description of Expenditure</b> October 2024 Bank Fees: Heartland	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
FNB-First National Bank				
<b>Mailing Address</b>	10	1	2024	\$ 613.61
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111	<b>Description of Expenditure</b> October 2024 Bank Fees: Heartland	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
FNB-First National Bank				
<b>Mailing Address</b>	10	2	2024	\$ 10.50
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111	<b>Description of Expenditure</b> October 2024 Bank Fees: Authorize.net	

To Whom Paid			MO	DAY	YEAR	\$ 24.49
FNB-First National Bank						
Mailing Address			10	2	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure October 2024 Bank Fees: Authorize.net			
To Whom Paid			MO	DAY	YEAR	\$ 1,000.00
Jay Costa for State Senate Committee						
Mailing Address			10	9	2024	
City Pittsburgh	State PA	Zip Code (Plus 4) 15221	Description of Expenditure Harrisburg Hilton - 10/8/24			
To Whom Paid			MO	DAY	YEAR	\$ 1,000.00
Dan Frankel for the 23rd District Committee						
Mailing Address			10	9	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Stocks on 2nd - 10/1/24			
To Whom Paid			MO	DAY	YEAR	\$ 1,000.00
Dan Frankel for the 23rd District Committee						
Mailing Address			10	9	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Stocks on 2nd - 10/1/24			
To Whom Paid			MO	DAY	YEAR	\$ 6,000.00
Friends of Bryan Cutler						
Mailing Address			10	9	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Eden Resort - 10/18/24			
To Whom Paid			MO	DAY	YEAR	\$ 500.00
Volunteers for Argall - Senate						
Mailing Address			10	9	2024	
City Tamaqua	State PA	Zip Code (Plus 4) 18252	Description of Expenditure 1700 Steakhouse - 10/1/24			
To Whom Paid			MO	DAY	YEAR	\$ 4,000.00
Friends of Greg Rothman						
Mailing Address			10	9	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure West Shore Country Club - 10/9/24			
To Whom Paid			MO	DAY	YEAR	\$ 500.00
Friends of Kristin Phillips-Hill (Senate)						
Mailing Address			10	9	2024	
City Jacobus	State PA	Zip Code (Plus 4) 17407	Description of Expenditure Cafe Fresco - 10/9/24			

<b>To Whom Paid</b> Friends of Martina White			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>			10	9	2024	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19114	<b>Description of Expenditure</b> Hilton Harrisburg - 9/23/24			

<b>To Whom Paid</b> Maria for PA			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b>			10	9	2024	
<b>City</b> Spring House	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19477	<b>Description of Expenditure</b> Anna Rose - 10/9/24			

<b>To Whom Paid</b> Friends of Carolyn Comitta			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b>			10	9	2024	
<b>City</b> West Chester	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19382	<b>Description of Expenditure</b> Milestone Events			

<b>To Whom Paid</b> Hanover Adams Leadership Team			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>			10	9	2024	
<b>City</b> York	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17405	<b>Description of Expenditure</b> Hanover Country Club - 10/3/24			

<b>To Whom Paid</b> Kutz for PA			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b>			10	9	2024	
<b>City</b> Mechanicsburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17055	<b>Description of Expenditure</b> Locust Court Building - 10/1/24			

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 21,753.57

