### **Campaign Finance Report**

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

Street Address:  City: Harrisburg    State   PA	Filer Identificati Number :	on 7900	364				port ed B		CANDI	DATE		СОМ	<b>4ITTEE</b>	HAPAC)  P Code: 17101  ENDMENT Yes No  RMINATION Yes No  PER DISKETTE  trict Office Code  Party Code Code				
TYPE OF REPORT REPORT PRE-PRIMARY PRE-PRIM	Name of Filing C	Committee, Candid	ate or L	obbyist:	-	Hos	spital	& He	althsyste	em Ass	oc of	PA PA	C (HAPA	C)				
TYPE OF REPORT R	Street Address:																	
REPORT   PRE-PIRIMARY   PRIMARY   PRIMARY   PRIMARY   PRE-ILECTION   REPORT?   V   V   PRE-ILECTION   REPORT?   V   V   PRE-ILECTION   REPORT?   V   V   PRE-ILECTION   REPORT?   V   V   V   V   V   V   V   V   V	City:	Harrisburg							State:	PA			Zip Cod	le: 1	7101			
(place X to the right of report type)  Name of Office Sought by Candidate:    Name of Office Sought by Candidate:			1.		PRE-	-	2.			POST-	3. <b>X</b>				Yes	No		
Name of Office Sought by Candidate:    Name of Office Sought by Candidate:			4.		PRE	<u>-</u>	5.			POST-	6.				Yes	No		<b>\</b>
Summary of Receipts and Expenditures from:    MO   DAY   YEAR   11   4   2025   (SEE INSTRUCTIONS FOR CODES)   Summary of Receipts and Expenditures from:   5   6   2025   TO   6   9   2025     A. Amount Brought Forward From Last Report   \$ 85,128.70     B. Total Monetary Contributions And Receipts (From Schedule I)   \$ 22,263.40     C. Total Funds Available (Sum Of Lines A and B)   \$ 107,392.10     D. Total Expenditures (From Schedule III)   \$ 35,317.92     E. Ending Cash Balance (Subtract Line D From Line C)   \$ 72,074.18     F. Value Of In-Kind Contributions Received (From Schedule II)   \$ 0.00     G. Unpaid Debts And Obligations (From Schedule IV)   \$ 0.00     F. Value Of In-Kind Contributions Received (From Schedule IV)   \$ 0.00     G. Unpaid Debts and Obligations (From Schedule IV)   \$ 0.00     Sewar (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   20   20   20   20   20   20   20		ANNUAL REPORT	7.	<b>Year</b> 2025									PAPER		<b>\</b>	DISKE	TTE	
Summary of Receipts and Expenditures from:    S	Name of Office S	Sought by Candida	te:						DATE O	F ELE	СТІО	N			Par	ty Code		
Summary of Receipts and Expenditures from:  S 6 2025 TO 6 9 2025  A. Amount Brought Forward From Last Report \$ 85,128.70  B. Total Monetary Contributions And Receipts (From Schedule I) \$ 22,263.40  C. Total Funds Available (Sum Of Lines A and B) \$ 107,392.10  D. Total Expenditures (From Schedule III) \$ 35,317.92  E. Ending Cash Balance (Subtract Line D From Line C) \$ 72,074.18  F. Value Of In-Kind Contributions Received (From Schedule II) \$ 0.00  G. Unpaid Debts And Obligations (From Schedule IV) \$ 0.00  AFFIDAVIT SECTION  PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.  I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief , true correct and complete.  Signature  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  Printed Name  Final Signature of Candidate  Signature of Candidate  Printed Name  Signature of Candidate		,							МО	DAY	YE	AR	Trum.	10000			000	
Expenditures from:    5									11		4	2025		(SEE IN	STRUCTI	ONS FOR (	CODES	)
A. Amount Brought Forward From Last Report  B. Total Monetary Contributions And Receipts (From Schedule I)  C. Total Funds Available (Sum Of Lines A and B)  D. Total Expenditures (From Schedule III)  E. Ending Cash Balance (Subtract Line D From Line C)  F. Value Of In-Kind Contributions Received (From Schedule II)  G. Unpaid Debts And Obligations (From Schedule IV)  SAFIDAVIT 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  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.  Signature of Candidate			МО	DAY Y	EAR	1			МО	DAY	YE	AR	(SEE INSTRUCTIONS FOR CO					
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 22,263.40  C. Total Funds Available (Sum Of Lines A and B) \$ 107,392.10  D. Total Expenditures (From Schedule III) \$ 35,317.92  E. Ending Cash Balance (Subtract Line D From Line C) \$ 72,074.18  F. Value Of In-Kind Contributions Received (From Schedule II) \$ 0.00  G. Unpaid Debts And Obligations (From Schedule IV) \$ 0.00  AFFIDAVIT SECTION  PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.  I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief , true correct and complete.  Sworn to and subscribed before me this day of 20 Printed Name  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 Printed Name  Signature of Candidate  Find Name  Signature of Candidate  Printed Name  Signature of Candidate	Expenditures	s trom:		5 6	2	025	5 <b>T</b>	0	6	5	9	2025	AMENDMENT REPORT?  TERMINATION REPORT?  PAPER  District Office Number  (SEE INSTRUCTIONS I  FOR OFFICE USE ON  The best of my knowledge and of Person Submitting Report  Printed Name Email  Daytime Telephone Number					
C. Total Funds Available (Sum Of Lines A and B) \$ 107,392.10  D. Total Expenditures (From Schedule III) \$ 35,317.92  E. Ending Cash Balance (Subtract Line D From Line C) \$ 72,074.18  F. Value Of In-Kind Contributions Received (From Schedule II) \$ 0.00  G. Unpaid Debts And Obligations (From Schedule IV) \$ 0.00  AFFIDAVIT SECTION  PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.  I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief , true correct and complete.  Sworn to and subscribed before me this day of 20  Printed Name  Printed Name  Printed Name  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  Printed Name  Signature of Candidate  Printed Name  Signature of Candidate	A. Amount Bro	ught Forward Froi	n Last R	eport				\$	-		85,1	28.70	TERMINATION REPORT?  PAPER  District Office Number  (SEE INSTRUCTIONS FOR CO.)  FOR OFFICE USE ONLY  The best of my knowledge and belief of Person Submitting Report  Printed Name					
E. Ending Cash Balance (Subtract Line D From Line C) \$ 72,074.18  F. Value Of In-Kind Contributions Received (From Schedule II) \$ 0.00  G. Unpaid Debts And Obligations (From Schedule IV) \$ 0.00  AFFIDAVIT SECTION  PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.  I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief , true correct and complete.  Sworn to and subscribed before me this day of 20 Printed Name  My Commission Expires Signature  My Commission Expires Email  MO DAY YR Email 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 Printed Name  Signature of Candidate  Area Code Printed Name  Finall Signature of Candidate  Printed Name  Finall Signature of Candidate	B. Total Monet	ary Contributions	And Rec	eipts (From S	che	dule	e I)	\$			22,2	263.40		Zip Code: 17101  IMENDMENT Yes No IEPORT?  ERMINATION Yes No IEPORT?  PAPER DISKET  Oistrict Office Code  (SEE INSTRUCTIONS FOR CO FOR OFFICE USE ONLY  In here.  The best of my knowledge and belies  of Person Submitting Report  Printed Name  Email  Daytime Telephone Number  In sof the act of June 3,1937 (P.L. Inature of Candidate				
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F. Value Of In-Kind Contributions Received (From Schedule II) \$ 0.00  G. Unpaid Debts And Obligations (From Schedule IV) \$ 0.00   AFFIDAVIT SECTION  PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.  I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief , true correct and complete.  Sworn to and subscribed before me this day of 20  Signature  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  Printed Name  Signature of Candidate  Printed Name	D. Total Expen	ditures (From Sch	edule II	1)				\$			35,3	17.92						
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  My Commission Expires  Signature  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  Printed Name  Signature  Signature of Candidate  Printed Name	E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			72,0	74.18		·				
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 Signature  Printed Name  Email  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  Printed Name  Signature	F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edu	le II	I)	\$				0.00						
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  My Commission Expires  Signature  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 Signature  Gignature  Signature  Signature  Finall  Printed Name	G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			•			
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				ŀ	٩FF	ΊD	AVI	T SE	CTION									
Sworn to and subscribed before me this day of 20    Signature   Printed Name		-	•	-						•								
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 Printed Name  Signature  Signature  Finall  Printed Name			luding the	attached sched	dules	s file	ed on	paper (	or by elect	tronic m	edium	, are to t	the best o	f my kno	wledge	and beli	ef , tr	ue
Signature  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  Printed Name  Signature	Sworn to and subs		5	20							s	ignature	of Perso	n Submit	ting Rep	oort		
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No 320) as amended.  Sworn to and subscribed before me this Signature of Candidate    day of	Part II- If this is	a report of a can	didate's	authorized Co	omn	nitte	ee, C	andida	ate shall	sign h	ere.							
Signature of Candidate  Printed Name  Signature			ny knowle	edge and belief	this	poli	itical	commi	ittee has n	not viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 133	3,
Printed Name  Signature	Sworn to and subsc			20								S	ignature o	of Candid	ate			_
Email								-					Printe	d Name				-
	My Commission Exp	_						-					Ema	il				-
MO DAY YR Area Code Daytime Telephone Number					YR			-		Area	Code		Da	aytime 1	elephor	ne Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	From:	<u>5/6/202</u>	<u>5</u> To:	6/9/2025
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	571.21
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)	\$	6,716.62		
TOTAL for the Reporting	g Period	(2)	\$	6,716.62
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	1,000.00
All Other Contributions (Part D)			\$	13,900.00
TOTAL for the Reporting	g Period	(3)	\$	14,900.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	35.57
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	22,223.40

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting Period						
		F	From:		То	:			
				DATE			AMOUNT		
Full Name of Contributing Committee			МО	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							

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

PAGE TOTAL
0.00

### 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)

Na	me of Filing Committee or Car	ndidate		Reporting P	eriod			
Но	spital & Healthsystem Assoc	of PA PAC (HAPAC)		From:	<u>5/6/</u>	2025 <b>T</b> o	<b>)</b> :	6/9/2025
					DATE		Α	MOUNT
Full N	Name of Contributor			МО	DAY	YEAR		
Mr. J	effrey Alvarez Jr.					12/11	ļ	
Maili	ng Address						\$	160.00
City	Monongahela	State	Zip Code (Plus 4	) 5	30	2025		
		PA	150631009					
Full N	Name of Contributor			МО	DAY	YEAR		
Mr. D	David Gibson			140	DAI	ILAK		
Maili	ng Address						\$	100.00
City	Lehighton	State	Zip Code (Plus 4	) 5	30	2025		
		PA	182356178					
Full N	Name of Contributor			мо	DAY	YEAR		
Mr. E	rik Toth							
	ng Address						\$	100.00
City	Harrisburg	State	Zip Code (Plus 4	) 5	30	2025		
		PA	171103265					
Full N	Name of Contributor			мо	DAY	YEAR		
	Christopher Trumbetta DO							
	ng Address			_			\$	60.00
City	Greensburg	State	Zip Code (Plus 4	) 5	30	2025		
		PA	156019385					
Full N	Name of Contributor			мо	DAY	YEAR		
Dr. Is	smat Ahmad MD							
	ng Address						\$	100.00
City	Nazareth	State	Zip Code (Plus 4	) 5	30	2025		
		PA	180649100					
Full N	Name of Contributor			МО	DAY	YEAR		
Ms. E	Elizabeth Ritter MHA, BS							
Mailii	ng Address						\$	200.00
City	Parkton	State	Zip Code (Plus 4	) 6	3	2025		
		MD	211209106					
Full N	Full Name of Contributor				DAY	YEAR		
Mr. J	ared Weiner			МО				
Maili	ng Address						\$	200.00
City	Pittsburgh	State	Zip Code (Plus 4	) 6	4	2025		
		PA	152151638					

							17102 3
Full Na	ame of Contributor			мо	DAY	YEAR	
Dr. Mi	chael Spangler DO			1-10	DAI	ILAK	
Mailin	g Address					\$ 200.00	
City	York	State	Zip Code (Plus 4)	6	4	2025	
		PA	174034873				
Full Na	ame of Contributor			мо	DAY	YEAR	
Dr. Mi	chael Hugh Fitzpatrick MD			140	DAT	TEAR	
Mailin	g Address					İ	<b>\$</b> 202.00
City	Danville	State	Zip Code (Plus 4)	6	4	2025	
		PA	17821				
Full Na	ame of Contributor	<u> </u>	·				
Mr. Pa	tricio Manzanares			МО	DAY	YEAR	
Mailin	g Address						<b>\$</b> 175.00
City	Coopersburg	State	Zip Code (Plus 4)	6	4	2025	
		PA	180361818				
Full Na	ame of Contributor		•		DAY	VEAD	
Dr. Jo	hn D. Six MD			МО	DAY	YEAR	
Mailin	g Address						\$ 200.00
City	McMurray	State	Zip Code (Plus 4)	6	5	2025	
		PA	153176627				
Full Na	ame of Contributor	=	·		DAY	YEAR	
Dr. Ed	lgar B. Gantalao MD		МО	DAT	TEAR		
Mailin	g Address						<b>\$</b> 140.00
City	Dubois	State	Zip Code (Plus 4)	6	5	2025	
		PA	158019002				
Full Na	ame of Contributor		·	мо	DAY	YEAR	
Mr. Jo	hn P. Krolicki			MO	DAT	TEAR	
Mailin	g Address						\$ 200.00
City	Cranberry Township	State	Zip Code (Plus 4)	6	6	2025	
		PA	160665416				
Full Na	ame of Contributor	-			DAY	VEAD	
Mr. Ro	oger C. Yost Jr.			МО	DAY	YEAR	
Mailin	g Address						<b>\$</b> 200.00
City	Millmont	State	Zip Code (Plus 4)	5	7	2025	
		PA	178459456				
Full Na	ame of Contributor			МО	DAY	YEAR	
Mrs. A	my McLaughlin RN, MSN			MO	DAT	TEAR	
Mailin	g Address						\$ 200.00
City	Pleasant Hills	State	Zip Code (Plus 4)	5	9	2025	
		PA	152362729				
Full Na	ame of Contributor			МО	DAY	VEAD	
Dr. W	illiam Barrington MD		МО	DAY	YEAR		
	g Address					İ	\$ 200.00
City	Pittsburgh	State	Zip Code (Plus 4)	5	9	2025	
		PA	152381224				
							i .

Full N	ame of Contributor			МО	DAY	VEAD		
Mr. M	ario Wilfong			МО	DAY	YEAR		
Mailin	g Address					İ	\$ 200	0.00
City	Gibsonia	State	Zip Code (Plus 4)	5	15	2025		
		PA	150446144					
Full N	ame of Contributor	-						
Mrs. [	Donna L. Muller			МО	DAY	YEAR		
Mailin	g Address						<b>\$</b> 66	5.00
City	York Springs	State	Zip Code (Plus 4)	5	15	2025		
		PA	17372					
Full N	ame of Contributor							
Dr. Jo	hn Goldman MD			МО	DAY	YEAR		
Mailin	g Address						\$ 200	0.00
City	Hershey	State	Zip Code (Plus 4)	5	15	2025		
	,	PA	170332678					
Full N	ame of Contributor	-						
Mr. La	awrence P Pantuso			МО	DAY	YEAR		
Mailin	g Address						\$ 100	0.00
City	Pittsburgh	State	Zip Code (Plus 4)	5	15	2025		
	-	PA	152362127					
Full N	ame of Contributor	•						
Mrs. J	loye Gingrich MBA, BSN, F	RN		МО	DAY	YEAR		
	g Address						<b>\$</b> 200	0.00
City	Mc Alisterville	State	Zip Code (Plus 4)	5	15	2025		,,,,,
		PA	170498137					
Full N	ame of Contributor	•				\		
Dr. Er	rik Kochert MD			МО	DAY	YEAR		
Mailin	g Address						\$ 140	0.00
City	York	State	Zip Code (Plus 4)	5	15	2025		
		PA	174024338					
Full N	ame of Contributor	•	<b>.</b>					
Mrs. F	Rebecca Bruce			МО	DAY	YEAR		
Mailin	g Address						<b>\$</b> 140	0.00
City	York	State	Zip Code (Plus 4)	5	15	2025		
		PA	174089330					
Full N	ame of Contributor	•	•					
	Γina Carroll			МО	DAY	YEAR		
	g Address						\$ 80	0.00
City	- Harrisburg	State	Zip Code (Plus 4)	5	15	2025		,,,,,
	J	PA	171128907					
Full N	ame of Contributor	•	•				İ	
	ay K. Mathur MD			МО	DAY	YEAR		
	g Address						\$ 100	0.00
City	Venetia	State	Zip Code (Plus 4)	5	15	2025		
		PA	153671085					
				1	1	I	1	

Full N	ame of Contributor			МО	DAY	VEAD		
Mrs. C	Cheri Bechtel			МО	DAT	YEAR		
Mailin	g Address					İ	<b>\$</b>	200.00
City	Halifax	State	Zip Code (Plus 4)	5	19	2025		
		PA	170329126					
Full N	ame of Contributor	•	•					
Ms. M	elanie Smith-Fortney MSN	I, RN, CCRN		МО	DAY	YEAR		
	g Address						,   \$	200.00
City	Cranberry Twp	State	Zip Code (Plus 4)	5	19	2025		
		PA	160668333					
Full N	ame of Contributor	•	•					
Mr. O.	.J. Johnston			МО	DAY	YEAR		
Mailin	g Address						\$	60.00
City	Petersburg	State	Zip Code (Plus 4)	5	19	2025		
	J	PA	166693640					
Full N	ame of Contributor	<u> </u>						
Mr. Ni	icholas Chiavetta			МО	DAY	YEAR		
Mailin	g Address						\$	200.00
City	Harrisburg	State	Zip Code (Plus 4)	5	19	2025		
		PA	171128108					
Full N	ame of Contributor		·			\/T4B		
Ms. M	ichelle Del Pizzo			МО	DAY	YEAR		
Mailin	g Address						<b>\$</b>	100.00
City	Harrisburg	State	Zip Code (Plus 4)	5	20	2025		
		PA	171123566					
Full N	ame of Contributor			МО	DAY	VEAD		
Ms. D	anelle Raptosh			МО	DAT	YEAR		
Mailin	g Address						<b>\$</b>	200.00
City	Enola	State	Zip Code (Plus 4)	5	20	2025		
		PA	170252644					
Full N	ame of Contributor							
Mr. Jo	hn F. Coleman			МО	DAY	YEAR		
Mailin	g Address						\$	100.00
City	Somerset	State	Zip Code (Plus 4)	5	22	2025		
		PA	15501					
Full N	ame of Contributor			Ma	DAY	VESS		
Mr. Ro	obert W. Strawser			МО	DAY	YEAR		
Mailin	g Address						\$	100.00
City	Duncansville	State	Zip Code (Plus 4)	5	23	2025		
		PA	166357220					
Full N	ame of Contributor	<u>.</u>			DAY.	VE		
Dr. Da	avid Burwell MD			МО	DAY	YEAR		
	g Address						\$	200.00
City	Hollidaysburg	State	Zip Code (Plus 4)	5	23	2025		
		PA	166487200					
				1		<u> </u>	I	

							TAGE 8
Full N	ame of Contributor			мо	DAY	YEAR	
Ms. Sa	andra Winston			1-10	DAI	ILAK	
Mailin	g Address						\$ 200.00
City	Harrisburg	State	Zip Code (Plus 4)	5	23	2025	
		PA	171114106				
Full N	ame of Contributor			мо	DAY	YEAR	
Mr. Te	erry Wiltrout			1-10	DAI	ILAK	
Mailin	g Address						<b>\$</b> 160.00
City	Fredericktown	State	Zip Code (Plus 4)	5	27	2025	
		PA	153332234				
Full N	ame of Contributor			No.	DAY	VEAD	
Mrs. A	Andrea Andrae			МО	DAY	YEAR	
Mailin	g Address						\$ 100.00
City	Hazleton	State	Zip Code (Plus 4)	5	28	2025	
		PA	182028070				
Full N	ame of Contributor		•	мо	DAY	YEAR	
Mr. W	illiam E Moyer			MO	DAT	TEAR	
Mailin	g Address						<b>\$</b> 250.00
City	Bethlehem	State	Zip Code (Plus 4)	5	28	2025	
		PA	180155092				
Full N	ame of Contributor	-		мо	DAY	YEAR	
Dr. W	illiam Markson MD			MO	DAT	TEAR	
Mailin	g Address						<b>\$</b> 100.00
City	Allentown	State	Zip Code (Plus 4)	5	28	2025	
		PA	181042018				
Full N	ame of Contributor			мо	DAY	YEAR	
Dr. Er	ic Eustice DO			1-10		ILAK	
Mailin	g Address						\$ 250.00
City	Bethlehem	State	Zip Code (Plus 4)	5	28	2025	
		PA	180155828				
Full N	ame of Contributor			мо	DAY	YEAR	
Ms. Li	sa Cain			1-10	DAI	ILAK	
Mailin	g Address						\$ 80.00
City	York	State	Zip Code (Plus 4)	5	28	2025	
		PA	174022307				
Full N	ame of Contributor			мо	DAY	YEAR	
Dr. Mo	phammed Fawwad Khan MD			1-10	DAI	ILAK	
Mailin	g Address						\$ 100.00
City	Macungie	State	Zip Code (Plus 4)	5	28	2025	
		PA	180628048				
Full Na	ame of Contributor			мо	DAY	YEAR	
Ms. N	Nicole Dempsey Stallings				DAT	TEAK	
Mailin	g Address						<b>\$</b> 83.33
City	Harrisburg	State	Zip Code (Plus 4)	5	29	2025	
		PA	171011730				

- "						
Full Name of Contributor			мо	DAY	YEAR	
Ms. Nicole Dempsey Stallings						
Mailing Address						<b>\$</b> 83.33
<b>City</b> Harrisburg	State	Zip Code (Plus 4)	5	29	2025	
	PA	171011730				
Full Name of Contributor			мо	DAY	YEAR	
Mr. John Myers				57(1	1 27.11	
Mailing Address						<b>\$</b> 43.48
<b>City</b> Washington	State	Zip Code (Plus 4)	5	29	2025	
	DC	200024416				
Full Name of Contributor			мо	DAY	YEAR	
Mr. John Myers			МО	DAI	ILAK	
Mailing Address						<b>\$</b> 43.48
City Washington	State	Zip Code (Plus 4)	5	29	2025	
DC 200024416		200024416				

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

**PAGE TOTAL \$** 6,716.62

#### **PART C**

### **Contributions Received From Political Committees**

**OVER \$250.00** 

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Pe	riod		
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	From:	<u>5/6/2025</u>	То:	<u>6/9/2025</u>

**AMOUNT** DATE **Full Name of Contributing Committee** DAY мо YEAR Friends with Diana 1,000.00 **Mailing Address** 5 29 2025 City Canonsburg State Zip Code (Plus 4) PΑ 15317

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

**PAGE TOTAL \$** 1,000.00

### ALL OTHER CONTRIBUTIONS

**OVER \$250.00** 

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate			1	Reporting Per	riod			
Hospital & Healthsystem Assoc of PA PA	AC (HAPAC)		1	From:	<u>5/6/2</u>	<u>025</u> <b>To</b>	: ,	6/9/2025
			•	DA	ATE		AMOU	NT
Full Name of Contributor				мо	DAY	YEAR		
Dr Jayaseelan Ambrose MD				NO	DAT	ILAK	\$	1,000.00
Mailing Address				5	29	2025	7	
City Dubois	State	Zip	Code (Plus 4)		23	2023		
	PA	15	8019042					
Employer Name Penn Highlands DuBoi	PA 158019042 Bois lace of Business City Du Bois  State Zip Code (Plus 4) 180311545 Miners Campus			Occupat	ion			
Itiling Address Itility Dubois State Zip Code (Plus 158019042)  Imployer Name Penn Highlands DuBois Imployer Mailing Address/Principal Place of Business City Du Bois  Itiling Address Itiling		City		State		Zip Code (P	lus 4)	
			Du Bois		PA		158011499	)
Full Name of Contributor								
				МО	DAY	YEAR	\$	275.00
							1	
	State	Zir	Code (Plus 4)	5	28	2025		
, 2. egeve		_						
Fmnlover Name St. Luke's Hospital-Mi			0311313	Occupat	ion	Presider	ht	
•	-		City	Coupus	State	residei	Zip Code (P	lus 4)
Zimpioyer riaming Address, rimeipar riae	c o. buocss		-		PA		182181099	-
		!	Coaldale		Ira		102101099	
				мо	DAY	YEAR	<sub>\$</sub>	1,200.00
							-	_,
Mailing Address				5	23	2025	1	
<b>City</b> Mechanicsburg	State	l Zir			23		<b>I</b>	
		-			23			
	PA	-						
Employer Name UPMC Central PA	PA	-		Occupat			/ice Presider	nt, He
Employer Name UPMC Central PA Employer Mailing Address/Principal Place		-					/ice Presider	
		-	0557546		ion			lus 4)
		-	0557546 City	Occupat	State	Senior \	<b>Zip Code (P</b> 171058700	lus 4)
Employer Mailing Address/Principal Plac		-	0557546 City		ion State		Zip Code (P	lus 4)
Employer Mailing Address/Principal Plac		-	0557546 City	Occupat	State PA DAY	Senior \	<b>Zip Code (P</b> 171058700	lus 4)
Employer Mailing Address/Principal Place Full Name of Contributor Mr. Joel Fagerstrom		17	0557546 City	Occupat MO 5	State	Senior \	<b>Zip Code (P</b> 171058700	lus 4)
Employer Mailing Address/Principal Place Full Name of Contributor Mr. Joel Fagerstrom Mailing Address	e of Business	17	0557546  City  Harrisburg	Occupat MO 5	State PA DAY	Senior \	<b>Zip Code (P</b> 171058700	lus 4)
Employer Mailing Address/Principal Place Full Name of Contributor Mr. Joel Fagerstrom Mailing Address	e of Business  State	17	O557546  City  Harrisburg  Code (Plus 4)	Occupat MO 5	State PA  DAY  23	YEAR 2025	<b>Zip Code (P</b> 171058700	1,000.00
Full Name of Contributor Mr. Joel Fagerstrom Mailing Address City Coopersburg	e of Business  State PA ners Campus	17	O557546  City  Harrisburg  Code (Plus 4)	Occupato MO 5	State PA  DAY  23	YEAR 2025	Zip Code (P 171058700	1,000.00 dent

								AGE 12
Full Name of Contributor				мо	DAY	YEAR		1 000 00
Mr. Hugh J. Lavery MHA				5	DAI	LAN	\$	1,000.00
Mailing Address				5	23	2025		
<b>City</b> Lawrenceville	State	Zij	Code (Plus 4)		23	2023		
	l <sub>NJ</sub> l	08	6485552					
Employer Name Jefferson Health				Occupat	ion :	Senior \	/ice Preside	ent, Go
Employer Mailing Address/Principal Plac	e of Business		City	•	State		Zip Code (	
			Philadelphia		PA		19107293	-
Full Name of Contributor					1		1	
				МО	DAY	YEAR	<b> </b> \$	600.00
Mr. Michael Corso							-	
Mailing Address	State	7:.	o Code (Plus 4)	5	21	2025		
<b>City</b> Altoona			• •					
	l PA I	16	6022099	_	_		ı	
Employer Name UPMC Bedford				Occupat	T	Presider		hief Executi
Employer Mailing Address/Principal Plac	e of Business		City		State		Zip Code (	Plus 4)
			Everett		PA		15537704	-6
Full Name of Contributor				МО	DAY	YEAR		
Mr. John L Nespoli				МО	DAT	ILAK	\$	500.00
Mailing Address				- 5	19	2025	1	
City Emmaus	State	Zij	Code (Plus 4)		19	2023		
	<sub>PA</sub>	18	0491229					
Employer Name St. Luke's Carbon Can		Occupat	ion	Presider	nt			
Employer Mailing Address/Principal Place of Business City					State		Zip Code (	Plus 4)
			Lehighton		PA		18235500	
Full Name of Contributor					1		T	
Full Name of Contributor				МО	DAY	YEAR	<b>\$</b>	1,500.00
Ms. Linda J Grass							-	
Mailing Address	Chata	7:	- Codo (Blue 4)	5	15	2025		
<b>City</b> Ambler	State		Code (Plus 4)					
	l PA I	19	0021859		_		ı	
Employer Name St. Luke's Easton Cam	•			Occupat	1	Presider		
Employer Mailing Address/Principal Plac	e of Business		City		State		Zip Code (	Plus 4)
			Easton		PA		18042389	2
Full Name of Contributor				МО	DAY	YEAR		
Mr. Ronald J. Reynolds				МО	DAT	TEAR	<b>\$</b>	400.00
Mailing Address				- 5	9	2025	1	
<b>City</b> Montoursville	State	Zij	Code (Plus 4)			2023	1	
	l <sub>PA</sub>	17	7546705					
Employer Name UPMC Muncy				Occupat	ion	Presider	nt	
Employer Mailing Address/Principal Plac	e of Business		City		State		Zip Code (	Plus 4)
			Muncy		PA		17756870	10
Full Name of Contributor			,		•		1	
				МО	DAY	YEAR	\$	400.00
Dr. Sandra Rader RN, MSA, DNP  Mailing Address							7	
	GL-1-	7:-	Code (Plus 4)	5	9	2025		
City Wayford		41	Coue (Flus 4)	1			1	
<b>City</b> Wexford	State		00000001	1				
	PA	15	0908861				<u> </u>	
Employer Name UPMC Presbyterian	PA	15		Occupat	1	Presider		
	PA	15	City Pittsburgh	Occupat	State	Presider	 	•

							_		
Full Name of Contributor				мо	DAY	YEAR	<b> </b>	400.00	
Mr. Michael W. Gaskins							4		
Mailing Address	Ta			5	6	2025			
<b>City</b> Wrightsville	State		p Code (Plus 4)						
	l pa l	17	'3689181				1		
Employer Name UPMC Hanover				Occupation Preside			nt T		
Employer Mailing Address/Principal Place	ce of Business		City		State		Zip Code (Plu	s 4)	
			Hanover		PA		173312297		
Full Name of Contributor				МО	DAY	YEAR		400.00	
Dr. Sharon Carney MD				1-10	DAI	ILAK	<b>\$</b>	400.00	
Mailing Address				6	4	2025			
City Blue Bell	State	Zi	p Code (Plus 4)						
	l <sub>PA</sub>	19	94222155						
Employer Name Mercy Fitzgerald Hosp	oital			Occupat	ion	Senior V	ice President,	Ch	
Employer Mailing Address/Principal Plac	ce of Business		City		State		Zip Code (Plu	s 4)	
			Darby		PA		190231200		
Full Name of Contributor									
Ms. Annette White ESQ				МО	DAY	YEAR	\$	300.00	
Mailing Address					_		1		
City Bethlehem	State	Zi	p Code (Plus 4)	6	2	2025			
	PA		80155092						
Employer Name Jefferson Health			,0133032	Occupat	ion	Senior \	ice President	and	
Employer Mailing Address/Principal Plac	re of Business		City	1 0000.p	State	Jernor V	Zip Code (Plu		
Employer Flaming Address/11mcipar11a	ce or business		Philadelphia		PA		191072934		
			Filliadelpilia		I r A		1910/2934 1		
Full Name of Contributor				мо	DAY	YEAR	<b>\$</b>	500.00	
Mr. Gabriel Kamarousky							-		
Mailing Address			o Carla (Dissa 4)	6	2	2025			
<b>City</b> Pottsville	State	l '	p Code (Plus 4)						
	I PA I	17	9018738		_	<u> </u>	<u>I</u>		
<b>Employer Name</b> Geisinger St. Luke's H	Hospital			Occupation President					
Employer Mailing Address/Principal Place	ce of Business		City		State		Zip Code (Plu	s 4)	
			Orwigsburg		PA		179612202		
Full Name of Contributor				МО	DAY	YEAR		275.00	
Dr. Robert S. Gayner MD				1-10	DAI	ILAK	\$	275.00	
Mailing Address				6	2	2025			
<b>City</b> Allentown	State	Zi	p Code (Plus 4)		_	2023			
	l <sub>PA</sub>	18	31041760						
<b>Employer Name</b> St. Luke's University	Health Network			Occupat	ion	Physicia	n		
Employer Mailing Address/Principal Plac	ce of Business		City		State		Zip Code (Plu	s 4)	
			Bethlehem		PA		180151000		
Full Name of Contributor									
Mr. James Stuccio JD, MBA, FACHE				МО	DAY	YEAR	\$	400.00	
Mailing Address						1			
City Lancaster	State	Zi	p Code (Plus 4)	6	2	2025			
, 24.1643661	PA		76015457						
Fmplover Name WollSpan Enhants Co.	Employer Name WellSpan Ephrata Community Hospital				ion	Sonior V	'ice President,	Fa	
	Employer Mailing Address/Principal Place of Business City			Occupat	State	Seriioi V	Zip Code (Plu		
Limployer maining Address/Principal Plac								<b>∍ 7</b> <i>j</i>	
Ephrata					PA		175221002		

Full Name of Contributor				МО	DAY	YEAR	\$	1,000.00	
Dr. Joseph Cacchione MD							ļ `	1,000100	
Mailing Address	T <sub>a</sub>	T		6	2	2025			
<b>City</b> Akron	State	- 1	p Code (Plus 4)						
	ГОН	1 44	13211865				1		
<b>Employer Name</b> Jefferson Health			T	<u>,                                     </u>			ecutive Offic		
Employer Mailing Address/Principal F	Place of Business		City		State		Zip Code (Plus 4)		
			Philadelphia		PA		191072934		
Full Name of Contributor				мо	DAY	YEAR	\$	400.00	
Dr. Bruce A. Meyer MD, MBA								400.00	
Mailing Address	1			5	30	2025			
<b>City</b> Sewickley	State	Zi	p Code (Plus 4)						
	I PA	1 15	51431036				1		
<b>Employer Name</b> Allegheny Health N				Occupat	ion	Executiv	e Vice Presid	dent	
Employer Mailing Address/Principal F	Place of Business		City		State		Zip Code (P	us 4)	
			Pittsburgh		PA		152223000		
Full Name of Contributor				мо	DAY	YEAR			
Ms. Patti Jackson-Gehris				М	DAI	ILAK	\$	400.00	
Mailing Address				5	30	2025			
City Cogan Station	State	Zi	p Code (Plus 4)						
	I PA	1 17	77289101						
Employer Name UPMC Williamsport				Occupat	ion	Presider	t		
Employer Mailing Address/Principal F	Place of Business		City		State		Zip Code (P	us 4)	
			Williamsport		PA		177013100		
Full Name of Contributor				МО	DAY	VEAD			
Ms. Deborah J Willwerth RN, MSN, N	IEA-BC			MO	DAT	YEAR	<b>\$</b>	600.00	
Mailing Address				- 5	30	2025	1		
<b>City</b> Lancaster	State	Zi	p Code (Plus 4)		30	2025			
	I PA	1 17	76039700						
Employer Name UPMC Lititz				<b>Occupation</b> President					
Employer Mailing Address/Principal I	Place of Business		City		State		Zip Code (P	us 4)	
			Lititz		PA		175437694		
Full Name of Contributor						V=45			
Mr. Dennis Pfleiger				МО	DAY	YEAR	<b>\$</b>	350.00	
Mailing Address				- 5	30	2025	1		
<b>City</b> Quakertown	State	Zi	p Code (Plus 4)		30	2023			
	I <sub>PA</sub>	1 18	39512147				1		
Employer Name St. Luke's Quakert	own Campus			Occupat	ion	Presiden	t and Chief	Opera	
Employer Mailing Address/Principal I	Place of Business		City		State		Zip Code (P	us 4)	
			Quakertown		PA		189519003		
Full Name of Contributor					D4"	V=			
Ms. Michele M Volpe MBA, FACHE			МО	DAY	YEAR	\$	600.00		
Mailing Address				- 5	30	2025	1		
<b>City</b> Philadelphia	State	Zi	p Code (Plus 4)	5	30	2023	1		
	l <sub>PA</sub>	1 19	91062014						
Employer Name University of Pennsylvania Health System					ion	Senior V	ice Presiden	t and	
	Employer Mailing Address/Principal Place of Business City				State		Zip Code (P	us 4)	
Philadelphia					PA		191045127		
			•						

Full Name of Contributor			мо	DAY	YEAR	\$ 400.00		
Mrs. Allison Trowell						] +		
Mailing Address				5	29	2025		
<b>City</b> Lebanon	State	Zi	p Code (Plus 4)		29	2023		
	l <sub>PA</sub>	1 17	70429271					
Employer Name UPMC Cen	tral PA			Occupation VP Operations				
Employer Mailing Address/P	Employer Mailing Address/Principal Place of Business City				State		Zip Code (Plus 4)	
	Harrisburg				PA		171058700	

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

PAGE TOTAL	
\$ 13,900.00	

## OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

**Reporting Period** 

Hospital & Healthsystem Assoc of PA PA	AC (HAPAC)		From:		<u>5/6/202</u>	<u>5</u> To:	<u>6/9/202</u>	<u>25</u>
				D	ATE		AMOUNT	
Full Name				мо	DAY	VEAD	_	10.06
FNB-First National Bank				МО	DAY	YEAR	\$	19.86
Mailing Address				5	30	2025		
<b>City</b> Harrisburg	State	Zip Code (I	Plus 4)			2020		
	PA	17111						
Receipt Description May 2025 Intere	st Income							
Full Name					<b>-</b> 444	V=45		
FNB-First National Bank				МО	DAY	YEAR	\$	15.71
Mailing Address				5	30	2025		
City Harrisburg	State	Zip Code (I	Plus 4)	3	30	2023		
	PA	17111						
Receipt Description May 2025 Intere	st Income	-						

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

Name of Filing Committee or Candidate

PAGE TOTAL									
\$	35.57								

#### **SCHEDULE II**

#### **IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period							
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	From:	<u>5/6/2025</u> <b>To:</b>	<u>6/9/2025</u>					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR							
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)								
TOTAL for the Reporting Pe	eriod (2)	\$	0.00					
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)								
TOTAL for the Reporting Pe	eriod (3)	\$	0.00					
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00					

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

ame of Filing Committee or Candidate			Reporting Period					
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				<b>7</b> \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	•	•	•		•		
					_			
Enter Grand Total of Part F on Sched Section 2.	dule II, In-Kind (	Contributions Deta	iled Sum	mary Pag	je,		PAGE TOTA	<b>L</b>
Section 2.						\$		0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Reporting Period						
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	1	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zij	p Code(Plus 4)	Descr	iptio	n of Contributio	n
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE TOT	AL
Summary Page, Section 3.					-					0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
Hospital & Healthsystem Assoc of PA PAC (HAPAC)	From	<u>5/6/2025</u>	То:	6/9/2025			

				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
People to Elect Brook (Senate	2)		1-10		12/110		
Mailing Address			5	6	2025	\$	500.00
<b>City</b> Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	17108	Rubicor	n - 5/13/25	5		
To Whom Paid			МО	DAY	YEAR		
Neighbors for Tim	1-10	JA.	ILAK				
Mailing Address	5	6	2025	\$	250.00		
<b>City</b> Frackville	Descrip	tion of Exp	enditure				
	PA	17931	HRCC F	irst Floor -	5/12/25		
To Whom Paid	МО	DAY	YEAR				
Heather Boyd for PA	1-10	JA.	ILAK				
Mailing Address				6	2025	\$	500.00
City Drexel Hill State Zip Code (Plus 4)			Descrip	tion of Exp	enditure		
	PA	19026	Elemen	tary Coffee	e Co 5/	7/25	
To Whom Paid			МО	DAY	YEAR		
HRCC			1-10	JA.	ILAK		
Mailing Address			5	21	2025	\$	2,500.00
<b>City</b> Harrisburg	State	Zip Code (Plus 4)	Descrip	Description of Expenditure			
	PA	17108	Mechan	icsburg Clu	ub Picnic	Grounds 6	5/2/25
To Whom Paid			МО	DAY	YEAR		
Friends of Kim Ward			МО	DAI	ILAK		
Mailing Address			5	21	2025	\$	6,000.00
<b>City</b> Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17108	Bedford	l Springs R	esort - 5	/29/25	
To Whom Paid			МО	DAY	YEAR		
Friends of Peter Schweyer					12/11		
Mailing Address			5	21	2025	\$	1,000.00
City Harrisburg State Zip Code (Plus 4)			Description of Expenditure				
	PA	Zero Da	ay - 6/2/25	5			

To Wh	om Paid			МО	DAY	YEAR				
Friend	ls of Tina Davis			1-10		1 = Aux				
Mailin	g Address			5	21	2025	\$	1,000.0		
City	Croydon	State	Zip Code (Plus 4)	Description of Expenditure						
		PA	19021	Harrisbı	urg Hilton	- 6/2/25				
To Wh	om Paid			мо	DAY	YEAR				
Friend	s of Scott Martin			М		TEAR				
Mailin	g Address			5	21	2025	\$	15,000.0		
City	Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	17108	Sherato	n Valley Fo	orge - 5/2	29/25			
To Wh	om Paid			МО	DAY	YEAR				
Friend	s of Clint Owlett			МО	DAI	ILAK				
Mailin	g Address			5	21	2025	\$	500.0		
City	Morris	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	16938	Locust (	Court Build	ing - 6/4	/25			
To Wh	om Paid			МО	DAY	YEAR				
Friend	s of Arvind Venkat			MO	DAT	TEAR				
Mailin	g Address			5	21	2025	\$	500.0		
City	Wexford	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	15090	The Bab	b Building	- 5/28/2	.5			
To Wh	om Paid			мо	DAY	YEAR				
Friend	s of Chris Gebhard			М		TEAR				
Mailin	g Address			5	21	2025	\$	750.0		
City	Lebanon	State	Zip Code (Plus 4)	Description of Expenditure						
		PA	17042	Harrisburg Hilton - 6/3/25						
To Wh	om Paid			мо	DAY	YEAR				
Friend	s of Nate Davidson									
Mailin	g Address			5	21	2025	\$	500.0		
City	Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	17110	Element	tary Coffee	Co. 6/1	0/25			
To Wh	om Paid			мо	DAY	YEAR				
FNB-F	irst National Bank			MO	DAT	TEAR				
Mailin	g Address			5	30	2025	\$	543.9		
City	Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u> </u>			
	PA 17111				25 Bank Fe	es: Aned	lot			
To Wh	To Whom Paid			МО	DAY	YEAR				
Senat	Senate Republican Campaign Committee			MO	DAT	ILAK				
Mailin	Mailing Address			6	3	2025	\$	1,000.0		
City Harrisburg State Zip Code (Plus 4)				Descrip	l tion of Exp	enditure	I			
		PA	17108	Wolf Br	ewing Co -	6/9/25				

							PAGE	22
m Paid			MO	DAY	YEAR			
Friends of Matt Bradford					I Z / II K			
Mailing Address			6	3	2025	\$		1,000.00
<b>City</b> Norristown	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	194040349	FNB Field 6/17/25					
m Paid			МО	DAY	YEAR			
of Frank Farry								
Mailing Address			6	3	2025	\$		1,000.00
<b>City</b> Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	17108	Torresdale Union League - 6/11/25					
To Whom Paid				DAY	YEAR			
People for Emily Kinkead								
Mailing Address			6	3	2025	\$		500.00
<b>City</b> Pittsburgh	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	15222	City Island Water Golf - 6/3/25					
To Whom Paid			мо	DAY	YEAR			
lker			110	J	I Z / II K			
Mailing Address			6	3	2025	\$		1,274.00
<b>City</b> Annville	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	17003	5/29/25 Scott Martin Event - Catering Costs / \$1,274.00 Allocated To Friends of Scott Martin					
To Whom Paid				DAV	VEAD			
Friends of Nick Miller				DAI	ILAK			
Mailing Address			6	3	2025	\$		500.00
<b>City</b> Allentown	State	Zip Code (Plus 4)	Descrip	Description of Expenditure				
	PA	18105	Hilton Harrisburg - 5/30/25					
To Whom Paid			MO	DAY	YEAR			
r State Senate			110	J	1 Z / LIK			
Mailing Address			6	3	2025	\$		500.00
Havertown	State	Zip Code (Plus 4)	Description of Expenditure					
	1	1	1					
	PA	19083	PA SDC	C Office - (	5/10/25			
Grand Total of Expenditures		•	•	C Office - 6	5/10/25		PAGE	TOTAL
	of Matt Bradford  Address  Norristown  m Paid of Frank Farry  Address  Harrisburg  m Paid for Emily Kinkead  Address  Pittsburgh  m Paid Iker  Address  Annville  m Paid of Nick Miller  Address  Allentown  m Paid r State Senate  Address	Address Norristown State PA  M Paid of Frank Farry Address Harrisburg State PA  M Paid for Emily Kinkead Address Pittsburgh State PA  M Paid Iker Address Annville State PA  M Paid of Nick Miller Address Allentown State PA  M Paid r State Senate Address	of Matt Bradford  Address  Norristown  State PA 194040349  m Paid of Frank Farry  Address  Harrisburg  State PA 17108  m Paid for Emily Kinkead  Address  Pittsburgh  State PA 15222  m Paid liker  Address  Annville  State PA 17003  m Paid of Nick Miller  Address  Allentown  State PA 18105  m Paid or State Senate  Address	of Matt Bradford  Address  Norristown  State PA  194040349  FNB Fie  MO  Address  Address  Address  Bright Farry  Address  Address  Address  Fittsburgh  State PA  Sta	Mo DAY           Address         6 3           Norristown         State         Zip Code (Plus 4)         Description of Exp FNB Field 6/17/25           MO DAY           Address         6 3           Harrisburg         State         Zip Code (Plus 4)         Description of Exp Torresdale Union Identity           MO DAY           Address         6 3           Pittsburgh         State         Zip Code (Plus 4)         Description of Exp City Island Water           M PA         15222         City Island Water           M PA         Description of Exp City Island Water           M PA         1700de (Plus 4)         Description of Exp City Island Water           M PA         17003         Description of Exp City Island Water           M Description of Exp City Island Water           M Description of Exp City Island Water           M Description of Exp City Island Water           M Description of Exp City Island Water           M Description of Exp PA	Mo DAY YEAR           Address         6 3 2025           Norristown         State Zip Code (Plus 4) 194040349         Description of Expenditure FNB Field 6/17/25           m Paid of Frank Farry         Mo DAY YEAR           Address         6 3 2025           Harrisburg         State Zip Code (Plus 4)         Description of Expenditure Torresdale Union League - PA           m Paid For Emily Kinkead         Mo DAY YEAR           Address         6 3 2025           PILTS burgh         State Zip Code (Plus 4)         Description of Expenditure Foolf - 6/3           PA         15222         City Island Water Golf - 6/3           Mo DAY YEAR           Address         6 3 2025           Annyille         State         Zip Code (Plus 4)         Description of Expenditure Fool Fool           Mo DAY YEAR           Address         Address         Address         Address         Address         Address         Address         Address         Address <td>  Mo</td> <td>Mo DAY YEAR           Address         Address         \$ \$ \$ \$ \$ \$ \$ \$ \$ \$           Norristown         State PA         Zip Code (Plus 4)         Description of Expenditure           PA         194040349         FNB Field 6/17/25           MO DAY YEAR           Address         5 State Zip Code (Plus 4)         Description of Expenditure           Torresdale Union League - 6/11/25           m Paid         MO DAY YEAR           Address         6 3 2025         \$           PILTS burgh         State Zip Code (Plus 4)         Description of Expenditure           PA         15222         City Island Water Golf - 6/3/25           MO DAY YEAR           Address         Address         Address         Description of Expenditure           Address         MO DAY YEAR         Address         Address         Address         Address         Address         Address         Address         Address         Addre</td>	Mo	Mo DAY YEAR           Address         Address         \$ \$ \$ \$ \$ \$ \$ \$ \$ \$           Norristown         State PA         Zip Code (Plus 4)         Description of Expenditure           PA         194040349         FNB Field 6/17/25           MO DAY YEAR           Address         5 State Zip Code (Plus 4)         Description of Expenditure           Torresdale Union League - 6/11/25           m Paid         MO DAY YEAR           Address         6 3 2025         \$           PILTS burgh         State Zip Code (Plus 4)         Description of Expenditure           PA         15222         City Island Water Golf - 6/3/25           MO DAY YEAR           Address         Address         Address         Description of Expenditure           Address         MO DAY YEAR         Address         Address         Address         Address         Address         Address         Address         Address         Addre