

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC**

ADDRESS (number and street) **3031C WALTON RD**  
**SUITE 104**  
 Check if different than previously reported. (ACC) **PLYMOUTH MEETING PA 19462**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00370569** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  2026 through  /  /  2026

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer **May, Maureen, , ,**

Signature of Treasurer **May, Maureen, , ,** Date  /  /  2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

**PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2026"/>		<input type="text" value="82329.62"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="82329.62"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="32025.29"/>	<input type="text" value="32025.29"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="114354.91"/>	<input type="text" value="114354.91"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14409.37"/>	<input type="text" value="14409.37"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="99945.54"/>	<input type="text" value="99945.54"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4750.00	4750.00
(ii) Unitemized .....	27275.29	27275.29
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	32025.29	32025.29
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	32025.29	32025.29
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	32025.29	32025.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	32025.29	32025.29

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	65.00	65.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	65.00	65.00
29. Other Disbursements (Including Non-Federal Donations).....	14344.37	14344.37
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14409.37	14409.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14409.37	14409.37

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	32025.29	32025.29
34. Total Contribution Refunds (from Line 28(d)) .....	65.00	65.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31960.29	31960.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC**

**A. Abdul-Aziz, Saida, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6601 Haverford Ave  
 City Philadelphia State PA Zip Code 19151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Einstein Medical Center Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 03 / 27 / 2026  
**Transaction ID : SA11AI.4101**  
 Amount of Each Receipt this Period 60.00  
 Memo Item payroll deduction

**B. Baig, Naveed, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5237 Wissahickon Ave #1  
 City Philadelphia State PA Zip Code 19144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Christopher's Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 70.00

Date of Receipt 03 / 25 / 2026  
**Transaction ID : SA11AI.4110**  
 Amount of Each Receipt this Period 70.00  
 Memo Item payroll deduction

**C. Barrow, Kim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 271 Burgundy Ln  
 City Newtown State PA Zip Code 18940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Mary Medical Center Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 140.00

Date of Receipt 03 / 30 / 2026  
**Transaction ID : SA11AI.4107**  
 Amount of Each Receipt this Period 140.00  
 Memo Item payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	270.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC**

**A. Billips, Sheila, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1750 N Marshall St  
 City Philadelphia State PA Zip Code 19122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 90.00

Date of Receipt 03 / 13 / 2026  
**Transaction ID : SA11AI.4111**  
 Amount of Each Receipt this Period 90.00  
 Memo Item payroll deduction

**B. Blakely, Janis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1308 Willow Ave Apt A2  
 City Elkins Park State PA Zip Code 19027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 03 / 13 / 2026  
**Transaction ID : SA11AI.4113**  
 Amount of Each Receipt this Period 60.00  
 Memo Item payroll deduction

**C. Bozek, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4282 Shedden Cir  
 City Doylestown State PA Zip Code 18902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Mary Medical Center Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 70.00

Date of Receipt 03 / 30 / 2026  
**Transaction ID : SA11AI.4116**  
 Amount of Each Receipt this Period 70.00  
 Memo Item payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC**

**A. Bozeman, Deborah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2019 Delwhit Dr  
 City Feasterville Trevose State PA Zip Code 19053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Mary Medical Center Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 140.00

Date of Receipt 03 / 30 / 2026  
**Transaction ID : SA11AI.4119**  
 Amount of Each Receipt this Period 140.00  
 Memo Item payroll deduction

**B. Brown, Phyllis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1727 Graham Ln  
 City LaMott State PA Zip Code 19027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 03 / 13 / 2026  
**Transaction ID : SA11AI.4121**  
 Amount of Each Receipt this Period 60.00  
 Memo Item payroll deduction

**C. Brown, Stefani, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 554 Arlington Ave  
 City Folsom State PA Zip Code 19033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mercy Fitzgerald Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 70.00

Date of Receipt 03 / 30 / 2026  
**Transaction ID : SA11AI.4123**  
 Amount of Each Receipt this Period 70.00  
 Memo Item payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	270.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC**

**A. Bruno, Jacqueline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Falcon Ln  
 City Delran State NJ Zip Code 08075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Respiratory Tech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2026  
**Transaction ID : SA11AI.4125**  
 Amount of Each Receipt this Period 60.00  
 Memo Item payroll deduction

**B. Byrd, TreVon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5205 Stark Way  
 City Mt Laurel State NJ Zip Code 08054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2026  
**Transaction ID : SA11AI.4127**  
 Amount of Each Receipt this Period 60.00  
 Memo Item payroll deduction

**C. Carney, Catherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 350 Independence Dr  
 City Holland State PA Zip Code 18966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2026  
**Transaction ID : SA11AI.4129**  
 Amount of Each Receipt this Period 60.00  
 Memo Item payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC**

**A. Carozza, Madeline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Concord Rd  
 City Darby State PA Zip Code 19023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Mercy Fitzgerald Hospital Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 105.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2026  
**Transaction ID : SA11AI.4133**  
 Amount of Each Receipt this Period  
 105.00  
 Memo Item  
 payroll deduction

**B. Chaparro, Emilie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7331 Meadowlark Dr  
 City Tobyhanna State PA Zip Code 18466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Geisinger Community Medical Ct Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2026  
**Transaction ID : SA11AI.4134**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item  
 payroll deduction

**C. Cleghorn, Angela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Oxford Ct  
 City Langhorne State PA Zip Code 19047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 PASNAP Director of Education  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 160.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2026  
**Transaction ID : SA11AI.4136**  
 Amount of Each Receipt this Period  
 160.00  
 Memo Item  
 payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Doerr, Barbara, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2026 <b>Transaction ID : SA11AI.4138</b>
Mailing Address 50 Heather Ct		Amount of Each Receipt this Period 60.00
City Monmouth Junction	State NJ	Zip Code 08852
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item payroll deduction
Name of Employer (for Individual) Temple University Hospital	Occupation (for Individual) Registered Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 60.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Finn, Riley, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 25 / 2026 <b>Transaction ID : SA11AI.4140</b>
Mailing Address 11713 Denman Rd		Amount of Each Receipt this Period 140.00
City Philadelphia	State PA	Zip Code 19154
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item payroll deduction
Name of Employer (for Individual) St. Christopher's Hospital	Occupation (for Individual) Registered Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 140.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Flomo-Sairyon, Rebecca, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2026 <b>Transaction ID : SA11AI.4142</b>
Mailing Address 722 Madison Ave		Amount of Each Receipt this Period 60.00
City Prospect Park	State PA	Zip Code 19076
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item payroll deduction
Name of Employer (for Individual) Temple University Hospital	Occupation (for Individual) Registered Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 60.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	260.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC**

**A. Flynn, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 311 Kingsley St  
 City Philadelphia State PA Zip Code 19128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 03 / 13 / 2026  
**Transaction ID : SA11AI.4144**  
 Amount of Each Receipt this Period 60.00  
 Memo Item payroll deduction

**B. Freeman, Sherri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 924 Gilder Dr  
 City New Castle State DE Zip Code 19720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mercy Fitzgerald Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 140.00

Date of Receipt 03 / 30 / 2026  
**Transaction ID : SA11AI.4146**  
 Amount of Each Receipt this Period 140.00  
 Memo Item payroll deduction

**C. Gaffney, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 Amber Ct  
 City Green Lane State PA Zip Code 18054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PASNAP Occupation (for Individual) Co-Executive Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 03 / 30 / 2026  
**Transaction ID : SA11AI.4148**  
 Amount of Each Receipt this Period 340.00  
 Memo Item payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	540.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC**

**A. Garvin, Kayla, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Milmont Ave  
 City Folsom State PA Zip Code 19033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Christopher's Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 70.00

Date of Receipt 03 / 25 / 2026  
**Transaction ID : SA11AI.4150**  
 Amount of Each Receipt this Period 70.00  
 Memo Item payroll deduction

**B. Goldsmith, Heather, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 Meribrook Cir  
 City Willingboro State NJ Zip Code 08046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 03 / 13 / 2026  
**Transaction ID : SA11AI.4152**  
 Amount of Each Receipt this Period 60.00  
 Memo Item payroll deduction

**C. Golphin, Andrea, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 236 Hampden Rd  
 City Upper Darby State PA Zip Code 19082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mercy Fitzgerald Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 70.00

Date of Receipt 03 / 30 / 2026  
**Transaction ID : SA11AI.4154**  
 Amount of Each Receipt this Period 70.00  
 Memo Item payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC**

**A. Gorman, Megan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1117 Melrose Ave  
 City Elkins Park State PA Zip Code 19027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PASNAP Occupation (for Individual) Sr. Communications Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 80.00

Date of Receipt 03 / 30 / 2026  
**Transaction ID : SA11AI.4156**  
 Amount of Each Receipt this Period 80.00  
 Memo Item payroll deduction

**B. Hemmingway, Waunda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6731 N 8th St  
 City Philadelphia State PA Zip Code 19126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 03 / 13 / 2026  
**Transaction ID : SA11AI.4158**  
 Amount of Each Receipt this Period 60.00  
 Memo Item payroll deduction

**C. Iftikhar, Sehrish, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7615 Rising Sun Ave Apt D1  
 City Philadelphia State PA Zip Code 19111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 03 / 13 / 2026  
**Transaction ID : SA11AI.4160**  
 Amount of Each Receipt this Period 60.00  
 Memo Item payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC**

**A. Illumin, Mylene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1098 Moscariello Ln  
 City Royersford State PA Zip Code 19468  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pottstown Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 70.00

Date of Receipt 03 / 25 / 2026  
**Transaction ID : SA11AI.4162**  
 Amount of Each Receipt this Period 70.00  
 Memo Item payroll deduction

**B. Isac, Soji, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10062 Jeanes St Apt B  
 City Philadelphia State PA Zip Code 19116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 03 / 13 / 2026  
**Transaction ID : SA11AI.4164**  
 Amount of Each Receipt this Period 60.00  
 Memo Item payroll deduction

**C. Jones, Adara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4901 Oxford Ave  
 City Philadelphia State PA Zip Code 19124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Medical Tech  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 03 / 13 / 2026  
**Transaction ID : SA11AI.4166**  
 Amount of Each Receipt this Period 60.00  
 Memo Item payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	190.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC**

**A. Jones, Tahira, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 506 Independence Ave  
 City Philadelphia State PA Zip Code 19126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 03 / 13 / 2026  
**Transaction ID : SA11AI.4168**  
 Amount of Each Receipt this Period 60.00  
 Memo Item payroll deduction

**B. Jones, Wanda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6955 Ogontz Ave  
 City Philadelphia State PA Zip Code 19138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 03 / 13 / 2026  
**Transaction ID : SA11AI.4170**  
 Amount of Each Receipt this Period 60.00  
 Memo Item payroll deduction

**C. Kominos, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 499 Thomas Ave  
 City Barrington State NJ Zip Code 08007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mercy Fitzgerald Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 70.00

Date of Receipt 03 / 30 / 2026  
**Transaction ID : SA11AI.4172**  
 Amount of Each Receipt this Period 70.00  
 Memo Item payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	190.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC**

**A. Lawrence, Raquel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 Deerpath Dr  
 City Lansdale State PA Zip Code 19446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Christopher's Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 70.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2026  
**Transaction ID : SA11AI.4175**  
 Amount of Each Receipt this Period 70.00  
 Memo Item payroll deduction

**B. Martin, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 227 N Keim St  
 City Pottstown State PA Zip Code 19464  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pottstown Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 140.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2026  
**Transaction ID : SA11AI.4177**  
 Amount of Each Receipt this Period 140.00  
 Memo Item payroll deduction

**C. May, Maureen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 62 Goodwin Pkwy  
 City Sewell State NJ Zip Code 08080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 90.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2026  
**Transaction ID : SA11AI.4179**  
 Amount of Each Receipt this Period 90.00  
 Memo Item payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC**

**A. Mejia, Sonia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1705 Sandy Hill Rd  
 City Plymouth Meeting State PA Zip Code 19462  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2026  
**Transaction ID : SA11AI.4180**  
 Amount of Each Receipt this Period 60.00  
 Memo Item payroll deduction

**B. Miller, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1803 68th Ave  
 City Philadelphia State PA Zip Code 19126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2026  
**Transaction ID : SA11AI.4182**  
 Amount of Each Receipt this Period 60.00  
 Memo Item payroll deduction

**C. Milligan, Brandy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 505 Maine Ave  
 City Aldan State PA Zip Code 19018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mercy Fitzgerald Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 105.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2026  
**Transaction ID : SA11AI.4184**  
 Amount of Each Receipt this Period 105.00  
 Memo Item payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC**

**A. Mintze, Antoinette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 923 Autumn River Run  
 City Philadelphia State PA Zip Code 19128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Einstein Medical Center Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 03 / 27 / 2026  
**Transaction ID : SA11AI.4186**  
 Amount of Each Receipt this Period 60.00  
 Memo Item payroll deduction

**B. Moore, Ida, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5915 Trinity St  
 City Philadelphia State PA Zip Code 19143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 03 / 13 / 2026  
**Transaction ID : SA11AI.4188**  
 Amount of Each Receipt this Period 60.00  
 Memo Item payroll deduction

**C. Morris, Nancy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1822 Hoffnagle St  
 City Philadelphia State PA Zip Code 19152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 03 / 13 / 2026  
**Transaction ID : SA11AI.4190**  
 Amount of Each Receipt this Period 60.00  
 Memo Item payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC**

**A. Morris, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 Integrity Ave  
 City Oreland State PA Zip Code 19075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PASNAP Occupation (for Individual) Comms, Political & Research Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 80.00

Date of Receipt 03 / 30 / 2026  
**Transaction ID : SA11AI.4192**  
 Amount of Each Receipt this Period 80.00  
 Memo Item payroll deduction

**B. Oh, Soo Ji, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1006 Diamond Dr  
 City Newtown State PA Zip Code 18940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Mary Medical Center Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 70.00

Date of Receipt 03 / 30 / 2026  
**Transaction ID : SA11AI.4194**  
 Amount of Each Receipt this Period 70.00  
 Memo Item payroll deduction

**C. Oplacio, Crystal, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Twin Ponds Ct  
 City Sewell State NJ Zip Code 08080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Radiation Tech  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 03 / 13 / 2026  
**Transaction ID : SA11AI.4196**  
 Amount of Each Receipt this Period 60.00  
 Memo Item payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC**

**A. Pierre-Louis, Marie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1557 Edgewood Ave  
 City Abington State PA Zip Code 19001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Einstein Medical Center Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2026  
**Transaction ID : SA11AI.4198**  
 Amount of Each Receipt this Period 60.00  
 Memo Item payroll deduction

**B. Plummer, Arlene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4938 Rosehill St  
 City Philadelphia State PA Zip Code 19120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2026  
**Transaction ID : SA11AI.4200**  
 Amount of Each Receipt this Period 60.00  
 Memo Item payroll deduction

**C. Rafter, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 408 Main St  
 City Riverton State NJ Zip Code 08077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2026  
**Transaction ID : SA11AI.4202**  
 Amount of Each Receipt this Period 60.00  
 Memo Item payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC**

**A. Riggs, Daniyel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6219 Carpenter St  
 City Philadelphia State PA Zip Code 19143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 03 / 13 / 2026  
**Transaction ID : SA11AI.4204**  
 Amount of Each Receipt this Period 60.00  
 Memo Item payroll deduction

**B. Rocchi, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5260 Witherspoon Ave  
 City Pennsauken State NJ Zip Code 08109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Christopher's Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 70.00

Date of Receipt 03 / 25 / 2026  
**Transaction ID : SA11AI.4206**  
 Amount of Each Receipt this Period 70.00  
 Memo Item payroll deduction

**C. Schwarz, Brianna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 235 S 15th St, Apt 1001  
 City Philadelphia State PA Zip Code 19102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 03 / 13 / 2026  
**Transaction ID : SA11AI.4208**  
 Amount of Each Receipt this Period 60.00  
 Memo Item payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	190.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC**

**A. Shavers, Zenetta, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1044 S Frazier St  
 City Philadelphia State PA Zip Code 19143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mercy Fitzgerald Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 70.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2026  
**Transaction ID : SA11AI.4210**  
 Amount of Each Receipt this Period 70.00  
 Memo Item payroll deduction

**B. Shiller, Kimberly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3829 James St  
 City Drexel Hill State PA Zip Code 19026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mercy Fitzgerald Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 70.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2026  
**Transaction ID : SA11AI.4212**  
 Amount of Each Receipt this Period 70.00  
 Memo Item payroll deduction

**C. Sorensen, Dawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Aspen Ln  
 City Levittown State PA Zip Code 19055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Mary Medical Center Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 140.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2026  
**Transaction ID : SA11AI.4214**  
 Amount of Each Receipt this Period 140.00  
 Memo Item payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	280.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Talley Bagis, Michelle, , ,</b>			Date of Receipt
Mailing Address 2626 Hemlock St			<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2026"/>
City Philadelphia	State PA	Zip Code 19116	<b>Transaction ID : SA11AI.4216</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="60.00"/>
Name of Employer (for Individual) Temple University Hospital		Occupation (for Individual) Registered Nurse	<input type="checkbox"/> Memo Item payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="60.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Warshaw, Mark, , ,</b>			Date of Receipt
Mailing Address 422 Militia Hill Rd			<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2026"/>
City Fort Washington	State PA	Zip Code 19034	<b>Transaction ID : SA11AI.4218</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="80.00"/>
Name of Employer (for Individual) PASNAP		Occupation (for Individual) Co-Executive Director	<input type="checkbox"/> Memo Item payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="80.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Weigel, Stacy, , ,</b>			Date of Receipt
Mailing Address 132 Pinelock St			<input type="text" value="02"/> / <input type="text" value="02"/> / <input type="text" value="2026"/>
City Mineral Point	State PA	Zip Code 15942	<b>Transaction ID : SA11AI.4220</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="80.00"/>
Name of Employer (for Individual) Indiana Regional Med. Ctr.		Occupation (for Individual) Registered Nurse	<input type="checkbox"/> Memo Item payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="80.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="220.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC**

**A. Wright, Danielle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 Sherwood Dr  
 City Medford State NJ Zip Code 08055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Einstein Medical Center Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2026  
**Transaction ID : SA11AI.4222**  
 Amount of Each Receipt this Period 60.00  
 Memo Item payroll deduction

**B. Yun, Ahreum, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7600 Stenton Ave Apt 90  
 City Philadelphia State PA Zip Code 19118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2026  
**Transaction ID : SA11AI.4224**  
 Amount of Each Receipt this Period 60.00  
 Memo Item payroll deduction

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4750.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC**

Full Name (Last, First, Middle Initial)

### A. Camera for Senate

Mailing Address PO Box 412

City  
Harrisburg

State  
PA

Zip Code  
17108

Purpose of Disbursement  
campaign contribution

011  
Category/  
Type

Candidate Name  
Camera for Senate

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	2	6

FEC Identification Number

C

Transaction ID : SB29.4260

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. Citizens for Jason Ortity

Mailing Address PO Box 81

City  
Hershey

State  
PA

Zip Code  
17033

Purpose of Disbursement  
campaign contribution

011  
Category/  
Type

Candidate Name  
Citizens for Jason Ortity

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	2	6

FEC Identification Number

C

Transaction ID : SB29.4273

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. Committee to Elect Andrew Kuzma

Mailing Address PO Box 81

City  
Hershey

State  
PA

Zip Code  
17033

Purpose of Disbursement  
void expired check lost in mail

011  
Category/  
Type

Candidate Name  
Committee to Elect Andrew Kuzma

Office Sought:  House  
 Senate  
 President

Disbursement For: 2025  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	2	6

FEC Identification Number

C

Transaction ID : SB29.4280

Amount of Each Disbursement this Period

- 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Austin Davis**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2026

Mailing Address PO Box 304

FEC Identification Number

C
---

**Transaction ID : SB29.4251**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

City McKeesport State PA Zip Code 15134

Purpose of Disbursement  
campaign contribution

011
Category/ Type

Candidate Name  
Friends of Austin Davis

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Friends of Chris Gebhard**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2026

Mailing Address 1451 Quentin Rd Ste 400  
Box 248

FEC Identification Number

C
---

**Transaction ID : SB29.4264**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

City Lebanon State PA Zip Code 17042

Purpose of Disbursement  
campaign contribution

011
Category/ Type

Candidate Name  
Friends of Chris Gebhard

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Friends of Devlin Robinson**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2026

Mailing Address PO Box 81

FEC Identification Number

C
---

**Transaction ID : SB29.4257**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

City Hershey State PA Zip Code 17033

Purpose of Disbursement  
campaign contribution

011
Category/ Type

Candidate Name  
Friends of Devlin Robinson

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional).....▶

4500.00
---------

**TOTAL** This Period (last page this line number only).....▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Elizabeth Moro**

Mailing Address PO Box 92

City  
Wallingford

State  
PA

Zip Code  
19086

Purpose of Disbursement  
campaign contribution

Category/  
Type

Candidate Name  
Friends of Elizabeth Moro

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2026

FEC Identification Number

**Transaction ID : SB29.4267**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Gina Curry**

Mailing Address PO Box 241

City  
Lansdowne

State  
PA

Zip Code  
19050

Purpose of Disbursement  
void expired check lost in mail

Category/  
Type

Candidate Name  
Curry, Gina, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	19	/	2026

FEC Identification Number

**Transaction ID : SB29.4278**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Joe Pittman**

Mailing Address PO Box 457

City  
Harrisburg

State  
PA

Zip Code  
17108

Purpose of Disbursement  
campaign contribution

Category/  
Type

Candidate Name  
Friends of Joe Pittman

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2026

FEC Identification Number

**Transaction ID : SB29.4256**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

