

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

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="2021"/>	<input type="text" value="5381.29"/>	<input type="text" value="5381.29"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="13170.78"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="84847.64"/>	<input type="text" value="115569.02"/>
(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="98018.42"/>	<input type="text" value="120950.31"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="84644.74"/>	<input type="text" value="107576.63"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="13373.68"/>	<input type="text" value="13373.68"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2021 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2021

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).....	75438.02	102678.01
(ii) Unitemized	9171.13	12466.39
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	84609.15	115144.40
(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)	84609.15	115144.40
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).....	51.18	51.18
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	187.31	373.44
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)).....▶	84847.64	115569.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	84847.64	115569.02

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.....	82000.00	102000.00
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	0.00	400.00
(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)).....	0.00	400.00
29. Other Disbursements (Including Non-Federal Donations).....	2644.74	5176.63
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)) ..	84644.74	107576.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	84644.74	107576.63

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	84609.15	115144.40
34. Total Contribution Refunds (from Line 28(d))	0.00	400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	84609.15	114744.40
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).....	51.18	51.18
38. Net Operating Expenditures (subtract Line 37 from Line 36)	- 51.18	- 51.18

**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 72
	<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	

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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Cevasco, Heather, , ,			Date of Receipt MM / DD / YYYY 07 / 06 / 2021
Mailing Address 3727 William Daves Road			Transaction ID : 26068207
City Doylestown	State PA	Zip Code 18902-9191	Amount of Each Receipt this Period 280.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Doylestown Health		Occupation (for Individual) Government Relations Officer	2021 Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Schea, Frederick, E., Mr.,			Date of Receipt MM / DD / YYYY 07 / 04 / 2021
Mailing Address 312 Upper Stump Road			Transaction ID : 26068781
City Chalfont	State PA	Zip Code 18914-1513	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Pennswood Consulting LLC		Occupation (for Individual) Board Member	2021 Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Wagner, Laura, A., Mrs.,			Date of Receipt MM / DD / YYYY 07 / 05 / 2021
Mailing Address 501 Cocklin Street			Transaction ID : 26069007
City Mechanicsburg	State PA	Zip Code 17055-6617	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) UPMC Harrisburg		Occupation (for Individual) Vice President of Operations	2021 Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional).....▶	1080.00
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 7 OF 72
	<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Hawthorne, Kisha, H., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 North 21st Street
 City Philadelphia State PA Zip Code 19130-4267
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Children's Hospital of Philadelphia Occupation (for Individual) Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 13 / 2021
Transaction ID : 26069065
 Amount of Each Receipt this Period 800.00
 Memo Item
 2021 Contribution

B. Aucker, Kendra, A, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 River Road
 City Lewisburg State PA Zip Code 17837-8074
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Evangelical Community Hospital Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 13 / 2021
Transaction ID : 26069070
 Amount of Each Receipt this Period 800.00
 Memo Item
 2021 Contribution

C. Jaslow, David, , Dr., MD, MPH, P
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1227 Gordon Road
 City Jenkintown State PA Zip Code 19046-3908
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Penn Highlands Healthcare Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 14 / 2021
Transaction ID : 26069078
 Amount of Each Receipt this Period 400.00
 Memo Item
 2021 Contribution

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 8 OF 72
<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Carter, Andy, W., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2920 Green Street

City Harrisburg	State PA	Zip Code 17110-1230
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn	Occupation (for Individual) President and Chief Executive Officer
-----------------------------------------------------------------------------	----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2333.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2021

Transaction ID : 26075062

Amount of Each Receipt this Period
333.34

Memo Item

July 2021 Payroll Deduction

B. Carter, Andy, W., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2920 Green Street

City Harrisburg	State PA	Zip Code 17110-1230
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn	Occupation (for Individual) President and Chief Executive Officer
-----------------------------------------------------------------------------	----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2666.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2021

Transaction ID : 26075064

Amount of Each Receipt this Period
333.34

Memo Item

July 2021 Payroll Deduction

C. Kampf, Warren, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 Calvert Circle

City Paoli	State PA	Zip Code 19301-1001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn	Occupation (for Individual) Senior Vice President, Advocacy and Ex
-----------------------------------------------------------------------------	-----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2021

Transaction ID : 26075074

Amount of Each Receipt this Period
40.00

Memo Item

July 2021 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	706.68
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: PAGE 9 OF 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
 The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Kampf, Warren, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Calvert Circle
 City Paoli State PA Zip Code 19301-1001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn Occupation (for Individual) Senior Vice President, Advocacy and E:
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 07 / 30 / 2021
Transaction ID : 26075076
 Amount of Each Receipt this Period 40.00
 Memo Item
 July 2021 Payroll Deduction

B. Trout, Jason, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Carley Place
 City Lititz State PA Zip Code 17543-8809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WellSpan Health Occupation (for Individual) VP Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 02 / 2021
Transaction ID : 26088646
 Amount of Each Receipt this Period 240.00
 Memo Item
 2021 Contribution

C. Albert, Russell, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 Karinch Street
 City Lebanon State PA Zip Code 17042-9033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WellSpan Philhaven Occupation (for Individual) VP - Service Line Operations, Neurosci
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 07 / 2021
Transaction ID : 26089976
 Amount of Each Receipt this Period 400.00
 Memo Item
 2021 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 680.00
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 10 OF 72
<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Kuipers Logan, Leslie, M, Ms., JD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 Roosevelt Boulevard
 City Ocean City State NJ Zip Code 08226-1863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WellSpan Ephrata Community Hospital Occupation (for Individual) VP, Accreditation and Licensure
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 08 / 2021
Transaction ID : 26089979
 Amount of Each Receipt this Period 320.00
 Memo Item
 2021 Contribution

B. Bernhardt, Alison, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 616 Rose Petal Lane
 City Mount Joy State PA Zip Code 17552-3154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPMC Harrisburg Occupation (for Individual) Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 13 / 2021
Transaction ID : 26094183
 Amount of Each Receipt this Period 400.00
 Memo Item
 2021 Contribution

C. Royce, Maria, L, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 336 Laurel Drive
 City York State PA Zip Code 17406-9614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WellSpan Health Occupation (for Individual) Senior Vice President, Strategy and Ma
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 15 / 2021
Transaction ID : 26094187
 Amount of Each Receipt this Period 800.00
 Memo Item
 2021 Contribution

SUBTOTAL of Receipts This Page (optional).....	1520.00
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 72
<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Guarneschelli, Philip, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2352 Abbey Lane

City Harrisburg	State PA	Zip Code 17112-6047
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UPMC Pinnacle	Occupation (for Individual) President and CEO
----------------------------------------------------	--------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2021

Transaction ID : 26094214

Amount of Each Receipt this Period
800.00

Memo Item

2021 Contribution

B. Baverso, Lou, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Westwind Drive

City Lemoyne	State PA	Zip Code 17043-1233
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UPMC Carlisle	Occupation (for Individual) President
----------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2021

Transaction ID : 26094216

Amount of Each Receipt this Period
800.00

Memo Item

2021 Contribution

C. Gormley, Ann, H, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 Petersburg Court

City Mechanicsburg	State PA	Zip Code 17050-8225
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UPMC Harrisburg	Occupation (for Individual) Senior Vice President Human Resource
------------------------------------------------------	---------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2021

Transaction ID : 26094220

Amount of Each Receipt this Period
400.00

Memo Item

2021 Contribution

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 12 OF 72
	<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Messer, Marcia, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42 Frey Oak Trail

City Greer	State SC	Zip Code 29650-2781
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellSpan Health	Occupation (for Individual) COO
------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
08 / 23 / 2021
Transaction ID : 26096751

Amount of Each Receipt this Period
400.00

Memo Item

2021 Contribution

B. Gapstur, Roxanna, L, Ms., PhD, RN, C
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 990 Wyndsong Drive

City York	State PA	Zip Code 17403-4489
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellSpan Health	Occupation (for Individual) President and Chief Executive Officer
------------------------------------------------------	----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
08 / 24 / 2021
Transaction ID : 26096768

Amount of Each Receipt this Period
2000.00

Memo Item

2021 Contribution

C. Vandevander, Steven, C., Mr., MSN, MHS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 440 Doe Run Road

City Manheim	State PA	Zip Code 17545-9368
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellSpan Health	Occupation (for Individual) Nurse
------------------------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt
08 / 24 / 2021
Transaction ID : 26096773

Amount of Each Receipt this Period
400.00

Memo Item

2021 Contribution

SUBTOTAL of Receipts This Page (optional).....	2800.00
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 13 OF 72
<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Stewart, Vanessa, Sue, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1063 Pebble Court

City Mechanicsburg	State PA	Zip Code 17050-9184
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn	Occupation (for Individual) Manager, Political Development
-----------------------------------------------------------------------------	---------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
189.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2021

Transaction ID : 26100898

Amount of Each Receipt this Period
12.73

Memo Item

2021 Contribution

B. Stewart, Vanessa, Sue, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1063 Pebble Court

City Mechanicsburg	State PA	Zip Code 17050-9184
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn	Occupation (for Individual) Manager, Political Development
-----------------------------------------------------------------------------	---------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.18

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2021

Transaction ID : 26100900

Amount of Each Receipt this Period
12.73

Memo Item

2021 Contribution

C. Carter, Andy, W., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2920 Green Street

City Harrisburg	State PA	Zip Code 17110-1230
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn	Occupation (for Individual) President and Chief Executive Officer
-----------------------------------------------------------------------------	----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3000.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2021

Transaction ID : 26100906

Amount of Each Receipt this Period
333.34

Memo Item

2021 Contribution

SUBTOTAL of Receipts This Page (optional).....	358.80
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 14 OF 72
<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

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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Carter, Andy, W., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2920 Green Street

City Harrisburg	State PA	Zip Code 17110-1230
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn	Occupation (for Individual) President and Chief Executive Officer
-----------------------------------------------------------------------------	----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3333.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2021

Transaction ID : 26100908

Amount of Each Receipt this Period
333.34

Memo Item

2021 Contribution

B. Kampf, Warren, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 Calvert Circle

City Paoli	State PA	Zip Code 19301-1001
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn	Occupation (for Individual) Senior Vice President, Advocacy and E
-----------------------------------------------------------------------------	----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2021

Transaction ID : 26100918

Amount of Each Receipt this Period
40.00

Memo Item

2021 Contribution

C. Kampf, Warren, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 Calvert Circle

City Paoli	State PA	Zip Code 19301-1001
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn	Occupation (for Individual) Senior Vice President, Advocacy and Ex
-----------------------------------------------------------------------------	-----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2021

Transaction ID : 26100920

Amount of Each Receipt this Period
40.00

Memo Item

2021 Contribution

SUBTOTAL of Receipts This Page (optional).....	413.34
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 15 OF 72
<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Clouser, Carolyn, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1067 Westgate Drive

City Chambersburg	State PA	Zip Code 17201-2978
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellSpan Health	Occupation (for Individual) Director of Development
------------------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2021

Transaction ID : 26130293

Amount of Each Receipt this Period
280.00

Memo Item

2021 Contribution

B. Gongaware, Robert, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 402 Andrew Circle

City Indiana	State PA	Zip Code 15701-2224
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Indiana Regional Medical Center	Occupation (for Individual) Chief Financial Officer
----------------------------------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2021

Transaction ID : 26142205

Amount of Each Receipt this Period
200.00

Memo Item

2021 Contribution

C. Collins, James, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1350 Navahoe Drive

City Pittsburgh	State PA	Zip Code 15228-1602
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) St. Clair Hospital	Occupation (for Individual) President and Chief Executive Officer
---------------------------------------------------------	----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2021

Transaction ID : 26143901

Amount of Each Receipt this Period
800.00

Memo Item

2021 Contribution

SUBTOTAL of Receipts This Page (optional).....	1280.00
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 16 OF 72
<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Bohrn, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 70 Timberline Drive

City Wyomissing	State PA	Zip Code 19610-1970
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellSpan Health	Occupation (for Individual) VP and Chief Academic Officer
------------------------------------------------------	--------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2021

Transaction ID : 26149223

Amount of Each Receipt this Period
400.00

Memo Item

2021 Contribution

B. Sullivan, John, , Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 200 Lee Street #1A

City Evanston	State IL	Zip Code 60202-1450
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) St. Clair Hospital	Occupation (for Individual) Chief Medical Officer
---------------------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2021

Transaction ID : 26151389

Amount of Each Receipt this Period
400.00

Memo Item

2021 Contribution

C. Stewart, Vanessa, Sue, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1063 Pebble Court

City Mechanicsburg	State PA	Zip Code 17050-9184
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn	Occupation (for Individual) Manager, Political Development
-----------------------------------------------------------------------------	---------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
214.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2021

Transaction ID : 26151465

Amount of Each Receipt this Period
12.73

Memo Item

September 2021 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	812.73
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 17 OF 72
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Stewart, Vanessa, Sue, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1063 Pebble Court

City Mechanicsburg	State PA	Zip Code 17050-9184
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn	Occupation (for Individual) Manager, Political Development
-----------------------------------------------------------------------------	---------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
227.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2021

Transaction ID : 26151467

Amount of Each Receipt this Period

28.73

Memo Item

September 2021 Payroll Deduction

B. Schroder, Daneen, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1818 Geisel Highpoint Circle

City Harrisburg	State PA	Zip Code 17112-9293
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn	Occupation (for Individual) Vice President, Member Relations and
-----------------------------------------------------------------------------	---------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2021

Transaction ID : 26151469

Amount of Each Receipt this Period

28.62

Memo Item

September 2021 Payroll Deduction

C. Schroder, Daneen, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1818 Geisel Highpoint Circle

City Harrisburg	State PA	Zip Code 17112-9293
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn	Occupation (for Individual) Vice President, Member Relations and E
-----------------------------------------------------------------------------	-----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
228.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2021

Transaction ID : 26151471

Amount of Each Receipt this Period

28.57

Memo Item

September 2021 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	69.92
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 18 OF 72
<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Carter, Andy, W., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2920 Green Street

City Harrisburg	State PA	Zip Code 17110-1230
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn	Occupation (for Individual) President and Chief Executive Officer
-----------------------------------------------------------------------------	----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3666.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2021

Transaction ID : 26151473

Amount of Each Receipt this Period
333.34

Memo Item

September 2021 Payroll Deduction

B. Carter, Andy, W., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2920 Green Street

City Harrisburg	State PA	Zip Code 17110-1230
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn	Occupation (for Individual) President and Chief Executive Officer
-----------------------------------------------------------------------------	----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2021

Transaction ID : 26151475

Amount of Each Receipt this Period
333.34

Memo Item

September 2021 Payroll Deduction

C. Tibbs, Joe, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3835 Seattle Slew Drive

City Harrisburg	State PA	Zip Code 17112-7066
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn	Occupation (for Individual) President
-----------------------------------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
219.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2021

Transaction ID : 26151481

Amount of Each Receipt this Period
31.38

Memo Item

September 2021 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	698.06
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: PAGE 19 OF 72
(check only one)

<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Tibbs, Joe, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3835 Seattle Slew Drive

City Harrisburg	State PA	Zip Code 17112-7066
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn	Occupation (for Individual) President
-----------------------------------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2021

Transaction ID : 26151483

Amount of Each Receipt this Period
31.43

Memo Item

September 2021 Payroll Deduction

B. Kampf, Warren, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 Calvert Circle

City Paoli	State PA	Zip Code 19301-1001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn	Occupation (for Individual) Senior Vice President, Advocacy and E
-----------------------------------------------------------------------------	----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2021

Transaction ID : 26151485

Amount of Each Receipt this Period
40.00

Memo Item

September 2021 Payroll Deduction

C. Kampf, Warren, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 Calvert Circle

City Paoli	State PA	Zip Code 19301-1001
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn	Occupation (for Individual) Senior Vice President, Advocacy and Ex
-----------------------------------------------------------------------------	-----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2021

Transaction ID : 26151487

Amount of Each Receipt this Period
40.00

Memo Item

September 2021 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	111.43
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 20 OF 72
<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Pandolph, Philip, E., Mr., FACHE		Date of Receipt
Mailing Address 20480 Limber Creek Drive		<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2021"/>
City Meadville	State PA	Zip Code 16335-2559
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 26165928
Name of Employer (for Individual) Meadville Medical Center		Amount of Each Receipt this Period <input type="text" value="1200.00"/>
Occupation (for Individual) President and Chief Executive Officer		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>	2021 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lecas, Megan, , Ms.,		Date of Receipt
Mailing Address 1605 River Birch Circle		<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2021"/>
City York	State PA	Zip Code 17402-9119
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 26165932
Name of Employer (for Individual) WellSpan Health		Amount of Each Receipt this Period <input type="text" value="800.00"/>
Occupation (for Individual) Vice President		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>	2021 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Gasperack, David, James, Dr., DO		Date of Receipt
Mailing Address 71 Cardinal Road		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2021"/>
City Wyomissing	State PA	Zip Code 19610-2517
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 26165935
Name of Employer (for Individual) WellSpan Health		Amount of Each Receipt this Period <input type="text" value="400.00"/>
Occupation (for Individual) VP-REgional Medical Director		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	2021 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2400.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 72
	<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Schaeffer, Richard, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 368 Church Hill Road

City Venetia	State PA	Zip Code 15367-1139
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) St. Clair Hospital	Occupation (for Individual) Vice President Information Systems and
---------------------------------------------------------	-----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2021

Transaction ID : 26166722

Amount of Each Receipt this Period
280.00

Memo Item

2021 Contribution

B. Hooper, Paula, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 409 Four Lakes Drive

City Gibsonia	State PA	Zip Code 15044-8009
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Butler Health System	Occupation (for Individual) Vice President General Counsel
-----------------------------------------------------------	---------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2021

Transaction ID : 26166724

Amount of Each Receipt this Period
400.00

Memo Item

2021 Contribution

C. Puccetti, Diane, L., , CNO, RN
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 113 Briar Path

City Imperial	State PA	Zip Code 15126-9672
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) St. Clair Hospital	Occupation (for Individual) Director, Periop services
---------------------------------------------------------	----------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2021

Transaction ID : 26166726

Amount of Each Receipt this Period
280.00

Memo Item

2021 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	960.00
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 22 OF 72
<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Haislip, Wendy, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 Shaffer Drive

City Indiana	State PA	Zip Code 15701-2292
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Indiana Regional Medical Center	Occupation (for Individual) Chief Nursing Officer
----------------------------------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2021

Transaction ID : 26166728

Amount of Each Receipt this Period
400.00

Memo Item

2021 Contribution

B. Meucci, Lindsay, M., Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 150 Jonathan Drive

City McMurray	State PA	Zip Code 15317-3041
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) St. Clair Hospital	Occupation (for Individual) VP, Marketing/Comm/Advocacy
---------------------------------------------------------	------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2021

Transaction ID : 26166730

Amount of Each Receipt this Period
280.00

Memo Item

2021 Contribution

C. Taylor, Monica, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1206 Lovering Avenue

City Wilmington	State DE	Zip Code 19806-3118
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Children's Hospital of Philadelphia	Occupation (for Individual) EVP and Chief Development Officer
--------------------------------------------------------------------------	------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2021

Transaction ID : 26168715

Amount of Each Receipt this Period
1000.00

Memo Item

2021 Contribution

SUBTOTAL of Receipts This Page (optional).....	1680.00
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 23 OF 72
	<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Docimo, Steven, G., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 338 S. 4th Street
 City Philadelphia State PA Zip Code 19106-4217
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Children's Hospital of Philadelphia Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 800.00

Date of Receipt 10 / 05 / 2021
Transaction ID : 26168717
 Amount of Each Receipt this Period 800.00
 Memo Item
 2021 Contribution

B. Sphon, John, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 439 Glenmeade Road
 City Greensburg State PA Zip Code 15601-1170
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Excela Health Westmoreland Hospital Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1200.00

Date of Receipt 10 / 05 / 2021
Transaction ID : 26168719
 Amount of Each Receipt this Period 1200.00
 Memo Item
 2021 Contribution

C. Wurster, Angela, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5310 Cornerstone Drive
 City Newtown Square State PA Zip Code 19073-4548
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Children's Hospital of Philadelphia Occupation (for Individual) AVP, Primary Care Network
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 10 / 05 / 2021
Transaction ID : 26168721
 Amount of Each Receipt this Period 400.00
 Memo Item
 2021 Contribution

SUBTOTAL of Receipts This Page (optional).....	2400.00
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 24 OF 72
	<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Tiesi, Jeffrey, , Mr.,			Date of Receipt
Mailing Address 1318 Woodbridge Drive			<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2021"/>
City Latrobe	State PA	Zip Code 15650-8905	Transaction ID : 26168723
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="800.00"/>
Name of Employer (for Individual) Excela Health		Occupation (for Individual) Executive Vice President and Chief Op	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>		2021 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Darge, Kassa, , Dr., MD			Date of Receipt
Mailing Address 1210 Chermar Lane			<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2021"/>
City Penn Valley	State PA	Zip Code 19072-1138	Transaction ID : 26168725
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="800.00"/>
Name of Employer (for Individual) Children's Hospital of Philadelphia		Occupation (for Individual) Radiologist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>		2021 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Corbo, Michael, , Mr.,			Date of Receipt
Mailing Address 206 Governor's Court			<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2021"/>
City Philadelphia	State PA	Zip Code 19146-5218	Transaction ID : 26168727
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="240.00"/>
Name of Employer (for Individual) Children's Hospital of Philadelphia		Occupation (for Individual) Chief Financial Officer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>		2021 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1840.00"/>
TOTAL 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 72
	<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Frey, Ruth, A., Ms., MSN, CPNP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 582 S Waterloo Road
 City Devon State PA Zip Code 19333-1728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's Hospital of Philadelphia Occupation (for Individual) Vice President Global Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 05 / 2021
Transaction ID : 26168729
 Amount of Each Receipt this Period 400.00
 Memo Item
 2021 Contribution

B. McCool, Joanne, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 Pine Drive
 City Swedesboro State NJ Zip Code 08085-4012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's Hospital of Philadelphia Occupation (for Individual) Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 06 / 2021
Transaction ID : 26168734
 Amount of Each Receipt this Period 400.00
 Memo Item
 2021 Contribution

C. Chakurda, Thomas, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 156 Club Manor Road
 City Latrobe State PA Zip Code 15650-9061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Excelsa Health Occupation (for Individual) Chief Marketing Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 06 / 2021
Transaction ID : 26168736
 Amount of Each Receipt this Period 400.00
 Memo Item
 2021 Contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 26 OF 72
<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Moore, Donald, E., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6463 Sherwood Road

City Philadelphia	State PA	Zip Code 19151-2416
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Children's Hospital of Philadelphia	Occupation (for Individual) SVP: Real Estate, Facilities, and Oper
--------------------------------------------------------------------------	-----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2021

Transaction ID : 26168738

Amount of Each Receipt this Period
400.00

Memo Item

2021 Contribution

B. Fox, Carol, J., Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 112 Tara Drive

City Greensburg	State PA	Zip Code 15601-9026
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Excelsa Latrobe Area Hospital	Occupation (for Individual) Senior Vice President and Chief Medic
--------------------------------------------------------------------	----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2021

Transaction ID : 26168743

Amount of Each Receipt this Period
400.00

Memo Item

2021 Contribution

C. English, Laurie, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1013 Campbell Rd

City Harrison City	State PA	Zip Code 15636-1436
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Excelsa Health	Occupation (for Individual) Sr. VP/CHRO
-----------------------------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2021

Transaction ID : 26168745

Amount of Each Receipt this Period
400.00

Memo Item

2021 Contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 27 OF 72
	<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Devine, Janice, , Ms.,		Date of Receipt
Mailing Address 4007 Castor Lane		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2021"/>
City Finleyville	State PA	Zip Code 15332-1588
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 26168747
Name of Employer (for Individual) Excela Health		Occupation (for Individual) Senior Vice President and Chief Inform
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	Amount of Each Receipt this Period <input type="text" value="400.00"/>
		<input type="checkbox"/> Memo Item
		2021 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kish, David, , , RN		Date of Receipt
Mailing Address 2535 Willowbrook Rd		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2021"/>
City Pittsburgh	State PA	Zip Code 15241-1744
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 26169032
Name of Employer (for Individual) St. Clair Hospital		Occupation (for Individual) Executive Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="280.00"/>	Amount of Each Receipt this Period <input type="text" value="280.00"/>
		<input type="checkbox"/> Memo Item
		2021 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. DiBello, Charles, , Mr.,		Date of Receipt
Mailing Address 930 East Carson ST. Apt. P-02		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2021"/>
City Pittsburgh	State PA	Zip Code 15203-1168
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 26169034
Name of Employer (for Individual) St. Clair Hospital		Occupation (for Individual) VP, Faculties and construction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="280.00"/>	Amount of Each Receipt this Period <input type="text" value="280.00"/>
		<input type="checkbox"/> Memo Item
		2021 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="960.00"/>
TOTAL 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 28 OF 72
	<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Schmoke, Charles, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 Lafayette Street

City Muncy	State PA	Zip Code 17756-1419
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UPMC Muncy	Occupation (for Individual) Operations Manager
-------------------------------------------------	---------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2021

Transaction ID : 26169036

Amount of Each Receipt this Period
280.00

Memo Item

2021 Contribution

B. Dieffenbach, Meredith, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2398 Hilltop Road

City Presto	State PA	Zip Code 15142-1122
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) St. Clair Hospital	Occupation (for Individual) VP
---------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2021

Transaction ID : 26169038

Amount of Each Receipt this Period
280.00

Memo Item

2021 Contribution

C. Schnars, Thomas, C., Mr., CRN
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 49 Hillcrest Lane

City Williamsport	State PA	Zip Code 17701-3145
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UPMC North Central PA	Occupation (for Individual) Admin. Director Lab/Imaging Svs.
------------------------------------------------------------	-----------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2021

Transaction ID : 26171385

Amount of Each Receipt this Period
280.00

Memo Item

2021 Contribution

SUBTOTAL of Receipts This Page (optional).....	840.00
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 29 OF 72
<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Johnson, Steven, P, Mr., FACHE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 140 Millstone Dr

City Montoursville	State PA	Zip Code 17754-6708
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UPMC North Central PA	Occupation (for Individual) President and Chief Executive Officer
------------------------------------------------------------	----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2021

Transaction ID : 26171387

Amount of Each Receipt this Period
2000.00

Memo Item

2021 Contribution

B. Luttringer, Eric, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 122 Springdale Road

City Venetia	State PA	Zip Code 15367-1318
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) St. Clair Hospital	Occupation (for Individual) Finance
---------------------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2021

Transaction ID : 26171393

Amount of Each Receipt this Period
280.00

Memo Item

2021 Contribution

C. Banko, Joseph, B., , Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 241 Vee Lynn Drive

City Pittsburgh	State PA	Zip Code 15228-1150
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) retired	Occupation (for Individual) retired
----------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2021

Transaction ID : 26171395

Amount of Each Receipt this Period
400.00

Memo Item

2021 Contribution

SUBTOTAL of Receipts This Page (optional).....	2680.00
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 30 OF 72
<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Evens, James, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 Keating Avenue

City Port Allegany	State PA	Zip Code 16743-1019
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UPMC Cole	Occupation (for Individual) Executive Director, Human Resources
------------------------------------------------	--------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2021

Transaction ID : 26171397

Amount of Each Receipt this Period
280.00

Memo Item

2021 Contribution

B. Croll, Scott, D., Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1128 Avalon Parkway

City Williamsport	State PA	Zip Code 17701-9358
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UPMC North Central PA	Occupation (for Individual) Physician/Chief of Surgery
------------------------------------------------------------	-----------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2021

Transaction ID : 26171399

Amount of Each Receipt this Period
400.00

Memo Item

2021 Contribution

C. Pellegrino, Frank, G., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1200 Crestview Drive

City Williamsport	State PA	Zip Code 17701-9320
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Carlton Assoc.	Occupation (for Individual) Developer
-----------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2021

Transaction ID : 26171401

Amount of Each Receipt this Period
800.00

Memo Item

2021 Contribution

SUBTOTAL of Receipts This Page (optional).....	1480.00
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 31 OF 72
	<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Duchman, Susan, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 156 West Hills Drive
 City Williamsport State PA Zip Code 17701-1337
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) UPMC North Central PA Occupation (for Individual) VP Patient Care Services/CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 15 / 2021
Transaction ID : 26171403
 Amount of Each Receipt this Period 400.00
 Memo Item
 2021 Contribution

B. Flanagan, Michael, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 309 Wildberry Road
 City Pittsburgh State PA Zip Code 15238-2138
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) St. Clair Hospital Occupation (for Individual) Senior Vice President and Chief Opera
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 15 / 2021
Transaction ID : 26171423
 Amount of Each Receipt this Period 400.00
 Memo Item
 2021 Contribution

C. Dabruzzo, Richard, F., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 112 Autumn Hill Drive
 City Cranberry Twp State PA Zip Code 16066-4840
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) St. Clair Hospital Occupation (for Individual) VP, Physician Network
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 15 / 2021
Transaction ID : 26171425
 Amount of Each Receipt this Period 280.00
 Memo Item
 2021 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1080.00
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: PAGE 32 OF 72
(check only one)

<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Burns, Helen, K, Dr., PhD, RN, F
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 209 Glacier Drive

City Latrobe	State PA	Zip Code 15650-2592
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Excela Health	Occupation (for Individual) Senior Vice President and Chief Nursin
----------------------------------------------------	-----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2021

Transaction ID : 26171504

Amount of Each Receipt this Period
400.00

Memo Item

2021 Contribution

B. Gilmour, Davie, Jane, Dr., PhD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PA College of Technology
One College Avenue

City Williamsport	State PA	Zip Code 17701-5778
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual) College President
-----------------------------------	--------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2021

Transaction ID : 26172886

Amount of Each Receipt this Period
800.00

Memo Item

2021 Contribution

C. Barner, Julie, A., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1320 Mansel Avenue

City Williamsport	State PA	Zip Code 17701-2606
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Susquehanna Health	Occupation (for Individual) Pharmacy Director
---------------------------------------------------------	--------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2021

Transaction ID : 26172889

Amount of Each Receipt this Period
280.00

Memo Item

2021 Contribution

SUBTOTAL of Receipts This Page (optional).....	1480.00
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 33 OF 72
	<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)
 The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Montler, Robert, W., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 270 Montler Ln
 City Altoona State PA Zip Code 16601-8242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lee Industries, Inc. Occupation (for Individual) Best effort
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 21 / 2021
Transaction ID : 26172892
 Amount of Each Receipt this Period 400.00
 Memo Item
 2021 Contribution

B. Benzel, Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 86
 City Hollidaysburg State PA Zip Code 16648-0086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benzel's Bretzel Bakery Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 21 / 2021
Transaction ID : 26172897
 Amount of Each Receipt this Period 400.00
 Memo Item
 2021 Contribution

C. Newlin, Matthew, E., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4044 Huntingdon Furnace Road
 City Tyrone State PA Zip Code 16686-3618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPMC Altoona Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 21 / 2021
Transaction ID : 26172902
 Amount of Each Receipt this Period 400.00
 Memo Item
 2021 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 34 OF 72
<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Allen, Calvin, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 764 Woodlea Road

City Bryn Mawr	State PA	Zip Code 19010-1139
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Children's Hospital of Philadelphia	Occupation (for Individual) CHRO
--------------------------------------------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2021

Transaction ID : 26172905

Amount of Each Receipt this Period
800.00

Memo Item

2021 Contribution

B. DeFurio, Ken, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 Afton Drive

City Renfrew	State PA	Zip Code 16053-9664
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Butler Health System	Occupation (for Individual) President and Chief Executive Officer
-----------------------------------------------------------	----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2021

Transaction ID : 26173115

Amount of Each Receipt this Period
800.00

Memo Item

2021 Contribution

C. Genevro, Thomas, A., Mr., SPHR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 203 Cliffside Drive

City Mars	State PA	Zip Code 16046-4801
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Butler Health System	Occupation (for Individual) Senior Vice President of Operations
-----------------------------------------------------------	--------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2021

Transaction ID : 26173117

Amount of Each Receipt this Period
400.00

Memo Item

2021 Contribution

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 35 OF 72
	<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)
 The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Minkoff, Jay, B., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2132 Race Street
 City Philadelphia State PA Zip Code 19103-1025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Albert Einstein Healthcare Network Occupation (for Individual) Trustee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 20 / 2021
Transaction ID : 26173119
 Amount of Each Receipt this Period 400.00
 Memo Item
 2021 Contribution

B. Rottinghaus, David, M., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 112 Lyndhurst CirIcse
 City Wexford State PA Zip Code 15090-8864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Butler Health System Occupation (for Individual) CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 20 / 2021
Transaction ID : 26173121
 Amount of Each Receipt this Period 800.00
 Memo Item
 2021 Contribution

C. Lutz, Roger, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 315 Lakewood Dr
 City Butler State PA Zip Code 16001-1636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Butler Memorial Hospital Occupation (for Individual) CIO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 20 / 2021
Transaction ID : 26173124
 Amount of Each Receipt this Period 400.00
 Memo Item
 2021 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
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 36 OF 72
<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Harlan, Hillary, A., Ms.,		Date of Receipt MM / DD / YYYY 10 / 20 / 2021
Mailing Address 12 Catalpa Place		Transaction ID : 26173126
City Pittsburgh	State PA	Zip Code 15228-1708
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) Butler Memorial Hospital	Occupation (for Individual) Chief Compliance Officer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	2021 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Fiorina, Michael, , Mr.,		Date of Receipt MM / DD / YYYY 10 / 20 / 2021
Mailing Address 340 East Brewster Road		Transaction ID : 26173128
City Butler	State PA	Zip Code 16001-9624
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) Butler Health System	Occupation (for Individual) Vice President of Medical Education	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	2021 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Adzick, N. Scott, , Dr., MD, MMM, F		Date of Receipt MM / DD / YYYY 10 / 22 / 2021
Mailing Address 251 Booth Avenue		Transaction ID : 26177795
City Haverford	State PA	Zip Code 19041-1716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
Name of Employer (for Individual) Children's Hospital of Philadelphia	Occupation (for Individual) Surgeon-in-Chief	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 280.00	2021 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1080.00
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 37 OF 72
	<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Holder, Sophia, G., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41B Clare Avenue
 City Roslindale State MA Zip Code 02131-4721
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Children's Hospital of Philadelphia Occupation (for Individual) Executive Vice President and Chief Fin
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 800.00

Date of Receipt 10 / 24 / 2021
Transaction ID : 26177813
 Amount of Each Receipt this Period 800.00
 Memo Item
 2021 Contribution

B. Porter, John, M, Mr., Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 660 Ridgeview Drive
 City Ephrata State PA Zip Code 17522-9722
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) WellSpan Health Occupation (for Individual) EVP & COO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 800.00

Date of Receipt 10 / 21 / 2021
Transaction ID : 26178742
 Amount of Each Receipt this Period 800.00
 Memo Item
 2021 Contribution

C. Huss, Eric, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 Highland Road Apt. 3412
 City Bethel Park State PA Zip Code 15102-1878
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Butler Health System Occupation (for Individual) Chief Financial Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 10 / 21 / 2021
Transaction ID : 26178745
 Amount of Each Receipt this Period 400.00
 Memo Item
 2021 Contribution

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 38 OF 72
	<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Stewart, Vanessa, Sue, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1063 Pebble Court
 City Mechanicsburg State PA Zip Code 17050-9184
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn Occupation (for Individual) Manager, Political Development
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.37

Date of Receipt 10 / 29 / 2021
Transaction ID : 26179228
 Amount of Each Receipt this Period 12.73
 Memo Item
 October 2021 Payroll Deduction

B. Stewart, Vanessa, Sue, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1063 Pebble Court
 City Mechanicsburg State PA Zip Code 17050-9184
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn Occupation (for Individual) Manager, Political Development
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 253.10

Date of Receipt 10 / 29 / 2021
Transaction ID : 26179230
 Amount of Each Receipt this Period 12.73
 Memo Item
 October 2021 Payroll Deduction

C. Schroder, Daneen, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1818 Geisel Highpoint Circle
 City Harrisburg State PA Zip Code 17112-9293
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn Occupation (for Individual) Vice President, Member Relations and E
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 257.38

Date of Receipt 10 / 29 / 2021
Transaction ID : 26179232
 Amount of Each Receipt this Period 28.62
 Memo Item
 October 2021 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	54.08
TOTAL This Period (last page this line number only).....	

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

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FOR LINE NUMBER: PAGE 39 OF 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
 The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Schroder, Daneen, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1818 Geisel Highpoint Circle
 City Harrisburg State PA Zip Code 17112-9293
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn Occupation (for Individual) Vice President, Member Relations and I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.95

Date of Receipt 10 / 29 / 2021
Transaction ID : 26179234
 Amount of Each Receipt this Period 28.57
 Memo Item
 October 2021 Payroll Deduction

B. Carter, Andy, W., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2920 Green Street
 City Harrisburg State PA Zip Code 17110-1230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4333.37

Date of Receipt 10 / 29 / 2021
Transaction ID : 26179236
 Amount of Each Receipt this Period 333.34
 Memo Item
 October 2021 Payroll Deduction

C. Carter, Andy, W., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2920 Green Street
 City Harrisburg State PA Zip Code 17110-1230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4666.71

Date of Receipt 10 / 29 / 2021
Transaction ID : 26179238
 Amount of Each Receipt this Period 333.34
 Memo Item
 October 2021 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 695.25
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 40 OF 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
 The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Tibbs, Joe, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3835 Seattle Slew Drive
 City Harrisburg State PA Zip Code 17112-7066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 282.62

Date of Receipt 10 / 29 / 2021
Transaction ID : 26179244
 Amount of Each Receipt this Period 31.38
 Memo Item
 October 2021 Payroll Deduction

B. Tibbs, Joe, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3835 Seattle Slew Drive
 City Harrisburg State PA Zip Code 17112-7066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 314.05

Date of Receipt 10 / 29 / 2021
Transaction ID : 26179246
 Amount of Each Receipt this Period 31.43
 Memo Item
 October 2021 Payroll Deduction

C. Kampf, Warren, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Calvert Circle
 City Paoli State PA Zip Code 19301-1001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn Occupation (for Individual) Senior Vice President, Advocacy and Ex
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 10 / 29 / 2021
Transaction ID : 26179248
 Amount of Each Receipt this Period 80.00
 Memo Item
 October 2021 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 142.81
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: PAGE 41 OF 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
 The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Kampf, Warren, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Calvert Circle
 City Paoli State PA Zip Code 19301-1001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn Occupation (for Individual) Senior Vice President, Advocacy and E:
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 29 / 2021
Transaction ID : 26179250
 Amount of Each Receipt this Period 80.00
 Memo Item
 October 2021 Payroll Deduction

B. Bechtel, Jeffery, W., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5016 Muirfield Place
 City Mechanicsburg State PA Zip Code 17050-8311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn Occupation (for Individual) Sr. VP, Health Economics andPolicy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 27 / 2021
Transaction ID : 26195371
 Amount of Each Receipt this Period 800.00
 Memo Item
 2021 Contribution

C. Ferren, Alison, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 Schreiner Dr
 City North Wales State PA Zip Code 19454-4280
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Abington Jefferson Health Occupation (for Individual) President and Chief Operating Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 11 / 02 / 2021
Transaction ID : 26195838
 Amount of Each Receipt this Period 280.00
 Memo Item
 2021 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1160.00
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 42 OF 72
	<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Zaiser, Barry, S., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 706 Maitland Court

City Mars	State PA	Zip Code 16046-7110
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) St. Clair Hospital	Occupation (for Individual) Administration
---------------------------------------------------------	-----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2021

Transaction ID : 26195840

Amount of Each Receipt this Period
400.00

Memo Item

2021 Contribution

B. Hogarth, Stephanie, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3536 Ainslie Street

City Philadelphia	State PA	Zip Code 19129-1630
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Children's Hospital of Philadelphia	Occupation (for Individual) PR
--------------------------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2021

Transaction ID : 26195912

Amount of Each Receipt this Period
280.00

Memo Item

2021 Contribution

C. Mankin, Eric, , Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 670 Malin Road

City Newtown Square	State PA	Zip Code 19073-2613
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Main Line Health/Main Line Hospitals	Occupation (for Individual) Physician
---------------------------------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2021

Transaction ID : 26197777

Amount of Each Receipt this Period
400.00

Memo Item

2021 Contribution

SUBTOTAL of Receipts This Page (optional).....	1080.00
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 43 OF 72
<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Batory, Robert, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2786 Primrose Ln

City York	State PA	Zip Code 17402-8899
--------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) WellSpan Health	Occupation (for Individual) Senior Vice President, Human Resources
------------------------------------------------------	-----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : 26200577

Amount of Each Receipt this Period

Memo Item

2021 Contribution

B. Fruitrail, Cynthia, F., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 112 Valmere Path

City York	State PA	Zip Code 17403-4565
--------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) WellSpan Health	Occupation (for Individual) Chief Communications Officer
------------------------------------------------------	-------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : 26200586

Amount of Each Receipt this Period

Memo Item

2021 Contribution

C. Nelson, Amy, L., , Esq.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3041 Raylight Drive

City York	State PA	Zip Code 17402-9229
--------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) WellSpan Health	Occupation (for Individual) Attorney
------------------------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : 26200596

Amount of Each Receipt this Period

Memo Item

2021 Contribution

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

**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 44 OF 72
<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Watkins, Stephanie, , Ms.,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2021
Mailing Address 1443 Camp Hebion Road			Transaction ID : 26200598
City Halifax	State PA	Zip Code 17032-8813	Amount of Each Receipt this Period 280.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn		Occupation (for Individual) Vice President, State Advocacy	2021 Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bibee, Courtney, C., Ms.,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2021
Mailing Address 128 Camelot Arms			Transaction ID : 26200749
City York	State PA	Zip Code 17406-1873	Amount of Each Receipt this Period 800.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) WellSpan Health		Occupation (for Individual) Chief Compliance Officer	2021 Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Bennis, Sandra, , Ms.,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2021
Mailing Address 8103 Hudson Court			Transaction ID : 26201708
City York	State PA	Zip Code 17403-1395	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) WellSpan Health		Occupation (for Individual) VP Home care	2021 Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional).....	1480.00
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 45 OF 72
<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Baker, Richard, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 School Street

City York	State PA	Zip Code 17402-9556
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellSpan Health	Occupation (for Individual) SVP CIO
------------------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2021

Transaction ID : 26202249

Amount of Each Receipt this Period
800.00

Memo Item

2021 Contribution

B. Bacharach, Paul, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 Hartwood Drive

City Pittsburgh	State PA	Zip Code 15208-2702
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Gateway Rehab Center	Occupation (for Individual) President and Chief Executive Officer
-----------------------------------------------------------	----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2021

Transaction ID : 26202611

Amount of Each Receipt this Period
800.00

Memo Item

2021 Contribution

C. Lavery, Hugh, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 416 Bergen Street

City Lawrenceville	State NJ	Zip Code 08648-5552
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Jefferson Health	Occupation (for Individual) Senior Vice President, Government and
-------------------------------------------------------	----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2021

Transaction ID : 26202613

Amount of Each Receipt this Period
400.00

Memo Item

2021 Contribution

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 46 OF 72
<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Gorman, Carolyn, F., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1710 Beacon Hill Road

City Downingtown	State PA	Zip Code 19335-3533
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Main Line Health/Main Line Hospitals	Occupation (for Individual) SVP
---------------------------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2021

Transaction ID : 26202615

Amount of Each Receipt this Period
800.00

Memo Item

2021 Contribution

B. Klingen, Donald, , Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 402 Char Sam Circle

City Chester Springs	State PA	Zip Code 19425-2124
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Main Line Health	Occupation (for Individual) Chief Medical Information Officer
-------------------------------------------------------	------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2021

Transaction ID : 26207358

Amount of Each Receipt this Period
800.00

Memo Item

2021 Contribution

C. Stewart, Vanessa, Sue, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1063 Pebble Court

City Mechanicsburg	State PA	Zip Code 17050-9184
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn	Occupation (for Individual) Manager, Political Development
-----------------------------------------------------------------------------	---------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
265.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2021

Transaction ID : 26209785

Amount of Each Receipt this Period
12.73

Memo Item

November 2021 Payroll Contribution

SUBTOTAL of Receipts This Page (optional).....	1612.73
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 47 OF 72
	<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)
 The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Stewart, Vanessa, Sue, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1063 Pebble Court

City Mechanicsburg	State PA	Zip Code 17050-9184
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn	Occupation (for Individual) Manager, Political Development
-----------------------------------------------------------------------------	---------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 278.56

Date of Receipt
 11 / 30 / 2021
Transaction ID : 26209787

Amount of Each Receipt this Period
 12.73

Memo Item

November 2021 Payroll Contribution

B. Schroder, Daneen, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1818 Geisel Highpoint Circle

City Harrisburg	State PA	Zip Code 17112-9293
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn	Occupation (for Individual) Vice President, Member Relations and
-----------------------------------------------------------------------------	---------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 314.57

Date of Receipt
 11 / 30 / 2021
Transaction ID : 26209789

Amount of Each Receipt this Period
 28.62

Memo Item

November 2021 Payroll Contribution

C. Schroder, Daneen, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1818 Geisel Highpoint Circle

City Harrisburg	State PA	Zip Code 17112-9293
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn	Occupation (for Individual) Vice President, Member Relations and E
-----------------------------------------------------------------------------	-----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 343.14

Date of Receipt
 11 / 30 / 2021
Transaction ID : 26209791

Amount of Each Receipt this Period
 28.57

Memo Item

November 2021 Payroll Contribution

SUBTOTAL of Receipts This Page (optional).....▶	69.92
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 48 OF 72
<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Tibbs, Joe, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3835 Seattle Slew Drive

City Harrisburg	State PA	Zip Code 17112-7066
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn	Occupation (for Individual) President
-----------------------------------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : 26209800

Amount of Each Receipt this Period

Memo Item

November 2021 Payroll Contribution

B. Tibbs, Joe, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3835 Seattle Slew Drive

City Harrisburg	State PA	Zip Code 17112-7066
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn	Occupation (for Individual) President
-----------------------------------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : 26209802

Amount of Each Receipt this Period

Memo Item

November 2021 Payroll Contribution

C. Lawver, Sarah, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 June Drive

City Camp Hill	State PA	Zip Code 17011-5069
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) Hospital and Healthsystem Association	Occupation (for Individual) Director, Advocacy Activation
----------------------------------------------------------------------------	--------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : 26209804

Amount of Each Receipt this Period

Memo Item

November 2021 Payroll Contribution

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="82.81"/>
TOTAL 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 49 OF 72
	<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Lawver, Sarah, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 June Drive
 City Camp Hill State PA Zip Code 17011-5069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hospital and Healthsystem Association Occupation (for Individual) Director, Advocacy Activation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2021
Transaction ID : 26209806
 Amount of Each Receipt this Period 20.00
 Memo Item
 November 2021 Payroll Contribution

B. Duke, Brian, M., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 Bruce Road
 City Washington Crossing State PA Zip Code 18977-1511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Main Line Health/Main Line Hospitals Occupation (for Individual) System Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 30 / 2021
Transaction ID : 26211374
 Amount of Each Receipt this Period 400.00
 Memo Item
 2021 Contribution

C. Stahl, Sherri, , Ms., BSN, MHA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1457 Mountain Road
 City Mercersburg State PA Zip Code 17236-9624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WellSpan Chambersburg Hospital Occupation (for Individual) Senior Vice President, Western Region
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 02 / 2021
Transaction ID : 26228925
 Amount of Each Receipt this Period 400.00
 Memo Item
 2021 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	820.00
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 50 OF 72
<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Stoltz, Todd, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 239 Bearfield Road

City Dubois	State PA	Zip Code 15801-6117
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Auto Dealer	Occupation (for Individual) Stoltz Toyota
--------------------------------------------------	----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2021

Transaction ID : 26228927

Amount of Each Receipt this Period
280.00

Memo Item

2021 Contribution

B. Willetts, Carrie, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 96 HIGHLAND AVE

City EPHRATA	State PA	Zip Code 17522-2003
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellSpan Health	Occupation (for Individual) SVP
------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2021

Transaction ID : 26231111

Amount of Each Receipt this Period
800.00

Memo Item

2021 Contribution

C. Corbett, Brian, T., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Heatherstone Way

City Thornton	State PA	Zip Code 19373-1135
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Main Line Health	Occupation (for Individual) Vice President and General Counsel
-------------------------------------------------------	-------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2021

Transaction ID : 26231116

Amount of Each Receipt this Period
800.00

Memo Item

2021 Contribution

SUBTOTAL of Receipts This Page (optional).....	1880.00
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 51 OF 72
	<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Pate, Craig, , Dr., DMD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1413 Brittany Drive

City York	State PA	Zip Code 17404-9761
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellSpan York Hospital	Occupation (for Individual) Dentist
-------------------------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		06		2021

Transaction ID : 26231121

Amount of Each Receipt this Period
280.00

Memo Item

2021 Contribution

B. Conley, Michelle, E, Ms., RN, CNO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 512 Fox Road

City Glenside	State PA	Zip Code 19038-2808
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Jefferson Health Northeast	Occupation (for Individual) Chief Nursing Officer
-----------------------------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2021

Transaction ID : 26231134

Amount of Each Receipt this Period
400.00

Memo Item

2021 Contribution

C. Galup, Richard, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 503 Lafayette Street

City Newtown	State PA	Zip Code 18940-2132
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Jefferson Health Northeast	Occupation (for Individual) President
-----------------------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2021

Transaction ID : 26231136

Amount of Each Receipt this Period
400.00

Memo Item

2021 Contribution

SUBTOTAL of Receipts This Page (optional).....	1080.00
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 52 OF 72
	<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Meyer, Bruce, A., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1110 N. Spring Mill Road
 City Villanova State PA Zip Code 19085-2141
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Jefferson Health Occupation (for Individual) President
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 3200.00

Date of Receipt 12 / 08 / 2021
Transaction ID : 26231139
 Amount of Each Receipt this Period 1200.00
 Memo Item
 2021 Contribution

B. Khan, Mohammad, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 Yeates Alley
 City Newtown State PA Zip Code 18940-4505
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Jefferson Health Northeast Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 800.00

Date of Receipt 12 / 08 / 2021
Transaction ID : 26231144
 Amount of Each Receipt this Period 800.00
 Memo Item
 2021 Contribution

C. Murtaza, Mohammed, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2061 Silverwood Drive
 City Newtown State PA Zip Code 18940-9402
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Jefferson Health Northeast Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 12 / 08 / 2021
Transaction ID : 26231146
 Amount of Each Receipt this Period 400.00
 Memo Item
 2021 Contribution

SUBTOTAL of Receipts This Page (optional).....	2400.00
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 53 OF 72
<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Welch, Gary, , Dr., DO FACOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Weatherfield Drive
 City Newtown State PA Zip Code 18940-2609
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Jefferson Health Northeast Occupation (for Individual) CMO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 12 / 09 / 2021
Transaction ID : 26231447
 Amount of Each Receipt this Period 400.00
 Memo Item
 2021 Contribution

B. Wydro, Gerald, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Walnut Way
 City Langhorne State PA Zip Code 19047-1401
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Jefferson Health Northeast Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 12 / 09 / 2021
Transaction ID : 26231451
 Amount of Each Receipt this Period 400.00
 Memo Item
 2021 Contribution

C. Friedman, Andrew, , Dr., DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Federal Street
 City Bensalem State PA Zip Code 19020-8706
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Jefferson Health Northeast Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 12 / 09 / 2021
Transaction ID : 26231453
 Amount of Each Receipt this Period 400.00
 Memo Item
 2021 Contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 54 OF 72
	<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Guttman, Oren, , Mr.,		Date of Receipt
Mailing Address 155 Union Avenue		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2021"/>
City Bala Cynwyd	State PA	Zip Code 19004-3028
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 26231455
Name of Employer (for Individual) Jefferson Health		Occupation (for Individual) VP Patient Safety
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	Amount of Each Receipt this Period <input type="text" value="400.00"/>
		<input type="checkbox"/> Memo Item
		2021 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Shipp, Robert, G., Mr., RN		Date of Receipt
Mailing Address 804 Poplar Street		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2021"/>
City Millerstown	State PA	Zip Code 17062-9535
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 26231458
Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn		Occupation (for Individual) VP Population Health Strategies
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="404.00"/>	Amount of Each Receipt this Period <input type="text" value="404.00"/>
		<input type="checkbox"/> Memo Item
		2021 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Paradis, James, , Mr.,		Date of Receipt
Mailing Address 230 Colmar Drivee		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2021"/>
City King Of Prussia	State PA	Zip Code 19406-1920
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 26231461
Name of Employer (for Individual) Paoli Hospital		Occupation (for Individual) President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>	Amount of Each Receipt this Period <input type="text" value="800.00"/>
		<input type="checkbox"/> Memo Item
		2021 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1604.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 55 OF 72
<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Modafferi, Patricia, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 102 Golden Rod Crossing East

City New Hope	State PA	Zip Code 18938-1526
------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) Einstein Medical Center Montgomery	Occupation (for Individual) VP-Healthcare Svcs
-------------------------------------------------------------------------	---------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : 26232181

Amount of Each Receipt this Period

Memo Item

2021 Contribution

B. Kumor, Ronald, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 410 Washington Avenue

City Newtown	State PA	Zip Code 18940-2130
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) Jefferson Health Northeast	Occupation (for Individual) Chief Operating Officer
-----------------------------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : 26232183

Amount of Each Receipt this Period

Memo Item

2021 Contribution

C. Wadsworth, Barbara, A, Dr., MSN, RN, M
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 Inverness Drivee

City Blue Bell	State PA	Zip Code 19422-3208
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) Main Line Health	Occupation (for Individual) Chief Nursing Officer
-------------------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : 26232316

Amount of Each Receipt this Period

Memo Item

2021 Contribution

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

**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 56 OF 72
	<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Donley, Patricia, F., Ms., RN
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 N. Mine Road
 City Lebanon State PA Zip Code 17042-8808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WellSpan Good Samaritan Hospital Occupation (for Individual) CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 15 / 2021
Transaction ID : 26232569
 Amount of Each Receipt this Period 400.00
 Memo Item
 2021 Contribution

B. Okoth, Stacey-Ann, , Dr., DNP, RN
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Montego Court
 City Dillsburg State PA Zip Code 17019-9382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Abington Jefferson Health Occupation (for Individual) Senior Vice President and Chief Nursin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 15 / 2021
Transaction ID : 26232571
 Amount of Each Receipt this Period 400.00
 Memo Item
 2021 Contribution

C. Seim, Michael, B., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2720 Castanea Court
 City York State PA Zip Code 17402-8218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WellSpan Health Occupation (for Individual) Sr. Vice President and Chief Quality O
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 12 / 18 / 2021
Transaction ID : 26235363
 Amount of Each Receipt this Period 800.00
 Memo Item
 2021 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
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 57 OF 72
	<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Marchozzi, Thomas, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 Country Club Drive
 City Linwood State NJ Zip Code 08221-2521
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Lehigh Valley Health Network Occupation (for Individual) Executive Vice President and Chief Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 12 / 21 / 2021
Transaction ID : 26235481
 Amount of Each Receipt this Period 800.00
 Memo Item
 2021 Contribution

B. Calla, Jolene, H., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 90 Powells Ridge Road
 City Halifax State PA Zip Code 17032-9219
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn Occupation (for Individual) VP Healthcare Finance / Insurance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 22 / 2021
Transaction ID : 26235538
 Amount of Each Receipt this Period 400.00
 Memo Item
 2021 Contribution

C. Jordan, Jennifer, N., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1403 S. Juniper Street
 City Philadelphia State PA Zip Code 19147-4924
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn Occupation (for Individual) VP, Regulatory Advocacy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 23 / 2021
Transaction ID : 26235558
 Amount of Each Receipt this Period 400.00
 Memo Item
 2021 Contribution

SUBTOTAL of Receipts This Page (optional).....	1600.00
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 58 OF 72
<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Kirton, Orlando, C., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 923 Pine Valley Circle
 City Jenkintown State PA Zip Code 19046-2556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Abington Jefferson Health Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 23 / 2021
Transaction ID : 26235568
 Amount of Each Receipt this Period 400.00
 Memo Item
 2021 Contribution

B. Stewart, Vanessa, Sue, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1063 Pebble Court
 City Mechanicsburg State PA Zip Code 17050-9184
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn Occupation (for Individual) Manager, Political Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.29

Date of Receipt 12 / 23 / 2021
Transaction ID : 26235583
 Amount of Each Receipt this Period 12.73
 Memo Item
 December 2021 Payroll Deduction

C. Stewart, Vanessa, Sue, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1063 Pebble Court
 City Mechanicsburg State PA Zip Code 17050-9184
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn Occupation (for Individual) Manager, Political Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 304.02

Date of Receipt 12 / 23 / 2021
Transaction ID : 26235585
 Amount of Each Receipt this Period 12.73
 Memo Item
 December 2021 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	425.46
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 59 OF 72
	<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Schroder, Daneen, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1818 Geisel Highpoint Circle
 City Harrisburg State PA Zip Code 17112-9293
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn Occupation (for Individual) Vice President, Member Relations and I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 371.76

Date of Receipt 12 / 23 / 2021
Transaction ID : 26235587
 Amount of Each Receipt this Period 28.62
 Memo Item
 December 2021 Payroll Deduction

B. Schroder, Daneen, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1818 Geisel Highpoint Circle
 City Harrisburg State PA Zip Code 17112-9293
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn Occupation (for Individual) Vice President, Member Relations and I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.33

Date of Receipt 12 / 23 / 2021
Transaction ID : 26235589
 Amount of Each Receipt this Period 28.57
 Memo Item
 December 2021 Payroll Deduction

C. Tibbs, Joe, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3835 Seattle Slew Drive
 City Harrisburg State PA Zip Code 17112-7066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 408.24

Date of Receipt 12 / 23 / 2021
Transaction ID : 26235597
 Amount of Each Receipt this Period 31.38
 Memo Item
 December 2021 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	88.57
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 60 OF 72
	<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Tibbs, Joe, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3835 Seattle Slew Drive

City Harrisburg	State PA	Zip Code 17112-7066
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hospital and Healthsystem Assn of Penn	Occupation (for Individual) President
-----------------------------------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
439.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2021

Transaction ID : 2623599

Amount of Each Receipt this Period
31.43

Memo Item

December 2021 Payroll Deduction

B. Lawver, Sarah, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 June Drive

City Camp Hill	State PA	Zip Code 17011-5069
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hospital and Healthsystem Association	Occupation (for Individual) Director, Advocacy Activation
----------------------------------------------------------------------------	--------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2021

Transaction ID : 26235601

Amount of Each Receipt this Period
40.00

Memo Item

December 2021 Payroll Deduction

C. Farber, Jack, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3056 Miro Drive N

City Palm Beach Gardens	State FL	Zip Code 33410-1253
----------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CSS Industries	Occupation (for Individual) Businessman
-----------------------------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2021

Transaction ID : 26240278

Amount of Each Receipt this Period
800.00

Memo Item

2021 Contribution

SUBTOTAL of Receipts This Page (optional).....	871.43
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 61 OF 72
<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Eisenstaedt, Richard, S., Mr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 444 Sabine Ave
 City Wynnewood State PA Zip Code 19096-1402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Abington Jefferson Health Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 12 / 30 / 2021
Transaction ID : 26240280
 Amount of Each Receipt this Period 280.00
 Memo Item
 2021 Contribution

B. Reilly, Robert, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4342 Webster Drive N
 City York State PA Zip Code 17402-3353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WellSpan Health Occupation (for Individual) Government Relations Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 27 / 2021
Transaction ID : 26240529
 Amount of Each Receipt this Period 600.00
 Memo Item
 2021 Contribution

C. Lynch, Jack, J, Mr., III FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 913 Potts Lane
 City Bryn Mawr State PA Zip Code 19010-3121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Main Line Health Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 28 / 2021
Transaction ID : 26240541
 Amount of Each Receipt this Period 2000.00
 Memo Item
 2021 Contribution

SUBTOTAL of Receipts This Page (optional).....	2880.00
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 62 OF 72
<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Fontaine, Steven, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1271 Treasure Lake Rd

City Dubois	State PA	Zip Code 15801
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Penn Highlands Healthcare	Occupation (for Individual) CEO
----------------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2021

Transaction ID : 26240543

Amount of Each Receipt this Period
800.00

Memo Item

2021 Contribution

B. Okala, Philip, , Mr., MHA, FACHE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1061 Whitegate Road

City Wayne	State PA	Zip Code 19087-2181
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Pennsylvania Health Syst	Occupation (for Individual) Chief Operating Officer
-----------------------------------------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2021

Transaction ID : 26240552

Amount of Each Receipt this Period
800.00

Memo Item

2021 Contribution

C. Andreozzi, Stephanie, J., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 283 Acorn Circle

City Lebanon	State PA	Zip Code 17042-9149
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellSpan Good Samaritan Hospital	Occupation (for Individual) Physical Therapist
-----------------------------------------------------------------------	---------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2021

Transaction ID : 26240554

Amount of Each Receipt this Period
400.00

Memo Item

2021 Contribution

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 63 OF 72
<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Brister, Kim, , Ms.,			Date of Receipt
Mailing Address 3450 Harrowgate Road			<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2021"/>
City York	State PA	Zip Code 17402-4338	Transaction ID : 26240556
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="400.00"/>
Name of Employer (for Individual) WellSpan Gettysburg Hospital		Occupation (for Individual) Director Human Resources	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>		2021 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ellis, Mario, , Mr.,			Date of Receipt
Mailing Address 3496 Fox Pointe Lane			<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2021"/>
City York	State PA	Zip Code 17404-7002	Transaction ID : 26240558
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="400.00"/>
Name of Employer (for Individual) WellSpan Health		Occupation (for Individual) Human Resources	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>		2021 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Diamond, Victoria, , Ms.,			Date of Receipt
Mailing Address 277 Pine View Lane			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2021"/>
City York	State PA	Zip Code 17403-9561	Transaction ID : 26240564
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="400.00"/>
Name of Employer (for Individual) WellSpan Surgery and Rehabilitation H		Occupation (for Individual) Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>		2021 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1200.00"/>
TOTAL 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: PAGE 64 OF 72
(check only one)

<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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nicholson, Philip, Geoffrey, Dr., Jr. MD

Mailing Address 177 Highland Rd

City York	State PA	Zip Code 17403-3842
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellSpan Health	Occupation (for Individual) VP, CMIO
------------------------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2021

Transaction ID : 26240566

Amount of Each Receipt this Period
800.00

Memo Item

2021 Contribution

B. 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	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	75438.02

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

Full Name (Last, First, Middle Initial)

A. AHAPAC-American Hospital Association FEDERAL

Mailing Address 800 10th Street, NW
Two City Center, Suite 400

City Washington State DC Zip Code 20001-4956

Purpose of Disbursement
AHAPAC 2nd Transfer 9/30/21

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2021

FEC Identification Number

C C00106146

Transaction ID : 26151635

Amount of Each Disbursement this Period

25000.00

AHAPAC 2nd Transfer 9/30/21

Memo Item

Full Name (Last, First, Middle Initial)

B. AHAPAC-American Hospital Association FEDERAL

Mailing Address 800 10th Street, NW
Two City Center, Suite 400

City Washington State DC Zip Code 20001-4956

Purpose of Disbursement
AHAPAC 3rd Transfer 11/19/2021

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2021

FEC Identification Number

C C00106146

Transaction ID : 26202037

Amount of Each Disbursement this Period

35000.00

AHAPAC 3rd Transfer 11/19/2021

Memo Item

Full Name (Last, First, Middle Initial)

C. AHAPAC-American Hospital Association FEDERAL

Mailing Address 800 10th Street, NW
Two City Center, Suite 400

City Washington State DC Zip Code 20001-4956

Purpose of Disbursement
AHAPAC 4rd Transfer 12/20/2021

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
12 / 20 / 2021

FEC Identification Number

C C00106146

Transaction ID : 26235422

Amount of Each Disbursement this Period

22000.00

AHAPAC 4rd Transfer 12/20/2021

Memo Item

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

82000.00

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

82000.00

**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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

A. FNB-First National Bank

Full Name (Last, First, Middle Initial)

Mailing Address 101 N. 2nd St

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement July 2021 Bank Fee - Heartland

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 01 / 2021

FEC Identification Number C

Transaction ID : 26097167

Amount of Each Disbursement this Period 324.13

July 2021 Bank Fee - Heartland

Memo Item

B. FNB-First National Bank

Full Name (Last, First, Middle Initial)

Mailing Address 101 N. 2nd St

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement July 2021 Bank Fee - Authorize.net

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 02 / 2021

FEC Identification Number C

Transaction ID : 26097168

Amount of Each Disbursement this Period 24.80

July 2021 Bank Fee - Authorize.net

Memo Item

C. FNB-First National Bank

Full Name (Last, First, Middle Initial)

Mailing Address 101 N. 2nd St

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement July 2021 Bank Fee - AMEX

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 26 / 2021

FEC Identification Number C

Transaction ID : 26097169

Amount of Each Disbursement this Period 34.92

July 2021 Bank Fee - AMEX

Memo Item

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

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

383.85

**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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

Full Name (Last, First, Middle Initial) A. FNB-First National Bank		Date of Disbursement MM / DD / YYYY 08 / 02 / 2021	
Mailing Address 101 N. 2nd St		FEC Identification Number C [REDACTED]	
City Harrisburg	State PA	Zip Code 17101	Transaction ID : 26143283
Purpose of Disbursement August 2021 Bank Fees - Heartland		Category/ Type 001	Amount of Each Disbursement this Period [REDACTED] 235.17
Candidate Name		August 2021 Bank Fees - Heartland	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item	
State: District:			

Full Name (Last, First, Middle Initial) B. FNB-First National Bank		Date of Disbursement MM / DD / YYYY 08 / 03 / 2021	
Mailing Address 101 N. 2nd St		FEC Identification Number C [REDACTED]	
City Harrisburg	State PA	Zip Code 17101	Transaction ID : 26143284
Purpose of Disbursement August 2021 Bank Fees - Authorize.net		Category/ Type 001	Amount of Each Disbursement this Period [REDACTED] 22.36
Candidate Name		August 2021 Bank Fees - Authorize.net	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item	
State: District:			

Full Name (Last, First, Middle Initial) C. FNB-First National Bank		Date of Disbursement MM / DD / YYYY 08 / 11 / 2021	
Mailing Address 101 N. 2nd St		FEC Identification Number C [REDACTED]	
City Harrisburg	State PA	Zip Code 17101	Transaction ID : 26143285
Purpose of Disbursement August 2021 Bank Fees - Harland Checks		Category/ Type 001	Amount of Each Disbursement this Period [REDACTED] 51.18
Candidate Name		August 2021 Bank Fees - Harland Checks	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item	
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 308.71
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

Full Name (Last, First, Middle Initial) A. FNB-First National Bank		Date of Disbursement MM / DD / YYYY 08 / 26 / 2021	
Mailing Address 101 N. 2nd St		FEC Identification Number C [REDACTED] Transaction ID : 26143286	
City Harrisburg	State PA	Zip Code 17101	Amount of Each Disbursement this Period [REDACTED] 9.37
Purpose of Disbursement August 2021 Bank Fees - AMEX		Category/ Type 001	August 2021 Bank Fees - AMEX <input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. FNB-First National Bank		Date of Disbursement MM / DD / YYYY 09 / 01 / 2021	
Mailing Address 101 N. 2nd St		FEC Identification Number C [REDACTED] Transaction ID : 26143867	
City Harrisburg	State PA	Zip Code 17101	Amount of Each Disbursement this Period [REDACTED] 249.84
Purpose of Disbursement September 2021 Bank Fees - Heartland		Category/ Type 001	September 2021 Bank Fees - Heartland <input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. FNB-First National Bank		Date of Disbursement MM / DD / YYYY 09 / 02 / 2021	
Mailing Address 101 N. 2nd St		FEC Identification Number C [REDACTED] Transaction ID : 26143868	
City Harrisburg	State PA	Zip Code 17101	Amount of Each Disbursement this Period [REDACTED] 22.60
Purpose of Disbursement September 2021 Bank Fees - Authorize.net		Category/ Type 001	September 2021 Bank Fees - Authorize.net <input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 281.81
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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)

The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

Full Name (Last, First, Middle Initial)

A. Hospital and Healthsystem Assoc. of PA (F)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2021

Mailing Address 30 N. Third Street

FEC Identification Number

C	C00128082
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City Harrisburg State PA Zip Code 17101

Purpose of Disbursement HAP-Administrative Costs-Scanlon Event-Main Line Health 9/27/21

003
Category/Type

Transaction ID : 26149567

Amount of Each Disbursement this Period

178.80

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item HAP-Administrative Costs-Scanlon Event-Main Line Health 9/27/21

State: District:

Full Name (Last, First, Middle Initial)

B. FNB-First National Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2021

Mailing Address 101 N. 2nd St

FEC Identification Number

C	
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City Harrisburg State PA Zip Code 17101

Purpose of Disbursement September 2021 Bank Fees - AMEX

001
Category/Type

Transaction ID : 26166676

Amount of Each Disbursement this Period

11.68

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item September 2021 Bank Fees - AMEX

State: District:

Full Name (Last, First, Middle Initial)

C. FNB-First National Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	01	/	2021

Mailing Address 101 N. 2nd St

FEC Identification Number

C	
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City Harrisburg State PA Zip Code 17101

Purpose of Disbursement October 2021 Bank Fees - Heartland

001
Category/Type

Transaction ID : 26169613

Amount of Each Disbursement this Period

269.71

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item October 2021 Bank Fees - Heartland

State: District:

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

460.19

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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

Full Name (Last, First, Middle Initial) A. FNB-First National Bank		Date of Disbursement MM / DD / YYYY 10 / 04 / 2021	
Mailing Address 101 N. 2nd St		FEC Identification Number C [REDACTED]	
City Harrisburg	State PA	Zip Code 17101	Transaction ID : 26169614
Purpose of Disbursement October 2021 Bank Fees - Authorize.net		Category/ Type 001	Amount of Each Disbursement this Period 23.36
Candidate Name		Memo Item <input type="checkbox"/> October 2021 Bank Fees - Authorize.net	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. FNB-First National Bank		Date of Disbursement MM / DD / YYYY 10 / 26 / 2021	
Mailing Address 101 N. 2nd St		FEC Identification Number C [REDACTED]	
City Harrisburg	State PA	Zip Code 17101	Transaction ID : 26202043
Purpose of Disbursement October 2021 Bank Fees - AMEX		Category/ Type 001	Amount of Each Disbursement this Period 145.46
Candidate Name		Memo Item <input type="checkbox"/> October 2021 Bank Fees - AMEX	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. FNB-First National Bank		Date of Disbursement MM / DD / YYYY 11 / 01 / 2021	
Mailing Address 101 N. 2nd St		FEC Identification Number C [REDACTED]	
City Harrisburg	State PA	Zip Code 17101	Transaction ID : 26207346
Purpose of Disbursement November 2021 Bank Fees - Heartland		Category/ Type 001	Amount of Each Disbursement this Period 488.95
Candidate Name		Memo Item <input type="checkbox"/> November 2021 Bank Fees - Heartland	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	657.77
TOTAL This Period (last page this line number only).....▶	

**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)

The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

Full Name (Last, First, Middle Initial)

A. FNB-First National Bank

Mailing Address 101 N. 2nd St

City
Harrisburg

State
PA

Zip Code
17101

Purpose of Disbursement
November 2021 Bank Fees - Authorize.net

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2021			

FEC Identification Number

C []

Transaction ID : 26207347

Amount of Each Disbursement this Period

[] 27.56

Memo Item November 2021 Bank Fees - Authorize.net

Full Name (Last, First, Middle Initial)

B. FNB-First National Bank

Mailing Address 101 N. 2nd St

City
Harrisburg

State
PA

Zip Code
17101

Purpose of Disbursement
November 2021 Bank Fees - AMEX

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			26			2021			

FEC Identification Number

C []

Transaction ID : 26207348

Amount of Each Disbursement this Period

[] 40.95

Memo Item November 2021 Bank Fees - AMEX

Full Name (Last, First, Middle Initial)

C. FNB-First National Bank

Mailing Address 101 N. 2nd St

City
Harrisburg

State
PA

Zip Code
17101

Purpose of Disbursement
December 2021 Bank Fees - Heartland

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2021			

FEC Identification Number

C []

Transaction ID : 26246775

Amount of Each Disbursement this Period

[] 308.83

Memo Item December 2021 Bank Fees - Heartland

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

[] 377.34

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

[]

**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)
The Hospital and Healthsystem Association of Pennsylvania- Federal Political Action Committee (HAPAC-Federal)

Full Name (Last, First, Middle Initial) A. FNB-First National Bank		Date of Disbursement MM / DD / YYYY 12 / 02 / 2021	
Mailing Address 101 N. 2nd St		FEC Identification Number C [] Transaction ID : 26246776	
City Harrisburg	State PA	Zip Code 17101	Amount of Each Disbursement this Period [] 25.28
Purpose of Disbursement December 2021 Bank Fees - Authorize.net		Category/Type 001	December 2021 Bank Fees - Memo Item Authorize.net
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. FNB-First National Bank		Date of Disbursement MM / DD / YYYY 12 / 27 / 2021	
Mailing Address 101 N. 2nd St		FEC Identification Number C [] Transaction ID : 26246777	
City Harrisburg	State PA	Zip Code 17101	Amount of Each Disbursement this Period [] 99.79
Purpose of Disbursement December 2021 Bank Fees - AMEX		Category/Type 001	December 2021 Bank Fees - AMEX Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C []	
City	State	Zip Code	Amount of Each Disbursement this Period []
Purpose of Disbursement		Category/Type []	Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	125.07
TOTAL This Period (last page this line number only).....▶	2594.74