

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
PYRAMID HEALTHCARE INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street) **271 LAKEMONT PARK BLVD**
Check if different than previously reported. (ACC) **ALTOONA PA 16602**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00842906 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period / / 2026 through / / 2026

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

Signature of Treasurer **Myers, Stephen, , ,** Date / / 2026

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

PYRAMID HEALTHCARE INC. POLITICAL ACTION COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2026"/>		88873.37
(b) Cash on Hand at Beginning of Reporting Period.....	98174.17	
(c) Total Receipts (from Line 19)	3738.51	14039.31
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	101912.68	102912.68
7. Total Disbursements (from Line 31).....	3000.00	4000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	98912.68	98912.68
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

PYRAMID HEALTHCARE INC. POLITICAL ACTION COMMITTEE

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3687.60	10182.04
(ii) Unitemized	50.91	3857.27
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3738.51	14039.31
(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)	3738.51	14039.31
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3738.51	14039.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3738.51	14039.31

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
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	0.00
(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	0.00
29. Other Disbursements (Including Non-Federal Donations).....	2000.00	3000.00
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)) ..	3000.00	4000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	4000.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	3738.51	14039.31
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3738.51	14039.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
<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)
PYRAMID HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A. Ader, Kenneth, N., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 271 Lakemont Park Blvd
 City Altoona State PA Zip Code 16602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pyramid Healthcare Inc Occupation (for Individual) VP Revenue Cycle Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 634.59

Date of Receipt 05 / 31 / 2026
Transaction ID : SA11AI.5007
 Amount of Each Receipt this Period 173.07
 Memo Item
 \$57.69 bi-weekly payroll deduction

B. Barber, Ryan, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 271 Lakemont Park Blvd
 City Altoona State PA Zip Code 16602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pyramid Healthcare Inc Occupation (for Individual) Director of Infrastructure
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 05 / 31 / 2026
Transaction ID : SA11AI.5008
 Amount of Each Receipt this Period 115.38
 Memo Item
 \$38.46 bi-weekly payroll deduction

C. Bucha, Joannie, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 271 Lakemont Park Blvd
 City Altoona State PA Zip Code 16602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pyramid Healthcare Inc Occupation (for Individual) VP FP and A
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 634.59

Date of Receipt 05 / 31 / 2026
Transaction ID : SA11AI.5009
 Amount of Each Receipt this Period 173.07
 Memo Item
 \$57.69 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....	461.52
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 15
	<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)
PYRAMID HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A. Butler-Turner, Jameika, S.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 271 Lakemont Park Blvd
 City Altoona State PA Zip Code 16602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pyramid Healthcare Inc Occupation (for Individual) VP Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 05 / 31 / 2026
Transaction ID : SA11AI.5010
 Amount of Each Receipt this Period 115.38
 Memo Item
 \$38.46 bi-weekly payroll deduction

B. Cain, Bridget, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 271 Lakemont Park Blvd
 City Altoona State PA Zip Code 16602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pyramid Healthcare, Inc. Occupation (for Individual) SVP Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 05 / 31 / 2026
Transaction ID : SA11AI.5011
 Amount of Each Receipt this Period 115.38
 Memo Item
 \$38.46 bi-weekly payroll deduction

C. Davis, Jeffrey, S.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 271 Lakemont Park Blvd
 City Altoona State PA Zip Code 16602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pyramid Healthcare Inc Occupation (for Individual) EVP Engineering/Environmental Service
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1057.65

Date of Receipt 05 / 31 / 2026
Transaction ID : SA11AI.5012
 Amount of Each Receipt this Period 288.45
 Memo Item
 \$96.15 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....	519.21
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 15
<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)
PYRAMID HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A. Deutchman, Sarah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 271 Lakemont Park Blvd
 City Altoona State PA Zip Code 16602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pyramid Healthcare Inc Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1057.65

Date of Receipt 05 / 31 / 2026
Transaction ID : SA11AI.5013
 Amount of Each Receipt this Period 288.45
 Memo Item
 \$96.15 bi-weekly payroll deduction

B. Diec, Tisherra, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 271 Lakemont Park Blvd
 City Altoon State PA Zip Code 16602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pyramid Healthcare Inc Occupation (for Individual) Director of Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 317.35

Date of Receipt 05 / 31 / 2026
Transaction ID : SA11AI.5016
 Amount of Each Receipt this Period 86.55
 Memo Item
 \$28.85 bi-weekly payroll deduction

C. Fowler, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 271 Lakemont Park Blvd
 City Altoona State PA Zip Code 16602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pyramid Healthcare, Inc. Occupation (for Individual) SVP Clinical Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 634.59

Date of Receipt 05 / 31 / 2026
Transaction ID : SA11AI.5017
 Amount of Each Receipt this Period 173.07
 Memo Item
 \$57.69 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....	548.07
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 9 OF 15
<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)
PYRAMID HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A. Hosband, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 271 Lakemont Park Blvd
 City Altoona State PA Zip Code 16602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pyramid Healthcare Inc Occupation (for Individual) Chief Development Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1057.65

Date of Receipt 05 / 31 / 2026
Transaction ID : SA11AI.5014
 Amount of Each Receipt this Period 288.45
 Memo Item
 \$96.15 bi-weekly payroll deduction

B. Krol, Cydney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 271 Lakemont Park Blvd
 City Altoona State PA Zip Code 16602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pyramid Healthcare Inc Occupation (for Individual) VP Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt 05 / 31 / 2026
Transaction ID : SA11AI.5023
 Amount of Each Receipt this Period 57.69
 Memo Item
 \$19.23 bi-weekly payroll deduction

C. Loy, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 271 Lakemont Park Blvd
 City Altoona State PA Zip Code 16602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pyramid Healthcare, Inc. Occupation (for Individual) VP Client Access
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 634.59

Date of Receipt 05 / 31 / 2026
Transaction ID : SA11AI.5018
 Amount of Each Receipt this Period 173.07
 Memo Item
 \$57.69 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....	519.21
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 15
<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)
PYRAMID HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A. Martin, Kathryn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 271 Lakemont Park Blvd
 City Altoona State PA Zip Code 16602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pyramid Healthcare, Inc. Occupation (for Individual) VP Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 634.59

Date of Receipt 05 / 31 / 2026
Transaction ID : SA11AI.5019
 Amount of Each Receipt this Period 173.07
 Memo Item
 \$57.69 bi-weekly payroll deduction

B. Mosher, Michelle, N., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 271 Lakemont Park Blvd
 City Altoona State PA Zip Code 16602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pyramid Healthcare Inc Occupation (for Individual) Dir of EMR & Provider Mgm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt 05 / 31 / 2026
Transaction ID : SA11AI.5024
 Amount of Each Receipt this Period 57.69
 Memo Item
 \$19.23 bi-weekly payroll deduction

C. Myers, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 271 Lakemont Park Blvd
 City Altoona State PA Zip Code 16602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pyramid Healthcare, Inc. Occupation (for Individual) VP Finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 05 / 31 / 2026
Transaction ID : SA11AI.5027
 Amount of Each Receipt this Period 115.38
 Memo Item
 \$38.46 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....	346.14
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 15
<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)
PYRAMID HEALTHCARE INC. POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Parham, Matthew, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2026 Transaction ID : SA11AI.5028		
Mailing Address 271 Lakemont Park Blvd			Amount of Each Receipt this Period 115.38		
City Altoona	State PA	Zip Code 16602	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			\$38.46 bi-weekly payroll deduction		
Name of Employer (for Individual) Pyramid Healthcare, Inc.		Occupation (for Individual) VP Needs Assessment			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 423.06			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pertile, David, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2026 Transaction ID : SA11AI.5025		
Mailing Address 271 Lakemont Park Blvd			Amount of Each Receipt this Period 57.69		
City Altoona	State PA	Zip Code 16602	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			\$19.23 bi-weekly payroll deduction		
Name of Employer (for Individual) Pyramid Healthcare, Inc.		Occupation (for Individual) EVP And General Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 211.53			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Rosier, Collan, B., ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2026 Transaction ID : SA11AI.5031		
Mailing Address 271 Lakemont Park Blvd			Amount of Each Receipt this Period 180.00		
City Altoona	State PA	Zip Code 16602	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			\$60.00 bi-weekly payroll deduction		
Name of Employer (for Individual) Pyramid Healthcare Inc		Occupation (for Individual) VP Government Relations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 660.00			

SUBTOTAL of Receipts This Page (optional).....	353.07
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 15
	<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)
PYRAMID HEALTHCARE INC. POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Thompson, Matthew, , ,

Mailing Address 271 Lakemont Park Blvd

City Altoona	State PA	Zip Code 16602
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Pyramid Healthcare Inc	Occupation (for Individual) VP Operations
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2026

Transaction ID : SA11AI.5032

Amount of Each Receipt this Period
75.00

Memo Item
\$25.00 bi-weekly payroll deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Tomat, Marco, R., ,

Mailing Address 271 Lakemont Park Blvd

City Altoona	State PA	Zip Code 16602
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Pyramid Healthcare Inc	Occupation (for Individual) VP Operations
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
634.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2026

Transaction ID : SA11AI.5033

Amount of Each Receipt this Period
173.10

Memo Item
\$57.70 bi-weekly payroll deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Verrastro, Amanda, , ,

Mailing Address 271 Lakemont Park Blvd

City Altoona	State PA	Zip Code 16602
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Pyramid Healthcare Inc	Occupation (for Individual) Dir of CS Implementation
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1057.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2026

Transaction ID : SA11AI.5015

Amount of Each Receipt this Period
288.45

Memo Item
\$96.15 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....	536.55
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 15
<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)
PYRAMID HEALTHCARE INC. POLITICAL ACTION COMMITTEE

A. Wilmoth, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 271 Lakemont Park Blvd
 City Altoona State PA Zip Code 16602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pyramid Healthcare Inc Occupation (for Individual) Director, Enterprise Applications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt 05 / 31 / 2026
Transaction ID : SA11AI.5026
 Amount of Each Receipt this Period 57.69
 Memo Item
 \$19.23 bi-weekly payroll deduction

B. Wilson, Aimee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 271 Lakemont Park Blvd
 City Altoona State PA Zip Code 16602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pyramid Healthcare Inc. Occupation (for Individual) VP of UR and Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 634.59

Date of Receipt 05 / 31 / 2026
Transaction ID : SA11AI.5020
 Amount of Each Receipt this Period 173.07
 Memo Item
 \$57.69 bi-weekly payroll deduction

C. Zunk, Katharina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 271 Lakemont Park Blvd
 City Altoona State PA Zip Code 16602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pyramid Healthcare, Inc. Occupation (for Individual) SVP Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 634.59

Date of Receipt 05 / 31 / 2026
Transaction ID : SA11AI.5021
 Amount of Each Receipt this Period 173.07
 Memo Item
 \$57.69 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....	403.83
TOTAL This Period (last page this line number only).....	3687.60

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 checked="" 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)

PYRAMID HEALTHCARE INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. HERB CONAWAY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2026

Mailing Address P.O. BOX 493

FEC Identification Number

C	C00859496
---	-----------

City WILLINGBORO	State NJ	Zip Code 08046
---------------------	-------------	-------------------

Transaction ID : SB23.5038

Purpose of Disbursement

Political Contribution

011

Amount of Each Disbursement this Period

Candidate Name
HERB CONAWAY FOR CONGRESS

1000.00

Office Sought: House
 Senate
 President

State: NJ District: 03

Disbursement For: 2026

Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

FEC Identification Number

C	
---	--

City	State	Zip Code
------	-------	----------

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

--

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify)

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

FEC Identification Number

C	
---	--

City	State	Zip Code
------	-------	----------

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

--

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Memo Item

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

1000.00

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

1000.00

**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)

PYRAMID HEALTHCARE INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends of Michael Hite

Mailing Address 14 Grimes Drive

City
Martinsburg

State
WV

Zip Code
25403

Purpose of Disbursement
Non-Federal Political Contribution

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
0	5		1	8		2	0	2	6

FEC Identification Number

Transaction ID : SB29.5035

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. RCPA-PAC

Mailing Address 777 E PARK DR
STE G4

City
HARRISBURG

State
PA

Zip Code
17111-2754

Purpose of Disbursement
Non-Federal Political Contribution

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
0	5		1	8		2	0	2	6

FEC Identification Number

Transaction ID : SB29.5034

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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