#### **Campaign Finance Report**

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

Filer Identification 9400274 Report Filed By : CANDIDATE COMMITTEE LOBBYIST																
Name of Filing C	Committee, Candi	date or L	obbyist:		Plan	nned	Pare	nthood P	A Advo	cate	5		•			
Street Address:	300 N. 2nd S	Street,Su	ite 400													
City:	Harrisburg							State:	PA			Zip Cod	de: 1	7101		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA		POST-	3.		AMENDMENT REPORT?		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pri	E	5. <b>X</b>	30 DA		POST-	6.		TERMINA REPORT		Yes	No	<b>~</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2011					NG METHO				PAPER		<b>V</b>	DISKE	TTE
Name of Office S	Sought by Candida	ate:			-			DATE 0	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code
	<b>3 ,</b>							МО	DAY	YE	AR	Number	Code			code
								11		8	2011		(SEE IN	ISTRUCTI	ONS FOR O	CODES)
Summary of Expenditures	Receipts and	МО	DAY	YEAR	ł			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY	
Expenditures			9 20	2	011	Т	0	10		24	2011					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			62,0	06.35					
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 1,665.00																
C. Total Funds Available (Sum Of Lines A and B) \$ 63,671.35																
D. Total Expenditures (From Schedule III)							\$				5.00					
E. Ending Cash Balance (Subtract Line D From Line C)							\$			63,6	66.35					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Se	chedu	le II	[)	\$				0.00					
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV	)			\$				0.00			•		
				AFF	ID/	٩VI	T SE	CTION								
	s a Committee rep	•	-													
I swear (or affirm) correct and comple	) that this report, in ete.	cluding the	e attached scl	1edule:	s file	d on	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true
Sworn to and subs	cribed before me th	is	20							S	ignature	of Perso	n Submit	ting Rep	ort	
	_ `						- -					Prin	ted Nam	e		
My Commission Ex	Signat opires	ure										Ema	il			
	МО	D	AY	YR			-		Are	ea Cod	le		e Telepi	none Nu	mber	
Part II- If this is	a report of a car	didate's	authorized	Comn	nitte	e, C	andid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of	my knowl	edge and beli	ef this	polit	tical	comm	ittee has n	ot viola	ted an	y provisi	ions of th	e act of J	une 3,1	937 (P.L	. 1333,
Sworn to and subsc	ribed before me this	i									Si	ignature o	of Candid	ate		
-	day of						_									
	C!t						_					Printe	d Name			
My Commission Exp	Signature ires											Ema	il			
	мо	D	AY	YR	R		-		Area	Code		Da	aytime 1	elephor	ie Numb	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	Period		
Planned Parenthood PA Advocates	From:	9/20/201	<u>1</u> To:	10/24/2011
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	1,331.50
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)	\$	1,365.00		
TOTAL for the Reporting	) Period	(2)	\$	1,365.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	300.00
TOTAL for the Reporting	) Period	(3)	\$	300.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	2,996.50

#### **PART A**

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

\$50.01 TO \$250.00

	his Part to itemize on with an aggregate val								
Name of Filing Comm	ittee or Candidate		Re	Reporting Period					
			From: To			<b>)</b> :			
					DATE			AMOUNT	
Full Name of Contribution	ng Committee			МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	4)						
	•					-	Г	PAGE TOTAL	

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

**PAGE TOTAL**\$ 0.00

## ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Fining Committee of Candidate			Rep	orting Pe	eriod			
Planned Parenthood PA Advocates			Froi	m:	9/20/2	2 <u>011</u> To	):	10/24/2011
					DATE			AMOUNT
Full Name of Contributor Joan Bauer				МО	DAY	YEAR		
Mailing Address 100 Denniston Aver	nue, Apt 20						\$	100.00
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15206		9	27	2011		
<b>Full Name of Contributor</b> Arthur Hilt		МО	DAY	YEAR				
Mailing Address 125 Spangsville Road							\$	105.00
<b>City</b> Oley	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19547		9	27	2011		
Full Name of Contributor  Joan Bauer					DAY	YEAR		
Mailing Address 100 Denniston Aver	nue, Apt 20						\$	100.00
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15206		9	27	2011		
<b>Full Name of Contributor</b> Maryellen Fullerton				МО	DAY	YEAR		
Mailing Address 400 Deaver Road	State	Zip Code (Plus 4)		9	27	2011	\$	105.00
<b>City</b> Wyncote	PA	19095						
Full Name of Contributor Edith Booser				МО	DAY	YEAR		
Mailing Address 134 N Union Street							\$	100.00
<b>City</b> Middletown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17057		9	27	2011		

Full Name of Con	tributor							
Samuel Tirer				МО	DAY	YEAR		
Mailing Address	431 Anthwyn Road						\$	100.00
City Narberth		State	Zip Code (Plus 4)	9	27	2011		
		PA	19072					
Full Name of Con Nancy Spiers Ma				МО	DAY	YEAR		
Mailing Address	3600 Logan Ct Uni	t 2A					<b>\$</b>	100.00
City Camp Hi		State	Zip Code (Plus 4)	9	27	2011		
- Camp III	ı	PA	17011					
Full Name of Contributor Delite Hawk					DAY	YEAR		
Mailing Address	1303 Meddow Edile						<b>\$</b>	100.00
City Reading		State	Zip Code (Plus 4)	9	27	2011		
		PA	19610					
Full Name of Con Sherry Schweike				МО	DAY	YEAR		
Mailing Address	109 Schwenk Road						<b>\$</b>	100.00
City Perkiome	enville	State	Zip Code (Plus 4)	9	27	2011		
rendent		PA	18074					
Full Name of Con Penny Holman	tributor	<u> </u>		МО	DAY	YEAR		
Mailing Address 3848 Manchester Road							1.	
	3848 Manchester F	load					\$	100.00
		State	Zip Code (Plus 4)	9	28	2011	<b>\$</b>	100.00
			<b>Zip Code (Plus 4)</b> 18104	9	28	2011	<b>\$</b>	100.00
	n <b>tributor</b>	State		9	DAY	2011 YEAR	\$	100.00
City Allentow	n <b>tributor</b>	State		мо	DAY	YEAR	\$	100.00
Full Name of Con Luther Milspaw, Mailing Address	tributor Jr 115 Hillside Road	State						
City Allentown  Full Name of Con Luther Milspaw,  Mailing Address	tributor Jr 115 Hillside Road	State PA	18104	мо	DAY	YEAR		

Full Name of Contributo	nil J Sponga			DAY	YEAR	
Mailing Address 10	06 Painters Xing					<b>\$</b> 100.00
City Chadds Ford	State PA	<b>Zip Code (Plus 4)</b> 19317	10	5	2011	
Full Name of Contributo	МО	DAY	YEAR			
Mailing Address 84 Plum Tree Circle						\$ 100.00
City Newville	State PA	<b>Zip Code (Plus 4)</b> 17241	10	5	2011	
Full Name of Contributo Karen Hudson	Full Name of Contributor Karen Hudson				YEAR	
Mailing Address 124 Porthcawl Court						<b>\$</b> 55.00
<b>City</b> Avondale	State PA	<b>Zip Code (Plus 4)</b> 19311	10	5	2011	

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

**PAGE TOTAL \$** 1,365.00

#### **PART C**

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

**OVER \$250.00** 

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

Name of Filing Committee or Candidate	me of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

## ALL OTHER CONTRIBUTIONS

**OVER \$250.00** 

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

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

Name of Filing Committee or Candidate	me of Filing Committee or Candidate				orting Pe				
Planned Parenthood PA Advocates				Fron	n:	9/20/2	011 To	<b>To:</b> <u>10/24/2011</u>	
					D/	ATE		АМ	IOUNT
Full Name of Contributor Kelvin Kean					МО	DAY	YEAR		
Mailing Address 321 James Mill Road								\$	300.00
City Elverson	State	Zip Code (Plus 4)		9	27	2011			
	PA	195	520						
Employer Name Retired	•				Occupation Retired				
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip Code	e (Plus 4)
321 James Mill Road			Elverson			PA		19520	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section								P.A	AGE TOTAL
	,		, 3-,		-			\$	300.00
							_		

## OTHER RECEIPTS

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

Name of Filing Committee or	Candidate		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	0.00

#### **SCHEDULE II**

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

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

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Perio	d						
Planned Parenthood PA Advocates	From:	<u>9/20/2011</u> <b>To:</b>	10/24/2011					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)								
TOTAL for the Reporting Pe	eriod (2)	\$	0.00					
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)								
TOTAL for the Reporting Pe	eriod (3)	\$	0.00					
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00					

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

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

Name of Filing Committee or Candid	me of Filing Committee or Candidate			Reporting Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						<b>\$</b>	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL	
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL	
						\$	0.00	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidat	ame of Filing Committee or Candidate			Reporting Period							
					From: To:						
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(Plus 4)								
Employer of Contributor	-1		•			Occupation					
Employer Mailing Address/Principal Place of Business City State				State		Zip Code(Plus Descri			ption	of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.								<b>PAGE TOTAL</b> 0.00			

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
Planned Parenthood PA Advocates			From	9/20	0/2011	То:	10/24/2011
				DATE			AMOUNT
To Whom Paid Transfirst LLC			мо	DAY	YEAR		
Mailing Address 12202 Airport Way			10	11	2011	\$	5.00
<b>City</b> Broomfield	State	Zip Code (Plus 4)	Description of Expenditure				
	CO	80021	Monthly CC Fee				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

\$ 5.00