Campaign Finance Report

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

Filer Identificati Number :	on	94002	274			Rep File			CAI	NDII	DATE		COM	1TTEE	✓ [LOB	вуіст		
Name of Filing C	committe	e, Candida	ate or Lo	obbyist:	-	Planı	ned	Pare	nthoo	d PA	A Advo	cate	S						
Street Address:																			
City:	Harri	sburg							State	e:	PA			Zip Cod	le: 17	101			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE-	- 2	2.	30 DA PRIMA		Р	OST-	3.		AMENDM REPORT?		Yes		lo	√
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRE	- 5	j.	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	١	lo	\
report type)	ANNUAL	REPORT	7. X	Year 2011					NG ME CHEC					PAPER		\	DISK	ETTE	
Name of Office S	ought by	Candidat	:e:						DAT	E O	F ELE	CTIC	N	District Number	Office Code	Pa	rty Cod	e Cour	
									МО		DAY	YI	EAR					22	
										11		8	2011		(SEE IN	STRUCT	ONS FO	R CODES	5)
Summary of	•	and	МО	DAY	YEAR				МО		DAY	Y	EAR	FO	R OFFIC	E USI	ONL	7	
Expenditures	from:			1 1	. 20	011	T	0		12	· ·	31	2011						
A. Amount Bro	ught Forv	ward From	ı Last R	eport				\$				67,	451.35						
B. Total Moneta	ary Contr	ibutions A	And Rec	eipts (Fron	n Sche	dule	I)	\$					130.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				67,	581.35						
D. Total Expend	ditures (I	rom Sche	edule II	I)				\$				1,2	217.11						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				66,3	364.24						
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le II))	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	/)			\$					0.00			•			
					AFF	IDA	VI	ΓSE	CTIC	N									
PART I - If this is		-	-	_									_						
I swear (or affirm) correct and complete		report, incli	uding the	attached sc	hedules	filed	on	paper	or by e	lectr	onic m	edium	i, are to t	he best of	f my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed befo	ore me this		20								5	Signature	of Persoi	1 Submitt	ing Re	port		_
	_	Signatur	· · · · · · · · · · · · · · · · · · ·					• •						Print	ted Name)			_
My Commission Ex	cpires	Signatui	•							•				Emai	il				-
		мо	D/	ΑY	YR			-			Are	ea Cod	de	Daytim	e Teleph	one N	ımber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comm	nittee	e, Ca	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	ıy knowle	edge and beli	ief this	politi	ical	comm	ittee h	as no	ot viola	ted ar	ny provis	ions of the	e act of Ju	ıne 3,1	937 (P	.L. 133	з,
Sworn to and subsc		re me this											s	ignature o	f Candida	ate			-
	day of —							-						Printe	d Name				_
		Signature						-											_
My Commission Exp		-												Emai	il				
		мо	D	AY	YR						Area	Code		Da	ytime To	elepho	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

-				
Name of Filing Committee or Candidate	Reporting	g Period		
Planned Parenthood PA Advocates	From:	<u>1/1/201</u>	<u>1</u> To:	12/31/2011
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	30.00
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)			\$	100.00
TOTAL for the Reporting	Period	(2)	\$	100.00
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)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	j 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			\$	130.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

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

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

PAGE TOTAL
0.00

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

PART B 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 Filing Committee or Candidate

Reporting Period

Planned Parenthood PA Advocates

From: <u>1/1/2011</u> **To:**

DATE

12/31/2011

AMOUNT

Full N	ame of Contributor			мо	DAY	YEAR	
Rober	t Lomison				57(1	12/11	
Mailin	g Address						\$ 100.00
City	New Cumberland	State	Zip Code (Plus 4)	12	20	2011	
		PA	17070				

PAGE TOTAL

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

\$ 100.00

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			Reporting	Period					
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	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				Rep	orting Pe	riod					
				Fron	n:		٦	То:			
					D	ATE			1	AMOUNT	
Full Name of Contributor					мо	DAY	YEAR	R	\$		0.00
Mailing Address											
City	State	Zip	Code (Plus	s 4)							
Employer Name					Occupa	tion					
Employer Mailing Address/Principal Plac	e of Business		City		•	State		z	ip Co	ode (Plus 4)	
Enter Grand Total of Part C on Schee	dule I, Detailed Su	umm	ary Page,	Section	on 3.			\$		PAGE TOTAL	
							L				

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	ing Peri	od			
			From:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	'	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	4.			\$	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 Period		
Planned Parenthood PA Advocates	From:	<u>1/1/2011</u> To:	<u>12/31/2011</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T 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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	nme 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)							
Description of Contribution:		•	•			•			
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL		
						\$	(0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	iod		
Planned Parenthood PA Advocates	From	1/1/2011	То:	12/31/2011

					DATE		AMOUNT
To Whom Pa	nid			мо	DAY	YEAR	
Friends of C	huck McIlhinney			М		12/11	
Mailing Addı	ress			12	19	2011	\$ 500.00
City Doyl	lestown	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
		PA	18901	Attende	d Event		
To Whom Pa	nid			мо	DAY	YEAR	
The Phillips	Group			M		ILAK	
Mailing Addı	ress			12	1	2011	\$ 31.66
City Harr	risburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
		PA	17106	Purchas	e Deposit	Stamp	
To Whom Pa	nid			мо	DAY	YEAR	
Planned Par	enthood PA Advocates			М		ILAK	
Mailing Addı	ress			11	30	2011	\$ 37.51
City Harr	Harrisburg State Zip Code (Plus 4)			Descrip	tion of Exp	enditure	
		PA	17102	reimbur	sement ex	pense	
To Whom Pa	nid			мо	DAY	YEAR	
Mike Sturla	for State Representative			M		ILAK	
Mailing Addı	ress			11	29	2011	\$ 250.00
City Harr	risburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
		PA	17108	Attened	Event		
To Whom Pa	nid			мо	DAY	YEAR	
Planned Par	enthood PA Advocates			М		ILAK	
Mailing Addı	ress			12	14	2011	\$ 44.34
City Harr	isburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
		PA	17102	Salary A	Allocation		
To Whom Pa	nid			мо	DAY	YEAR	
Planned Par	enthood PA Advocates			MO		ILAK	
Mailing Addı	ress			12	14	2011	\$ 85.82
City Harr	risburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
	PA 17102				•		

To Whom Paid Transfirst LLC			мо	DAY	YEAR		
				DAI	ILAK		
Mailing Address			12	12	2011	\$	17.78
City Broomfield	State	Zip Code (Plus 4)	Description of Expenditure Credit Card Fee's				
	СО	80021					
To Whom Paid				DAY	YEAR		
Friends of Farnese			МО		ILAK		
Mailing Address			12	30	2011	\$	250.00
City Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	19110	Attend Event				
							PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	1,217.11