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 94	00274			Re File	eport led B	: Sy :	CAND	IDATE		СОМ	4ITTEE	✓	LOBE	YIST	
Name of Filing C	Committee, Cand	idate or L	obbyist:		Plar	nned	Pare	nthood I	PA Adv	cate	 S		•			
Street Address:	300 N. 2nd	Street,Su	iite 400													
City:	Harrisburg							State:	PA			Zip Cod	le: 1	7101		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	\
report type)	ANNUAL REPOR	7. X	Year 2011					IG METH CHECK C				PAPER		\checkmark	DISKE	TTE
Name of Office S	Sought by Candi	date:						DATE (OF ELE	CTIC	N	District Number	Office Code	Pari	ty Code	County Code
								МО	DAY	ΥI	AR		10000			22
								11	L	8	2011		(SEE IN	ISTRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY Y	EAR	R			МО	DAY	ΥI	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures	s from:		1 1	2	011	1 T	0	12	2	31	2011					
A. Amount Bro	ught Forward Fr	om Last R	leport				\$	_		67,4	151.35					
B. Total Moneta	ary Contribution	s And Rec	eipts (From S	che	dule	e I)	\$			-	130.00					
C. Total Funds	Available (Sum	Of Lines A	and B)				\$			67,	581.35					
D. Total Expend	ditures (From S	chedule II	Ι)				\$			1,2	217.11					
E. Ending Cash	Balance (Subtr	act Line D	From Line C)				\$			66,3	64.24					
F. Value Of In-	Kind Contribution	ns Receiv	ed (From Sch	edu	le I	I)	\$				0.00					
G. Unpaid Debt	s And Obligatio	ns (From :	Schedule IV)				\$				0.00					
			F	٩FF	ΊD	AVI	T SE	CTION								
PART I - If this is	s a Committee r	eport, trea	surer sign he	re. I	If th	his is	a Can	ndidate r	eport,	candi	date sig	ın here.				
I swear (or affirm) correct and comple		ncluding th	e attached sched	dules	s file	ed on	paper (or by elec	tronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	f , true
Sworn to and subs	cribed before me t day of	his	20							5	Signature	of Perso	n Submit	ting Rep	ort	
	Signa	ture					- -					Prin	ted Nam	e		-
My Commission Ex	_											Ema	il			
	мо	D	AY	YR					Ar	ea Cod	le	Daytim	e Telep	hone Nui	nber	
Part II- If this is	a report of a ca	ndidate's	authorized Co	omn	nitte	ee, C	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende		f my knowl	edge and belief	this	poli	litical	comm	ittee has	not viola	ted an	y provis	ions of the	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc		is									s	ignature o	of Candid	late		
	day of 						_					Drint-	d Name			
	Signatu	<u> </u>					-									
My Commission Exp	_	_										Ema	il	_	_	
	мо	D	AY	YR			-		Area	Code		Da	ytime 1	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

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

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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

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 Filing Committee or Candidate	Reporting Period	I		
Planned Parenthood PA Advocates	From:	1/1/2011	То:	12/31/2011

DATE AMOUNT

Full Name of Contributor Robert Lomison						
Mailing Address 96 Carol Street				\$ 100.00		
City New Cumberland	State PA	Zip Code (Plus 4) 17070	12	20	2011	

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

PAGE TOTAL \$ 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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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 Candida	ate			Rep	orting Pe	riod			
				Froi	n:		То	:	
					D	ATE		AN	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	i 4)					
Employer Name	•	•			Occupa	tion	•	•	
Employer Mailing Address/Principal Business	Place of		City			State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on So	chedule I, Deta	iled Sumr	mary Page,	Section	on 3.			P	AGE TOTAL
								•	0.00

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	od			
			From:			To:		
				D	ATE			AMOUNT
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			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z</i>	Section				\$	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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period			
			From:			То:	
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	1				Re	porting l	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									- \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidat	e			Reportir	ng Period			
Planned Parenthood PA Advocates				From	1/2	1/2011	То:	12/31/2011
					DATE			AMOUNT
To Whom Paid Friends of Chuck McIlhinney				мо	DAY	YEAR		
Mailing Address PO Box 2014				12	19	2011	\$	500.00
City Doylestown	State PA	Zip Cc	ode (Plus 4)	Description of Expenditure Attended Event				
To Whom Paid The Phillips Group				МО	DAY	YEAR		
Mailing Address PO Box 61020				12	1	2011	\$	31.66
City Harrisburg	State PA	Zip Co	ode (Plus 4) 06		otion of Exp se Deposit			
To Whom Paid Planned Parenthood PA Advocates				мо	DAY	YEAR		
Mailing Address 1514 N 2nd Street				11	30	2011	\$	37.51
City Harrisburg	State PA	Zip Co	ode (Plus 4)		otion of Exp rsement ex			
To Whom Paid Mike Sturla for State Representative	•	·		МО	DAY	YEAR		
Mailing Address PO Box 391				11	29	2011	\$	250.00
City Harrisburg	State PA	Zip Co	ode (Plus 4)	Descrip Attened	otion of Exp	enditure		
To Whom Paid Planned Parenthood PA Advocates				МО	DAY	YEAR		
Mailing Address 1514 N 2nd Street				12	14	2011	\$	44.34
City Harrisburg	State PA	Zip Co	ode (Plus 4)		otion of Exp Allocation	enditure		

To Whom Paid Planned Parenthood PA Advocates			мо	DAY	YEAR			
Mailing Address 1514 N 2nd Street			12	14	2011	\$	85.82	
City Harrisburg	State Zip Code (Plus 4) PA 17102			Description of Expenditure Office Supplies				
To Whom Paid Transfirst LLC			МО	DAY	YEAR			
Mailing Address 12202 Airport Way			12	12	2011	\$	17.78	
City Broomfield	State CO	Zip Code (Plus 4) 80021	Description of Expenditure Credit Card Fee's					
To Whom Paid Friends of Farnese			МО	DAY	YEAR			
Mailing Address PO Box 22596			12	30	2011	\$	250.00	
City Philadelphia	State PA	Zip Code (Plus 4) 19110	Description of Expenditure Attend Event					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	PAGE TOTAL 1,217.11	