

Campaign Finance Report

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

| | | | | | | | | | | | | |
|---|--------------------------|-----------|-------------------------|------------------------------------|----------------------|-------------------------|--|--|------------------------------|-------------------------------------|-------------------|--------------------|
| Filer Identification Number : | | 9400274 | | Report Filed By : | | CANDIDATE | | COMMITTEE <input checked="" type="checkbox"/> | | LOBBYIST | | |
| Name of Filing Committee, Candidate or Lobbyist: Planned Parenthood PA Advocates | | | | | | | | | | | | |
| Street Address: 300 N. 2nd Street,Suite 400 | | | | | | | | | | | | |
| City: Harrisburg | | | | | | State: PA | | | Zip Code: 17101 | | | |
| TYPE OF REPORT (place X to the right of report type) | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRE-PRIMARY | 2. | 30 DAY POST-PRIMARY | 3. | AMENDMENT REPORT? | Yes | No | <input checked="" type="checkbox"/> | | |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY POST-ELECTION | 6. | TERMINATION REPORT? | Yes | No | <input checked="" type="checkbox"/> | | |
| | ANNUAL REPORT | 7. X | Year 2012 | FILING METHOD () CHECK ONE | | | PAPER <input checked="" type="checkbox"/> | DISKETTE | | | | |
| Name of Office Sought by Candidate: | | | | | | DATE OF ELECTION | | | District Number | Office Code | Party Code | County Code |
| | | | | | | MO | DAY | YEAR | | | | |
| | | | | | | 11 | 6 | 2012 | | | | |
| | | | | | | | | | (SEE INSTRUCTIONS FOR CODES) | | | |
| Summary of Receipts and Expenditures from: | | MO | DAY | YEAR | TO | MO | DAY | YEAR | FOR OFFICE USE ONLY | | | |
| | | 11 | 27 | 2012 | | 12 | 31 | 2012 | | | | |
| A. Amount Brought Forward From Last Report | | | | | | \$ 44,843.98 | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | | \$ 31.60 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | \$ 44,875.58 | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | \$ 10,025.01 | | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | | \$ 34,850.57 | | | | | | |
| F. Value Of In-Kind Contributions Received (From Schedule II) | | | | | | \$ 1,023.92 | | | | | | |
| G. Unpaid Debts And Obligations (From Schedule IV) | | | | | | \$ 0.00 | | | | | | |

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief , true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

| | |
|--|---|
| Name of Filing Committee or Candidate | Reporting Period |
| Planned Parenthood PA Advocates | From: <u>11/27/2012</u> To: <u>12/31/2012</u> |

| | |
|--|----------|
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | |
| TOTAL for the Reporting Period (1) | \$ 31.60 |

| | |
|--|---------|
| 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) | \$ 0.00 |
| TOTAL for the Reporting Period (2) | \$ 0.00 |

| | |
|---|---------|
| 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 Period (4) | \$ 0.00 |

| | |
|---|----------|
| Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.) | \$ 31.60 |
|---|----------|

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: To: |

| DATE | | | | AMOUNT |
|-------------------------------------|-------|-------------------|--|--------|
| Full Name of Contributing Committee | | | | |
| | | | | |
| Mailing Address | | | | |
| | | | | |
| City | State | Zip Code (Plus 4) | | |
| | | | | |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

| |
|-------------------|
| PAGE TOTAL |
| \$ 0.00 |

PART D
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 | Reporting Period |
| | From: To: |

| | | | DATE | AMOUNT |
|--|-------|-------------------|------------|-------------------|
| Full Name of Contributor | | | MO | \$ 0.00 |
| Mailing Address | | | DAY | |
| City | State | Zip Code (Plus 4) | YEAR | |
| Employer Name | | | Occupation | |
| Employer Mailing Address/Principal Place of Business | | City | State | Zip Code (Plus 4) |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

| |
|-------------------|
| PAGE TOTAL |
| \$ 0.00 |

PART E 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 | Reporting Period |
| | <div style="display: flex; justify-content: space-between;"> From: To: </div> |

| | | | DATE | | | AMOUNT |
|---------------------|-------|-------------------|------|-----|------|---------|
| Full Name | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | | | | |
| Receipt Description | | | | | | |

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

| |
|-------------------|
| PAGE TOTAL |
| \$ 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>11/27/2012</u> To: <u>12/31/2012</u> | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | |
| TOTAL for the Reporting Period | | (1) | \$ 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | | |
| TOTAL for the Reporting Period | | (2) | \$ 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Period | | (3) | \$ 1,023.92 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.) | | | \$ 1,023.92 |

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

| | |
|---------------------------------------|--|
| Name of Filing Committee or Candidate | Reporting Period From: To: |
|---------------------------------------|--|

| | | | DATE | | | AMOUNT |
|---|-------|-------------------|------|-----|------|----------------------------------|
| Full Name of Contributor | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | | | | |
| Description of Contribution: | | | | | | |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2. | | | | | | PAGE TOTAL \$ 0.00 |

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

| | |
|--|---|
| Name of Filing Committee or Candidate | Reporting Period |
| Planned Parenthood PA Advocates | From: <u>11/27/2012</u> To: <u>12/31/2012</u> |

| | | | | | DATE | | AMOUNT | |
|---|--|-------------|---------------------------|-------------|---------------------------|-----------|---|------------------------|
| Full Name of Contributor Planned Parenthood Federation of America, Inc. | | | | | MO 11 | DAY 28 | YEAR 2012 | \$ 1,023.92 |
| Mailing Address 434 West 33rd Street | | | | | | | | |
| City new York | | State NY | Zip Code(Plus 4) 10001 | | | | | |
| Employer of Contributor PPFA | | | | | Occupation PPFA | | | |
| Employer Mailing Address/Principal Place of Business 434 West 33rd Street | | | City New York | State NY | Zip Code(Plus 4) 10001 | | Description of Contribution Donated Time | |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. | | | | | | | | PAGE TOTAL 1,023.92 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period |
|---------------------------------------|--|
| Planned Parenthood PA Advocates | From <u>11/27/2012</u> To: <u>12/31/2012</u> |

| DATE | | | | AMOUNT |
|-----------------------------------|----|-----|------|-------------|
| To Whom Paid | MO | DAY | YEAR | |
| Planned Parenthood NEMPBC | | | | |
| Mailing Address PO Box 813 | 11 | 27 | 2012 | \$ 35.25 |
| City Trexlertown | | | | |
| State PA | | | | |
| Zip Code (Plus 4) 18087 | | | | |
| Description of Expenditure | | | | |
| Reimbursement | | | | |
| To Whom Paid | MO | DAY | YEAR | |
| Planned Parenthood of Western PA | | | | |
| Mailing Address 933 Liberty Ave. | 11 | 27 | 2012 | \$ 432.90 |
| City Pittsburgh | | | | |
| State PA | | | | |
| Zip Code (Plus 4) 15222 | | | | |
| Description of Expenditure | | | | |
| Reimbursement | | | | |
| To Whom Paid | MO | DAY | YEAR | |
| Planned Parenthood Southeastern | | | | |
| Mailing Address 1144 Locust St | 11 | 27 | 2012 | \$ 3,293.18 |
| City Philadelphia | | | | |
| State PA | | | | |
| Zip Code (Plus 4) 19107 | | | | |
| Description of Expenditure | | | | |
| Reimbursements | | | | |
| To Whom Paid | MO | DAY | YEAR | |
| Sari Stevens | | | | |
| Mailing Address 14 Grinnel Drive | 11 | 29 | 2012 | \$ 12.75 |
| City Camp Hill | | | | |
| State PA | | | | |
| Zip Code (Plus 4) 17011 | | | | |
| Description of Expenditure | | | | |
| Reimbursements | | | | |
| To Whom Paid | MO | DAY | YEAR | |
| Planned Parenthood PA Advocates | | | | |
| Mailing Address 1514 N 2nd Street | 11 | 29 | 2012 | \$ 203.67 |
| City Harrisburg | | | | |
| State PA | | | | |
| Zip Code (Plus 4) 17102 | | | | |
| Description of Expenditure | | | | |
| Reimbursement | | | | |
| To Whom Paid | MO | DAY | YEAR | |
| Caitlin Palmer | | | | |
| Mailing Address 701 Green Street | 12 | 4 | 2012 | \$ 33.40 |
| City Harrisburg | | | | |
| State PA | | | | |
| Zip Code (Plus 4) 17102 | | | | |
| Description of Expenditure | | | | |
| Reimbursement | | | | |

| | | | | | | |
|---------------------------------|-------------|----------------------------|---|-----|------|----------|
| To Whom Paid Meghan Roach | | | MO | DAY | YEAR | \$ 15.30 |
| Mailing Address 16 Meadow Drive | | | 12 | 28 | 2012 | |
| City Camp Hill | State PA | Zip Code (Plus 4) 17011 | Description of Expenditure Reimbursement | | | |

| | | | | | | |
|------------------------------------|-------------|----------------------------|---|-----|------|----------|
| To Whom Paid Abigail Dove | | | MO | DAY | YEAR | \$ 50.00 |
| Mailing Address 500 College Avenue | | | 12 | 19 | 2012 | |
| City Swarthmore | State PA | Zip Code (Plus 4) 19081 | Description of Expenditure Reimbursement | | | |

| | | | | | | |
|--------------------------------------|-------------|----------------------------|---|-----|------|----------|
| To Whom Paid Lindsey Gingrich | | | MO | DAY | YEAR | \$ 80.80 |
| Mailing Address 11 South Pitt Street | | | 12 | 14 | 2012 | |
| City Carlisle | State PA | Zip Code (Plus 4) 17013 | Description of Expenditure Reimbursement | | | |

| | | | | | | |
|-------------------------------------|-------------|----------------------------|---|-----|------|-----------|
| To Whom Paid Heidi Lieberman | | | MO | DAY | YEAR | \$ 232.33 |
| Mailing Address 120 Longwood Circle | | | 12 | 14 | 2012 | |
| City Doylestown | State PA | Zip Code (Plus 4) 18901 | Description of Expenditure Reimbursement | | | |

| | | | | | | |
|---|-------------|----------------------------|---|-----|------|-------------|
| To Whom Paid Planned Parenthood Southeastern | | | MO | DAY | YEAR | \$ 4,447.19 |
| Mailing Address 1144 Locust St | | | 12 | 13 | 2012 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 19107 | Description of Expenditure Reimbursement | | | |

| | | | | | | |
|---|-------------|----------------------------|---|-----|------|-----------|
| To Whom Paid Planned Parenthood Assoc. of PA | | | MO | DAY | YEAR | \$ 363.54 |
| Mailing Address 1514 N 2nd Street | | | 12 | 12 | 2012 | |
| City Harrisburg | State PA | Zip Code (Plus 4) 17102 | Description of Expenditure Reimbursement | | | |

| | | | | | | |
|--------------------------------|-------------|----------------------------|--|-----|------|----------|
| To Whom Paid Transfirst LLC | | | MO | DAY | YEAR | \$ 11.58 |
| Mailing Address Unknown | | | 12 | 10 | 2012 | |
| City Unknown | State PA | Zip Code (Plus 4) 17102 | Description of Expenditure Bank Fee's | | | |

| | | | | | | |
|---|-------------|----------------------------|---|-----|------|-----------|
| To Whom Paid Jamie Epstein | | | MO | DAY | YEAR | \$ 202.08 |
| Mailing Address 239 Righters Mille Road | | | 12 | 4 | 2012 | |
| City Narberth | State PA | Zip Code (Plus 4) 19072 | Description of Expenditure Reimbursement | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|--|------------|-------------|----------|
| To Whom Paid Allison Snowden | | | MO | DAY | YEAR | \$ 50.00 |
| Mailing Address Unknown | | | 12 | 3 | 2012 | |
| City Unknown | State PA | Zip Code (Plus 4) 17102 | Description of Expenditure Reimbursement | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|--|------------|-------------|----------|
| To Whom Paid Georgina Dominique | | | MO | DAY | YEAR | \$ 50.00 |
| Mailing Address 101 North Merion Avenue | | | 12 | 3 | 2012 | |
| City Bryn Mawr | State PA | Zip Code (Plus 4) 19010 | Description of Expenditure Reimbursement | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|--|------------|-------------|----------|
| To Whom Paid Sarah Dwider | | | MO | DAY | YEAR | \$ 50.00 |
| Mailing Address 1 South Chester Road | | | 12 | 3 | 2012 | |
| City Swarthmore | State PA | Zip Code (Plus 4) 19081 | Description of Expenditure Reimbursement | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|--|------------|-------------|-----------|
| To Whom Paid Planned Parenthood of Western PA | | | MO | DAY | YEAR | \$ 202.76 |
| Mailing Address 933 Liberty Ave. | | | 11 | 30 | 2012 | |
| City Pittsburgh | State PA | Zip Code (Plus 4) 15222 | Description of Expenditure Reimbursement | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|--|------------|-------------|-----------|
| To Whom Paid Planned Parenthood NEMPBC | | | MO | DAY | YEAR | \$ 208.28 |
| Mailing Address PO Box 813 | | | 11 | 30 | 2012 | |
| City Trexlertown | State PA | Zip Code (Plus 4) 18087 | Description of Expenditure Reimbursement | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|---|------------|-------------|----------|
| To Whom Paid Tiffany Fairbanks | | | MO | DAY | YEAR | \$ 50.00 |
| Mailing Address 81 E high Street | | | 11 | 28 | 2012 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 19144 | Description of Expenditure Reimbursment | | | |

| | | | | | | |
|--|--|--|--|--|--|-------------------|
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL |
| | | | | | | \$ 10,025.01 |

