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 9400	0274			Rep File			CAN	DII	DATE		COMM	4ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Candid	date or L	obbyist:		Plan	ned	Pare	nthood	l PA	A Advo	cate	s						
Street Address:	300 N. 2nd S	Street,Su	iite 400															
City:	Harrisburg							State:		PA			Zip Cod	le: 17	101			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2	2. X	30 DA		P	OST-	3.		AMENDM REPORT?		Yes		lo	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- !	5.	30 DA		P	OST-	6.		TERMINA REPORT?		Yes	1	lo	/
report type)	ANNUAL REPORT	7.	Year 2013					NG MET		_			PAPER		√	DIS	ETTE	
Name of Office S	ought by Candida	ate:	-					DATE	O	F ELE	CTIC	N	District Number	Office Code	Pai	rty Cod	e Cou	
								МО		DAY	YI	AR			I			_
									11		5	2013		(SEE INS	TRUCTI	ONS FO	R CODES	5)
Summary of		МО	DAY	YEAR	2			МО		DAY	ΥI	EAR	FO	R OFFIC	E USE	ONL	1	
Expenditures	from:		4 2	2	013	Т	0		5		6	2013						
A. Amount Bro	ught Forward Fro	m Last R	leport				\$	_			33,6	585.71						
B. Total Moneta	ary Contributions	And Rec	eipts (From	1 Sche	dule	I)	\$					0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$				33,6	585.71						
D. Total Expend	ditures (From Sch	edule II	I)				\$				2,0)55.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$				31,6	30.71						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	')			\$					0.00		,				
				AFF	IDA	\VI	T SE	CTIO	N									
PART I - If this is	that this report, inc		_									_			.1			
correct and comple		auding the	e attached sci	neaules	sinec	ı on	рарег	ог ву ен	ecu	onic m	earum	, are to t	ne best o	ту кноч	vieage	anu De	eller , ti	ue
Sworn to and subs	cribed before me thi day of	is	20						•		S	Signature	of Perso	n Submitt	ing Re	port		
	Signati	ıre					-		•				Print	ted Name				-
My Commission Ex	pires						_						Emai	I				
	МО	D	AY	YR						Are	ea Coc	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comn	nitte	e, C	andid	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and beli	ef this	polit	ical	comm	ittee ha	s no	ot viola	ted an	y provis	ions of the	e act of Ju	ine 3,1	937 (P	.L. 133	3,
Sworn to and subsc	ribed before me this day of	•	20									s	ignature o	f Candida	ite			_
							-						Printe	d Name				-
	Signature						-		-				-					_
My Commission Exp	ires												Emai	1				
	МО	D	AY	YR			-			Area	Code		Da	ytime Te	elephor	ne Nun	ıber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Detailed Summary Lug				
Name of Filing Committee or Candidate	Reporting	Period		
Planned Parenthood PA Advocates	From:	4/2/201	<u>3</u> To:	<u>5/6/2013</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	0.00
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)			\$	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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•				•	•	$\overline{}$	DACE 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 Filing Committee o	r Candidate		Rep Fro	oorting P	eriod	To	o:	
			l		DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						

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

PAGE TOTAL \$0.00

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 Candidate				Rep	orting Pe	riod			
				Fror	n:		To):	
					D	ATE		AI	MOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zip Cod	de (Plus	s 4)					
Employer Name	•				Occupa	tion			
Employer Mailing Address/Principal Pla Business	ice of	Ci	ty			State		Zip Cod	e (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	Summary	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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		A	MOUNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	·						
Enter Grand Total of Part E on	Schedule T. Detailed	d Summary Page	Section	4			P	AGE TOTAL
	2, 200 0000		22300				\$	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	d	
Planned Parenthood PA Advocates	From:	<u>4/2/2013</u> To:	<u>5/6/2013</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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 Candid	ate		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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле 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	e				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	didate		Reportir	ng Period			
Planned Parenthood PA Advocate			From		<u>2/2013</u>	То:	5/6/2013
				DATE			AMOUNT
To Whom Paid Committe to Re-Elect Mike Stack			мо	DAY	YEAR		
Mailing Address Unknown			4	3	2013	\$	500.00
City Unknown	State PA	Zip Code (Plus 4) 17102	Descrip Donation	otion of Exp	l penditure		
To Whom Paid DeLissio State House Campaign			МО	DAY	YEAR		
Mailing Address PO Box 4606			4	8	2013	\$	250.00
City Philadelphia	State PA	Zip Code (Plus 4) 19127	Descrip Donation	otion of Exp	oenditure		
To Whom Paid TransFirst LLC	•		мо	DAY	YEAR		
Mailing Address Unknown			4	10	2013	\$	5.00
City Unknown	State PA	Zip Code (Plus 4) 17102	Descrip Bank Fo	otion of Exp ee's	penditure		
To Whom Paid Leonie Cohen		·	мо	DAY	YEAR		
Mailing Address 500 Swarthme	ore Avenue		4	17	2013	\$	50.00
City Swarthmore	State PA	Zip Code (Plus 4) 19081		otion of Exp	penditure		
To Whom Paid Friends of Tina Davis			МО	DAY	YEAR		
Mailing Address Unknown			4	22	2013	\$	250.00

Zip Code (Plus 4)

17102

Description of Expenditure

Donation

State

PΑ

City

Unknown

	om Paid						
	e for Peduto			МО	DAY	YEAR	
СОРІС	2 TOT T COULT						
Mailin	g Address 200 North	n Highland Avenue		5	1	2013	\$ 1,000.00
City	Pittsburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
		PA	15206	Donatio	on		
							PAGE TOTAL
Enter	Grand Total of Expe	nditures on Page 1, Rep	port Cover Page, Item D	•			\$ 2,055.00