

# Campaign Finance Report

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

|   |                          |           |                         |                          |                                    |                         |  |  |                              |                                     |                   |                    |
|---|--------------------------|-----------|-------------------------|--------------------------|------------------------------------|-------------------------|--|--|------------------------------|-------------------------------------|-------------------|--------------------|
| <b>Filer Identification Number :</b>  |                          | 9400274   |                         | <b>Report Filed By :</b> |                                    | <b>CANDIDATE</b>        |  | <b>COMMITTEE</b> <input checked="" type="checkbox"/> |                              | <b>LOBBYIST</b>                     |                   |                    |
| <b>Name of Filing Committee, Candidate or Lobbyist:</b> Planned Parenthood PA Advocates |                          |           |                         |                          |                                    |                         |  |  |                              |                                     |                   |                    |
| <b>Street Address:</b> 300 N. 2nd Street,Suite 400                                      |                          |           |                         |                          |                                    |                         |  |  |                              |                                     |                   |                    |
| <b>City:</b> Harrisburg   |                          |           |                         |                          |                                    | <b>State:</b> PA        |  |  | <b>Zip Code:</b> 17101       |                                     |                   |                    |
| <b>TYPE OF REPORT</b><br><br>(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 2013               |                          | <b>FILING METHOD ( ) CHECK ONE</b> |                         | <b>PAPER</b> <input checked="" type="checkbox"/> | <b>DISKETTE</b>                                      |                              |                                     |                   |                    |
| <b>Name of Office Sought by Candidate:</b>  |                          |           |                         |                          |                                    | <b>DATE OF ELECTION</b> |  |  | <b>District Number</b>       | <b>Office Code</b>                  | <b>Party Code</b> | <b>County Code</b> |
|   |                          |           |                         |                          |                                    | <b>MO</b>               | <b>DAY</b>                                       | <b>YEAR</b>  |                              |                                     |                   |                    |
|   |                          |           |                         |                          |                                    | 11                      | 5  | 2013   |                              |                                     |                   |                    |
|   |                          |           |                         |                          |                                    |                         |  |  | (SEE INSTRUCTIONS FOR CODES) |                                     |                   |                    |
| <b>Summary of Receipts and Expenditures from:</b>                                       |                          | <b>MO</b> | <b>DAY</b>              | <b>YEAR</b>              | <b>TO</b>                          | <b>MO</b>               | <b>DAY</b>                                       | <b>YEAR</b>  | <b>FOR OFFICE USE ONLY</b>   |                                     |                   |                    |
|   |                          | 11        | 26                      | 2013                     |                                    | 12                      | 31   | 2013   |                              |                                     |                   |                    |
| <b>A. Amount Brought Forward From Last Report</b>                                       |                          |           |                         |                          |                                    | \$ 77,423.98            |  |  |                              |                                     |                   |                    |
| <b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>                   |                          |           |                         |                          |                                    | \$ 5,310.10             |  |  |                              |                                     |                   |                    |
| <b>C. Total Funds Available (Sum Of Lines A and B)</b>                                  |                          |           |                         |                          |                                    | \$ 82,734.08            |  |  |                              |                                     |                   |                    |
| <b>D. Total Expenditures (From Schedule III)</b>  |                          |           |                         |                          |                                    | \$ 3,752.04             |  |  |                              |                                     |                   |                    |
| <b>E. Ending Cash Balance (Subtract Line D From Line C)</b>                             |                          |           |                         |                          |                                    | \$ 78,982.04            |  |  |                              |                                     |                   |                    |
| <b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>                    |                          |           |                         |                          |                                    | \$ 0.00                 |  |  |                              |                                     |                   |                    |
| <b>G. Unpaid Debts And Obligations (From Schedule IV)</b>                               |                          |           |                         |                          |                                    | \$ 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**

|  |   |
|--|---|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>                       |
| Planned Parenthood PA Advocates              | From: <u>11/26/2013</u> To: <u>12/31/2013</u> |

|  |             |
|--|-------------|
| <b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b> |             |
| <b>TOTAL for the Reporting Period (1)</b>                                      | \$ 2,100.10 |

|  |             |
|--|-------------|
| <b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b> |             |
| <b>Contributions Received From Political Committees (Part A)</b>                 | \$ 0.00     |
| <b>All Other Contributions (Part B)</b>  | \$ 2,210.00 |
| <b>TOTAL for the Reporting Period (2)</b>  | \$ 2,210.00 |

|   |             |
|---|-------------|
| <b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b> |             |
| <b>Contributions Received From Political Committees (Part C)</b>        | \$ 0.00     |
| <b>All Other Contributions (Part D)</b>                                 | \$ 1,000.00 |
| <b>TOTAL for the Reporting Period (3)</b>                               | \$ 1,000.00 |

|  |         |
|--|---------|
| <b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b> |         |
| <b>TOTAL for the Reporting Period (4)</b>  | \$ 0.00 |

|   |             |
|---|-------------|
| <b>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.)</b> | \$ 5,310.10 |
|---|-------------|



# 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)**

|   |                    |                                   |  |  |            |               |           |
|---|--------------------|-----------------------------------|--|--|------------|---------------|-----------|
| <b>Name of Filing Committee or Candidate</b><br>Planned Parenthood PA Advocates |                    |                                   |  | <b>Reporting Period</b><br>From: <u>11/26/2013</u> To: <u>12/31/2013</u> |            |               |           |
|   |                    |                                   |  | <b>DATE</b>  |            | <b>AMOUNT</b> |           |
| <b>Full Name of Contributor</b><br>Morgan Plant                                 |                    |                                   |  | <b>MO</b>  | <b>DAY</b> | <b>YEAR</b>   | \$ 200.00 |
| <b>Mailing Address</b> 322 S West Street  |                    |                                   |  | 12   | 3          | 2013          |           |
| <b>City</b> Carlisle  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17013 |  |  |            |               |           |
| <b>Full Name of Contributor</b><br>Kimberly Custer                              |                    |                                   |  | <b>MO</b>  | <b>DAY</b> | <b>YEAR</b>   | \$ 90.00  |
| <b>Mailing Address</b> 3440 Lehigh Street Box 289                               |                    |                                   |  | 12   | 18         | 2013          |           |
| <b>City</b> Allentown   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>18103 |  |  |            |               |           |
| <b>Full Name of Contributor</b><br>Erika Fricke                                 |                    |                                   |  | <b>MO</b>  | <b>DAY</b> | <b>YEAR</b>   | \$ 100.00 |
| <b>Mailing Address</b> 225 Taylor Street Front                                  |                    |                                   |  | 12   | 18         | 2013          |           |
| <b>City</b> Pittsburgh  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15224 |  |  |            |               |           |
| <b>Full Name of Contributor</b><br>Marcia Nye                                   |                    |                                   |  | <b>MO</b>  | <b>DAY</b> | <b>YEAR</b>   | \$ 67.50  |
| <b>Mailing Address</b> 220 N 25th Street  |                    |                                   |  | 12   | 18         | 2013          |           |
| <b>City</b> Camp Hill   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17011 |  |  |            |               |           |
| <b>Full Name of Contributor</b><br>Elizabeth Randol                             |                    |                                   |  | <b>MO</b>  | <b>DAY</b> | <b>YEAR</b>   | \$ 237.50 |
| <b>Mailing Address</b> 622 S webster Avenue                                     |                    |                                   |  | 12   | 18         | 2013          |           |
| <b>City</b> Scranton  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>18505 |  |  |            |               |           |
| <b>Full Name of Contributor</b><br>Deborah Graves                               |                    |                                   |  | <b>MO</b>  | <b>DAY</b> | <b>YEAR</b>   | \$ 250.00 |
| <b>Mailing Address</b> 1640 Winchester Drive                                    |                    |                                   |  | 12   | 18         | 2013          |           |
| <b>City</b> Blue Bell   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19422 |  |  |            |               |           |

|   |          |                         |    |     |      |           |
|---|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributor<br>Paul Gilbert    |          |                         | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 27 Heron Hill Drive         |          |                         | 12 | 18  | 2013 |           |
| City Downingtown                            | State PA | Zip Code (Plus 4) 19335 |    |     |      |           |
| Full Name of Contributor<br>George Brantz   |          |                         | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address Briar House A54             |          |                         | 12 | 18  | 2013 |           |
| City Elkins Park                            | State PA | Zip Code (Plus 4) 19027 |    |     |      |           |
| Full Name of Contributor<br>Gail Keim       |          |                         | MO | DAY | YEAR | \$ 125.00 |
| Mailing Address PO Box 496                  |          |                         | 12 | 18  | 2013 |           |
| City Solebury                               | State PA | Zip Code (Plus 4) 18963 |    |     |      |           |
| Full Name of Contributor<br>Tam St Claire   |          |                         | MO | DAY | YEAR | \$ 90.00  |
| Mailing Address 1650 Franklynn Drive        |          |                         | 12 | 19  | 2013 |           |
| City Furlong                                | State PA | Zip Code (Plus 4) 18925 |    |     |      |           |
| Full Name of Contributor<br>Denick Herrin   |          |                         | MO | DAY | YEAR | \$ 90.00  |
| Mailing Address 419 Chestnut Street         |          |                         | 12 | 19  | 2013 |           |
| City Wayne                                  | State PA | Zip Code (Plus 4) 19087 |    |     |      |           |
| Full Name of Contributor<br>Debra Weiner    |          |                         | MO | DAY | YEAR | \$ 90.00  |
| Mailing Address 5521 Clymer Road            |          |                         | 12 | 19  | 2013 |           |
| City Quakertown                             | State PA | Zip Code (Plus 4) 18951 |    |     |      |           |
| Full Name of Contributor<br>Ruth Marcon     |          |                         | MO | DAY | YEAR | \$ 90.00  |
| Mailing Address 326 N 27th Street           |          |                         | 12 | 19  | 2013 |           |
| City Allentown                              | State PA | Zip Code (Plus 4) 18104 |    |     |      |           |
| Full Name of Contributor<br>Dorothy Meggitt |          |                         | MO | DAY | YEAR | \$ 90.00  |
| Mailing Address 5950 Pidcock Creek Road     |          |                         | 12 | 19  | 2013 |           |
| City New Hope                               | State PA | Zip Code (Plus 4) 18938 |    |     |      |           |
| Full Name of Contributor<br>Dayle Steinberg |          |                         | MO | DAY | YEAR | \$ 90.00  |
| Mailing Address 1144 Locust Street          |          |                         | 12 | 19  | 2013 |           |
| City Philadelphia                           | State PA | Zip Code (Plus 4) 19107 |    |     |      |           |

| Full Name of Contributor          |  |                 |          | MO | DAY | YEAR | \$ 225.00 |
|-----------------------------------|--|-----------------|----------|----|-----|------|-----------|
| Linda Lemmon                      |  |                 |          | 12 | 19  | 2013 |           |
| Mailing Address 115 Rivermist Way |  | City Vero Beach | State FL |    |     |      |           |
| Full Name of Contributor          |  |                 |          | MO | DAY | YEAR | \$ 100.00 |
| Barbara Ventresco                 |  |                 |          | 12 | 19  | 2013 |           |
| Mailing Address 320 Mallwyd Road  |  | City Merion     | State PA |    |     |      |           |
| Full Name of Contributor          |  |                 |          | MO | DAY | YEAR | \$ 75.00  |
| Mary Houghton                     |  |                 |          | 12 | 19  | 2013 |           |
| Mailing Address 21 Orchard Lane   |  | City Villanova  | State PA |    |     |      |           |

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

**PAGE TOTAL**

\$ 2,210.00

**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:            | To: |

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

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 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.)**

|   |  |
|---|--|
| <b>Name of Filing Committee or Candidate</b><br><br>Planned Parenthood PA Advocates | <b>Reporting Period</b><br><br><b>From:</b> <u>11/26/2013</u> <b>To:</b> <u>12/31/2013</u> |
|---|--|

|   |                           |              |                          | DATE | AMOUNT      |
|---|---------------------------|--------------|--------------------------|------|-------------|
| Full Name of Contributor                                    | MO                        | DAY          | YEAR                     |      |             |
| William W Warren Jr   |                           |              |                          |      | \$ 1,000.00 |
| <b>Mailing Address</b> 2311 Briarcliff Road                 |                           |              |                          |      |             |
| <b>City</b> Harrisburg                                      |                           |              |                          | 12   | 30          |
| <b>State</b> PA   |                           |              |                          | 2013 |             |
| <b>Zip Code (Plus 4)</b> 17104                              |                           |              |                          |      |             |
| <b>Employer Name</b> Unknown                                | <b>Occupation</b> Unknown |              |                          |      |             |
| <b>Employer Mailing Address/Principal Place of Business</b> | <b>City</b>               | <b>State</b> | <b>Zip Code (Plus 4)</b> |      |             |
| Unknown   | Harrisburg                | PA           | 17104                    |      |             |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 1,000.00       |



## 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<br><br>From: <span style="float: right;">To:</span> |
|---------------------------------------|--|

|                     |       |                   | 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.

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 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**

|  |  |   |         |
|--|--|---|---------|
| <b>Name of Filing Committee or Candidate</b>   |  | <b>Reporting Period</b>                       |         |
| Planned Parenthood PA Advocates  |  | From: <u>11/26/2013</u> To: <u>12/31/2013</u> |         |
| <b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>   |  |   |         |
| TOTAL for the Reporting Period   |  | (1)   | \$ 0.00 |
| <b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>  |  |   |         |
| TOTAL for the Reporting Period   |  | (2)   | \$ 0.00 |
| <b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>  |  |   |         |
| TOTAL for the Reporting Period   |  | (3)   | \$ 0.00 |
| 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.) |  |   | \$ 0.00 |

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

|                                       |  |
|---------------------------------------|--|
| Name of Filing Committee or Candidate | Reporting Period<br><br>From: <span style="float: right;">To:</span> |
|---------------------------------------|--|

|   |       |                   | 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. |       |                   |      |     |      | <b>PAGE TOTAL</b><br><br>\$ 0.00 |

**SCHEDULE II**  
**PART G**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OVER \$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) |       |                  |                             |                    |         |
| Employer of Contributor   |       |                  |       | Occupation       |                             |                    |         |
| Employer Mailing Address/Principal Place of Business  |       | City             | State | Zip Code(Plus 4) | Description of Contribution |                    |         |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. |       |                  |       |                  |                             | PAGE TOTAL<br>0.00 |         |

# SCHEDULE III STATEMENT OF EXPENDITURES

|  |  |
|--|--|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>                      |
| Planned Parenthood PA Advocates              | From <u>11/26/2013</u> To: <u>12/31/2013</u> |

| DATE                                   |          |                         |  | AMOUNT |
|--|----------|-------------------------|--|--------|
| To Whom Paid                           |          |                         |  |        |
| Capital Copy Service                   |          |                         |  |        |
| Mailing Address 300 N. Second Street   |          |                         |  |        |
| City Harrisburg                        | State PA | Zip Code (Plus 4) 17108 |  |        |
| Description of Expenditure             |          |                         |  |        |
| Printing Service                       |          |                         |  |        |
| To Whom Paid                           |          |                         |  |        |
| Friends of Erin Molchany               |          |                         |  |        |
| Mailing Address PO Box 60122           |          |                         |  |        |
| City Pittsburgh                        | State PA | Zip Code (Plus 4) 15211 |  |        |
| Description of Expenditure             |          |                         |  |        |
| Donation                               |          |                         |  |        |
| To Whom Paid                           |          |                         |  |        |
| TransFirst Discount LLC                |          |                         |  |        |
| Mailing Address Unknown                |          |                         |  |        |
| City Unknown                           | State PA | Zip Code (Plus 4) 17102 |  |        |
| Description of Expenditure             |          |                         |  |        |
| Bank Fee's                             |          |                         |  |        |
| To Whom Paid                           |          |                         |  |        |
| Senator Tartaglione                    |          |                         |  |        |
| Mailing Address Senate Box 203002      |          |                         |  |        |
| City Harrisburg                        | State PA | Zip Code (Plus 4) 17120 |  |        |
| Description of Expenditure             |          |                         |  |        |
| Donation                               |          |                         |  |        |
| To Whom Paid                           |          |                         |  |        |
| United States Postal Service           |          |                         |  |        |
| Mailing Address 1425 Crooked Hill Road |          |                         |  |        |
| City Harrisburg                        | State PA | Zip Code (Plus 4) 17107 |  |        |
| Description of Expenditure             |          |                         |  |        |
| Mail Permit Renewal                    |          |                         |  |        |
| To Whom Paid                           |          |                         |  |        |
| Planned Parenthood PA Advocates        |          |                         |  |        |
| Mailing Address 1514 N 2nd Street      |          |                         |  |        |
| City Harrisburg                        | State PA | Zip Code (Plus 4) 17102 |  |        |
| Description of Expenditure             |          |                         |  |        |
| PAC portion of Nov Salary              |          |                         |  |        |

|  |                    |                                   |   |            |             |                  |
|--|--------------------|-----------------------------------|---|------------|-------------|------------------|
| <b>To Whom Paid</b><br>Planned Parenthood PA Advocates |                    |                                   | <b>MO</b>   | <b>DAY</b> | <b>YEAR</b> | <b>\$</b> 203.67 |
| <b>Mailing Address</b> 1514 N 2nd Street               |                    |                                   | 12  | 18         | 2013        |                  |
| <b>City</b> Harrisburg                                 | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17102 | <b>Description of Expenditure</b><br>PAC portion of Nov office allocation |            |             |                  |

  

|  |                    |                                   |  |            |             |                  |
|--|--------------------|-----------------------------------|--|------------|-------------|------------------|
| <b>To Whom Paid</b><br>Planned Parenthood PA Advocates |                    |                                   | <b>MO</b>  | <b>DAY</b> | <b>YEAR</b> | <b>\$</b> 147.24 |
| <b>Mailing Address</b> 1514 N 2nd Street               |                    |                                   | 12   | 19         | 2013        |                  |
| <b>City</b> Harrisburg                                 | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17102 | <b>Description of Expenditure</b><br>PAC portion of Nov CC purchases |            |             |                  |

  

|   |                    |                                   |   |            |             |                  |
|---|--------------------|-----------------------------------|---|------------|-------------|------------------|
| <b>To Whom Paid</b><br>Santarsiero for State Representative |                    |                                   | <b>MO</b>                                     | <b>DAY</b> | <b>YEAR</b> | <b>\$</b> 250.00 |
| <b>Mailing Address</b> PO Box 352                           |                    |                                   | 12  | 20         | 2013        |                  |
| <b>City</b> Yardley   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19067 | <b>Description of Expenditure</b><br>Donation |            |             |                  |

  

|  |                    |                                   |   |            |             |                  |
|--|--------------------|-----------------------------------|---|------------|-------------|------------------|
| <b>To Whom Paid</b><br>Friends of Chuck McIlhinney |                    |                                   | <b>MO</b>                                     | <b>DAY</b> | <b>YEAR</b> | <b>\$</b> 500.00 |
| <b>Mailing Address</b> PO Box 2014                 |                    |                                   | 12  | 26         | 2013        |                  |
| <b>City</b> Doylestown                             | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>18901 | <b>Description of Expenditure</b><br>Donation |            |             |                  |

  

|  |  |  |  |  |  |                    |
|--|--|--|--|--|--|--------------------|
| <b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b> |  |  |  |  |  | <b>PAGE TOTAL</b>  |
|  |  |  |  |  |  | <b>\$</b> 3,752.04 |

