

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 INC												
Street Address: 1514 N 2ND STREET FL												
City: HARRISBURG						State: PA			Zip Code: 17102-2505			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY PRIMARY	POST-	3.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes		No	
	ANNUAL REPORT	7.	Year 2014		FILING METHOD () CHECK ONE			PAPER	<input checked="" type="checkbox"/>	DISKETTE	<input type="checkbox"/>	
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR				
						11	4	2014				
									(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		4	1	2014		5	5	2014				
A. Amount Brought Forward From Last Report						\$ 93,705.39						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 0.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 93,705.39						
D. Total Expenditures (From Schedule III)						\$ 22,974.02						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 70,731.37						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 6,139.83						
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

Signature

Printed Name

My Commission Expires

Email

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 INC	From: <u>4/1/2014</u> To: <u>5/5/2014</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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 0.00
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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 Candidate	Reporting Period
	From: To:

DATE	AMOUNT
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Full Name of Contributing Committee	MO	DAY	YEAR	\$0.00
Mailing Address				
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 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.

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:
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			DATE			AMOUNT	
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					
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
	From: To:

				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 INC		From: <u>4/1/2014</u> To: <u>5/5/2014</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 RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 6,139.83
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.)			\$ 6,139.83

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:
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			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 INC	From: <u>4/1/2014</u> To: <u>5/5/2014</u>

					DATE		AMOUNT	
Full Name of Contributor PLANNED PARENTHOOD VOTES					MO	DAY	YEAR	\$ 287.50
Mailing Address 434 W 33RD ST					4	25	2014	
City NEW YORK	State NY	Zip Code(Plus 4) 10001						
Employer of Contributor Planned Parenthood Votes					Occupation PPFA			
Employer Mailing Address/Principal Place of Business 434 W 33 Street			City new york	State NY	Zip Code(Plus 4) 10001		Description of Contribution Copywriting & Design of FR Materials	
Full Name of Contributor PLANNED PARENTHOOD VOTES					MO	DAY	YEAR	\$ 2,029.75
Mailing Address 434 W 33RD ST					5	3	2014	
City NEW YORK	State NY	Zip Code(Plus 4) 10001						
Employer of Contributor Planned Parenthood Votes					Occupation PPFA			
Employer Mailing Address/Principal Place of Business 434 W 33 Street			City new york	State NY	Zip Code(Plus 4) 10001		Description of Contribution Staff time	
Full Name of Contributor PLANNED PARENTHOOD VOTES					MO	DAY	YEAR	\$ 3,060.45
Mailing Address 434 W 33RD ST					4	19	2014	
City NEW YORK	State NY	Zip Code(Plus 4) 10001						
Employer of Contributor Planned Parenthood Votes					Occupation PPFA			
Employer Mailing Address/Principal Place of Business 434 W 33 Street			City new york	State NY	Zip Code(Plus 4) 10001		Description of Contribution Staff time	
Full Name of Contributor PLANNED PARENTHOOD VOTES					MO	DAY	YEAR	\$ 762.13
Mailing Address 434 W 33RD ST					4	5	2014	
City NEW YORK	State NY	Zip Code(Plus 4) 10001						
Employer of Contributor Planned Parenthood Votes					Occupation PPFA			
Employer Mailing Address/Principal Place of Business 434 W 33 Street			City new york	State NY	Zip Code(Plus 4) 10001		Description of Contribution Staff time	

**Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed
Summary Page, Section 3.**

PAGE TOTAL

6,139.83

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
PLANNED PARENTHOOD PA INC	From <u>4/1/2014</u> To: <u>5/5/2014</u>

DATE				AMOUNT
To Whom Paid				
Control Point Group LLC				
Mailing Address	458 New Jersey Avenue, SE	MO	DAY	YEAR
		5	2	2014
City	Washington	State	DC	Zip Code (Plus 4)
				20003
Description of Expenditure				
Consulting				\$ 1,500.00
Sims4PA PAC				
Mailing Address	PO Box 15941	MO	DAY	YEAR
		4	25	2014
City	Philadelphia	State	PA	Zip Code (Plus 4)
				19103
Description of Expenditure				
Donation				\$ 250.00
Norminton Petts				
Mailing Address	1050 17th Street, NW, Suite 444	MO	DAY	YEAR
		4	21	2014
City	Washington	State	DC	Zip Code (Plus 4)
				20036
Description of Expenditure				
Poll & Interviews				\$ 1,500.00
Andrew Wright				
Mailing Address	3604 Legation St NW	MO	DAY	YEAR
		4	21	2014
City	Washington	State	DC	Zip Code (Plus 4)
				20015
Description of Expenditure				
Consultant				\$ 5,000.00
Sari Stevens				
Mailing Address	14 Grinnel Drive	MO	DAY	YEAR
		4	16	2014
City	Camp Hill	State	PA	Zip Code (Plus 4)
				17011
Description of Expenditure				
Employee Reimbursment				\$ 122.26
Transfirst LLC				
Mailing Address	Unknown	MO	DAY	YEAR
		4	10	2014
City	Unknown	State	PA	Zip Code (Plus 4)
				17102
Description of Expenditure				
Bank Fee's				\$ 20.00

To Whom Paid Andrew Wright			MO	DAY	YEAR	\$ 2,500.00
Mailing Address 3604 Legation St NW			4	10	2014	
City Washington	State DC	Zip Code (Plus 4) 20015	Description of Expenditure Consultant			

To Whom Paid Lake Research Partners			MO	DAY	YEAR	\$ 10,500.00
Mailing Address 1726 M Street NW Suite 1100			4	10	2014	
City Washington	State DC	Zip Code (Plus 4) 20036	Description of Expenditure Surveys			

To Whom Paid Planned parenthood PA Advocates			MO	DAY	YEAR	\$ 1,417.15
Mailing Address 1514 N 2nd Street			4	8	2014	
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure salary & office allocation			

To Whom Paid Planned Parenthood Keystone			MO	DAY	YEAR	\$ 164.61
Mailing Address PO Box 813			4	1	2014	
City Trexlertown	State PA	Zip Code (Plus 4) 18087	Description of Expenditure Reimbursement			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 22,974.02

