

Commonwealth of Pennsylvania

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 POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2014	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	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	TO	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
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 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	

Full Name of Contributing Committee	MO	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 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)**

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)				

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	
Mailing Address				\$ 0.00
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	DAY	YEAR	
Mailing Address				\$ 0.00
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:	

Full Name	DATE			AMOUNT
	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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 PLANNED PARENTHOOD PA INC	Reporting Period 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: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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 PLANNED PARENTHOOD PA INC	Reporting Period From: <u>4/1/2014</u> To: <u>5/5/2014</u>
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				DATE	AMOUNT		
Full Name of Contributor	Mailing Address	City	State	MO	DAY	YEAR	
PLANNED PARENTHOOD VOTES	434 W 33RD ST	NEW YORK	NY	4	5	2014	\$ 762.13
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	Mailing Address	City	State	MO	DAY	YEAR	
PLANNED PARENTHOOD VOTES	434 W 33RD ST	NEW YORK	NY	4	19	2014	\$ 3,060.45
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	Mailing Address	City	State	MO	DAY	YEAR	
PLANNED PARENTHOOD VOTES	434 W 33RD ST	NEW YORK	NY	5	3	2014	\$ 2,029.75
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	\$ 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		
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	MO	DAY	YEAR	
Control Point Group LLC	5	2	2014	\$ 1,500.00
Mailing Address 458 New Jersey Avenue, SE				
City Washington				
State DC				
Zip Code (Plus 4) 20003				
Description of Expenditure Consulting				
To Whom Paid Sims4PA PAC	4	25	2014	\$ 250.00
Mailing Address PO Box 15941				
City Philadelphia				
State PA				
Zip Code (Plus 4) 19103				
Description of Expenditure Donation				
To Whom Paid Norminton Petts	4	21	2014	\$ 1,500.00
Mailing Address 1050 17th Street, NW, Suite 444				
City Washington				
State DC				
Zip Code (Plus 4) 20036				
Description of Expenditure Poll & Interviews				
To Whom Paid Andrew Wright	4	21	2014	\$ 5,000.00
Mailing Address 3604 Legation St NW				
City Washington				
State DC				
Zip Code (Plus 4) 20015				
Description of Expenditure Consultant				
To Whom Paid Sari Stevens	4	16	2014	\$ 122.26
Mailing Address 14 Grinnel Drive				
City Camp Hill				
State PA				
Zip Code (Plus 4) 17011				
Description of Expenditure Employee Reimbursement				

To Whom Paid Transfirst LLC			MO	DAY	YEAR	\$	20.00
Mailing Address Unknown			4	10	2014		
City Unknown	State PA	Zip Code (Plus 4) 17102	Description of Expenditure Bank Fee's				
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

