

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.	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 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	
		11	25	2014	TO	12	31	2014		
A. Amount Brought Forward From Last Report				\$		97,751.00				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		9,525.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		107,276.00				
D. Total Expenditures (From Schedule III)				\$		25,418.28				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		81,857.72				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
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>11/25/2014</u> To: <u>12/31/2014</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 675.00

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)	\$ 1,050.00
TOTAL for the Reporting Period (2)	\$ 1,050.00

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)	\$ 7,800.00
TOTAL for the Reporting Period (3)	\$ 7,800.00

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.)	\$ 9,525.00
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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
PLANNED PARENTHOOD PA INC	From: <u>11/25/2014</u> To: <u>12/31/2014</u>

				DATE	AMOUNT		
Full Name of Contributor Edward Feinstein				MO	DAY	YEAR	\$ 100.00
Mailing Address 6640 Dalzell Place				12	30	2014	
City Pittsburgh	State PA	Zip Code (Plus 4) 15217					
Full Name of Contributor Leah Yocum				MO	DAY	YEAR	\$ 100.00
Mailing Address 1200 Tel Hai Circle				12	30	2014	
City Honey Brook	State PA	Zip Code (Plus 4) 19344					
Full Name of Contributor Paula Bussard				MO	DAY	YEAR	\$ 200.00
Mailing Address 99 E Yellowbreeches Road				12	30	2014	
City Carlisle	State PA	Zip Code (Plus 4) 17015					
Full Name of Contributor Kenneth Mohr Jr				MO	DAY	YEAR	\$ 100.00
Mailing Address 116 S Main Street				12	23	2014	
City Coopersburg	State PA	Zip Code (Plus 4) 18036					
Full Name of Contributor Jonathan Baron				MO	DAY	YEAR	\$ 100.00
Mailing Address 440 S Broad Street, #901				12	23	2014	
City Philadelphia	State PA	Zip Code (Plus 4) 19146					

Full Name of Contributor Clyde A Strang			MO	DAY	YEAR	\$ 200.00
Mailing Address 1120 Wyndham Drive			12	16	2014	
City York	State PA	Zip Code (Plus 4) 17403				

Full Name of Contributor Brigitte Trevidic			MO	DAY	YEAR	\$ 250.00
Mailing Address 521 Revere Road			12	16	2014	
City Merion	State PA	Zip Code (Plus 4) 19066				

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

PAGE TOTAL
\$ 1,050.00

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 PLANNED PARENTHOOD PA INC	Reporting Period From: <u>11/25/2014</u> To: <u>12/31/2014</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Susan Hagan							
Mailing Address 5727 Grubb Road				12	30	2014	\$ 1,500.00
City Erie	State PA	Zip Code (Plus 4) 16506					
Employer Name unknown				Occupation unknown			
Employer Mailing Address/Principal Place of Business unknown			City Erie	State PA	Zip Code (Plus 4) 16506		
Full Name of Contributor				MO	DAY	YEAR	
Richard Kasher							
Mailing Address 430 Clairemont Road				12	30	2014	\$ 300.00
City Villanova	State PA	Zip Code (Plus 4) 19085					
Employer Name unknown				Occupation unknown			
Employer Mailing Address/Principal Place of Business unknown			City Villanova	State PA	Zip Code (Plus 4) 19085		
Full Name of Contributor				MO	DAY	YEAR	
Georgia Berner							
Mailing Address PO Box 517				12	16	2014	\$ 6,000.00
City Zelienople	State PA	Zip Code (Plus 4) 16063					
Employer Name unknown				Occupation unknown			
Employer Mailing Address/Principal Place of Business unknown			City Zelienople	State PA	Zip Code (Plus 4) 16063		

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

PAGE TOTAL	
\$	7,800.00

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		
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>11/25/2014</u> To: <u>12/31/2014</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)	\$ 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
	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	Reporting Period From: _____ To: _____
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Mailing Address							\$ 0.00
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 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
PLANNED PARENTHOOD PA INC	From <u>11/25/2014</u> To: <u>12/31/2014</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
Sari Stevens				
Mailing Address 1514 N 2nd Street	12	29	2014	\$ 124.44
City Harrisburg				
State PA				
Zip Code (Plus 4) 17102				
Description of Expenditure Expense Reimbursement				
To Whom Paid Sarah Boateng				
Mailing Address 3616 N 2nd Street	12	23	2014	\$ 509.22
City Harrisburg				
State PA				
Zip Code (Plus 4) 17110				
Description of Expenditure Expense Reimbursement				
To Whom Paid Events by Nicholas Caterers				
Mailing Address 3 Executive Campus, Suite 350	12	15	2014	\$ 201.70
City Cherry Hill				
State NJ				
Zip Code (Plus 4) 08002				
Description of Expenditure Caterer for Event				
To Whom Paid Talia Ramo				
Mailing Address 218 S 15th Street, Apt 4	12	15	2014	\$ 104.47
City Allentown				
State PA				
Zip Code (Plus 4) 18102				
Description of Expenditure Expense reimbursement				
To Whom Paid Gwen Emmons				
Mailing Address 2125 Spring Garden Street, #2F	12	8	2014	\$ 6,000.00
City Philadelphia				
State PA				
Zip Code (Plus 4) 19130				
Description of Expenditure Additional PAC work				

To Whom Paid Carole Brode			MO	DAY	YEAR	\$	162.50
Mailing Address 1514 N 2nd Street			12	5	2014		
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure Event Artist				
To Whom Paid Sarah Boateng			MO	DAY	YEAR	\$	6,000.00
Mailing Address 3616 N 2nd Street			12	1	2014		
City Harrisburg	State PA	Zip Code (Plus 4) 17110	Description of Expenditure Additional PAC work				
To Whom Paid Aleigha Cavalier			MO	DAY	YEAR	\$	6,000.00
Mailing Address 112 Washington Place Apt #8F			12	1	2014		
City Pittsburgh	State PA	Zip Code (Plus 4) 15219	Description of Expenditure Additional PAC work				
To Whom Paid Capital Copy Service			MO	DAY	YEAR	\$	33.00
Mailing Address 300 N 2nd Street			11	28	2014		
City harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Print job				
To Whom Paid Mary Mazziotti			MO	DAY	YEAR	\$	37.50
Mailing Address 1514 N 2nd Street			11	25	2014		
City harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure Event artist				
To Whom Paid Action Without Borders			MO	DAY	YEAR	\$	25.00
Mailing Address 302 Fifth Avenue, 11th Floor			11	25	2014		
City New York	State NY	Zip Code (Plus 4) 10001	Description of Expenditure Employment Ad				

To Whom Paid Transfirst LLC			MO	DAY	YEAR	
Mailing Address Unknown			12	10	2014	\$ 31.91
City unknown	State PA	Zip Code (Plus 4) 17102	Description of Expenditure Bank/CC fee's			
To Whom Paid Planned Parenthood PA Advocates			MO	DAY	YEAR	
Mailing Address 1514 N 2nd Street			12	10	2014	\$ 203.67
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure office allocation			
To Whom Paid Planned Parenthood PA Advocates			MO	DAY	YEAR	
Mailing Address 1514 N 2nd Street			12	10	2014	\$ 5,981.87
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure salary allocation			
To Whom Paid Wells Fargo			MO	DAY	YEAR	
Mailing Address unknown			12	8	2014	\$ 3.00
City unknown	State PA	Zip Code (Plus 4) 17102	Description of Expenditure online dep detail & image			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 25,418.28

