

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:												
City: HARRISBURG						State: PA		Zip Code: 17102-2505				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1. <input checked="" type="checkbox"/>	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.	Year 2015	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	3	2015				
									(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		1	2	2015		3	30	2015				
A. Amount Brought Forward From Last Report						\$ 81,857.72						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 6,398.06						
C. Total Funds Available (Sum Of Lines A and B)						\$ 88,255.78						
D. Total Expenditures (From Schedule III)						\$ 46,144.64						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 42,111.14						
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 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

Name of Filing Committee or Candidate	Reporting Period
PLANNED PARENTHOOD PA INC	From: <u>1/2/2015</u> To: <u>3/30/2015</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 1,113.06

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)	\$ 835.00
TOTAL for the Reporting Period (2)	\$ 835.00

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)	\$ 4,450.00
TOTAL for the Reporting Period (3)	\$ 4,450.00

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.)	\$ 6,398.06
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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 PLANNED PARENTHOOD PA INC				Reporting Period From: <u>1/2/2015</u> To: <u>3/30/2015</u>			
				DATE		AMOUNT	
Full Name of Contributor Enny Cramer				MO	DAY	YEAR	\$ 90.00
Mailing Address				2	9	2015	
City Philadelphia	State PA	Zip Code (Plus 4) 19106					
Full Name of Contributor Sheila Shorr				MO	DAY	YEAR	\$ 90.00
Mailing Address				2	9	2015	
City Newtown Square	State PA	Zip Code (Plus 4) 19073					
Full Name of Contributor Rodger Gurrentz				MO	DAY	YEAR	\$ 225.00
Mailing Address				2	9	2015	
City Pittsburgh	State PA	Zip Code (Plus 4) 15221					
Full Name of Contributor Pammela Kerr				MO	DAY	YEAR	\$ 70.00
Mailing Address				3	9	2015	
City Stockton	State NJ	Zip Code (Plus 4) 08559					
Full Name of Contributor Edwin Ochester				MO	DAY	YEAR	\$ 100.00
Mailing Address				3	9	2015	
City Shelocta	State PA	Zip Code (Plus 4) 15774					
Full Name of Contributor Staci Simon				MO	DAY	YEAR	\$ 100.00
Mailing Address				1	15	2015	
City Feasterville Trevose	State PA	Zip Code (Plus 4) 19053					
Full Name of Contributor Sara Stover				MO	DAY	YEAR	\$ 100.00
Mailing Address				1	15	2015	
City Holicong	State PA	Zip Code (Plus 4) 18928					

Full Name of Contributor			MO	DAY	YEAR	\$ 60.00
Christine Waanders			1	15	2015	
Mailing Address						
City	Ardmore	State				
		PA				
		Zip Code (Plus 4)				
		19003				

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

PAGE TOTAL
\$ 835.00

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 PLANNED PARENTHOOD PA INC	Reporting Period From: <u>1/2/2015</u> To: <u>3/30/2015</u>
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				DATE			AMOUNT
Full Name of Contributor Michael Moran				MO	DAY	YEAR	\$ 3,000.00
Mailing Address				1	15	2015	
City Unionville	State PA	Zip Code (Plus 4) 19375					
Employer Name Unknown				Occupation Unknown			
Employer Mailing Address/Principal Place of Business			City Unionville		State PA		Zip Code (Plus 4) 19375
Full Name of Contributor Diane Knox Petronko				MO	DAY	YEAR	\$ 1,000.00
Mailing Address				1	15	2015	
City Pittsburgh	State PA	Zip Code (Plus 4) 15211					
Employer Name Glencalvie LLC				Occupation Consultant			
Employer Mailing Address/Principal Place of Business			City Pittsburgh		State PA		Zip Code (Plus 4) 15211
Full Name of Contributor Kendra Dunn				MO	DAY	YEAR	\$ 450.00
Mailing Address				2	9	2015	
City Philadelphia	State PA	Zip Code (Plus 4) 19107					
Employer Name Unknown				Occupation Unknown			
Employer Mailing Address/Principal Place of Business			City Philadelphia		State PA		Zip Code (Plus 4) 19107

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

PAGE TOTAL
\$ 4,450.00

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>1/2/2015</u> To: <u>3/30/2015</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 RECIEVED - 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 <div style="display: flex; justify-content: space-between;"> From: To: </div>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	<div style="display: flex; align-items: center;"> \$ 0.00 </div>
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 <div style="display: flex; align-items: center;"> \$ 0.00 </div>

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 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
PLANNED PARENTHOOD PA INC	From <u>1/2/2015</u> To: <u>3/30/2015</u>

DATE				AMOUNT
To Whom Paid				
Sari Stevens				
Mailing Address				
City Harrisburg	State PA	Zip Code (Plus 4) 17102		
Description of Expenditure				
expense reimbursement				
To Whom Paid				
Friends of Peter Schweyer				
Mailing Address				
City Harrisburg	State PA	Zip Code (Plus 4) 17108		
Description of Expenditure				
Donation				
To Whom Paid				
Friends of Mary Jo Daley				
Mailing Address				
City Conshohocken	State PA	Zip Code (Plus 4) 19428		
Description of Expenditure				
Donation				
To Whom Paid				
Alpha Graphics				
Mailing Address				
City Pittsburgh	State PA	Zip Code (Plus 4) 15222		
Description of Expenditure				
Printing Expense				
To Whom Paid				
TransFirst LLC				
Mailing Address				
City Unknown	State PA	Zip Code (Plus 4) 17102		
Description of Expenditure				
Feb CC Fee's				
To Whom Paid				
Planned Parenthood Assoc of PA				
Mailing Address				
City Harrisburg	State PA	Zip Code (Plus 4) 17102		
Description of Expenditure				
C3 List rental payment				

To Whom Paid Planned Parenthood Assoc of PA			MO	DAY	YEAR	\$ 283.99
Mailing Address			3	9	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure Feb Salary Allocation			

To Whom Paid Planned Parenthood Assoc of PA			MO	DAY	YEAR	\$ 271.19
Mailing Address			3	6	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure Feb Office Allocation			

To Whom Paid Planned Parenthood Assoc of PA			MO	DAY	YEAR	\$ 13,011.50
Mailing Address			2	23	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure Printing			

To Whom Paid Citizens for Hughes			MO	DAY	YEAR	\$ 500.00
Mailing Address			2	20	2015	
City Philadelphia	State PA	Zip Code (Plus 4) 19101	Description of Expenditure Donation			

To Whom Paid sari Stevens			MO	DAY	YEAR	\$ 60.69
Mailing Address			2	19	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure expense reimbursement			

To Whom Paid Planned Parenthood of SE PA			MO	DAY	YEAR	\$ 250.00
Mailing Address			2	18	2015	
City Philadelphia	State PA	Zip Code (Plus 4) 19107	Description of Expenditure expense reimbursment			

To Whom Paid Planned parenthood PA Advocates			MO	DAY	YEAR	\$ 220.96
Mailing Address			2	18	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure Jan Salary allocation			

To Whom Paid Planned parenthood PA Advocates			MO	DAY	YEAR	\$ 1,141.67
Mailing Address			2	12	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure 2014 expenses adjustment			

To Whom Paid Planned parenthood PA Advocates			MO	DAY	YEAR	\$ 67.52
Mailing Address			2	12	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure 2014 office allocation adjustment			

To Whom Paid TransFirst LLC			MO	DAY	YEAR	\$ 20.00
Mailing Address			2	10	2015	
City Unknown	State PA	Zip Code (Plus 4) 17102	Description of Expenditure Jan CC Fee's			

To Whom Paid Planned Parenthood PA Advocates			MO	DAY	YEAR	\$ 215.00
Mailing Address			2	9	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure Dec CC expenses			

To Whom Paid Planned Parenthood PA Advocates			MO	DAY	YEAR	\$ 203.67
Mailing Address			2	9	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure Jan office allocation			

To Whom Paid Planned Parenthood Southeast			MO	DAY	YEAR	\$ 459.30
Mailing Address			2	6	2015	
City Philadelphia	State PA	Zip Code (Plus 4) 17109	Description of Expenditure Expense reimbursments			

To Whom Paid Planned Parenthood Western PA			MO	DAY	YEAR	\$ 754.86
Mailing Address			1	27	2015	
City Pittsburg	State PA	Zip Code (Plus 4) 15222	Description of Expenditure expense reimbursments			

To Whom Paid Parkhurst Dining Services			MO	DAY	YEAR	\$ 10,025.10
Mailing Address			1	26	2015	
City Pittsburgh	State PA	Zip Code (Plus 4) 15264	Description of Expenditure event catering			

To Whom Paid Senator Matt Smith			MO	DAY	YEAR	\$ 250.00
Mailing Address			1	22	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17120	Description of Expenditure Donation			

To Whom Paid Planned parenthood PA Advocates			MO	DAY	YEAR	\$ 409.85
Mailing Address			1	14	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure Dec salary allocation			

To Whom Paid Planned parenthood PA Advocates			MO	DAY	YEAR	\$ 203.67
Mailing Address			1	8	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure Dec office allocation			

To Whom Paid Planned parenthood PA Advocates			MO	DAY	YEAR	\$ 738.23
Mailing Address			1	8	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure Nov credit card expenses			

To Whom Paid TransFirst LLC			MO	DAY	YEAR	\$ 21.90
Mailing Address			1	12	2015	
City Unknown	State PA	Zip Code (Plus 4) 17102	Description of Expenditure Dec credit card charges			

To Whom Paid Meghan Roach			MO	DAY	YEAR	\$ 30.95
Mailing Address			1	13	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure expense reimbursement			

To Whom Paid Kendra Dunn			MO	DAY	YEAR	\$ 500.00
Mailing Address			1	13	2015	
City Philadelphia	State PA	Zip Code (Plus 4) 19107	Description of Expenditure refund due to donation given in error			

To Whom Paid Selina Winchester			MO	DAY	YEAR	\$ 2,391.99
Mailing Address			1	12	2015	
City Philadelphia	State PA	Zip Code (Plus 4) 19107	Description of Expenditure expense reimbursements			

To Whom Paid Selina Winchester			MO	DAY	YEAR	\$ 10,862.01
Mailing Address			1	8	2015	
City Philadelphia	State PA	Zip Code (Plus 4) 19107	Description of Expenditure expense reimbursements			

To Whom Paid Selina Winchester			MO	DAY	YEAR	\$ 46.82
Mailing Address			1	5	2015	
City Philadelphia	State PA	Zip Code (Plus 4) 19107	Description of Expenditure expense reimbursement			

To Whom Paid Planned Parenthood Keystone			MO	DAY	YEAR	\$ 1,372.25
Mailing Address			1	2	2015	
City Trexlertown	State PA	Zip Code (Plus 4) 18087	Description of Expenditure expense reimbursements			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 46,144.64

