

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. <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	TO	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
 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>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 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>1/2/2015</u> To: <u>3/30/2015</u>

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 90.00
Enny Cramer				2	9	2015	
Mailing Address 604 S Washington Square, Apt 607							
City Philadelphia	State PA	Zip Code (Plus 4) 19106					
Full Name of Contributor				MO	DAY	YEAR	\$ 90.00
Sheila Shorr				2	9	2015	
Mailing Address 928 Garrett Mill							
City Newtown Square	State PA	Zip Code (Plus 4) 19073					
Full Name of Contributor				MO	DAY	YEAR	\$ 225.00
Rodger Gurrentz				2	9	2015	
Mailing Address 1501 Ardmore Blvd							
City Pittsburgh	State PA	Zip Code (Plus 4) 15221					
Full Name of Contributor				MO	DAY	YEAR	\$ 70.00
Pammela Kerr				3	9	2015	
Mailing Address 49 Worman Road							
City Stockton	State NJ	Zip Code (Plus 4) 08559					
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
Edwin Ochester				3	9	2015	
Mailing Address 143 Sugar Run Road							
City Shelocta	State PA	Zip Code (Plus 4) 15774					

Full Name of Contributor Staci Simon			MO	DAY	YEAR	\$ 100.00
Mailing Address 348 Hampton Drive			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 4902 Anderson Road			1	15	2015	
City Holicong	State PA	Zip Code (Plus 4) 18928				
Full Name of Contributor Christine Waanders			MO	DAY	YEAR	\$ 60.00
Mailing Address 117 Simpson Road			1	15	2015	
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	
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>1/2/2015</u> To: <u>3/30/2015</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Kendra Dunn					
Mailing Address 1023 Spruce Street, Apt 5				\$ 450.00	
City Philadelphia	2	9	2015		
State PA					
Zip Code (Plus 4) 19107					
Employer Name Unknown			Occupation Unknown		
Employer Mailing Address/Principal Place of Business Unknown		City Philadelphia		State PA	Zip Code (Plus 4) 19107

Full Name of Contributor	MO	DAY	YEAR		
Diane Knox Petronko					
Mailing Address 912 Grandview Avenue				\$ 1,000.00	
City Pittsburgh	1	15	2015		
State PA					
Zip Code (Plus 4) 15211					
Employer Name Glencalvie LLC			Occupation Consultant		
Employer Mailing Address/Principal Place of Business Unknown		City Pittsburgh		State PA	Zip Code (Plus 4) 15211

Full Name of Contributor	MO	DAY	YEAR		
Michael Moran					
Mailing Address PO Box 383				\$ 3,000.00	
City Unionville	1	15	2015		
State PA					
Zip Code (Plus 4) 19375					
Employer Name Unknown			Occupation Unknown		
Employer Mailing Address/Principal Place of Business Unknown		City Unionville		State PA	Zip Code (Plus 4) 19375

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	
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>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 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:	
				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	
						PAGE TOTAL	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						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	MO	DAY	YEAR	
Sari Stevens	3	24	2015	\$ 121.90
Mailing Address 1514 N 2nd Street				
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure expense reimbursment	
To Whom Paid Friends of Peter Schweyer	3	19	2015	\$ 250.00
Mailing Address PO Box 391				
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Donation	
To Whom Paid Friends of Mary Jo Daley	3	13	2015	\$ 250.00
Mailing Address PO Box 752				
City Conshohocken	State PA	Zip Code (Plus 4) 19428	Description of Expenditure Donation	
To Whom Paid Alpha Graphics	3	12	2015	\$ 663.52
Mailing Address 814 Penn Avenue				
City Pittsburgh	State PA	Zip Code (Plus 4) 15222	Description of Expenditure Printing Expense	
To Whom Paid TransFirst LLC	3	10	2015	\$ 20.00
Mailing Address Unknown				
City Unknown	State PA	Zip Code (Plus 4) 17102	Description of Expenditure Feb CC Fee's	

To Whom Paid Planned Parenthood Assoc of PA			MO	DAY	YEAR	
Mailing Address 1514 N 2nd Street			3	9	2015	\$ 526.10
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	
Mailing Address 1514 N 2nd Street			3	9	2015	\$ 283.99
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	
Mailing Address 1514 N 2nd Street			3	6	2015	\$ 271.19
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	
Mailing Address 1514 N 2nd Street			2	23	2015	\$ 13,011.50
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure Printing			
To Whom Paid Citizens for Hughes			MO	DAY	YEAR	
Mailing Address PO Box 13031			2	20	2015	\$ 500.00
City Philadelphia	State PA	Zip Code (Plus 4) 19101	Description of Expenditure Donation			
To Whom Paid sari Stevens			MO	DAY	YEAR	
Mailing Address 1514 N 2nd Street			2	19	2015	\$ 60.69
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 1144 Locust Street			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 1514 N 2nd Street			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 1514 N 2nd Street			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 1514 N 2nd Street			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 Unknown			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 1514 N 2nd Street			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	
Mailing Address 1514 N 2nd Street			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	
Mailing Address 1144 Locust Street			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	
Mailing Address 933 Liberty Avenue			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	
Mailing Address PO Box 644091			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	
Mailing Address 366 Main Capital			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	
Mailing Address 1514 N 2nd Street			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	
Mailing Address 1514 N 2nd Street			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	
Mailing Address 1514 N 2nd Street			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	
Mailing Address Unknown			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	
Mailing Address 1514 N 2nd Street			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	
Mailing Address 1023 Spruce Street			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	
Mailing Address 1144 Locust Street			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 1144 Locust Street			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 1144 Locust Street			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 PO Box 813			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

