

# Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

<b>Filer Identification Number :</b>		9400274		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> PLANNED PARENTHOOD PA INC												
<b>Street Address:</b>												
<b>City:</b> HARRISBURG						<b>State:</b> PA		<b>Zip Code:</b> 17102-2505				
<b>TYPE OF REPORT</b>  (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	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2015	<b>FILING METHOD</b> ( ) CHECK ONE		<b>PAPER</b> <input checked="" type="checkbox"/>		<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>				
						11	3	2015				
									(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		3	31	2015		5	4	2015				
<b>A. Amount Brought Forward From Last Report</b>						\$ 42,111.14						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 2,799.91						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 44,911.05						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 1,536.51						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 43,374.54						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
PLANNED PARENTHOOD PA INC	From: <u>3/31/2015</u> To: <u>5/4/2015</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 690.41

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 2,109.50
<b>TOTAL for the Reporting Period (2)</b>	\$ 2,109.50

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 0.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 2,799.91
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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 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)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
PLANNED PARENTHOOD PA INC	From: <u>3/31/2015</u> To: <u>5/4/2015</u>

DATE				AMOUNT	
<b>Full Name of Contributor</b>				<b>MO</b>	<b>DAY</b>
Robert Hutchison Jr					<b>YEAR</b>
<b>Mailing Address</b>					
<b>City</b> Doylestown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18901	4	2	2015
				\$ 150.00	
<b>Full Name of Contributor</b>				<b>MO</b>	<b>DAY</b>
William Schutt					<b>YEAR</b>
<b>Mailing Address</b>					
<b>City</b> Doylestown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18902	4	2	2015
				\$ 150.00	
<b>Full Name of Contributor</b>				<b>MO</b>	<b>DAY</b>
Planned Parenthood Keystone					<b>YEAR</b>
<b>Mailing Address</b>					
<b>City</b> Trexlertown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18087	4	2	2015
				\$ 149.50	
<b>Full Name of Contributor</b>				<b>MO</b>	<b>DAY</b>
Karen Marshall					<b>YEAR</b>
<b>Mailing Address</b>					
<b>City</b> Doylestown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18901	4	2	2015
				\$ 125.00	
<b>Full Name of Contributor</b>				<b>MO</b>	<b>DAY</b>
Kim Gronendahl					<b>YEAR</b>
<b>Mailing Address</b>					
<b>City</b> Doylestown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18902	4	2	2015
				\$ 150.00	
<b>Full Name of Contributor</b>				<b>MO</b>	<b>DAY</b>
Sandra Trainer					<b>YEAR</b>
<b>Mailing Address</b>					
<b>City</b> Portland	<b>State</b> OR	<b>Zip Code (Plus 4)</b> 97201	4	2	2015
				\$ 150.00	
<b>Full Name of Contributor</b>				<b>MO</b>	<b>DAY</b>
Jeffrey Nye					<b>YEAR</b>
<b>Mailing Address</b>					
<b>City</b> Washtington Crossing	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18977	4	2	2015
				\$ 75.00	

Full Name of Contributor			MO	DAY	YEAR	\$ 90.00
Donald Grubbs Jr			4	2	2015	
Mailing Address						
City	Newtown	State	Zip Code (Plus 4)			
		PA	18940			
Full Name of Contributor			MO	DAY	YEAR	\$ 217.50
John Moeller			4	2	2015	
Mailing Address						
City	Philadelphia	State	Zip Code (Plus 4)			
		PA	19148			
Full Name of Contributor			MO	DAY	YEAR	\$ 75.00
Margaret Leigh Groff			4	2	2015	
Mailing Address						
City	Doylestown	State	Zip Code (Plus 4)			
		PA	18902			
Full Name of Contributor			MO	DAY	YEAR	\$ 52.50
Deborah Hutchison			4	2	2015	
Mailing Address						
City	Doylestown	State	Zip Code (Plus 4)			
		PA	18901			
Full Name of Contributor			MO	DAY	YEAR	\$ 250.00
Anne Stephano			4	2	2015	
Mailing Address						
City	New Hope	State	Zip Code (Plus 4)			
		PA	18938			
Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
Iris Persletein			4	2	2015	
Mailing Address						
City	Doylestown	State	Zip Code (Plus 4)			
		PA	18902			
Full Name of Contributor			MO	DAY	YEAR	\$ 75.00
Friends of Tina Davis			4	2	2015	
Mailing Address						
City	Philadelphia	State	Zip Code (Plus 4)			
		PA	19115			
Full Name of Contributor			MO	DAY	YEAR	\$ 75.00
MaryAnn Edwards			4	2	2015	
Mailing Address						
City	Yardley	State	Zip Code (Plus 4)			
		PA	19067			
Full Name of Contributor			MO	DAY	YEAR	\$ 150.00
Helen Bosley			4	2	2015	
Mailing Address						
City	Yardley	State	Zip Code (Plus 4)			
		PA	19067			

Full Name of Contributor				MO	DAY	YEAR	\$75.00
Edna Donaghy							
Mailing Address				4	2	2015	
City	Mechanicsville	State	Zip Code (Plus 4)				
		PA	18934				

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

<b>PAGE TOTAL</b>	
\$	2,109.50

**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: <span style="float: right;">To:</span>

DATE				AMOUNT
Full Name of Contributing Committee				
Mailing Address				
City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.	<b>PAGE TOTAL</b>  \$ 0.00
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**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: <span style="float: right;">To:</span>

			DATE	AMOUNT
Full Name of Contributor			MO	DAY
Mailing Address			YEAR	\$ 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.

<b>PAGE TOTAL</b>
\$ 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: <span style="float: right;">To:</span>
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			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.

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
PLANNED PARENTHOOD PA INC		From: <u>3/31/2015</u> To: <u>5/4/2015</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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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.						<b>PAGE TOTAL</b>  \$ 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		
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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
PLANNED PARENTHOOD PA INC	From <u>3/31/2015</u> To: <u>5/4/2015</u>

				DATE			AMOUNT
To Whom Paid				MO	DAY	YEAR	
AlphaGraphics							
Mailing Address				4	27	2015	\$ 166.90
City	Pittsburgh	State	Zip Code (Plus 4)	Description of Expenditure			
		PA	15222	Printing			
To Whom Paid				MO	DAY	YEAR	
Planned Parenthood PA Advocates							
Mailing Address				4	20	2015	\$ 328.43
City	Harrisburg	State	Zip Code (Plus 4)	Description of Expenditure			
		PA	17102	March 2015 salary allocation			
To Whom Paid				MO	DAY	YEAR	
Planned Parenthood PA Advocates							
Mailing Address				4	15	2015	\$ 80.53
City	Harrisburg	State	Zip Code (Plus 4)	Description of Expenditure			
		PA	17102	PAC portion of Jan cc expenses			
To Whom Paid				MO	DAY	YEAR	
Planned Parenthood PA Advocates							
Mailing Address				4	2	2015	\$ 271.19
City	Harrisburg	State	Zip Code (Plus 4)	Description of Expenditure			
		PA	17102	Office allocation			
To Whom Paid				MO	DAY	YEAR	
Planned Parenthood PA Southeast							
Mailing Address				4	15	2015	\$ 109.46
City	Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure			
		PA	19107	Feb expenses			
To Whom Paid				MO	DAY	YEAR	
Planned Parenthood Assoc of PA							
Mailing Address				4	15	2015	\$ 60.00
City	Harrisburg	State	Zip Code (Plus 4)	Description of Expenditure			
		PA	17102	Printing chq's due to Assoc.			

<b>To Whom Paid</b> TransFirst LLC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 20.00
<b>Mailing Address</b>			4	10	2015	
<b>City</b> Unknown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17102	<b>Description of Expenditure</b> Bank Charges			

  

<b>To Whom Paid</b> Dan Frankel for the 23rd District Comm			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b>			4	6	2015	
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15217	<b>Description of Expenditure</b> Donation			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						<b>\$</b> 1,536.51

