

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 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	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	
		3	31	2015			5	4	2015		
A. Amount Brought Forward From Last Report				\$ 42,111.14							
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 2,799.91							
C. Total Funds Available (Sum Of Lines A and B)				\$ 44,911.05							
D. Total Expenditures (From Schedule III)				\$ 1,536.51							
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 43,374.54							
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>3/31/2015</u> To: <u>5/4/2015</u>

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

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)	\$ 2,109.50
TOTAL for the Reporting Period (2)	\$ 2,109.50

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.)	\$ 2,799.91
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

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 PLANNED PARENTHOOD PA INC	Reporting Period From: <u>3/31/2015</u> To: <u>5/4/2015</u>
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DATE	AMOUNT
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Full Name of Contributor Robert Hutchison Jr				MO	DAY	YEAR	\$ 150.00
Mailing Address 334 Maple Avenue				4	2	2015	
City Doylestown	State PA	Zip Code (Plus 4) 18901					

Full Name of Contributor			MO	DAY	YEAR	\$	150.00
William Schutt							
Mailing Address			4	2	2015		
3875 Curly Hill Road							
City	Doylestown	State	Zip Code (Plus 4)				
		PA	18902				

Full Name of Contributor Planned Parenthood Keystone				MO	DAY	YEAR	\$ 149.50
Mailing Address PO Box 813				4	2	2015	
City Trexlertown	State PA	Zip Code (Plus 4) 18087					

Full Name of Contributor Karen Marshall				MO	DAY	YEAR	\$ 125.00
Mailing Address 35 Sandy Knoll Drive				4	2	2015	
City Doylestown	State PA	Zip Code (Plus 4) 18901					

Full Name of Contributor Kim Gronendahl				MO	DAY	YEAR	\$ 150.00
Mailing Address 4783 Landisville Road				4	2	2015	
City Doylestown	State PA	Zip Code (Plus 4) 18902					

Full Name of Contributor Sandra Trainer			MO	DAY	YEAR	\$ 150.00
Mailing Address 1030 SW Jefferson, Apt 220			4	2	2015	
City Portland	State OR	Zip Code (Plus 4) 97201				

Full Name of Contributor Jeffrey Nye			MO	DAY	YEAR	\$ 75.00
Mailing Address 17 Timber Knoll Drive			4	2	2015	
City Washtington Crossing	State PA	Zip Code (Plus 4) 18977				

Full Name of Contributor Donald Grubbs Jr			MO	DAY	YEAR	\$ 90.00
Mailing Address 1382 NTN-Langhorne Road, Apt M-05			4	2	2015	
City Newtown	State PA	Zip Code (Plus 4) 18940				

Full Name of Contributor John Moeller			MO	DAY	YEAR	\$ 217.50
Mailing Address 1024 Mountain Street			4	2	2015	
City Philadelphia	State PA	Zip Code (Plus 4) 19148				

Full Name of Contributor Margaret Leigh Groff			MO	DAY	YEAR	\$ 75.00
Mailing Address 4023 Spring Valley Road			4	2	2015	
City Doylestown	State PA	Zip Code (Plus 4) 18902				

Full Name of Contributor Deborah Hutchison			MO	DAY	YEAR	\$ 52.50
Mailing Address 334 maple Avenue			4	2	2015	
City Doylestown	State PA	Zip Code (Plus 4) 18901				

Full Name of Contributor			MO	DAY	YEAR	\$ 250.00
Anne Stephano			4	2	2015	
Mailing Address 2709 North River Road						
City	New Hope	State				
		PA				
		Zip Code (Plus 4)				
		18938				

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
Iris Persletein							
Mailing Address				4	2	2015	
4013 Smoke Road							
City	Doylestown	State	Zip Code (Plus 4)				
		PA	18902				

Full Name of Contributor				MO	DAY	YEAR	\$75.00
Friends of Tina Davis							
Mailing Address				4	2	2015	
102 Kingfield Road							
City	Philadelphia	State	Zip Code (Plus 4)				
		PA	19115				

Full Name of Contributor				MO	DAY	YEAR	\$75.00
MaryAnn Edwards							
Mailing Address				4	2	2015	
775 River Road							
City	State	Zip Code (Plus 4)					
Yardley	PA	19067					

Full Name of Contributor			MO	DAY	YEAR	\$ 150.00
Helen Bosley						
Mailing Address			4	2	2015	
546 Palmer Farm Drive						
City	Yardley	State				
		PA				
		Zip Code (Plus 4)				
		19067				

Full Name of Contributor			MO	DAY	YEAR	\$ 75.00
Edna Donaghy						
Mailing Address			4	2	2015	
5805 mechanicsville Road						
City	State	Zip Code (Plus 4)				
Mechanicsville	PA	18934				

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

PAGE TOTAL

\$ 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:	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	Reporting Period	
	From:	To:

			DATE	AMOUNT		
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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:

				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>3/31/2015</u> To: <u>5/4/2015</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
	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:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
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>3/31/2015</u> To: <u>5/4/2015</u>

DATE				AMOUNT
To Whom Paid AlphaGraphics	MO	DAY	YEAR	
Mailing Address 814 Penn Avenue	4	27	2015	\$ 166.90
City Pittsburgh	State PA	Zip Code (Plus 4) 15222	Description of Expenditure Printing	
To Whom Paid Planned Parenthood PA Advocates	MO	DAY	YEAR	
Mailing Address 1514 N 2nd Street	4	20	2015	\$ 328.43
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure March 2015 salary allocation	
To Whom Paid Planned Parenthood PA Advocates	MO	DAY	YEAR	
Mailing Address 1514 N 2nd Street	4	15	2015	\$ 80.53
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure PAC portion of Jan cc expenses	
To Whom Paid Planned Parenthood PA Advocates	MO	DAY	YEAR	
Mailing Address 1514 N 2nd Street	4	2	2015	\$ 271.19
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure Office allocation	
To Whom Paid Planned Parenthood PA Southeast	MO	DAY	YEAR	
Mailing Address 1144 Locust Street	4	15	2015	\$ 109.46
City Philadelphia	State PA	Zip Code (Plus 4) 19107	Description of Expenditure Feb expenses	

To Whom Paid Planned Parenthood Assoc of PA			MO	DAY	YEAR	\$ 60.00
Mailing Address 1514 N 2nd Street			4	15	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure Printing chg's due to Assoc.			

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

To Whom Paid Dan Frankel for the 23rd District Comm			MO	DAY	YEAR	\$ 500.00
Mailing Address PO Box 81594			4	6	2015	
City Pittsburgh	State PA	Zip Code (Plus 4) 15217	Description of Expenditure Donation			

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

