

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 PRIMARY	POST-	3. X	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			
		5	5	2015		6	8	2015				
A. Amount Brought Forward From Last Report						\$ 43,374.54						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 1,600.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 44,974.54						
D. Total Expenditures (From Schedule III)						\$ 2,309.03						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 42,665.51						
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>5/5/2015</u> To: <u>6/8/2015</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 467.50

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)	\$ 832.50
TOTAL for the Reporting Period (2)	\$ 832.50

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)	\$ 300.00
TOTAL for the Reporting Period (3)	\$ 300.00

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.)	\$ 1,600.00
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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>5/5/2015</u> To: <u>6/8/2015</u>
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				DATE			AMOUNT
Full Name of Contributor Robert Hutchison Jr				MO	DAY	YEAR	\$ 87.50
Mailing Address 334 Maple Avenue				5	6	2015	
City Doylestown	State PA	Zip Code (Plus 4) 18901					
Full Name of Contributor Nancy Russell				MO	DAY	YEAR	\$ 75.00
Mailing Address Unknown				5	6	2015	
City Unknown	State PA	Zip Code (Plus 4) 17102					
Full Name of Contributor Stuart Wilder				MO	DAY	YEAR	\$ 150.00
Mailing Address 285 Pains Street				5	6	2015	
City Doylestown	State PA	Zip Code (Plus 4) 17102					
Full Name of Contributor Ron Strouse				MO	DAY	YEAR	\$ 75.00
Mailing Address 131 East Oakland Avenue				5	6	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17102					
Full Name of Contributor walter Witoshkin				MO	DAY	YEAR	\$ 70.00
Mailing Address 277 Maple Avenue				5	20	2015	
City Doylestown	State PA	Zip Code (Plus 4) 18901					

Full Name of Contributor			MO	DAY	YEAR	\$ 125.00
peggy Rubin						
Mailing Address			5	20	2015	
2124 Tall Oaks Lane						
City	State	Zip Code (Plus 4)				
York	PA	17403				

Full Name of Contributor				MO	DAY	YEAR	\$250.00
Albert Richardson							
Mailing Address				6	1	2015	
27 Niagara Pier							
City	Erie	State	Zip Code (Plus 4)				
		PA	16507				

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

PAGE TOTAL
\$ 832.50

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 PLANNED PARENTHOOD PA INC	Reporting Period From: <u>5/5/2015</u> To: <u>6/8/2015</u>
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				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
William Bloom							
Mailing Address 100 Pine Avenue				5	20	2015	\$ 300.00
City kane	State PA	Zip Code (Plus 4) 16735					
Employer Name Unknown				Occupation Unknown			
Employer Mailing Address/Principal Place of Business Unknown			City Kane	State PA	Zip Code (Plus 4) 16735		

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

PAGE TOTAL
\$ 300.00

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:
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			DATE	AMOUNT	
Full Name			MO	DAY	
Mailing Address			YEAR	\$ 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		Reporting Period	
PLANNED PARENTHOOD PA INC		From: <u>5/5/2015</u> To: <u>6/8/2015</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:
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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.						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>5/5/2015</u> To: <u>6/8/2015</u>

DATE				AMOUNT		
To Whom Paid House Republican Campaign Committee			MO	DAY	YEAR	\$ 400.00
Mailing Address 500 N 3rd St Fl 3A			6	3	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17101	Description of Expenditure Donations			
To Whom Paid Capital Support Service			MO	DAY	YEAR	\$ 210.00
Mailing Address PO Box 953			5	29	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Printing			
To Whom Paid Jay Costa for State Senate			MO	DAY	YEAR	\$ 250.00
Mailing Address 314 Newport Road			5	28	2015	
City Pittsburgh	State PA	Zip Code (Plus 4) 15221	Description of Expenditure Donation			
To Whom Paid Friends of Frank Farry			MO	DAY	YEAR	\$ 300.00
Mailing Address PO Box 412			5	27	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Donation			
To Whom Paid Planned Parenthood PA Advocates			MO	DAY	YEAR	\$ 271.19
Mailing Address 1514 N 2nd Street			5	27	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure Office Allocation			

To Whom Paid Planned Parenthood PA Advocates			MO	DAY	YEAR	\$ 258.25
Mailing Address 1514 N 2nd Street			5	27	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure Salary Allocation			

To Whom Paid Planned Parenthood PA Advocates			MO	DAY	YEAR	\$ 158.95
Mailing Address 1514 N 2nd Street			5	6	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure March 2015 CC chgs			

To Whom Paid Planned Parenthood PA Advocates			MO	DAY	YEAR	\$ 169.45
Mailing Address 1514 N 2nd Street			5	6	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure April salary allocation			

To Whom Paid Planned Parenthood PA Advocates			MO	DAY	YEAR	\$ 271.19
Mailing Address 1514 N 2nd Street			5	6	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure April office allocation			

To Whom Paid TransFirst LLC			MO	DAY	YEAR	\$ 20.00
Mailing Address Unknown			5	11	2015	
City Unknown	State PA	Zip Code (Plus 4) 17102	Description of Expenditure Bank Fee's			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 2,309.03

