Campaign Finance Report

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

| Filer Identification 9400274 Number : | | | | | Repo Filed | | : | CANDI | DIDATE | | MITTEE | | LOBBYIST | | | | |
|--|---------------------------------|------------|--------------------------|-------|---------------|-------|--------------|-------------|----------|-------------|------------|--------------------|----------------|----------|----------|----------|----------|
| Name of Filing C | Committee, Candid | late or L | obbyist: | P | PLANN | IED | PAF | RENTHO | DD PA | INC | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | |
| City: | HARRISBURG | i | | | | | | State: | PA | | | Zip Cod | de: 17 | 7102-2 | 505 | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PF PRIMARY | RE- | 2. | | 0 DA RIMA | | POST- | 3. X | | AMENDM REPORT | | Yes | No | • | \ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY P ELECTION | RE- | 5. | | 0 DA LECT | | POST- | 6. | | TERMINA REPORT | | Yes | No | | \ |
| report type) | ANNUAL REPORT | 7. | Year 2017 | | | | | IG METH | | | | PAPER OIS | | | DISKE | TTE | |
| Name of Office S | Sought by Candida | ite: | • | | | | | DATE C | F ELE | CTIO | N | District Number | Office Code | Par | ty Code | Coun | |
| | - , | | | | | | | мо | DAY | YE | AR | Number | Toode | | | couc | |
| | | | | | | | | 11 | | 7 | 2017 | | (SEE IN | ISTRUCTI | ONS FOR | CODES |) |
| | Receipts and | МО | DAY YEA | ٩R | | | | МО | DAY | YI | EAR | FO | R OFFI | CE USE | ONLY | | |
| Expenditures | s trom: | | 5 2 | 20 | 17 | то |) | 6 | | 5 | 2017 | | | | | | |
| A. Amount Bro | ught Forward Fro | m Last R | eport | | | | \$ | | | 94,2 | 243.73 | | | | | | |
| B. Total Moneta | ary Contributions | And Rec | eipts (From Sch | ned | lule I |) | \$ | | | 25,6 | 549.36 | | | | | | |
| C. Total Funds | Available (Sum O | f Lines A | and B) | | | | \$ | | | 119,8 | 393.09 | | | | | | |
| D. Total Expend | ditures (From Sch | edule II | I) | | | | \$ | | | 2,2 | 244.57 | | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line C) | | | | \$ | | | 117,6 | 48.52 | | | | | | |
| F. Value Of In- | Kind Contribution | s Receiv | ed (From Sched | lule | e II) | | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | ts And Obligations | (From S | Schedule IV) | | | | \$ | | | | 0.00 | | | • | | | |
| | | | AF | FI | :DAV | ΊΤ | SE | CTION | | | | | | | | | |
| PART I - If this is | s a Committee rep | ort, trea | surer sign here | e. I1 | f this | is a | Can | didate r | eport, e | candi | date sig | gn here. | | | | | |
| I swear (or affirm) correct and comple |) that this report, inc ete. | luding the | e attached schedu | les | filed o | n pa | per o | or by elect | ronic m | edium | , are to t | the best o | f my kno | wledge | and beli | ef , tru | ue. |
| Sworn to and subs | cribed before me thi day of | s | 20 | | | | | | | S | Signature | e of Perso | n Submit | ting Rep | ort | | |
| | Signatu | ıre | | | | _ | | | | | | Prin | ted Name | e | | | - |
| My Commission Ex | cpires | | | | | | | | | | | Ema | il | | | | _ |
| | МО | D | AY Y | 'R | | | | | Ar | ea Coc | le | Daytim | e Telepi | none Nu | mber | | |
| Part II- If this is | a report of a can | didate's | authorized Con | nmi | ittee, | Can | ndida | ate shall | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of red. | my knowl | edge and belief th | nis p | politica | al co | ommi | ittee has r | ot viola | ted an | y provis | ions of th | e act of J | une 3,1 | 937 (P.L | . 1333 | 3, |
| Sworn to and subsc | ribed before me this day of | | 20 | | | | | | | | s | ignature o | of Candid | ate | | | - |
| | | | | | | | | | | | | Printe | d Name | | | | - |
| My Commission Exp | Signature | | | | | _ | | | | | | Ema | il | | | | - |
| my commission exp | | | | | | _ | | | | | | | | | | | _ |
| | МО | D | AY | YR | | | | | Area | Code | | Da | aytime T | elephor | e Numb | er | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Name of Filing Committee or Candidate Reporting Period | | | | | | | |
|--|--|----------------|--------------|-----------|--|--|--|--|
| PLANNED PARENTHOOD PA INC | From: | <u>5/2/201</u> | <u>7</u> To: | 6/5/2017 | | | | |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | | | | | |
| TOTAL for the Reporting |) Period | (1) | \$ | 744.36 | | | | |
| 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) | \$ | 7,455.00 | | | | | | |
| TOTAL for the Reporting | \$ | 7,455.00 | | | | | | |
| 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) | | | \$ | 17,450.00 | | | | |
| TOTAL for the Reporting | Period | (3) | \$ | 17,450.00 | | | | |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | | | | | | | |
| TOTAL for the Reporting | J Period | (4) | \$ | 0.00 | | | | |
| | | | | | | | | |
| Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa | | | \$ | 25,649.36 | | | | |

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 Candidat | e | | Reporting | Period | | | |
|--------------------------------------|-------|-------------------|-----------|--------|------|----|--------|
| | | 1 | From: | | То | : | |
| | | · | | DATE | | | AMOUNT |
| Full Name of Contributing Committee | | | МО | DAY | YEAR | | |
| Mailing Address | | _ | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | |

PAGE TOTAL
0.00

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

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)

Reporting Period Name of Filing Committee or Candidate PLANNED PARENTHOOD PA INC From: <u>5/2/2017</u> **To:** 6/5/2017 DATE **AMOUNT Full Name of Contributor** МО DAY YEAR Morgan Plant **Mailing Address** 90.00 City Carlisle State Zip Code (Plus 4) 5 11 2017 PA 17013 **Full Name of Contributor** МО DAY YEAR Samuel Tisherman **Mailing Address** 90.00 5 11 2017 State Zip Code (Plus 4) City Butler PA 16001 **Full Name of Contributor** мо DAY YEAR Thomas H DeWall **Mailing Address** 240.00 2017 City State Zip Code (Plus 4) 5 11 Carlisle 17013 PΑ **Full Name of Contributor** МО DAY YEAR Patti J Adami **Mailing Address** 240.00 5 11 2017 City Camp Hill State Zip Code (Plus 4) PA 17011 **Full Name of Contributor** МО DAY YEAR Carole A Alexy **Mailing Address** 240.00 2017 City State Zip Code (Plus 4) 5 11 Carlisle PA 17013 **Full Name of Contributor** МО DAY YEAR Theo van de Venne **Mailing Address** 140.00 2017 5 11 Murrysville State Zip Code (Plus 4) PA 15668 **Full Name of Contributor** мо DAY YEAR Linda J Hansell **Mailing Address** 90.00 City 5 2017 Philadelphia State Zip Code (Plus 4) 11 PA 19119

| Full N | ame of Contributor | | | МО | DAY | VEAD | |
|------------------|---|-------|-------------------|----|-----|------|-----------------|
| Richa | rd P Goldman | | | МО | DAT | YEAR | |
| Mailin | g Address | | | | | İ | \$ 90.00 |
| City | Philadelphia | State | Zip Code (Plus 4) | 5 | 11 | 2017 | |
| | | PA | 19119 | | | | |
| Full N | ame of Contributor | | - | | | | |
| Janet | D French | | | МО | DAY | YEAR | |
| Mailin | g Address | | | | | | \$ 90.00 |
| City | Mechanicsville | State | Zip Code (Plus 4) | 5 | 11 | 2017 | |
| | | PA | 18934 | | | | |
| Full N | ame of Contributor | | | | | | |
| | M Tankel | | | МО | DAY | YEAR | |
| Mailing Address | | | | | | | \$ 65.00 |
| City | Philadelphia | State | Zip Code (Plus 4) | 5 | 11 | 2017 | 05.00 |
| , | rimadeipina | PA | 19119 | | | | |
| | | 17. | 13113 | | | | |
| | ame of Contributor | | | МО | DAY | YEAR | |
| | Coyle Hughes | | | | | l | |
| City | g Address Media | State | Zip Code (Plus 4) | 5 | 11 | 2017 | \$ 90.00 |
| City | меша | PA | 19063 | | | 2017 | |
| | | PA | 19003 | | | | |
| | ame of Contributor | | | мо | DAY | YEAR | |
| Jessica Brittain | | | | | | | |
| | g Address | | | _ | | | \$ 90.00 |
| City | Bloomsburg | State | Zip Code (Plus 4) | 5 | 23 | 2017 | |
| | | PA | 17815 | | | | |
| Full N | ame of Contributor | | | мо | DAY | YEAR | |
| Christ | ine Jacobs | | | | | | |
| Mailin | g Address | | | _ | | | \$ 90.00 |
| City | Philadelphia | State | Zip Code (Plus 4) | 5 | 23 | 2017 | |
| | | PA | 19106 | | | | |
| Full N | ame of Contributor | | | МО | DAY | VEAD | |
| Margo | t Horwitz | | | МО | DAT | YEAR | |
| Mailin | g Address | | | | | | \$ 65.00 |
| City | Bryn Mawr | State | Zip Code (Plus 4) | 5 | 23 | 2017 | |
| | | PA | 19010 | | | | |
| Full N | ame of Contributor | • | <u> </u> | | | | <u> </u> |
| | Fishkin | | | МО | DAY | YEAR | |
| | g Address | | | | | | \$ 90.00 |
| City | Bala Cynwyd | State | Zip Code (Plus 4) | 5 | 23 | 2017 | 30.00 |
| , | Jana 3,, a | PA | 19004 | | | | |
| F ** | and of Combullation | 1 | 1 | | | | I . |
| | Full Name of Contributor Pamela Rhoads | | | | DAY | YEAR | |
| Mailing Address | | | | | | | |
| | | State | Zin Codo /Plus 4) | 5 | 23 | 2017 | \$ 240.00 |
| City | Mechanicsburg | | Zip Code (Plus 4) | 3 | 23 | 2017 | |
| | | PA | 17055 | | | | |

| | | | | | | | TAGE 0 |
|--------------------------|--------------------------|----------|-------------------|------|-----|------------|------------------|
| Full N | ame of Contributor | | | мо | DAY | YEAR | |
| Brigitt | e P Trevidic | | | 1-10 | DAI | IZAK | |
| Mailin | g Address | | | | | | \$ 240.00 |
| City | Merion | State | Zip Code (Plus 4) | 6 | 1 | 2017 | |
| | | PA | 19066 | | | | |
| Full N | ame of Contributor | | | мо | DAY | YEAR | |
| Cayrl | A Oberman | | | 1-10 | DAI | ILAK | |
| Mailin | g Address | | |] | | | \$ 90.00 |
| City | Elkins Park | State | Zip Code (Plus 4) | 6 | 1 | 2017 | |
| | | PA | 19027 | | | | |
| Full N | ame of Contributor | | | | DAY | VEAD | |
| Nanet | te Lafors | | | МО | DAY | YEAR | |
| Mailing Address | | | | | | | \$ 65.00 |
| City | Audubon | State | Zip Code (Plus 4) | 6 | 1 | 2017 | |
| | | PA | 19403 | | | | |
| Full N | ame of Contributor | <u> </u> | - | мо | DAY | YEAR | |
| Vicki \ | W Kramer | | | МО | DAY | TEAR | |
| Mailin | g Address | | |] | | | \$ 90.00 |
| City | Philadelphia | State | Zip Code (Plus 4) | 6 | 1 | 2017 | |
| | | PA | 19106 | | | | |
| Full Name of Contributor | | | | | DAY | YEAR | |
| Marc Hammarberg | | | | | | 1 = 7 11 1 | |
| Mailin | g Address | | | 1 | | | \$ 90.00 |
| City | Philadelphia | State | Zip Code (Plus 4) | 6 | 1 | 2017 | |
| | | PA | 19146 | | | | |
| Full N | ame of Contributor | | | мо | DAY | YEAR | |
| Helen | Bosley | | | | | 1 27111 | |
| Mailin | g Address | | |] | | | \$ 70.00 |
| City | Yardley | State | Zip Code (Plus 4) | 6 | 1 | 2017 | |
| | | PA | 19067 | | | | |
| Full N | ame of Contributor | | | МО | DAY | YEAR | |
| Judith | Nelson | | | МО | DAY | TEAR | |
| Mailin | g Address | | | | | | \$ 90.00 |
| City | Philadelphia | State | Zip Code (Plus 4) | 6 | 1 | 2017 | |
| | | PA | 19119 | | | | |
| Full N | ame of Contributor | | | 140 | DAY | VEAS | |
| Cynth | ia Chuang | | | МО | DAY | YEAR | |
| Mailin | g Address | | | | | İ | \$ 140.00 |
| City | Hershey | State | Zip Code (Plus 4) | 6 | 1 | 2017 | |
| | | PA | 17033 | | | | |
| Full Na | Full Name of Contributor | | | мо | DAY | VEAD | |
| Danie | Paniel C Miller | | | | DAT | YEAR | |
| Mailin | g Address | | | | | | \$ 125.00 |
| City | Harrisburg | State | Zip Code (Plus 4) | 6 | 1 | 2017 | |
| | | PA | 17102 | | | | |
| | | | | | | | |

| | | | | | | | TAGE / |
|--------------------------|--------------------|-------|-------------------|------|------|----------|------------------|
| Full Na | ame of Contributor | | | мо | DAY | YEAR | |
| P H Va | ance | | | | | | |
| Mailin | g Address | _ | | | | | \$ 240.00 |
| City | Mechanicsburg | State | Zip Code (Plus 4) | 6 | 1 | 2017 | |
| | | PA | 17050 | | | | |
| Full Na | ame of Contributor | | | МО | DAY | YEAR | |
| Joan L | _ Benso | | | 1-10 | DAI | ILAK | |
| Mailin | g Address | | | | | | \$ 240.00 |
| City | Mechanicsburg | State | Zip Code (Plus 4) | 6 | 1 | 2017 | |
| | | PA | 17050 | | | | |
| Full Na | ame of Contributor | | | МО | DAY | YEAR | |
| Alexar | nder Reber | | | MO | DAT | TEAR | |
| Mailing Address | | | | | | İ | \$ 125.00 |
| City | Millersburg | State | Zip Code (Plus 4) | 6 | 1 | 2017 | |
| | | PA | 17061 | | | | |
| Full Na | ame of Contributor | - | | МО | DAY | YEAR | |
| Steve | n B Loux | | | 140 | DAI | ILAK | |
| Mailin | g Address | | | | | | \$ 65.00 |
| City | Harrisburg | State | Zip Code (Plus 4) | 6 | 1 | 2017 | |
| | | PA | 17110 | | | | |
| Full Name of Contributor | | | | | DAY | YEAR | |
| Eric Hagarty | | | | | DAT | TEAR | |
| Mailin | g Address | | | | | | \$ 240.00 |
| City | Camp Hill | State | Zip Code (Plus 4) | 6 | 1 | 2017 | |
| | | PA | 17011 | | | | |
| Full Na | ame of Contributor | | | МО | DAY | YEAR | |
| Elizab | eth P Mullaugh | | | 110 | | ILAK | |
| Mailin | g Address | | | | | | \$ 90.00 |
| City | Harrisburg | State | Zip Code (Plus 4) | 6 | 1 | 2017 | |
| | | PA | 17102 | | | | |
| Full Na | ame of Contributor | - | | МО | DAY | YEAR | |
| Ernest | t F Heffner | | | MO | DAT | TEAR | |
| Mailin | g Address | | | | | | \$ 190.00 |
| City | York | State | Zip Code (Plus 4) | 6 | 1 | 2017 | |
| | | PA | 17403 | | | | |
| Full Na | ame of Contributor | | | MO | DAY | VEAD | |
| Shelle | y Winer Remmel | | | МО | DAY | YEAR | |
| Mailin | g Address | | | | | İ | \$ 240.00 |
| City | Harrisburg | State | Zip Code (Plus 4) | 6 | 1 | 2017 | |
| | | PA | 17112 | | | | |
| Full Name of Contributor | | | мо | DAY | VEAD | | |
| Caroly | arolyn L Kunkle | | | | DAT | YEAR | |
| Mailing Address | | | | | | \$ 90.00 | |
| City | Lemoyne | State | Zip Code (Plus 4) | 6 | 1 | 2017 | |
| | | PA | 17043 | | | | |
| | | | | | | | |

| Full N | ame of Contributor | | | мо | DAY | YEAR | |
|-----------------|--------------------------|-------|-------------------|----|-----|------|------------------|
| Wend | y Schaenen | | | МО | DAT | TEAR | |
| Mailin | g Address | | | | | | \$ 240.00 |
| City | Lemoyne | State | Zip Code (Plus 4) | 6 | 1 | 2017 | |
| | | PA | 17043 | | | | |
| Full N | ame of Contributor | • | <u> </u> | МО | DAY | VEAD | |
| Katha | rine Kennedy | | | МО | DAY | YEAR | |
| Mailin | g Address | | | | | İ | \$ 125.00 |
| City | Mechanicsburg | State | Zip Code (Plus 4) | 6 | 1 | 2017 | |
| | | PA | 17055 | | | | |
| Full N | ame of Contributor | • | • | | | | |
| - | ehrman Grass | | | МО | DAY | YEAR | |
| Mailing Address | | | | | | | \$ 90.00 |
| City | Harrisburg | State | Zip Code (Plus 4) | 6 | 1 | 2017 | 30100 |
| | , , | PA | 17110 | | | | |
| Full N | ame of Contributor | | | | | | |
| | ra E Rigney | | | МО | DAY | YEAR | |
| | g Address | | | | | | \$ 125.00 |
| City | Mechanicsburg | State | Zip Code (Plus 4) | 6 | 1 | 2017 | 123.00 |
| - | | PA | 17055 | | | | |
| E.II N | ame of Contributor | | | | | | |
| | E Neely | | | МО | DAY | YEAR | |
| | g Address | | | | | | \$ 240.00 |
| City | Hummelstown | State | Zip Code (Plus 4) | 6 | 1 | 2017 | 240.00 |
| City | Tuttitleistowii | PA | 17036 | | _ | ===: | |
| F. U.M | of Combillments | 177 | 17,000 | | | | |
| | ame of Contributor | | | МО | DAY | YEAR | |
| | Ahwesh g Address | | | | | | 4 125.00 |
| City | Camp Hill | State | Zip Code (Plus 4) | 6 | 1 | 2017 | \$ 125.00 |
| City | Camp mii | PA | 17011 | | _ | 2017 | |
| | | 17 | 17011 | | | | |
| - | ame of Contributor | | | мо | DAY | YEAR | |
| | S Cohen | | | | | | |
| | g Address | State | The Code (Plan 4) | 6 | 1 | 2017 | \$ 125.00 |
| City | Harrisburg | | Zip Code (Plus 4) | | 1 | 2017 | |
| | | PA | 17110 | | | | |
| | ame of Contributor | | | МО | DAY | YEAR | |
| | hy W Potts | | | | | | |
| | g Address | 1 | <u> </u> | | | 2017 | \$ 240.00 |
| City | Carlisle | State | Zip Code (Plus 4) | 6 | 1 | 2017 | |
| | | PA | 17015 | | | | |
| | Full Name of Contributor | | | | DAY | YEAR | |
| | Arnold W Cushner | | | | | | |
| | g Address | 1 | T | _ | | | \$ 125.00 |
| City | Mechanicsburg | State | Zip Code (Plus 4) | 6 | 1 | 2017 | |
| | | PA | 17055 | | | 1 | |

| Full N | ame of Contributor | | | МО | DAY | YEAR | |
|--|--|-------------|-----------------------------------|-------------|----------|------------------|------------------------|
| Susan | n Elizabeth Baer | | | 1-10 | DAI | ILAK | |
| Mailin | g Address | | | | | | \$ 125.00 |
| City | Hanover | State | Zip Code (Plus 4) | 6 | 1 | 2017 | |
| | | PA | 17331 | | | | |
| Full N | ame of Contributor | | | мо | DAY | YEAR | |
| Richa | rd Abrams | | | | 57(1 | | |
| Mailin | g Address | | |] | | | \$ 240.00 |
| City | Lemoyne | State | Zip Code (Plus 4) | 6 | 1 | 2017 | |
| | | PA | 17043 | | | | |
| Full Name of Contributor | | | | | DAY | YEAR | |
| Carole A Williams | | | | | 2711 | | |
| Mailing Address | | | | | | | \$ 240.00 |
| City Carlisle State Zip Code (Plus 4) | | | | 6 | 1 | 2017 | |
| | | 17013 | | | | | |
| Full N | ame of Contributor | | | МО | DAY | YEAR | |
| Alison | D Coppock | | | | | | |
| Mailin | g Address | _ | | <u> </u> | | | \$ 125.00 |
| City | Enola | State | Zip Code (Plus 4) | 6 | 1 | 2017 | |
| | | PA | 17025 | | | | |
| Full N | ame of Contributor | | | мо | DAY | YEAR | |
| Susan | n H Pigott | | | 1-10 | DAI | ILAK | |
| Mailin | g Address | | |] | | | \$ 125.00 |
| City | Mechanicsburg | State | Zip Code (Plus 4) | 6 | 1 | 2017 | |
| | | PA | 17055 | | | | |
| Full N | ame of Contributor | | | | | | |
| | | | | МО | DAY | ΥFΔR | |
| Karen | Kiener Best | | | МО | DAY | YEAR | |
| - | Kiener Best g Address | | | МО | DAY | YEAR | \$ 240.00 |
| - | | State | Zip Code (Plus 4) | MO | DAY 1 | YEAR 2017 | \$ 240.00 |
| Mailin | g Address | State PA | Zip Code (Plus 4) 17043 | | | | \$ 240.00 |
| Mailin City | g Address | | | 6 | 1 | 2017 | \$ 240.00 |
| Mailin City Full N | g Address Lemoyne | | | | | | \$ 240.00 |
| Mailin City Full N Ceisle | g Address Lemoyne ame of Contributor | | | 6 | 1 | 2017 | \$ 240.00 \$ 240.00 |
| Mailin City Full N Ceisle | Lemoyne ame of Contributor r Media & Issue Advocacy | | | 6 | 1 | 2017 | |
| Mailin City Full N Ceisle Mailin | g Address Lemoyne ame of Contributor r Media & Issue Advocacy g Address | PA | 17043 | 6 | 1 DAY | 2017 YEAR | |
| Full N Ceisle Mailin City | g Address Lemoyne ame of Contributor r Media & Issue Advocacy g Address | PA State | 17043 Zip Code (Plus 4) | 6 MO | 1 DAY | 2017 YEAR 2017 | |
| Full N. City Full N. Ceisle Mailin City | Lemoyne ame of Contributor or Media & Issue Advocacy og Address Philadelphia | PA State | 17043 Zip Code (Plus 4) | 6 | 1 DAY | 2017 YEAR | |
| Full N Ceisle Mailin City Full N Debor | ame of Contributor or Media & Issue Advocacy og Address Philadelphia ame of Contributor | PA State | 17043 Zip Code (Plus 4) | 6 MO | 1 DAY | 2017 YEAR 2017 | |
| Full N Ceisle Mailin City Full N Debor | ame of Contributor g Address Ame of Contributor g Address Philadelphia ame of Contributor cah R McHugh | PA State | 17043 Zip Code (Plus 4) | 6 MO | 1 DAY | 2017 YEAR 2017 | \$ 240.00 |

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

PAGE TOTAL \$ 7,455.00

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 | me of Filing Committee or Candidate | | Reporting | Period | | | | | |
|---------------------------------------|-------------------------------------|----------|-------------|--------|-----|------|----------|------------|------|
| | | | From: | | | То: | | | |
| | | | | DA | TE | | P | AMOUNT | |
| Full Name of Contributing Committee | | | | МО | DAY | YEAR | | ſ | 0.00 |
| Mailing Address | | | | | | | + | C |).00 |
| City | State | Zip Code | e (Plus 4) | | | | | | |
| | | | | | | | | PAGE TOTAL | L |
| Enter Grand Total of Part C on Scheo | dule I, Detailed Sun | nmary Pa | age, Sectio | n 3. | | | \$ | 0. | 00 |

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 | ame of Filing Committee or Candidate | | | | orting Pe | riod | Reporting Period | | | | |
|---|--------------------------------------|-----------------|------------|------|--------------------|--------------|----------------------|-------------------|-------------|--|--|
| PLANNED PARENTHOOD PA INC | | | | Fron | n: | <u>5/2/2</u> | <u>017</u> To | : | 6/5/2017 | | |
| | | | | | D <i>A</i> | ATE | | Α | MOUNT | | |
| Full Name of Contributor | | | | | МО | DAY | VEAD | 1. | | | |
| Cynthia Chuang | | | | | МО | DAY | YEAR | \$ | 490.00 | | |
| Mailing Address | | | | | 5 | 11 | 2017 | | | | |
| City Hershey | State | Ziı | Code (Plus | 4) | 3 | 11 | 2017 | Ī | | | |
| | PA | l ₁₇ | '033 | | | | | | | | |
| Employer Name Unknown | | | | | Occupat | ion | Unknow | n | | | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | | State | | Zip Cod | le (Plus 4) | | |
| | | | Hershey | | | PA | | 17033 | | | |
| Full Name of Contributor | | | | МО | DAY | VEAD | Ι. | | | | |
| Collen M Kopp | | | | МО | DAY | YEAR | \$ | 990.00 | | | |
| Mailing Address | | | | 5 | 11 | 2017 | 7 | | | | |
| City Camp Hill | State | Ziı | Code (Plus | 4) | 3 | 11 | 2017 | Ī | | | |
| PA 17011 | | | | | | | | | | | |
| Employer Name Unknown | | | | | Occupat | ion | Unknow | n | | | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | | State | | Zip Cod | le (Plus 4) | | |
| | | | Camp Hill | | | PA | | 17011 | | | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | | |
| Brian T Baxter | | | | | МО | DAT | TEAR | \$ | 990.00 | | |
| Mailing Address | | | | | 5 | 11 | 2017 | 1 | | | |
| City Philadelphia | State | Zi | Code (Plus | 4) | 3 | | 2017 | Ĭ | | | |
| | PA | 19 | 146 | | | | | | | | |
| Employer Name Unknown | | | | | Occupat | ion (| Unknow | n | | | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | | State | | Zip Cod | le (Plus 4) | | |
| | | | Philadelph | ia | | PA | | 19146 | | | |
| Full Name of Contributor | | | | | wo | DAY | VEAD | | | | |
| Meghann L Connor | | | | | МО | DAY | YEAR | \$ | 490.00 | | |
| Mailing Address | | | | | 5 | 11 | 2017 | 7 | | | |
| City harrisburg | State | Zij | Code (Plus | 4) | 3 | 11 | 2017 | | | | |
| | PA | l ₁₇ | '110 | | | | | | | | |
| Employer Name Unknown | | | | | Occupation Unknown | | | | | | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | | | | Zip Code (Plus 4) | | | |
| Harrisburg | | | , | | PA | | 17110 | | | | |

| Full Name of Contributor Carol S Weisman | | | | мо | DAY | YEAR | \$ | 490.00 |
|--|--|------|-----------------|--------------------|-------|------------|-----------------|-----------|
| Mailing Address | | | | | | | 1 | |
| City Hershey | State | 71 | p Code (Plus 4) | 5 | 11 | 2017 | | |
| riershey | PA | | 7033 | | | | | |
| Employer Name Halanaya | IFA | ' 17 | 7033 | Occupat | ian | l Imlemane | | |
| Employer Name Unknown | I Diana of Davidson | | 611- | ТОССИРА | 1 | Unknow | | (Disc. 4) |
| Employer Mailing Address/Principa | II Place of Business | | City | | State | | Zip Code | (Plus 4) |
| | | | Hershey | | PA | | 17033 | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | 490.00 |
| Greenlee Partners, LLC | | | | | | | <u> </u> | 450.00 |
| Mailing Address | | | | 5 | 11 | 2017 | | |
| City harrisburg | State | Zi | p Code (Plus 4) | | | | | |
| | I PA | l 17 | 7108 | | | | | |
| Employer Name Greenlee Partner | rs, LLC | | | Occupat | ion | Unknow | n | |
| Employer Mailing Address/Principa | l Place of Business | | City | | State | | Zip Code | (Plus 4) |
| Harrisburg | | | | PA | | 17108 | | |
| Full Name of Contributor | | | | | | | | |
| Deborah W Fulhan-Winston | | | | МО | DAY | YEAR | \$ | 490.00 |
| Mailing Address | | | | | 1.1 | 2017 | | |
| City Carlisle | State | Zi | p Code (Plus 4) | 5 | 11 | 2017 | | |
| | l _{PA} | 1 17 | 7013 | | | | | |
| Employer Name Unknown | | | | | ion | Unknow | n | |
| Employer Mailing Address/Principa | I Place of Business | | City | <u> </u> | State | | Zip Code | (Plus 4) |
| | | | Carlisle | | PA | | 17013 | |
| Full Name of Contributor | | | | | 1.7. | | T | |
| Full Name of Contributor | | | | МО | DAY | YEAR | \$ | 490.00 |
| Michael J Breslin Mailing Address | | | | | | | 1 | |
| City Harrisburg | State | 7; | p Code (Plus 4) | 5 | 11 | 2017 | | |
| riarrisburg | PA | | | | | | | |
| EIN | TPA | 1 17 | 7110 | | • | | ! | |
| Employer Name Unknown | | | | Occupation Unknown | | | | |
| Employer Mailing Address/Principa | I Place of Business | | City | | State | | Zip Code | (Plus 4) |
| | | | Harrisburg | | PA | | 17110 | |
| Full Name of Contributor | | | | МО | DAY | YEAR | \$ | 490.00 |
| Mary Ellen McMillen | | | | | 27 | |] * | 490.00 |
| Mailing Address | | | | 5 | 11 | 2017 | | |
| City Harrisburg | State | Zi | p Code (Plus 4) | | | | | |
| | I _{PA} | l 17 | 7111 | | | | | |
| Employer Name Unknown | | | | Occupat | tion | Unknow | n | |
| Employer Mailing Address/Principa | l Place of Business | | City | | State | | Zip Code | (Plus 4) |
| | | | Harrisburg | | PA | | 17111 | |
| Full Name of Contributor | | | | | | | | |
| Diane Mulcahy | | | | МО | DAY | YEAR | \$ | 490.00 |
| Mailing Address | | | | _ | | 201- | 1 | |
| City Harrisburg | State | Zi | p Code (Plus 4) | 5 | 11 | 2017 | | |
| | PA | | 7112 | 1 | | | | |
| Employer Name Unknown | | | | Occupat | tion | Unknow | n | |
| | mployer Mailing Address/Principal Place of Business City | | | 1apa | State | J | Zip Code | (Plus 4) |
| | | | | | | | (. ius +) | |
| | Harrisburg | | | | PA | | 17112 | |

| Full Name of Contailington | | | | | | | _ | | |
|--|---------------------|------|-----------------|------------|---------|-----------|----------------|----------|--|
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 590.00 | |
| William Bloom | | | | | | | - | | |
| Mailing Address | T | T | | 5 | 11 | 2017 | | | |
| City Kane | State | Zi | p Code (Plus 4) | | | | | | |
| | I PA | l 16 | 5735 | | | | <u> </u> | | |
| Employer Name Unknown | | | | Occupat | ion | Unknow | <u>/n</u> | | |
| Employer Mailing Address/Principa | I Place of Business | | City | | State | | Zip Code | (Plus 4) | |
| | | | Kane | | PA | | 16735 | | |
| Full Name of Contributor | | | | | | | | | |
| Martha Wallace | | | | МО | DAY | YEAR | \$ | 1,990.00 | |
| Mailing Address | | | | _ | - 1 - 1 | 2017 | | | |
| City Philadelphia | State | Zi | p Code (Plus 4) | 5 | 11 | 2017 | | | |
| · | l _{PA} | 1 19 | 9130 | | | | | | |
| Employer Name Unknown | | | | | ion | Unknow | n | | |
| Employer Mailing Address/Principa | I Place of Rusiness | | City | 1 | State | OTTICTION | | (Plus 4) | |
| Philadelphia | | | | PA | | 19130 | (1.125 1) | | |
| | | | Pilliaueipilia | | IPA | | 19130 | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 590.00 | |
| Loretta Duckworth | | | | | | | ļ [*] | 330.00 | |
| Mailing Address | 1 | | | 5 | 11 | 2017 | | | |
| City narberth | State | Zi | p Code (Plus 4) | | | | | | |
| | I PA | l 19 | 9072 | | | | <u> </u> | | |
| Employer Name Unknown | | | | Occupat | ion | Unknow | n | | |
| Employer Mailing Address/Principa | I Place of Business | | City | | State | | Zip Code | (Plus 4) | |
| | | | Narberth | | PA | | 19072 | | |
| Full Name of Contributor | | | | | | | | | |
| Amy Putnam | | | | МО | DAY | YEAR | \$ | 990.00 | |
| Mailing Address | | | | - 5 | 22 | 2017 | | | |
| City Harrisburg | State | Zi | p Code (Plus 4) | 7 3 | 23 | 2017 | | | |
| | l _{PA} | 1 17 | 7110 | | | | | | |
| Employer Name Unknown | | | | Occupat | ion | Unknow | na | | |
| Employer Mailing Address/Principa | I Place of Business | | City | | State | | | (Plus 4) | |
| J 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, | | | Harrisburg | | PA | | 17110 | , | |
| | | | Tidiriobarg | | 1171 | | 1,110 | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 490.00 | |
| David Leader | | | | | | | - | | |
| Mailing Address | l quality | T | · Cada (Dlas 4) | 5 | 23 | 2017 | | | |
| City Hummelstown | State | | p Code (Plus 4) | | | | | | |
| | I PA | I 1, | 7036 | | _ | · . | ı | | |
| Employer Name Unknown | | | Π - | Occupat | 1 | Unknow | | | |
| Employer Mailing Address/Principa | I Place of Business | | City | | State | | | (Plus 4) | |
| | | | Hummelstown | | PA | | 17036 | | |
| Full Name of Contributor | | | | МО | DAY | YEAR | | 400.00 | |
| Frank J Csrnko Jr | | | 140 | DAI | ILAK | \$ | 490.00 | | |
| Mailing Address | | | | - 6 | 1 | 2017 | | | |
| City Bethlehem | State | Zi | p Code (Plus 4) | | | 2017 | | | |
| PA 18017 | | | | | | 1 | | | |
| Employer Name Unknown | | | Occupat | ion | Unknow | n | | | |
| mployer Mailing Address/Principal Place of Business City | | | <u> </u> | State | | Zip Code | (Plus 4) | | |
| Bethlehem | | | | PA | | 18017 | - | | |
| Betnienem | | | | | 1 | | 1001/ | | |

| | | | | | | | _ | - | |
|---|---------------------|-----|------------------------|-------------------------|-------------|----------|------------|----------|--|
| Full Name of Contributor Celeste V Bailey | | | | мо | DAY | YEAR | \$ | 990.00 | |
| Mailing Address | | | | | | 20:- | 7 | | |
| City Hummelstown | State | Ziı | p Code (Plus 4) | 6 | 1 | 2017 | | | |
| | _{PA} | | 7036 | | | | | | |
| Employer Name Unknown | | | | Occupat | ion | Unknow | n | | |
| Employer Mailing Address/Principal Plac | e of Rusiness | | City | Госсири | State | OTTRITOW | Zip Code (| Plus 4) | |
| Employer Haming Address, Filmelpair Had | | | Hummelstown | | PA | | 17036 | . 145 1, | |
| Full Name of Contributor Alison Hassman | | | | мо | DAY | YEAR | \$ | 490.00 | |
| Mailing Address | | | | _ | _ | | 1 | | |
| City Mechanicsburg | State | Zij | p Code (Plus 4) | 6 | 1 | 2017 | | | |
| , | _{PA} | | 055 | | | | | | |
| Employer Name Unknown | | | | Occupat | ion | Unknow | n | | |
| Employer Mailing Address/Principal Plac | e of Rusiness | | City | Госсири | State | OTIKITOW | Zip Code (| Plus 4) | |
| Employer Flaming Address/11melpar Flac | e or business | | _ | | PA | | 17055 | 1 143 47 | |
| | | | Mechanicsburg | | FA | | 1/033 | | |
| Full Name of Contributor Harry J Rubin | | | | мо | DAY | YEAR | \$ | 490.00 | |
| Mailing Address | | | | 6 | 1 | 2017 | | | |
| City York | State | Zij | p Code (Plus 4) | | _ | 2017 | | | |
| | l _{PA} | 17 | 401 | | | | | | |
| Employer Name Unknown | | | | Occupat | ion | Unknow | n | | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | State | | Zip Code (| Plus 4) | |
| | | | York | | PA | | 17401 | | |
| Full Name of Contributor | | | | | | | | | |
| Elizabeth Rousek Ayers | | | | МО | DAY | YEAR | \$ | 490.00 | |
| Mailing Address | | | | | | | 1 | | |
| City Dillsburg | State | Zij | p Code (Plus 4) | 6 | 1 | 2017 | 1 | | |
| i i i i | _{PA} | | 019 | | | | | | |
| Employer Name Unknown | | | | Occupat | ion | Unknow | n | | |
| Employer Mailing Address/Principal Plac | e of Rusiness | | City | State Zip Code (Plus 4) | | | | | |
| Limployer Flaming Address, Frincipal Flac | e or business | | Dillsburg | | PA | | 17019 | | |
| | | | Dilisburg | | 117 | | 17019 | | |
| Full Name of Contributor David L McCorkle | | | | МО | DAY | YEAR | \$ | 490.00 | |
| Mailing Address | | | | | - | 2017 | 7 | | |
| City Mechanicsburg | State | Zij | p Code (Plus 4) | 6 | 1 | 2017 | 1 | | |
| | _{PA} | 17 | 055 | | | | | | |
| Employer Name Unknown | | | | Occupat | ion | Unknow | n | | |
| Employer Mailing Address/Principal Plac | e of Business | | City | • | State | | Zip Code (| Plus 4) | |
| | | | Mechanicsburg | | PA | | 17055 | • | |
| Full Name of Contribution | | | . iccilariicabarg | | 1 | | 1, 555 | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 990.00 | |
| AFSCME Mailing Address | | | | | | | - | | |
| Mailing Address | State | 7: | n Codo (Blue 4) | 6 | 1 | 2017 | | | |
| City Unknown | State | | p Code (Plus 4) | | | | | | |
| | l pa l | 1/ | '102 | | | 1 1811 | 1 | | |
| | | | | | · · o m | UNknow | 'n | | |
| Employer Name AFSCME | | | | Occupat | 1 | | | | |
| Employer Name AFSCME Employer Mailing Address/Principal Place | e of Business | | City Unknown | Occupat | State PA | ONTRION | Zip Code (| Plus 4) | |

| Full Name of Contributor | | | | мо | DAY | YEAR | 400.00 | | | |
|---|---------------|-----------------|---------------------------------------|------------------------|--------------------|--------|-------------------|--|--|--|
| Dorothy Previc | | | | 140 | DAI | ILAN | \$ 490.00 | | | |
| Mailing Address | | | | 6 | 1 | 2017 | | | | |
| City Camp Hill | State | Zij | p Code (Plus 4) | | _ | 2017 | | | | |
| | PA | 17 | 011 | | | | | | | |
| Employer Name Unknown | | | | Occupat | ion (| Jnknow | n | | | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | State | | Zip Code (Plus 4) | | | |
| | | | Camp Hill | | PA | | 17011 | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | * 000.00 | | | |
| C E Johnson | | | | 1-10 | DAI | ILAK | \$ 990.00 | | | |
| Mailing Address | | | | 6 | 1 | 2017 | | | | |
| City Harrisburg | State | Zij | p Code (Plus 4) | | - | 2017 | | | | |
| | PA | 17 | 104 | | | | | | | |
| Employer Name Unknown | | | | Occupat | Occupation Unknown | | | | | |
| Employer Mailing Address/Principal Plac | e of Business | | City | State Zip Code (Plus 4 | | | Zip Code (Plus 4) | | | |
| | | | Harrisburg | | PA | | 17104 | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | | |
| William W Warren Jr | | | | МО | DAT | ILAK | \$ 990.00 | | | |
| Mailing Address | | | | 6 | 1 | 2017 | | | | |
| City Lemoyne | State | Zi _l | p Code (Plus 4) | | _ | 2017 | | | | |
| | PA | 17 | 7043 | | | | | | | |
| Employer Name Unknown | | | | Occupat | ion (| Jnknow | n | | | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | State | | Zip Code (Plus 4) | | | |
| | | | Lemoyne | | PA | | 17043 | | | |
| · | | | · · · · · · · · · · · · · · · · · · · | | | | | | | |

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

| PAGE TOTAL |
|-----------------|
| \$ 17,450.00 |

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 of | or Candidate | | Report | ing Peri | od | | | | |
|-----------------------------|---------------------------|---------------|---------|----------|-----|------|--------|------------|--|
| | | | From: | rom: To: | | | То: | | |
| | | | | D | ATE | | | AMOUNT | |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 | |
| Mailing Address | | | | | | | \neg | | |
| City | State | Zip Code (F | Plus 4) | | | | | | |
| Receipt Description | • | • | | | • | • | • | | |
| Futor Curred Total of David | an Cahadula I. Datailad | Summer Dame | Caatia | 4 | | | | PAGE TOTAL | |
| Enter Grand Total of Part E | e on schedule 1, petalled | Summary Page, | Section | 4. | | | \$ | 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>5/2/2017</u> To: | 6/5/2017 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER CONTRIBUTOR | | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | T F) | | |
| TOTAL for the Reporting Pe | eriod (2) | \$ | 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Pe | eriod (3) | \$ | 0.00 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candid | late | | Reporting | g Period | | | | |
|------------------------------------|--------------------|------------------------|-----------|----------|-----|---------------|------------|--|
| | | | | | | То: | | |
| | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | DAY YEAR | | | | |
| Mailing Address | | | | | | - \$ | 0.0 | |
| City | State | Zip Code (Plus 4) | | | | | | |
| Description of Contribution: | • | • | ! | • | • | _ | | |
| | | | | | | | | |
| Enter Grand Total of Part F on S | Schedule II, In-Ki | nd Contributions Detai | led Sum | mary Pag | ge, | | PAGE TOTAL | |
| Section 2. | | | | | | \$ | 0.00 | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | Re | porting | Period | | | | |
|--|----------------|-----|------------------|--------|--|--------|------------------|----|----------|------|
| | | | | Fro | m: | | To: | | | |
| | | | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | | \$ | 1 | 0.00 |
| City | State | | Zip Code(Plus 4) | | | | | | | |
| Employer of Contributor | | | | | Occup | oation | | | | |
| Employer Mailing Address/Principal Pla | ce of Business | Cit | ty | Stat | State Zip Code(Plus 4) Description of Co | | n of Contributio | on | | |
| Enter Grand Total of Part G on Sch | edule II, In-K | ind | Contributions D | etaile | ed | | | | PAGE TOT | AL |
| Summary Page, Section 3. | | | | | - | | | | | 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Per | iod | | |
|---------------------------------------|---------------|----------|-----|-----------------|
| PLANNED PARENTHOOD PA INC | From | 5/2/2017 | То: | <u>6/5/2017</u> |

| | | | • | | | | | |
|---|----------------------------------|-------|-------------------|----------------------------|-------------|----------|--------|--------|
| | | | | | DATE | | AMOUNT | |
| To Who | m Paid | | | мо | DAY | YEAR | | |
| Commit | ttee to Elect Leanne Krueger-Bra | ineky | | PIO | | 1 Z/IIX | | |
| Mailing | Address | | | 6 | 1 | 2017 | \$ | 500.00 |
| City | Swarthmore | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | | PA | 19081 | Donatio | n | | | |
| To Who | m Paid | | | мо | DAY | YEAR | | |
| Planned | d Parenthood Western PA | | | PIO | | ILAK | | |
| Mailing Address | | | | | 19 | 2017 | \$ | 80.12 |
| City | Pittsburgh | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | | PA | 15222 | Expense | e Reimburs | sement | | |
| To Who | m Paid | | | мо | DAY | YEAR | | |
| Commit | tte to Elect Leanne Krueger-Brar | neky | | PIO | | ILAK | | |
| Mailing | Address | | | 5 | 18 | 2017 | \$ | 250.00 |
| City Swarthmore State Zip Code (Plus 4) | | | Descrip | tion of Exp | enditure | | | |
| | | PA | 19081 | Donatio | n | | | |
| To Who | m Paid | | | мо | DAY | YEAR | | |
| Friends | of Patty Kim | | | PIO | | ILAK | | |
| Mailing | Address | | | 5 | 17 | 2017 | \$ | 250.00 |
| City | Harrisburg | State | Zip Code (Plus 4) | Description of Expenditure | | | | |
| | | PA | 17112 | Donatio | n | | | |
| To Who | m Paid | | | мо | DAY | YEAR | | |
| Plannec | d Parenthood PA Advocates | | | MO | | ILAK | | |
| Mailing | Address | | | 5 | 17 | 2017 | \$ | 10.01 |
| City | Harrisburg | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | | PA | 17102 | expense | e reimburs | ement | | |
| To Who | m Paid | | | МО | DAY | YEAR | | |
| Plannec | d Parenthood PA Advocates | | | HO | | ILAK | | |
| Mailing | Address | | | 5 | 16 | 2017 | \$ | 671.44 |
| City | Harrisburg | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | | l . | 1 | | | | | |

| To Whom Paid | | | МО | DAY | YEAR | | |
|---------------------------------|----------------------------|------------------------|-----------|-------------|----------|----|------------|
| Planned Parenthood PA Advocates | | | МО | | ILAK | | |
| Mailing Address | | | 5 | 9 | 2017 | \$ | 233.00 |
| City Harrisburg | Description of Expenditure | | | | | | |
| | PA | 17102 | office al | location | | | |
| To Whom Paid | | | мо | DAY | YEAR | | |
| Rep. Maurean Madden | | | 1-10 | | 12/11 | | |
| Mailing Address | | | 5 | 10 | 2017 | \$ | 250.00 |
| City Harrisburg | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | PA | 17120 | Donatio | n | | | |
| | | | | | | | PAGE TOTAL |
| Enter Grand Total of Expenditu | res on Page 1, Repo | ort Cover Page, Item D | • | | | \$ | 2,244.57 |