

# 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.	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. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2017	<b>FILING METHOD ( ) CHECK ONE</b>			<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	7	2017	(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>			
		10	24	2017		11	27	2017				
<b>A. Amount Brought Forward From Last Report</b>						\$ 174,484.40						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 24,412.18						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 198,896.58						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 22,989.39						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 175,907.19						
<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>10/24/2017</u> To: <u>11/27/2017</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 1,322.18

<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>	\$ 3,120.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 3,120.00

<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>	\$ 19,970.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 19,970.00

<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>	\$ 24,412.18
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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.**

<b>PAGE TOTAL</b>	
\$	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> PLANNED PARENTHOOD PA INC				<b>Reporting Period</b> From: <u>10/24/2017</u> To: <u>11/27/2017</u>			
				<b>DATE</b>		<b>AMOUNT</b>	

  

<b>Full Name of Contributor</b> Kimberlee Evert			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 190.00
<b>Mailing Address</b>			11	1	2017	
<b>City</b> Allison Park	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15101				

  

<b>Full Name of Contributor</b> Alison Patterson			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 90.00
<b>Mailing Address</b>			11	1	2017	
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15208				

  

<b>Full Name of Contributor</b> Dayle Steinberg			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 240.00
<b>Mailing Address</b>			11	1	2017	
<b>City</b> Wayne	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19087				

  

<b>Full Name of Contributor</b> Holly M Leggett			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 90.00
<b>Mailing Address</b>			11	1	2017	
<b>City</b> Camp Hill	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17011				

  

<b>Full Name of Contributor</b> William W Warren Jr			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 90.00
<b>Mailing Address</b>			11	1	2017	
<b>City</b> Lemoyne	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17043				

  

<b>Full Name of Contributor</b> Kathryn W McCorkle			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 90.00
<b>Mailing Address</b>			11	1	2017	
<b>City</b> Mechanicsburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17055				

  

<b>Full Name of Contributor</b> William R Schutt			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 240.00
<b>Mailing Address</b>			11	1	2017	
<b>City</b> Doylestown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18902				

Full Name of Contributor Margaret B Anderson			MO	DAY	YEAR	\$ 90.00
Mailing Address			11	1	2017	
City Unknown	State PA	Zip Code (Plus 4) 17102				
Full Name of Contributor Thomas McK Thomas			MO	DAY	YEAR	\$ 240.00
Mailing Address			11	1	2017	
City Doylestown	State PA	Zip Code (Plus 4) 18902				
Full Name of Contributor Cynthia Chuang			MO	DAY	YEAR	\$ 240.00
Mailing Address			11	1	2017	
City Hershey	State PA	Zip Code (Plus 4) 17033				
Full Name of Contributor Barry Kramer			MO	DAY	YEAR	\$ 240.00
Mailing Address			11	1	2017	
City Bala Cynwyd	State PA	Zip Code (Plus 4) 19004				
Full Name of Contributor Stephen A Herzenberg			MO	DAY	YEAR	\$ 240.00
Mailing Address			11	1	2017	
City Mechanicsburg	State PA	Zip Code (Plus 4) 17055				
Full Name of Contributor Greta Aul			MO	DAY	YEAR	\$ 240.00
Mailing Address			11	1	2017	
City Lancaster	State PA	Zip Code (Plus 4) 17603				
Full Name of Contributor Barbara Hill			MO	DAY	YEAR	\$ 90.00
Mailing Address			11	1	2017	
City Stroudsburg	State PA	Zip Code (Plus 4) 18360				
Full Name of Contributor Nancy G Harris			MO	DAY	YEAR	\$ 90.00
Mailing Address			11	1	2017	
City Bryn Mawr	State PA	Zip Code (Plus 4) 19010				
Full Name of Contributor Roseann Tedesco			MO	DAY	YEAR	\$ 90.00
Mailing Address			11	1	2017	
City Moosic	State PA	Zip Code (Plus 4) 18507				

<b>Full Name of Contributor</b> Mary B Kreider			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 90.00
<b>Mailing Address</b>			11	1	2017	
<b>City</b> Elverson	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19520				
<b>Full Name of Contributor</b> Theresa Larson Scheetz			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 190.00
<b>Mailing Address</b>			11	1	2017	
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15238				
<b>Full Name of Contributor</b> Morgan Plant			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 90.00
<b>Mailing Address</b>			11	1	2017	
<b>City</b> Carlisle	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17013				
<b>Full Name of Contributor</b> Helen Bosley			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 70.00
<b>Mailing Address</b>			11	1	2017	
<b>City</b> Yardley	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19067				
<b>Full Name of Contributor</b> Christine Jacobs			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 90.00
<b>Mailing Address</b>			11	1	2017	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19106				

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

**PAGE TOTAL**

\$ 3,120.00

**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	\$	0.00
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

**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.)**

<b>Name of Filing Committee or Candidate</b>  PLANNED PARENTHOOD PA INC	<b>Reporting Period</b>  <b>From:</b> <u>10/24/2017</u> <b>To:</b> <u>11/27/2017</u>
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				DATE	AMOUNT	
Full Name of Contributor				MO	DAY	YEAR
Nancy Eales						
Mailing Address				11	1	2017
City	Newtown Square	State	Zip Code (Plus 4)			
		PA	19073			
Employer Name Unknown				Occupation Unknown		
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)	
			Newtown Square	PA	19073	

  

Full Name of Contributor				MO	DAY	YEAR
Valerie Arkoosh						
Mailing Address				11	1	2017
City	Wyndmmore	State	Zip Code (Plus 4)			
		PA	19038			
Employer Name Unknown				Occupation Unknown		
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)	
			Wyndmmore	PA	19038	

  

Full Name of Contributor				MO	DAY	YEAR
Matthew B Peck						
Mailing Address				11	1	2017
City	Unknown	State	Zip Code (Plus 4)			
		PA	17102			
Employer Name Unknown				Occupation Unknown		
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)	
			Unknown	PA	17102	

  

Full Name of Contributor				MO	DAY	YEAR
Dusty Elias Kirk						
Mailing Address				11	1	2017
City	Unknown	State	Zip Code (Plus 4)			
		PA	17102			
Employer Name Unknown				Occupation UNkown		
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)	
			Unknown	PA	17102	



<b>Full Name of Contributor</b> FH Klein Jr			<b>MO</b> 11	<b>DAY</b> 1	<b>YEAR</b> 2017	<b>\$</b> 9,990.00
<b>Mailing Address</b>						
<b>City</b> Oley	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19547				
<b>Employer Name</b> Unknown			<b>Occupation</b> Unknown			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b> Oley	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 19547	

  

<b>Full Name of Contributor</b> Bevan Lawson			<b>MO</b> 11	<b>DAY</b> 1	<b>YEAR</b> 2017	<b>\$</b> 530.00
<b>Mailing Address</b>						
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19103				
<b>Employer Name</b> Unknown			<b>Occupation</b> Unknown			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b> Philadelphia	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 19103	

  

<b>Full Name of Contributor</b> Joan K Stemmler			<b>MO</b> 11	<b>DAY</b> 1	<b>YEAR</b> 2017	<b>\$</b> 990.00
<b>Mailing Address</b>						
<b>City</b> Kennett Square	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19348				
<b>Employer Name</b> Unknown			<b>Occupation</b> Unknown			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b> Kennett Square	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 19348	

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

<b>PAGE TOTAL</b>
<b>\$</b> 19,970.00

## 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>10/24/2017</u> To: <u>11/27/2017</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

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## SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
PLANNED PARENTHOOD PA INC	From <u>10/24/2017</u> To: <u>11/27/2017</u>

			DATE	AMOUNT		
To Whom Paid			MO	DAY	YEAR	\$ 233.00
Planned Parenthood PA Advocates			11	1	2017	
Mailing Address						
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure			
			Monthly Office Allocation			
To Whom Paid			MO	DAY	YEAR	\$ 90.88
Sari Stevens			11	2	2017	
Mailing Address						
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure			
			Expense Reimbursement			
To Whom Paid			MO	DAY	YEAR	\$ 75.00
MCDC			11	10	2017	
Mailing Address						
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure			
			Donation			
To Whom Paid			MO	DAY	YEAR	\$ 500.00
Friends of Matt Bradford			11	16	2017	
Mailing Address						
City Eagleville	State PA	Zip Code (Plus 4) 19403	Description of Expenditure			
			Donation			
To Whom Paid			MO	DAY	YEAR	\$ 752.24
Planned Parenthood of Western PA			11	17	2017	
Mailing Address						
City Pittsburgh	State PA	Zip Code (Plus 4) 15222	Description of Expenditure			
			Expense Reimbursments			
To Whom Paid			MO	DAY	YEAR	\$ 283.67
Liz Klie			11	20	2017	
Mailing Address						
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure			
			Expense Reimbursement			

<b>To Whom Paid</b> Mack-Sumner COmmunications			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,135.00
<b>Mailing Address</b>			11	20	2017	
<b>City</b> Alexandria	<b>State</b> VA	<b>Zip Code (Plus 4)</b> 22311	<b>Description of Expenditure</b> Communications			

  

<b>To Whom Paid</b> Mack Sumner Communications			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 18,914.60
<b>Mailing Address</b>			11	20	2017	
<b>City</b> Alexandria	<b>State</b> VA	<b>Zip Code (Plus 4)</b> 22311	<b>Description of Expenditure</b> Communications			

  

<b>To Whom Paid</b> Dan Frankel for the 23rd District Comm			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>			11	20	2017	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101	<b>Description of Expenditure</b> Donation			

  

<b>To Whom Paid</b> Sherri Miller			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 5.00
<b>Mailing Address</b>			11	20	2017	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17102	<b>Description of Expenditure</b> expense reimbursement			

  

<b>To Whom Paid</b> Friends of Frank Farry			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>			11	20	2017	
<b>City</b> Langhorne	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19047	<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>
						\$ 22,989.39

