

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 | | ✓ | | 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 POST-PRIMARY | 3. | AMENDMENT REPORT? | Yes | No | ✓ | | | |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY POST-ELECTION | 6. X | TERMINATION REPORT? | Yes | No | ✓ | | | |
| | ANNUAL REPORT | 7. | Year 2017 | FILING METHOD () CHECK ONE | | | PAPER | ✓ | DISKETTE | | | | |
| Name of Office Sought by Candidate: | | | | | | DATE OF ELECTION | | | District Number | Office Code | Party Code | County Code | |
| | | | | | | MO | DAY | YEAR | | | | | |
| | | | | | | 11 | 7 | 2017 | | | | | |
| Summary of Receipts and Expenditures from: | | | | | | MO | DAY | YEAR | FOR OFFICE USE ONLY | | | | |
| | | | | | | 10 | 24 | 2017 | | | | | |
| | | | | | | 11 | 27 | 2017 | | | | | |
| A. Amount Brought Forward From Last Report | | | | | | \$ 174,484.40 | | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | | \$ 24,412.18 | | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | \$ 198,896.58 | | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | \$ 22,989.39 | | | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | | \$ 175,907.19 | | | | | | | |
| 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>10/24/2017</u> To: <u>11/27/2017</u> |

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

| | |
|--|-------------|
| 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) | \$ 3,120.00 |
| TOTAL for the Reporting Period (2) | \$ 3,120.00 |

| | |
|---|--------------|
| 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) | \$ 19,970.00 |
| TOTAL for the Reporting Period (3) | \$ 19,970.00 |

| | |
|--|---------|
| 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.) | \$ 24,412.18 |
|---|--------------|

| | | | | | | |
|--|-------|-------------------|--|------------------|-----|--|
| <div>PART A</div> <div>CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</div> <div>\$50.01 TO \$250.00</div> <div>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.</div> | | | | | | |
| Name of Filing Committee or Candidate | | | | Reporting Period | | |
| | | | | From: | | To: |
| | | | | DATE | | AMOUNT |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR |
| Mailing Address | | | | | | \$ 0.00 |
| City | State | Zip Code (Plus 4) | | | | |
| Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. | | | | | | <div>PAGE TOTAL</div> <div>\$ 0.00</div> |

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>10/24/2017</u> To: <u>11/27/2017</u> |
|---|--|

| | |
|-------------|---------------|
| DATE | AMOUNT |
|-------------|---------------|

| Full Name of Contributor | | | | MO | DAY | YEAR | \$90.00 |
|--------------------------|--------------|-------|-------------------|----|-----|------|---------|
| Christine Jacobs | | | | | | | |
| Mailing Address | | | | 11 | 1 | 2017 | |
| 240 Spruce Street | | State | Zip Code (Plus 4) | | | | |
| City | Philadelphia | PA | 19106 | | | | |

| Full Name of Contributor | | | | MO | DAY | YEAR | \$ 70.00 |
|--------------------------|---------|-------|----|-------------------|-------|------|----------|
| Helen Bosley | | | | | | | |
| Mailing Address | | | | 11 | 1 | 2017 | |
| 546 Palmer Farm Drive | | | | | | | |
| City | Yardley | State | PA | Zip Code (Plus 4) | 19067 | | |

| | | | | | | | |
|----------------------------------|----------|-------|-------------------|-----|------|---------|--|
| Full Name of Contributor | | | MO | DAY | YEAR | \$90.00 | |
| Morgan Plant | | | | | | | |
| Mailing Address322 S West Street | | | | | | | |
| City | Carlisle | State | Zip Code (Plus 4) | 11 | 1 | 2017 | |
| | | PA | 17013 | | | | |

| Full Name of Contributor | | | | MO | DAY | YEAR | \$ 190.00 |
|--------------------------|--|------|-------|----|-----|------|-------------------|
| Theresa Larson Scheetz | | | | | | | |
| Mailing Address | | | | 11 | 1 | 2017 | |
| 8 Overlook Drive | | City | State | | | | Zip Code (Plus 4) |
| Pittsburgh | | PA | 15238 | | | | |

| Full Name of Contributor | | | | MO | DAY | YEAR | \$90.00 |
|--------------------------|----------|-------|----|-------------------|-------|------|---------|
| Mary B Kreider | | | | | | | |
| Mailing Address | | | | 11 | 1 | 2017 | |
| 362 Reading Furnace Road | | | | | | | |
| City | Elverson | State | PA | Zip Code (Plus 4) | 19520 | | |

| | | | | | | |
|---|----------|-------------------------|----|-----|------|----------|
| Full Name of Contributor Roseann Tedesco | | | MO | DAY | YEAR | \$ 90.00 |
| Mailing Address 6 Kipling Drive | | | 11 | 1 | 2017 | |
| City Moosic | State PA | Zip Code (Plus 4) 18507 | | | | |

| | | | | | | |
|--|----------|-------------------------|----|-----|------|----------|
| Full Name of Contributor Nancy G Harris | | | MO | DAY | YEAR | \$ 90.00 |
| Mailing Address 79 Pasture Lane | | | 11 | 1 | 2017 | |
| City Bryn Mawr | State PA | Zip Code (Plus 4) 19010 | | | | |

| | | | | | | |
|--|----------|-------------------------|----|-----|------|----------|
| Full Name of Contributor Barbara Hill | | | MO | DAY | YEAR | \$ 90.00 |
| Mailing Address 7211 Hickory Lane | | | 11 | 1 | 2017 | |
| City Stroudsburg | State PA | Zip Code (Plus 4) 18360 | | | | |

| | | | | | | |
|---|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributor Greta Aul | | | MO | DAY | YEAR | \$ 240.00 |
| Mailing Address 917 COLUMBIA Ave, Ste 622 | | | 11 | 1 | 2017 | |
| City Lancaster | State PA | Zip Code (Plus 4) 17603 | | | | |

| | | | | | | |
|--|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributor Stephen A Herzenberg | | | MO | DAY | YEAR | \$ 240.00 |
| Mailing Address 21 E Coover Street | | | 11 | 1 | 2017 | |
| City Mechanicsburg | State PA | Zip Code (Plus 4) 17055 | | | | |

| | | | | | | |
|--|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributor Barry Kramer | | | MO | DAY | YEAR | \$ 240.00 |
| Mailing Address 135 Cornell Road | | | 11 | 1 | 2017 | |
| City Bala Cynwyd | State PA | Zip Code (Plus 4) 19004 | | | | |

| | | | | | | |
|--|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributor Cynthia Chuang | | | MO | DAY | YEAR | \$ 240.00 |
| Mailing Address 340 E Chocolate Avenue | | | 11 | 1 | 2017 | |
| City Hershey | State PA | Zip Code (Plus 4) 17033 | | | | |

| | | | | | | |
|---|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributor Thomas McK Thomas | | | MO | DAY | YEAR | \$ 240.00 |
| Mailing Address 3450 Church School Road | | | 11 | 1 | 2017 | |
| City Doylestown | State PA | Zip Code (Plus 4) 18902 | | | | |

| | | | | | | |
|---|----------|-------------------------|----|-----|------|----------|
| Full Name of Contributor Margaret B Anderson | | | MO | DAY | YEAR | \$ 90.00 |
| Mailing Address Unknown | | | 11 | 1 | 2017 | |
| City Unknown | State PA | Zip Code (Plus 4) 17102 | | | | |

| | | | | | | |
|--|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributor William R Schutt | | | MO | DAY | YEAR | \$ 240.00 |
| Mailing Address 3875 Curly Hill Road | | | 11 | 1 | 2017 | |
| City Doylestown | State PA | Zip Code (Plus 4) 18902 | | | | |

| | | | | | | |
|--|----------|-------------------------|----|-----|------|----------|
| Full Name of Contributor Kathryn W McCorkle | | | MO | DAY | YEAR | \$ 90.00 |
| Mailing Address 928 McCormick Road | | | 11 | 1 | 2017 | |
| City Mechanicsburg | State PA | Zip Code (Plus 4) 17055 | | | | |

| | | | | | | |
|---|----------|-------------------------|----|-----|------|----------|
| Full Name of Contributor William W Warren Jr | | | MO | DAY | YEAR | \$ 90.00 |
| Mailing Address 508 Bridgeview Drive | | | 11 | 1 | 2017 | |
| City Lemoyne | State PA | Zip Code (Plus 4) 17043 | | | | |

| Full Name of Contributor | | | MO | DAY | YEAR | \$90.00 |
|--------------------------|-----------|-------------------|----|-----|------|---------|
| Holly M Leggett | | | | | | |
| Mailing Address | | | 11 | 1 | 2017 | |
| 515 Benton Road | | | | | | |
| City | Camp Hill | State | | | | |
| | | PA | | | | |
| | | Zip Code (Plus 4) | | | | |
| | | 17011 | | | | |

| Full Name of Contributor | | | MO | DAY | YEAR | \$ 240.00 |
|--------------------------|-------|-------------------|----|-----|------|-----------|
| Dayle Steinberg | | | | | | |
| Mailing Address | | | 11 | 1 | 2017 | |
| 110 Mitchford Road | | | | | | |
| City | Wayne | State | | | | |
| | | PA | | | | |
| | | Zip Code (Plus 4) | | | | |
| | | 19087 | | | | |

| Full Name of Contributor | | | | MO | DAY | YEAR | \$ 90.00 |
|--------------------------|------------|-------|-------------------|----|-----|------|----------|
| Alison Patterson | | | | | | | |
| Mailing Address | | | | 11 | 1 | 2017 | |
| 743 South Linden Avenue | | | | | | | |
| City | Pittsburgh | State | Zip Code (Plus 4) | | | | |
| | | PA | 15208 | | | | |

| Full Name of Contributor | | | MO | DAY | YEAR | \$190.00 |
|--------------------------|-------|-------------------|----|-----|------|----------|
| Kimberlee Evert | | | | | | |
| Mailing Address | | | | | | |
| 8301 Post Road | | | | | | |
| City | State | Zip Code (Plus 4) | 11 | 1 | 2017 | |
| Allison Park | PA | 15101 | | | | |

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.

| |
|-------------------|
| 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>10/24/2017</u> To: <u>11/27/2017</u> |
|---|--|

| | | | | DATE | | | AMOUNT |
|--|--------------------|-----------------------------------|-------------------------------|---------------------------|--------------------|-----------------------------------|-------------|
| Full Name of Contributor | | | | MO | DAY | YEAR | |
| Joan K Stemmler | | | | 11 | 1 | 2017 | \$ 990.00 |
| Mailing Address 295 Kendal Drive | | | | | | | |
| City Kennett Square | State PA | Zip Code (Plus 4) 19348 | | | | | |
| Employer Name Unknown | | | | Occupation Unknown | | | |
| Employer Mailing Address/Principal Place of Business Unknown | | | City Kennett Square | | State PA | Zip Code (Plus 4) 19348 | |
| Bevan Lawson | | | | 11 | 1 | 2017 | \$ 530.00 |
| Mailing Address 2200 Arch Street, Unite 107 | | | | | | | |
| City Philadelphia | State PA | Zip Code (Plus 4) 19103 | | | | | |
| Employer Name Unknown | | | | Occupation Unknown | | | |
| Employer Mailing Address/Principal Place of Business Unknown | | | City Philadelphia | | State PA | Zip Code (Plus 4) 19103 | |
| FH Klein Jr | | | | 11 | 1 | 2017 | \$ 9,990.00 |
| Mailing Address PO Box 411 | | | | | | | |
| City Oley | State PA | Zip Code (Plus 4) 19547 | | | | | |
| Employer Name Unknown | | | | Occupation Unknown | | | |
| Employer Mailing Address/Principal Place of Business Unknown | | | City Oley | | State PA | Zip Code (Plus 4) 19547 | |

| | | | | | | |
|--|--------------------|-----------------------------------|--------------------------|------------|-----------------------------------|-----------|
| Full Name of Contributor Dusty Elias Kirk | | | MO | DAY | YEAR | \$ 990.00 |
| Mailing Address Unknown | | | 11 | 1 | 2017 | |
| City Unknown | State PA | Zip Code (Plus 4) 17102 | | | | |
| Employer Name Unknown | | | Occupation UNkown | | | |
| Employer Mailing Address/Principal Place of Business Unknown | | City Unknown | State PA | | Zip Code (Plus 4) 17102 | |

| | | | | | | |
|--|--------------------|-----------------------------------|---------------------------|------------|-----------------------------------|-----------|
| Full Name of Contributor Matthew B Peck | | | MO | DAY | YEAR | \$ 490.00 |
| Mailing Address Inknown | | | 11 | 1 | 2017 | |
| City Unknown | State PA | Zip Code (Plus 4) 17102 | | | | |
| Employer Name Unknown | | | Occupation Unknown | | | |
| Employer Mailing Address/Principal Place of Business Unknown | | City Unknown | State PA | | Zip Code (Plus 4) 17102 | |

| | | | | | | |
|--|--------------------|-----------------------------------|---------------------------|------------|-----------------------------------|-------------|
| Full Name of Contributor Valerie Arkoosh | | | MO | DAY | YEAR | \$ 1,990.00 |
| Mailing Address 530 Spring Lane | | | 11 | 1 | 2017 | |
| City Wyndmmore | State PA | Zip Code (Plus 4) 19038 | | | | |
| Employer Name Unknown | | | Occupation Unknown | | | |
| Employer Mailing Address/Principal Place of Business Unknown | | City Wyndmmore | State PA | | Zip Code (Plus 4) 19038 | |

| | | | | | | |
|--|--------------------|-----------------------------------|---------------------------|------------|-----------------------------------|-------------|
| Full Name of Contributor Nancy Eales | | | MO | DAY | YEAR | \$ 4,990.00 |
| Mailing Address 535 Gradyville Road | | | 11 | 1 | 2017 | |
| City Newtown Square | State PA | Zip Code (Plus 4) 19073 | | | | |
| Employer Name Unknown | | | Occupation Unknown | | | |
| Employer Mailing Address/Principal Place of Business Unknown | | City Newtown Square | State PA | | Zip Code (Plus 4) 19073 | |

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

PAGE TOTAL

\$ 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: 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>10/24/2017</u> To: <u>11/27/2017</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 | \$ 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: |

| | | | | 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

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

| DATE | | | | AMOUNT | | |
|--|----------|-------------------------|---|--------|------|-----------|
| To Whom Paid Planned Parenthood PA Advocates | | | MO | DAY | YEAR | \$ 233.00 |
| Mailing Address 1514 North 2nd Street | | | 11 | 1 | 2017 | |
| City Harrisburg | State PA | Zip Code (Plus 4) 17102 | Description of Expenditure Monthly Office Allocation | | | |
| To Whom Paid Sari Stevens | | | MO | DAY | YEAR | \$ 90.88 |
| Mailing Address 1514 N 2nd Street | | | 11 | 2 | 2017 | |
| City Harrisburg | State PA | Zip Code (Plus 4) 17102 | Description of Expenditure Expense Reimbursement | | | |
| To Whom Paid MCDC | | | MO | DAY | YEAR | \$ 75.00 |
| Mailing Address PO BOx 491 | | | 11 | 10 | 2017 | |
| City Stroudsburg | State PA | Zip Code (Plus 4) 18360 | Description of Expenditure Donation | | | |
| To Whom Paid Friends of Matt Bradford | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 1406 Reiner Road | | | 11 | 16 | 2017 | |
| City Eagleville | State PA | Zip Code (Plus 4) 19403 | Description of Expenditure Donation | | | |
| To Whom Paid Planned Parenthood of Western PA | | | MO | DAY | YEAR | \$ 752.24 |
| Mailing Address 933 Liberty Avenue | | | 11 | 17 | 2017 | |
| City Pittsburgh | State PA | Zip Code (Plus 4) 15222 | Description of Expenditure Expense Reimbursments | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|--|------------|-------------|--|
| To Whom Paid Liz Klie | | | MO | DAY | YEAR | |
| Mailing Address 1514 North 2nd Street | | | 11 | 20 | 2017 | |
| City Harrisburg | State PA | Zip Code (Plus 4) 17102 | Description of Expenditure Expense Reimbursement | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|---|------------|-------------|--|
| To Whom Paid Mack-Sumner CCommunications | | | MO | DAY | YEAR | |
| Mailing Address 2001 N Beauregard Street, Suite 420 | | | 11 | 20 | 2017 | |
| City Alexandria | State VA | Zip Code (Plus 4) 22311 | Description of Expenditure Communications | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|---|------------|-------------|--|
| To Whom Paid Mack Sumner Communications | | | MO | DAY | YEAR | |
| Mailing Address 2001 N Beauregard Street, Suite 420 | | | 11 | 20 | 2017 | |
| City Alexandria | State VA | Zip Code (Plus 4) 22311 | Description of Expenditure Communications | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|---|------------|-------------|--|
| To Whom Paid Dan Frankel for the 23rd District Comm | | | MO | DAY | YEAR | |
| Mailing Address 205 State Street | | | 11 | 20 | 2017 | |
| City Harrisburg | State PA | Zip Code (Plus 4) 17101 | Description of Expenditure Donation | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|--|------------|-------------|--|
| To Whom Paid Sherri Miller | | | MO | DAY | YEAR | |
| Mailing Address 1514 North 2nd Street | | | 11 | 20 | 2017 | |
| City Harrisburg | State PA | Zip Code (Plus 4) 17102 | Description of Expenditure expense reimbursement | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|---|------------|-------------|--|
| To Whom Paid Friends of Frank Farry | | | MO | DAY | YEAR | |
| Mailing Address PO Box 231 | | | 11 | 20 | 2017 | |
| City Langhorne | State PA | Zip Code (Plus 4) 19047 | Description of Expenditure Donation | | | |

| | | | | | | |
|--|--|--|--|--|--|-------------------|
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL |
| | | | | | | \$ 22,989.39 |

