### **Campaign Finance Report**

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

| Filer Identificati<br>Number :       | <b>on</b> 9400                             | )274      |                      |         | Repor         |              | CA                             | MDI   | DATE     |        | COM               | MITTEE             | <b>~</b>       | LO       | DDI  | 151        |                |
|--------------------------------------|--|-----------|----------------------|---------|---------------|--------------|--------------------------------|-------|----------|--------|-------------------|--------------------|----------------|----------|------|------------|----------------|
| Name of Filing C                     | ommittee, Candid                           | late or L | obbyist:             | •       | PLANN         | ED PA        | RENT                           | HOC   | DD PA    | INC    | •                 |                    |                |          |      |            |                |
| Street Address: 1514 N 2ND STREET FL |  |           |                      |         |               |              |                                |       |          |        |                   |                    |                |          |      |            |                |
| City:                                | HARRISBURG                                 | i         |                      |         |               |              | Stat                           | e:    | PA       |        |                   | Zip Co             | de: 1          | 7102     | -250 | 05         |                |
| TYPE OF<br>REPORT                    | 6TH TUESDAY<br>PRE-PRIMARY                 | 1.        | 2ND FRIDA<br>PRIMARY | Y PRE-  | - 2. <b>X</b> | 30 D<br>PRIM |                                | F     | POST-    | 3.     |                   | AMENDI<br>REPORT   | Yes            |          | No   | <b>~</b>   |                |
| (place X to<br>the right of          | TIRE ELECTION ELECTION                     |           |                      |         |               |              |                                |       | 6.       |        | TERMINA<br>REPORT |                    | Yes            |          | No   | <b>\</b>   |                |
| report type)                         | report type) ANNUAL REPORT 7. Year 2018    |           |                      |         |               |              | FILING METHOD<br>( ) CHECK ONE |       |          |        |                   | PAPER              |                | ~        | D    | ISKET      | TE             |
| Name of Office S                     | -<br>Sought by Candida                     | te:       |                      |         |               |              | DAT                            | ΓΕ Ο  | F ELE    | CTIC   | N                 | District<br>Number | Office<br>Code |          | arty | Code       | County<br>Code |
|                                      |  |           |                      |         |               |              | МО                             |       | DAY      | YI     | AR                |                    | •              |          |      | •          |                |
|                                      |  |           |                      |         |               |              |                                | 11    |          | 6      | 2018              |                    | (SEE I         | NSTRUC   | TION | S FOR CO   | DDES)          |
|                                      | Receipts and                               | МО        | DAY                  | YEAR    |               |              | МО                             |       | DAY      | ΥI     | EAR               | FC                 | OR OFF         | CE US    | SE O | NLY        |                |
| Expenditures                         | from:                                      |           | 3 27                 | 20      | 018           | ГО           |                                | 4     | :        | 30     | 2018              |                    |                |          |      |            |                |
| A. Amount Bro                        | ught Forward Fro                           | m Last R  | eport                |         | ·             | \$           | ;                              |       |          | 243,8  | 382.03            |                    |                |          |      |            |                |
| B. Total Moneta                      | ary Contributions                          | And Rec   | eipts (Fron          | Sche    | dule I)       | \$           | 5                              |       |          | 4,6    | 573.36            |                    |                |          |      |            |                |
| C. Total Funds                       | Available (Sum O                           | f Lines A | and B)               |         |               | \$           | 5                              |       |          | 248,5  | 555.39            |                    |                |          |      |            |                |
| D. Total Expend                      | ditures (From Sch                          | edule II  | I)                   |         |               | \$           | 5                              |       |          | 5,6    | 39.23             |                    |                |          |      |            |                |
| E. Ending Cash                       | Balance (Subtrac                           | t Line D  | From Line            | C)      |               | \$           | 5                              |       | 2        | 242,9  | 16.16             |                    |                |          |      |            |                |
| F. Value Of In-                      | Kind Contribution                          | s Receiv  | ed (From S           | chedul  | le II)        | \$           | 5                              |       |          |        | 0.00              |                    |                |          |      |            |                |
| G. Unpaid Debt                       | s And Obligations                          | (From S   | Schedule IV          | ′)      |               | \$           | 5                              |       |          |        | 0.00              |                    |                | 1        |      |            |                |
|                                      |  |           |                      |         | IDAV:         |              |                                |       |          |        |                   |                    |                |          |      |            |                |
|                                      | s a Committee rep<br>that this report, inc | -         | _                    |         |               |              |                                |       |          |        | _                 |                    | of my kno      | owledg   | e an | d belief   | true,          |
| -                                    | cribed before me thi                       | s         |                      |         |               |              |                                |       |          |        | ianatur           | of Perso           | n Guhmi        | tting D  | ono  |            |                |
|                                      | day of                                     |           | _ 20                 |         |               | _            |                                |       |          |        | ngnature          | oi Peiso           | iii Subiiii    | ttilly K | ероі |            |                |
|                                      | Signatu                                    | ire       |                      |         |               | _            |                                |       |          |        |                   | Prin               | ited Nam       | ie       |      |            |                |
| My Commission Ex                     | ·  |           |                      |         |               | _            |                                |       |          |        |                   | Ema                | il             |          |      |            |                |
|                                      | МО   |           | AY                   | YR      |               |              |                                |       |          | ea Cod | le                | Daytin             | ne Telep       | hone N   | lumi | ber        |                |
|                                      | a report of a can                          |           |                      |         | •             |              |                                |       | _        |        |                   |                    |                |          | 400  | <b>-</b> / | 4000           |
| No 320) as amende                    |  | ny knowi  | eage and bei         | er this | politica      | comn         | iittee                         | nas n | ot viola | ted an | y provis          | ions or th         | e act or       | June 3   | ,193 | 7 (P.L.    | 1333,          |
| Sworn to and subsc                   | ribed before me this<br>day of             |           | 20                   |         |               |              |                                |       |          |        | S                 | ignature (         | of Candi       | date     |      |            |                |
|                                      |  |           | _                    |         |               | _            |                                |       |          |        |                   | Printe             | ed Name        |          |      |            |                |
| My Commission Exp                    | Signature<br>ires                          |           |                      |         |               |              |                                |       |          |        |                   | Ema                | il             |          |      |            | — <b> </b>     |
|                                      | МО   | D         | AY                   | YR      |               | _            |                                |       | Area     | Code   |                   | D                  | aytime         | Teleph   | one  | Numbe      | _              |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| , -  |               |                 |              |                  |
|--|---------------|-----------------|--------------|------------------|
| Name of Filing Committee or Candidate  | Reporting     | g Period        |              |                  |
| PLANNED PARENTHOOD PA INC  | From:         | <u>3/27/201</u> | <u>8</u> To: | <u>4/30/2018</u> |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |               |                 |              |                  |
| TOTAL for the Reporting  | g Period      | (1)             | \$           | 133.36           |
| 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)   |               |                 | \$           | 1,570.00         |
| TOTAL for the Reporting  | y Period      | (2)             | \$           | 1,570.00         |
| 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)   |               |                 | \$           | 2,970.00         |
| TOTAL for the Reporting  | <b>Period</b> | (3)             | \$           | 2,970.00         |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |               |                 |              |                  |
| TOTAL for the Reporting  | g 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 |               |                 | \$           | 4,673.36         |

#### **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 | Reporting Period |                   |    |      |      |    |        |  |
|--------------------------------------|------------------|-------------------|----|------|------|----|--------|--|
|                                      | 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)

| Name of Filing Committe                         | e or Candidate   |                   | Reporting P | eriod        |                 |                  |
|---|------------------|-------------------|-------------|--------------|-----------------|------------------|
| PLANNED PARENTHOOD                              | PA INC           |                   | From:       | <u>3/27/</u> | 2018 <b>T</b> o | <u>4/30/2018</u> |
|   |                  | I                 |             | DATE         |                 | AMOUNT           |
| Full Name of Contributor                        |                  |                   | мо          | DAY          | YEAR            |                  |
| Christine jacobs                                |                  |                   |             |              |                 |                  |
| Mailing Address 240 Sp                          | oruce Street     |                   |             |              |                 | \$ 90.00         |
| <b>City</b> Philadelphia                        | State            | Zip Code (Plus 4) | 3           | 29           | 2018            |                  |
|   | PA               | 19106             |             |              |                 |                  |
| Full Name of Contributor                        |                  |                   | мо          | DAY          | YEAR            |                  |
| Cynthia Chuang                                  |                  |                   |             |              |                 |                  |
| Mailing Address 340 E                           | Chocolate Avenue | T                 |             |              |                 | <b>\$</b> 240.00 |
| <b>City</b> Hershey                             | State            | Zip Code (Plus 4) | 3           | 29           | 2018            |                  |
|   | PA               | 17033             |             |              |                 |                  |
| Full Name of Contributor                        |                  |                   | мо          | DAY          | YEAR            |                  |
| Morgan Plant                                    |                  |                   |             |              |                 |                  |
| Mailing Address 322 S                           | West Street      |                   |             |              |                 | \$ 90.00         |
| <b>City</b> Carlisle                            | State            | Zip Code (Plus 4) | 3           | 29           | 2018            |                  |
|   | PA               | 17013             |             |              |                 |                  |
| Full Name of Contributor                        |                  |                   | мо          | DAY          | YEAR            |                  |
| Jessica Brittain                                |                  |                   |             |              | 12/11           |                  |
| Mailing Address 6805 (                          | Old Berwick road |                   |             |              |                 | <b>\$</b> 90.00  |
| <b>City</b> Bloomsburg                          | State            | Zip Code (Plus 4) | 3           | 29           | 2018            |                  |
|   | PA               | 17815             |             |              |                 |                  |
| <b>Full Name of Contributor</b><br>Helen Bosley |                  |                   | МО          | DAY          | YEAR            |                  |
| ·   | almer Farm Drive |                   |             |              |                 | \$ 90.00         |
| <b>City</b> Yardley                             | State            | Zip Code (Plus 4) | 3           | 29           | 2018            |                  |
| ,   | PA               | 19067             |             |              |                 |                  |
| Full Name of Contributor                        | •                | •                 |             | l            |                 |                  |
| James Dillard                                   |                  |                   | МО          | DAY          | YEAR            |                  |
| Mailing Address 106 O                           | ld Railroad Lane |                   |             |              |                 | \$ 90.00         |
| City Port Matilda                               | State            | Zip Code (Plus 4) | 3           | 29           | 2018            |                  |
| i ore riacinaa                                  |                  | p ccac (ac .)     | '           | _            | 1               |                  |

| Full N                             | lame of Contributor  |                   |                                   | МО          | DAY           | YEAR             |                       |          |
|------------------------------------|--|-------------------|-----------------------------------|-------------|---------------|------------------|-----------------------|----------|
| Morga                              | an Plant   |                   |                                   |             |               | ILAN             |                       |          |
| Mailin                             | ng Address 322 S West  | Street            |                                   |             |               |                  | \$ 90.00              |          |
| City                               | Carlisle   | State             | Zip Code (Plus 4)                 | 3           | 29            | 2018             |                       |          |
|                                    |  | PA                | 17013                             |             |               |                  |                       |          |
| Full N                             | lame of Contributor  |                   |                                   | мо          | DAY           | YEAR             |                       |          |
| Judith                             | n L Schwank  |                   |                                   |             |               |                  |                       |          |
| Mailin                             | ng Address 169 Stitzer   | Road              |                                   | _           |               |                  | \$ 90.00              |          |
| City                               | Fleetwood  | State             | Zip Code (Plus 4)                 | 3           | 29            | 2018             |                       |          |
|                                    |  | PA                | 19522                             |             |               |                  |                       |          |
| Full N                             | lame of Contributor  |                   |                                   | мо          | DAY           | YEAR             |                       |          |
| Thom                               | as Grumbacher  |                   |                                   |             |               |                  |                       |          |
| Mailin                             | ng Address 2055 Rosew  | ood Lane          |                                   | <u> </u>    |               |                  | <b>\$</b> 100.00      |          |
| City                               | York   | State             | Zip Code (Plus 4)                 | 4           | 25            | 2018             |                       |          |
|                                    |  | PA                | 17403                             |             |               |                  |                       |          |
| Full N                             | lame of Contributor  |                   |                                   | мо          | DAY           | YEAR             |                       |          |
| Christ                             | tine Jacobs  |                   |                                   |             |               |                  |                       |          |
| Mailin                             | ng Address 240 Spruce  | Street            |                                   | _           |               | \$               |                       | \$ 90.00 |
| City                               | Philadelphia   | State             | Zip Code (Plus 4)                 | 4           | 30            | 2018             |                       |          |
|                                    |  | PA                | 19106                             |             |               |                  |                       |          |
| Full N                             | lame of Contributor  |                   |                                   | мо          | DAY           | YEAR             |                       |          |
| helen                              | Bosley   |                   |                                   | 1-10        | אלו           | ILAK             |                       |          |
| Mailin                             | ng Address 546 Palmer  | Farm Drive        |                                   |             |               |                  | \$ 90.00              |          |
| City                               | Yardley  | State             | Zip Code (Plus 4)                 | 4           | 30            | 2018             |                       |          |
|                                    |  | PA                | 19067                             |             |               |                  |                       |          |
| Full N                             | lame of Contributor  |                   |                                   | мо          | DAY           | YEAR             |                       |          |
| James                              | s Dillard  |                   |                                   | МО          | DAT           | TEAR             |                       |          |
| Mailin                             | ng Address 106 Old Rail  | lroad lane        |                                   |             |               |                  | \$ 90.00              |          |
| City                               | Port Matilda   | State             | Zip Code (Plus 4)                 | 4           | 30            | 2018             |                       |          |
|                                    |  | PA                | 16870                             |             |               |                  |                       |          |
|                                    |  |                   |                                   |             |               |                  |                       |          |
| Full N                             | lame of Contributor  |                   |                                   | MO          | DAY           | VEAD             |                       |          |
|                                    | lame of Contributor<br>ca Brittain   |                   |                                   | МО          | DAY           | YEAR             |                       |          |
| Jessic                             |  | erwick Road       |                                   | МО          | DAY           | YEAR             | \$ 90.00              |          |
| Jessic                             | ca Brittain  | erwick Road State | Zip Code (Plus 4)                 | <b>MO</b> 4 | <b>DAY</b> 30 | <b>YEAR</b> 2018 | \$ 90.00              |          |
| Jessic<br><b>Mailin</b>            | ng Address 6805 Old Be   |                   | <b>Zip Code (Plus 4)</b><br>17815 |             |               |                  | \$ 90.00              |          |
| Jessic<br>Mailin<br>City           | ng Address 6805 Old Be   | State             |                                   | 4           | 30            | 2018             | \$ 90.00              |          |
| Jessic<br>Mailin<br>City           | ca Brittain<br>n <b>g Address</b> 6805 Old Be<br>Bloomsburg                      | State             |                                   |             |               |                  | \$ 90.00              |          |
| Jessic<br>Mailin<br>City<br>Full N | ca Brittain  ng Address 6805 Old Be  Bloomsburg  lame of Contributor  nia Chuang | State             |                                   | 4           | 30            | 2018             | \$ 90.00<br>\$ 240.00 |          |
| Jessic<br>Mailin<br>City<br>Full N | ca Brittain  ng Address 6805 Old Be  Bloomsburg  lame of Contributor  nia Chuang | State<br>PA       |                                   | 4           | 30            | 2018             |                       |          |

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

**PAGE TOTAL \$** 1,570.00

#### **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.

| lame of Filing Committee or Candidate                          |       |          | Reporting Period |      |     |      |               |            |    |  |
|--|-------|----------|------------------|------|-----|------|---------------|------------|----|--|
|  |       | From:    | From: To:        |      |     |      |               |            |    |  |
|  |       |          |                  | DA   | TE  |      | P             | AMOUNT     |    |  |
| Full Name of Contributing Committee                            |       |          |                  | МО   | DAY | YEAR |               | 0.0        | 00 |  |
| Mailing Address  |       |          |                  |      |     |      | <b>-</b>   \$ | 0.0        | טע |  |
| City   | State | Zip Code | e (Plus 4)       |      |     |      |               |            |    |  |
|  |       |          |                  |      |     |      |               | PAGE TOTAL |    |  |
| inter Grand Total of Part C on Schedule I, Detailed Summary 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.)

| lame of Filing Committee or Candidate                                   |                    |     |            |      | Reporting Period |               |                   |           |            |  |
|---|--------------------|-----|------------|------|------------------|---------------|-------------------|-----------|------------|--|
| PLANNED PARENTHOOD PA INC   |                    |     |            | Fror | n:               | <u>3/27/2</u> | <u>018</u> To     | :         | 4/30/2018  |  |
|   |                    |     |            |      | DA               | ATE           |                   | A         | MOUNT      |  |
| Full Name of Contributor  |                    |     |            |      | мо               | DAY           | YEAR              |           | 1 000 00   |  |
| Brian Baxter  |                    |     |            |      | 140              | DAI           | ILAK              | \$        | 1,990.00   |  |
| Mailing Address 800 Admirals Way #                                      | <sup>‡</sup> 1181  |     |            |      | 3                | 29            | 2018              |           |            |  |
| <b>City</b> Philadelphia  | State              | Zip | Code (Plus | 4)   |                  |               | 2010              |           |            |  |
|   | PA                 | 19  | 146        |      |                  |               |                   |           |            |  |
| Employer Name Unknown   |                    |     |            |      | Occupat          | ion           | Unknow            | n         |            |  |
| Employer Mailing Address/Principal Plac                                 | e of Business      |     | City       |      |                  | State         |                   | Zip Cod   | e (Plus 4) |  |
| Unknown   |                    |     | Philadelph | iia  |                  | PA            |                   | 19146     |            |  |
| Full Name of Contributor  |                    |     |            |      | мо               | DAY           | YEAR              | \$        | 300.00     |  |
| Susanne Wean  |                    |     |            |      |                  | 27            |                   | _         | 300.00     |  |
| Mailing Address 280 Millview Drive                                      |                    |     |            |      | 4                | 26            | 2018              |           |            |  |
| City Pittsburgh State Zip Code (Plus 4)                                 |                    |     | 4)         |      |                  |               |                   |           |            |  |
| PA 15238  |                    |     |            |      |                  |               |                   | l         |            |  |
| Employer Name Unknown   |                    |     |            |      | Occupat          | ion           | Unknow            | n         |            |  |
| Employer Mailing Address/Principal Plac                                 | e of Business      |     | City       |      |                  | State         |                   | Zip Cod   | e (Plus 4) |  |
| Unknown   |                    |     | Pittsburgh | ١    |                  | PA            |                   | 15238     |            |  |
| Full Name of Contributor  |                    |     |            |      | мо               | DAY           | VEAD              |           |            |  |
| Leone E.G. Schoenberg   |                    |     |            |      | МО               | DAY           | YEAR              | \$        | 290.00     |  |
| Mailing Address 1400 Waverly Road                                       | , Apt B227         |     |            |      | 4                | 30            | 2018              | 1         |            |  |
| <b>City</b> Gladwyne  | State              | Zip | Code (Plus | 4)   | ]                | 30            | 2010              |           |            |  |
|   | PA                 | 19  | 035        |      |                  |               |                   |           |            |  |
| Employer Name Unknown   |                    |     |            |      | Occupat          | ion           | Unknow            | n         |            |  |
| Employer Mailing Address/Principal Plac                                 | e of Business      |     | City       |      |                  | State         |                   | Zip Cod   | e (Plus 4) |  |
| Unknown   |                    |     | Gladwyne   |      |                  | PA            |                   | 19035     |            |  |
| Full Name of Contributor  |                    |     |            |      |                  |               |                   |           |            |  |
| <br>  Bynthia Jimenez   |                    |     |            |      | МО               | DAY           | YEAR              | <b>\$</b> | 390.00     |  |
| Mailing Address 932 Franklin Street                                     |                    |     |            |      | 4                | 30            | 2018              |           |            |  |
| City Wyomissing   | State              | Zip | Code (Plus | 4)   | ]                | 30            | 2010              |           |            |  |
|   | PA                 | 19  | 610        |      |                  |               |                   |           |            |  |
| Employer Name Unknown   |                    |     |            |      | Occupat          | ion           | Unknow            | n         |            |  |
| Employer Mailing Address/Principal Place of Business City               |                    |     |            |      | State            |               | Zip Code (Plus 4) |           |            |  |
| Unknown   | Unknown Wyomissing |     |            | ng   | PA               |               |                   | 19610     |            |  |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Secti |                    |     |            |      |                  |               |                   |           |            |  |

2,970.00

## 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  | or Candidate              |                  | Report | ing Peri | od  |      |    |            |
|---------------------------|---------------------------|------------------|--------|----------|-----|------|----|------------|
|                           |                           |                  | From:  |          |     | To:  |    |            |
|                           |                           |                  |        | D        | ATE |      |    | AMOUNT     |
| Full Name                 |                           |                  |        | мо       | DAY | YEAR | \$ | 0.00       |
| Mailing Address           |                           |                  |        |          |     |      | 7  |            |
| City                      | State                     | Zip Code (Plu    | ıs 4)  |          |     |      |    |            |
| Receipt Description       |                           | <b>.</b>         |        |          | •   |      |    |            |
| Futor Crowd Total of Book | F an Cabadula I Batailad  | Summer Base Se   |        | 4        |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part | E on Schedule I, Detailed | Summary Page, Se | ection | 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 Perio | d                     |           |
|--|-----------------|-----------------------|-----------|
| PLANNED PARENTHOOD PA INC  | From:           | 3/27/2018 <b>To</b> : | 4/30/2018 |
| 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 Ca   | Reporting Period |                   |    |          |      |             |            |  |
|--|------------------|-------------------|----|----------|------|-------------|------------|--|
|  |                  |                   |    |          |      | To:         | То:        |  |
|  |                  |                   |    | DATE     |      |             | AMOUNT     |  |
| Full Name of Contributor   |                  |                   | МО | DAY      | YEAR |             |            |  |
| Mailing Address  |                  |                   |    |          |      | <b>7</b> \$ | 0.00       |  |
| City   | State            | Zip Code (Plus 4) |    |          |      |             |            |  |
| Description of Contribution:   | •                | -                 |    |          |      |             |            |  |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Deta |                  |                   |    | ımary Pa | ige, |             | PAGE TOTAL |  |
| Section 2.   |                  |                   |    |          |      | \$          | 0.00       |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate   | lame of Filing Committee or Candidate |      |                  | Rep    | orting | Period       |       |      |                     |      |
|---|---------------------------------------|------|------------------|--------|--------|--------------|-------|------|---------------------|------|
|   |                                       |      |                  | Fro    | m:     |              | To:   | То:  |                     |      |
|   |                                       |      |                  |        |        | DATE         |       |      | AMOUNT              |      |
| Full Name of Contributor                |                                       |      |                  |        | мо     | DAY          | YEAR  |      |                     |      |
| Mailing Address                         |                                       |      |                  |        |        |              |       |      | \$                  | 0.00 |
| City                                    | State                                 |      | Zip Code(Plus 4) |        |        |              |       |      |                     |      |
| Employer of Contributor                 |                                       |      |                  |        | Occup  | ation        |       |      |                     |      |
| Employer Mailing Address/Principal Plac | e of Business                         | City | V                | State  | e Zip  | Code(Plus 4) | Descr | ript | ion of Contribution | on   |
| Enter Grand Total of Part G on Scho     | edule II, In-Kir                      | nd C | Contributions De | etaile | ed     |              |       |      | PAGE TO             | ΓAL  |
| Summary Page, Section 3.                | ,                                     |      |                  |        |        |              |       |      |                     | 0.00 |

# STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting P | Period    |     |           |
|---------------------------------------|-------------|-----------|-----|-----------|
| PLANNED PARENTHOOD PA INC             | From        | 3/27/2018 | То: | 4/30/2018 |

| AMOUNT                     |    |   |   |                                |  |   |                    |  |  |  |  |  |  |
|----------------------------|----|---|---|--------------------------------|--|---|--------------------|--|--|--|--|--|--|
|                            |    | DATE  |   |                                |  |   |                    |  |  |  |  |  |  |
|                            |    | YEAR  | DAY   |                                | МО   |   |                    |  | om Paid  |  |  |  |  |
|                            |    |   |   |                                | -1.0   |   |                    | od PA Advocates                                      | ed Parenthoo   |  |  |  |  |
| 60.00                      | \$ | 2018  | 26  | 4                              | 4  | Mailing Address 1514 N 2nd Street               |                    |  |  |  |  |  |  |
|                            |    | enditure                                    | on of Expe  | ripti                          | Descr  | Zip Code (Plus 4)                               | State              |  | <b>City</b> Harrisburg   |  |  |  |  |
|                            |    | chgs  | on of CC  | porti                          | PAC p  | 17102   | PA                 |  |  |  |  |  |  |
|                            |    | VEAD  | DAY   | ١,                             | МО   | To Whom Paid                                    |                    |  |  |  |  |  |  |
|                            |    | ILAK  | JAI   | Ι.                             | MO   |   |                    | od PA Advocates                                      | ed Parenthoo   |  |  |  |  |
| 1,145.07                   | \$ | 2018  | 4   | 4                              |  |   |                    | 1514 N 2nd Street                                    | g Address  |  |  |  |  |
|                            |    | enditure                                    | on of Expe  | ripti                          | Descr  | Zip Code (Plus 4)                               | State              | <b>City</b> Harrisburg                               |  |  |  |  |  |
|                            |    | ation                                       | lary alloca   | h sa                           | March  | PA 17102  |                    |  |  |  |  |  |  |
|                            |    | VEAD  | DAY   | Ι,                             | МО   |   |                    |  | om Paid  |  |  |  |  |
|                            |    | ILAK  | JA I  | ı.                             | 140  |   |                    | od PA Advocates                                      | ed Parenthoo   |  |  |  |  |
| 133.53                     | \$ | 2018  | 3   | 4                              |  |   |                    | 1514 N 2nd Street                                    | g Address  |  |  |  |  |
| Description of Expenditure |    |   |   |                                | <b>+_</b>                                    |   |                    |  | <b>City</b> Harrisburg   |  |  |  |  |
|                            |    | enantare                                    | on or Expe  | riptio                         | Descr  | Zip Code (Plus 4)                               | State              |  | Harrisburg   |  |  |  |  |
|                            |    |   | office allo   |                                |  | <b>Zip Code (Plus 4)</b><br>17102               | <b>State</b><br>PA | l  | Harrisburg   |  |  |  |  |
|                            |    | cation                                      | office allo   | thly (                         | mont   |   |                    |  | Harrisburg   |  |  |  |  |
|                            |    |   |   | thly (                         |  |   |                    | od PA Advocates                                      | om Paid  |  |  |  |  |
| 1,050.63                   | \$ | cation                                      | office allo   | thly (                         | MO   |   | PA                 |  | om Paid  |  |  |  |  |
| 1,050.63                   | \$ | YEAR 2018                                   | office allo   | thly o                         | MO   |   | PA                 | od PA Advocates<br>1514 N 2nd Street                 | om Paid<br>ed Parenthoo  |  |  |  |  |
| 1,050.63                   | \$ | YEAR 2018 enditure                          | DAY 3   | thly (                         | MO Descr                                     | 17102   | РА                 | od PA Advocates<br>1514 N 2nd Street                 | nom Paid<br>ed Parenthoo<br>g Address  |  |  |  |  |
| 1,050.63                   | \$ | YEAR 2018 enditure                          | DAY  3  on of Expe  | thly of                        | MO Descrimance                               | 2 Zip Code (Plus 4)                             | PA State           | od PA Advocates<br>1514 N 2nd Street                 | nom Paid<br>ed Parenthoo<br>g Address  |  |  |  |  |
| 1,050.63                   | \$ | YEAR 2018 enditure                          | DAY  3 on of Expe   | thly of                        | MO Descr                                     | 2 Zip Code (Plus 4)                             | PA State           | od PA Advocates<br>1514 N 2nd Street                 | nom Paid<br>ed Parenthoo<br>g Address<br>Harrisburg  |  |  |  |  |
| 1,050.63<br>500.00         | \$ | YEAR 2018 enditure                          | DAY  3  on of Expe  | thly of                        | MO Descrimance MO                            | 2 Zip Code (Plus 4)                             | PA State           | od PA Advocates<br>1514 N 2nd Street                 | nom Paid ed Parenthoo g Address Harrisburg   |  |  |  |  |
|                            |    | YEAR 2018 enditure ation YEAR 2018          | DAY  3 on of Expe   | 4 ription                      | MO Descrimance MO                            | 2 Zip Code (Plus 4)                             | PA State           | od PA Advocates  1514 N 2nd Street  Daley PO Box 752 | nom Paid ed Parenthoo g Address Harrisburg nom Paid ds of Mary Jo                                |  |  |  |  |
|                            |    | YEAR 2018 enditure ation YEAR 2018          | DAY  3  on of Expe  | 4 4 rriptio                    | MO Descrimance MO                            | Zip Code (Plus 4)<br>17102                      | State PA           | od PA Advocates  1514 N 2nd Street  Daley PO Box 752 | nom Paid ed Parenthoo g Address  Harrisburg nom Paid ls of Mary Jo g Address                     |  |  |  |  |
|                            |    | yEAR 2018 enditure ation YEAR 2018 enditure | DAY  3  on of Expension  DAY  24  on of Expension                               | 4  riptic  riptic  ation       | MO Descrimance MO Descrimance Dona           | Zip Code (Plus 4)<br>17102<br>Zip Code (Plus 4) | State PA State     | od PA Advocates  1514 N 2nd Street  Daley PO Box 752 | nom Paid ed Parenthoo g Address  Harrisburg nom Paid ls of Mary Jo g Address                     |  |  |  |  |
|                            |    | YEAR 2018 enditure ation YEAR 2018          | DAY  3  on of Expe  | 4  riptic  riptic  ation       | MO Descrimance MO Descrimance                | Zip Code (Plus 4)<br>17102<br>Zip Code (Plus 4) | State PA State     | od PA Advocates  1514 N 2nd Street  Daley PO Box 752 | pom Paid ed Parenthod g Address  Harrisburg  nom Paid ds of Mary Jo g Address  Conshohod         |  |  |  |  |
|                            |    | yEAR 2018 enditure ation YEAR 2018 enditure | DAY  3  on of Expension  DAY  24  on of Expension                               | 4  riptic  riptic  ation       | MO  Descrimance  MO  Descrimance  MO  MO  MO | Zip Code (Plus 4)<br>17102<br>Zip Code (Plus 4) | State PA State     | od PA Advocates  1514 N 2nd Street  Daley PO Box 752 | nom Paid ed Parenthoo g Address  Harrisburg nom Paid els of Mary Jo g Address  Conshohoo         |  |  |  |  |
| 500.00                     | \$ | YEAR 2018 enditure ation YEAR 2018 enditure | DAY  24  DAY  | riptic 4                       | MO  Descrimance  MO  Descrimance  MO  MO  A  | Zip Code (Plus 4)<br>17102<br>Zip Code (Plus 4) | State PA State     | Daley PO Box 752  PO Box 555                         | nom Paid ed Parenthod g Address  Harrisburg nom Paid ls of Mary Jo g Address  Conshohod nom Paid |  |  |  |  |
|                            | \$ | yEAR 2018 enditure ation YEAR 2018          | on of Experience  A con of Experience  DAY  4  DAY  A con of Experience  DAY  3 | riptio 4 riptio 4 riptio 4 4 4 | Descr<br>PAC p<br>MO Descr<br>March          | 2ip Code (Plus 4)                               | State PA  State PA | od PA Advocates  1514 N 2nd Street                   | Harrisburg  nom Paid ed Parenthoo g Address  Harrisburg  nom Paid ed Parenthoo g Address         |  |  |  |  |

| To Whom Paid                     | мо                | DAY                      | YEAR    |             |          |    |            |
|----------------------------------|-------------------|--------------------------|---------|-------------|----------|----|------------|
| Friends of Carolyn Comitta       |                   |                          |         |             |          |    |            |
| Mailing Address 117 W Gay Stree  | 4                 | 4                        | 2018    | \$          | 250.00   |    |            |
| City West Chester                | State             | Zip Code (Plus 4)        | Descrip | tion of Exp | enditure |    |            |
|                                  | PA 19380 Donation |                          |         |             |          |    |            |
|                                  |                   |                          |         |             |          |    | PAGE TOTAL |
| Enter Grand Total of Expenditure | es on Page 1, R   | eport Cover Page, Item D |         |             |          | \$ | 5,639.23   |
|                                  |                   |                          |         |             |          |    |            |
|                                  |                   |                          |         |             |          |    |            |
|                                  |                   |                          |         |             |          |    |            |
|                                  |                   |                          |         |             |          |    |            |
|                                  |                   |                          |         |             |          |    |            |
|                                  |                   |                          |         |             |          |    |            |