### **Campaign Finance Report**

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

Filer Identificati Number :	on 9400	)274				port ed B		CANDI	DATE		СОМ	MITTEE					
Name of Filing C	Committee, Candid	late or L	obbyist:		PLA	NNE	D PAI	RENTHO	DD PA	INC							_
Street Address:																	
City:	HARRISBURG	ì						State:	PA			Zip Cod	le: 17	7102-2	505		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	-	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA	'	POST-	6. <b>X</b>		TERMINA REPORT		Yes	No	•	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2019					NG METH				PAPER		<b>/</b>	DISKE	TTE	
Name of Office S	Sought by Candida	ite:	-					DATE C	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County	,
	J ,							МО	DAY	YI	EAR	rumber	Toode			Couc	
								11		5	2019		(SEE IN	STRUCTI	ONS FOR C	ODES)	_
	Receipts and	МО	DAY	YEAR	l			МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	irom:		10 22	2	019	Т	<u> </u>	11		25	2019						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			136,9	943.95						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$				793.20						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			137,	737.15						
D. Total Expend	ditures (From Sch	edule II	I)				\$			12,2	257.18						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C	)			\$			125,4	79.97						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Scl	hedu	le II	I)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			•			
				AFF	ID/	AVI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign h	ere. 1	[f th	nis is	a Car	ndidate r	eport, d	andi	date sig	ın here.					
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	e attached sche	edules	file	d on	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true	<b>3</b> ,
Sworn to and subs	cribed before me thi day of	s	20							5	Signature	of Perso	n Submit	ting Rep	oort		'
	Signati	ıre					-					Prin	ted Name	e			-
My Commission Ex	cpires											Ema	il				•
	мо	D	AY	YR					Are	ea Cod	le	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized C	Comn	nitte	ee, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	f this	polit	tical	comm	ittee has r	ot viola	ted ar	y provis	ions of th	e act of J	une 3,1	937 (P.L.	1333,	
Sworn to and subsc	ribed before me this	i									s	ignature o	of Candid	ate			۱.
	day of —— ————						-					Printe	d Name				.
	Signature						-										.
My Commission Exp	ires											Ema	il				
	МО	D	AY	YR			•		Area	Code		Da	aytime T	elephon	e Numbe	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
PLANNED PARENTHOOD PA INC	From:	10/22/20	<u>19</u> To:	11/25/2019
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	0.00
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)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	0.00
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)			\$	793.20
TOTAL for the Reporting	Period	(3)	\$	793.20
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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	793.20

#### **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 Candidate				Reporting Period						
				Fror	m:		То	:		
			-			DATE			AMOUNT	
Full Name of Contributin	g 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.

### **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.

		From:		To	o:	
			DATE			AMOUNT
		мо	DAY	YEAR		
					\$	0.00
State	Zip Code (Plus 4)					
	State	State Zip Code (Plus 4)		MO DAY	MO DAY YEAR	MO DAY YEAR \$

#### **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:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							<b>-</b>   \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

## ALL OTHER CONTRIBUTIONS

**OVER \$250.00** 

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidat	e			Repo	orting Pe	riod					
PLANNED PARENTHOOD PA INC				Fron	n:	10/22/2	<u>019</u>	То:	11	/25/2019	
					D#	ATE			AMO	JNT	
Full Name of Contributor					МО	DAY	YEAI	R	\$	793.20	,
Planned Parenthood PA Advocates									] *	793.20	,
Mailing Address					11	21	201	a			
<b>City</b> Harrisburg	State	Zi	p Code (Plus	4)	11	21	201				
	l <sub>PA</sub>	1 17	7102								
Employer Name PPPA					Occupat	ion	Unkno	wn	l		
Employer Mailing Address/Principal P	ace of Business		City			State		z	Zip Code (	Plus 4)	
			Harrisburg	l		PA		:	17102		
Enter Grand Total of Part C on Sch	edule T. Detailed Si	umn	mary Page	Section	n 3		ſ		PAG	E TOTAL	
zinci. Grana rotar or rare e on our	cause I, Detailed 3	w 11111	nary ruge,		, <b>J</b> .			\$		793.20	

## 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:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>	1					<u> </u>	
	- C		<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	4.			\$	0.00

#### **SCHEDULE II**

#### **IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Pe	riod	
PLANNED PARENTHOOD PA INC	From:	<u>10/22/2019</u> <b>To:</b>	11/25/2019
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	)R	
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 Car	ndidate		Reportin	g Period				
			From:			To	:	
				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 o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL	•
Section 2.						\$	(	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting F			
PLANNED PARENTHOOD PA INC	From	10/22/2019	То:	11/25/2019

				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
saul Ewing Arnstein & Lehr							
Mailing Address			11	18	2019	\$	8,935.65
<b>City</b> Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19102	Legal Fe	ee's			
To Whom Paid			мо	DAY	YEAR		
friends of Carolyn Committa			MO	DAT	TEAR		
Mailing Address			11	4	2019	\$	250.00
City West Chester	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19380	donatio	n			
To Whom Paid			мо	DAY	YEAR		
Planned Parenthood of Western PA			140		ILAK		
Mailing Address		11	7	2019	\$	371.93	
<b>City</b> Pittsburgh	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	15222	expense reimbursement				
To Whom Paid			мо	DAY	YEAR		
Planned Parenthood PA Advocates			MO	DA1	ILAK		
Mailing Address			11	12	2019	\$	118.22
<b>City</b> Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17102	monthly	office allo	catiob		
To Whom Paid			мо	DAY	YEAR		
Planned Parenthood PA Advocates			MO	DA1	ILAK		
					2019	\$	1,831.38
Mailing Address			11	12	2019		,
Mailing Address  City Harrisburg	State	Zip Code (Plus 4)	-	tion of Exp			
	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17102	Descrip		enditure		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		` ` ` `	<b>Descrip</b> monthly	tion of Exp  salary all	enditure ocation		
<b>City</b> Harrisburg	РА	` ` ` `	Descrip	l tion of Exp	enditure		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
City Harrisburg  To Whom Paid	РА	` ` ` `	<b>Descrip</b> monthly	tion of Exp  salary all	enditure ocation	\$	500.00
City Harrisburg  To Whom Paid  Dan Frankel for the 23rd District Comm	РА	` ` ` `	Descrip monthly MO	tion of Exp / salary all	enditure ocation  YEAR  2019	\$	

To W	nom Paid							
Friends of Mary Jo Daley  Mailing Address				МО	DAY	YEAR		
				11	18	2019	\$	250.00
City	Conshohocken State Zip Code (Plus 4)			Description of Expenditure				
	PA 19428 donation				า			
								PAGE TOTAL
Ente	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							
							\$	12,257.18
							\$	12,257.18
							\$	12,257.18
							\$	12,257.18
							\$	12,257.18
							\$	12,257.18
							<b>\$</b>	12,257.18