Campaign Finance Report

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

Filer Identificat	tion 94	400274	Repor		CANDI	DATE	[СОМ	MITTEE	✓	LOB	BYIST					
Name of Filing	Committee, Can	didate or	Lobbyist:			-	RENTHO	DD PA I	INC								
Street Address	:																
City:	HARRISBU	RG					State: PA Z					Zip Code: 17102-2505					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FR PRIMAR	IDAY PRE Y	- 2. X	30 DA PRIM		POST-	3.		AMENDI REPORT		Yes	No	· 🗸		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FR	IDAY PRI DN	E- 5.	30 D/ ELEC		POST-	6.		TERMIN REPORT		Yes	No	· 🗸		
report type)	ANNUAL REPO	RT 7.	Year 20)21			NG METHO CHECK O				PAPER		\checkmark	DISKI	TTE		
Name of Office	Sought by Cand	idate:	_				DATE O	F ELEC	CTIO	N	District Number	Office	Par	ty Code	County		
	5						мо	DAY	YE.	AR	Humber	coue			leone		
							11		2	2021		(SEE INS	STRUCTI	ONS FOR	CODES)		
	Receipts and	мо	DAY	YEAF	2		мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY			
Expenditure	s from:		3	30 2	021 T	0	5		3	2021							
A. Amount Bro	ought Forward F	rom Last	Report			\$		-	110,7	90.19							
B. Total Mone	tary Contributio	ns And Re	ceipts (F	rom Sche	edule I)	\$				0.00							
C. Total Funds	s Available (Sum	of Lines	A and B)			\$:	110,7	90.19							
D. Total Expe	nditures (From S	Schedule I	11)			\$			3,1	55.85							
E. Ending Cas	h Balance (Subt	ract Line [) From Li	ne C)		\$		1	.07,63	34.34	-						
F. Value Of In	-Kind Contributi	ions Recei	ved (Fror	n Schedu	le II)	\$				0.00	-						
G. Unpaid Deb	ots And Obligation	ons (From	Schedule	e IV)		\$				0.00							
				AFF	IDAVI	T SE	CTION										
PART I - If this	is a Committee	• •		-				• •		_	-		vladaa	and hal	of true		
correct and comp		Including ti	ie attached	a schedule	s mea on	paper	or by elect	ronic me	earum,	are to t	the best c	л ту кноч	vieuge	anu bei	ier, true		
Sworn to and sub	day of	this	20			_			Si	gnature	e of Perso	on Submitt	ing Rep	oort			
	Sigr	ature				-					Prir	ited Name					
My Commission I	Expires					_					Ema	il					
	МО		DAY	YR				Are	ea Code	e	Daytin	ne Teleph	one Nu	mber			
Part II- If this is	s a report of a c	andidate's	s authoriz	zed Comr	nittee, C	andid	ate shall	sign he	ere.								
I swear (or affirm No 320) as amend) that to the best led.	of my know	ledge and	belief this	s political	comm	ittee has n	ot violat	ted any	/ provis	ions of th	e act of Ju	ine 3,1	937 (P.I	L. 1333,		
Sworn to and subs		his								s	ignature	of Candida	ite				
	day of					_					Printe	ed Name					
	Signatu	ıre				-					Ema	, il					
My Commission Ex	pires										cma						
	мо		DAY	YR	2	_		Area	Code		D	aytime Te	elephor	e Numl	ber		

SCHEDULE I **CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate				
PLANNED PARENTHOOD PA INC	From:	<u>3/30/202</u>	<u>1</u> To:	<u>5/3/2021</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			-	
TOTAL for the Reporting	g 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	\$	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)			\$	0.00
TOTAL for the Reporting	g Period	(3)	\$	0.00
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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

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					
				From: To:					
					DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	4)						
							Г	PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	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)									
Name of Filing Committee or Candida	te		Rep	orting P	eriod				
			Fror	From: To:					
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address	_	_					\$	0.00	
City	State	Zip Code (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part A on	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	0.00	

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						
				To:					
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.0	
Mailing Address							- \$	0.0	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	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				Reporting Period					
			Froi	n:		Т):		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE TOTAL 0.00	

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			Report	ing Peric	d				
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary Page,	Section	4.			\$		0.00

SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS

DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
PLANNED PARENTHOOD PA INC	From:	<u>3/30/2021</u> то:	<u>5/3/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ſF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	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:			То:	
				DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address	-	_				\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:				•			
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	ie,	F	PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period				
						То:			
					DATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$ 0.00		
City	State	Zip Code(Plus 4)							
Employer of Contributor				Occupa	ation				
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution		
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kin	d Contributions D	etaile	ed			PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
PLANNED PARENTHOOD PA IN	From	<u>3/3</u> (<u>5/3/2021</u>						
				DATE			AMOUNT		
To Whom Paid			мо	DAY	YEAR				
Planned Parenthood PA Advoca	tes								
Mailing Address			5	3	2021	\$	3,155.85		
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	17102	Expense	e reimburs	ements				
							PAGE TOTAL		
Enter Grand Total of Expend	litures on Page 1, Re	port Cover Page, Item I	D.			\$	3,155.85		