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 :	ion 9400	274			Repor Filed I		CANDI	DATE		СОМ	MITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:			-	RENTHO	DD PA I	INC			L				
Street Address: 1514 N 2ND STREET FL																
City:	HARRISBURG						State:	PA			Zip Code: 17102-2505					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE- 2.2 PRIMARY				AY I IARY	POST-	3.		AMENDMENT REPORT?		Yes	N	D	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D ELEC	AY I TION	POST-	6.		TERMIN REPORT		Yes	N	0	\checkmark
report type)	ANNUAL REPORT	7.	Year 2021				NG METH				PAPER		\checkmark	DISK	ETTE	
Name of Office S	L Sought by Candida	te:					DATE O	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Cour	
	- ,						мо	DAY	YE	AR	Humber	coue			10000	
							11		2	2021		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	Y	EAR	FC	OR OFFIC	E USE	ONLY		
Expenditures	s from:		3 30	20	021 1	0	5		3	2021						
A. Amount Bro	ught Forward Fror	n Last R	eport			\$	5		110,7	790.19						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Schee	dule I)	\$	5	0.00								
C. Total Funds	Available (Sum Of	Lines A	and B)			4	5	:	110,7	790.19						
D. Total Expen	ditures (From Sch	edule II	[)			\$	5		3,1	.55.85						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		4	5	1	107,6	34.34						
F. Value Of In-	Kind Contributions	s Receive	ed (From S	chedul	le II)	4	5			0.00	-					
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	/)		4	5			0.00						
				AFF	IDAVI	TS	ECTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here. I	(f this is	s a Ca	ndidate re	eport, c	andi	date sig	gn here.					
I swear (or affirm correct and compl) that this report, incl ete.	luding the	attached sc	hedules	filed on	paper	or by elect	ronic me	edium	, are to t	the best o	of my knov	vledge	and bel	ief , tr	ue
Sworn to and subs	scribed before me this day of	5	20						s	ignature	e of Perso	n Submitt	ing Rep	oort		-
		re				_					Prir	ted Name				-
My Commission E	-										Ema	il				-
	мо	DA	AY	YR		_		Are	ea Coc	le	Daytin	ne Teleph	one Nu	mber		_
Part II- If this is	a report of a can	didate's	authorized	Comm	nittee, C	Candio	late shall	sign he	ere.							
I swear (or affirm) No 320) as amende) that to the best of n ed.	ny knowle	edge and beli	ief this	political	comn	nittee has n	ot violat	ted an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subso	ribed before me this day of		20							s	ignature	of Candida	ite			-
						_					Printe	ed Name				-
	Signature					_					Ema					_
My Commission Exp	bires							_			Ema					
	мо	D/	AY	YR		_		Area	Code		D	aytime Te	elephon	e Num	ber	-

SCHEDULE I **CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
PLANNED PARENTHOOD PA INC	From:	<u>3/30/202</u>	<u>1</u> То:	<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	(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)			\$	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

PAGE 3

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	Reporting Period						
			From:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Co	ommittee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)				
						Γ	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 Candidat	e			orting P	eriod			
			Fro	m:		Тс):	
					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 S	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						
			From:			То:				
				DA	TE		А	MOUNT		
Full Name of Contributing Commit	ttee			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
						ſ		PAGE TOTAL		
Enter Grand Total of Part C on	Schedule I, Detail	ed Summary 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	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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 Rep					Reporting Period					
			From:			То:				
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR				
Mailing Address							\$	i	0.00	
City	State	Zip Code (Plus 4)							
Receipt Description						•				
Enter Grand Total of Part E on Schedu	le T. Detailed Sumn	nary Page	Section	4				PAGE TO	ΓAL	
		iaiy raye,	Section	7.			\$		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 PAR	TF)		
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		АМО	UNT
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	je,	PAGE	TOTAL
					4	6	0.00

0.00

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

Name of Filing Committee or C		Reporting Period							
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor			1		Occupa	l tion			
Employer Mailing Address/Prin Business	cipal Place of	City	Sta	te	Zip 4)	Code(Plus	Descri	ption of	Contribution
Enter Grand Total of Part G	Con Schedule II	In-Kind	Contributions	Dota	iled				PAGE TOTAL

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAGE

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
PLANNED PARENTHOOD PA INC			From	From <u>3/30/2021</u>			<u>5/3/2021</u>
			DATE				AMOUNT
To Whom Paid Planned Parenthood PA Advocates			мо	DAY	YEAR		
Mailing Address 1514 N 2nd Street			5	3	2021	\$	3,155.85
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure Expense reimbursements				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	3,155.85