# **Campaign Finance Report**

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

Filer Identification 20180278 Repo							CANDI	DATE		СОМІ	MITTEE	<	LOBI	BYIST	
Name of Filing (	Committee, Candid	ate or Lo	bbyist:		PLANNE	D PA	RENTHOO	DD PEN	INSYL	VANIA	VOTES				
Street Address:	1514 N. 2ND	ST													
City:	HARRISBURG						State: PA Zip Code: 17102					102			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		2ND FRIDA PRIMARY	Y PRE-	- 2.	30 DA PRIM		POST- 3. <b>X</b>		AMENDMENT REPORT?		Yes	No	<ul> <li>Image: A start of the start of</li></ul>	
(place X to the right of	6TH TUESDAY PRE-ELECTION		2ND FRIDA ELECTION	Y PRE	- 5.	30 D/ ELEC		POST-	6.		TERMIN/ REPORT		Yes	No	$\checkmark$
report type)	ANNUAL REPORT	7.	<b>Year</b> 2021				NG METHO				PAPER		$\checkmark$	DISKE	TTE
Name of Office S	Sought by Candidat	te:					DATE O	F ELE	стіо	N	District Number	Office Code	Par	ty Code	County Code
			мо	DAY	YE	AR	rumber	coue			coue				
							11		2	2021	<b> </b>	(SEE INS	STRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:		5 4	20	021 <b>T</b>	0	6		7	2021					
A. Amount Bro	ught Forward From	n Last Re	port			\$			55,0	)23.59					
B. Total Monet	ary Contributions	And Rece	ipts (Fron	1 Sche	dule I)	\$	\$ 0.00								
C. Total Funds	Available (Sum Of	Lines A	and B)			\$				0.00					
D. Total Expen	ditures (From Scho	edule III	)			\$				0.00					
E. Ending Cash	Balance (Subtract	t Line D F	rom Line	C)		\$				0.00					
F. Value Of In-	Kind Contributions	Receive	d (From S	chedu	le II)	\$				0.00					
G. Unpaid Deb	ts And Obligations	(From So	chedule IV	()		\$				0.00					
				AFF	IDAVI	T SE	CTION								
	s a Committee rep	•	-								-				<b>.</b> .
correct and compl	) that this report, incl ete.	uding the	attached sc	nedules	s filed on	paper	or by elect	ronic me	eaium,	, are to	the best o	т ту кпоч	viedge	and bell	ef, true
Sworn to and subs	scribed before me this day of	5	20			_			s	ignaturo	e of Perso	n Submitt	ing Rep	oort	
	Signatu	re				-					Prin	ted Name			
My Commission E	xpires					_					Ema	il			
	МО	DA	Y	YR				Are	ea Cod	e	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a cand	didate's a	uthorized	Comm	nittee, C	andid	ate shall	sign he	ere.						
No 320) as amend		ny knowled	dge and beli	ef this	political	comm	iittee has n	ot violat	ted an	y provis	ions of th	e act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subscribed before me this day of 20										s	ignature	of Candida	ite		
											Printe	ed Name			
My Commission Exp	Signature					-					Ema	il			
	мо	DA	Y	YR		-		Area	Code		D	aytime Te	elephon	e Numb	er

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** PLANNED PARENTHOOD PENNSYLVANIA VOTES From: <u>5/4/2021</u> **To:** 6/7/2021 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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			Re	porting	Period			
			Fro	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Committee				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 Schedule I, Detailed Summary Page, Section 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 C	Name of Filing Committee or Candidate			ting Perio	bd				
			From:			То:	:		
			1	D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	;	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description	I			1	1	1			
Enter Grand Total of Part E o	n Schodulo I. Dotailog		Section	4				PAGE TO	TAL
	Schedule 1, Detailed	i Summaly Paye,	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 Perio	bd						
PLANNED PARENTHOOD PENNSYLVANIA VOTES	From:	<u>5/4/2021</u> <b>To:</b>	<u>6/7/2021</u>					
L. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)							
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 Candidate Ro			Reporting	g 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 Candidate					Reporting F	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					Occupa	l tion		I	
Employer Mailing Address/Princip Business	al Place of	City	Sta	te	Zip 4)	Code(Plus	Descri	ption of	Contribution
			<u> </u>						PAGE TOTAL

_ 1	Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAG

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				ng Period			
	From			То:			
	DATE AMO						
To Whom Paid	To Whom Paid				YEAR		
Mailing Address						\$	0.00
City State Zip Code (Plus 4)				otion of Ex	penditure		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL
	on Page 1, Report C	over Page, Item L				\$	0.00