

Campaign Finance Report

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

Filer Identification Number :		9400274		Report Filed By :		CANDIDATE		COMMITTEE		✓		LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: PLANNED PARENTHOOD PA INC													
Street Address: 1514 N 2ND STREET FL													
City: HARRISBURG						State: PA				Zip Code: 17102-2505			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	✓			
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	✓			
	ANNUAL REPORT	7. X	Year 2021	FILING METHOD () CHECK ONE			PAPER	✓	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
						MO	DAY	YEAR					
						11	2	2021					
Summary of Receipts and Expenditures from:						MO	DAY	YEAR	FOR OFFICE USE ONLY				
						11	23	2021					
						12	31	2021					
A. Amount Brought Forward From Last Report						\$ 124,250.50							
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 3,530.00							
C. Total Funds Available (Sum Of Lines A and B)						\$ 127,780.50							
D. Total Expenditures (From Schedule III)						\$ 0.00							
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 127,780.50							
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00							
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00							

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
PLANNED PARENTHOOD PA INC	From: <u>11/23/2021</u> To: <u>12/31/2021</u>

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)	\$ 530.00
TOTAL for the Reporting Period (2)	\$ 530.00

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)	\$ 3,000.00
TOTAL for the Reporting Period (3)	\$ 3,000.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 3,530.00
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<div>PART A</div> <div>CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</div> <div>\$50.01 TO \$250.00</div> <div>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.</div>						
Name of Filing Committee or Candidate				Reporting Period		
				From:		To:
				DATE		AMOUNT
Full Name of Contributing Committee				MO	DAY	YEAR
Mailing Address						\$ 0.00
City	State	Zip Code (Plus 4)				
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.						<div>PAGE TOTAL</div> <div>\$ 0.00</div>

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 Candidate PLANNED PARENTHOOD PA INC	Reporting Period From: <u>11/23/2021</u> To: <u>12/31/2021</u>
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DATE	AMOUNT
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Full Name of Contributor				MO	DAY	YEAR	\$180.00
Pamela Lott							
Mailing Address				12	8	2021	
1235 N 27th St							
City	Allentown	State	PA	Zip Code (Plus 4)	18104		

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
Elizabeth Teti						
Mailing Address 768 Pinetree Road			12	8	2021	
City Pittsburgh	State PA	Zip Code (Plus 4) 15243				

Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
Carol Williams							
Mailing Address 108 Catharine St				12	8	2021	
City Philadelphia	State PA	Zip Code (Plus 4) 19147					

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

PAGE TOTAL
\$ 530.00

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:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 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 PLANNED PARENTHOOD PA INC	Reporting Period From: <u>11/23/2021</u> To: <u>12/31/2021</u>
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				DATE			AMOUNT
Full Name of Contributor Joan Gabriel				MO	DAY	YEAR	\$ 500.00
Mailing Address 600 E Roseville Rd 2104				12	8	2021	
City Lancaster	State PA	Zip Code (Plus 4) 17601					
Employer Name requested				Occupation requested			
Employer Mailing Address/Principal Place of Business requested			City requested		State PA	Zip Code (Plus 4) 17601	
Full Name of Contributor Nancy Posel				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 1316 Foulke Ways				12	8	2021	
City Gwynedd	State PA	Zip Code (Plus 4) 19436					
Employer Name requested				Occupation requested			
Employer Mailing Address/Principal Place of Business requested			City requested		State PA	Zip Code (Plus 4) 19436	
Full Name of Contributor Sandra Garbisch				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 608 Poplar Ct				12	8	2021	
City Pittsburgh	State PA	Zip Code (Plus 4) 15238					
Employer Name requested				Occupation requested			
Employer Mailing Address/Principal Place of Business requested			City requested		State PA	Zip Code (Plus 4) 15238	

Full Name of Contributor Harriet Stone				MO	DAY	YEAR	\$ 500.00
Mailing Address PO Box 128				12	8	2021	
City Birchrunville	State PA	Zip Code (Plus 4) 19421					
Employer Name requested				Occupation requested			
Employer Mailing Address/Principal Place of Business requested			City requested		State PA	Zip Code (Plus 4) 19421	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 3,000.00

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	Reporting Period
	From: To:

DATE				AMOUNT
Full Name				
Mailing Address				
City				
State				
Zip Code (Plus 4)				
Receipt Description				

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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>11/23/2021</u> To: <u>12/31/2021</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	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: To:

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.							PAGE TOTAL \$ 0.00

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
	<div style="display: flex; justify-content: space-between;"> From To: </div>

				DATE	AMOUNT	
To Whom Paid			MO	DAY	YEAR	
Mailing Address						\$ 0.00
City	State	Zip Code (Plus 4)	Description of Expenditure			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 0.00

