#### **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 :	<b>on</b> 20	180278			Rep File			CANE	OID	ATE		СОМ	4ITTEE	<b>✓</b>	LOB	BYIST		
Name of Filing C	ommittee, Cand	idate or L	obbyist:	•	PLAN	INE	D PAI	RENTHO	000	) PEN	NSYL	VANIA	VOTES	·				
Street Address:	1514 N. 2N	D ST																
City:	HARRISBUR	lG						State:	I	PA			Zip Cod	le: 17	102			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2	. <b>X</b>	30 DA			OST-	3.		AMENDMENT REPORT?		Yes	N	0	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5	i.	30 DA		PC	POST- 6.			TERMINATION REPORT?		Yes	N	0	<b>\</b>
report type)	ANNUAL REPOR	<b>RT</b> 7.	<b>Year</b> 2022					NG METI CHECK					PAPER	<b>√</b>	DISK	ETTE		
Name of Office S	ought by Candi	date:						DATE	OF	ELEC	CTIO	N	District Number	Office Code	Pai	ty Cod	Code	
								МО	ı	DAY	YE	AR		_				
								1	.1		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES	)
Summary of		МО	DAY	YEAR				МО		DAY	YE	AR	FO	R OFFIC	E USE	ONLY	,	
Expenditures	trom:		1 1	20	022	Т	0		5		2	2022						
A. Amount Bro	ught Forward Fr	om Last P	Report				\$				55,0	23.59						
B. Total Moneta	ary Contribution	s And Rec	eipts (From	Sche	dule	I)	\$					0.00						
C. Total Funds	Available (Sum	Of Lines A	and B)				\$				55,0	23.59						
D. Total Expend	ditures (From S	chedule II	II)				\$					0.00						
E. Ending Cash	Balance (Subtra	act Line D	From Line	C)			\$				55,0	23.59						
F. Value Of In-	Kind Contribution	ns Receiv	ed (From S	chedul	le II)	)	\$					0.00						
G. Unpaid Debt	s And Obligation	ns (From S	Schedule IV	<b>'</b> )			\$					0.00		,				
				AFF	IDA	VI	ΓSE	CTIO	١									
PART I - If this is	a Committee re	eport, trea	asurer sign	here. 1	f this	s is	a Car	ndidate	rep	ort, c	andio	date sig	ın here.					
I swear (or affirm) correct and comple		ncluding th	e attached sc	hedules	filed	on	paper	or by ele	ctro	onic me	edium	, are to t	he best o	f my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed before me t day of	his	20						-		s	ignature	of Perso	1 Submitt	ing Re	oort		_
	Signa	ature					-		-				Prin	ted Name				_
My Commission Ex	pires						_		_				Emai	il				
	МО	D	AY	YR						Are	a Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a ca	indidate's	authorized	Comm	ittee	e, Ca	andid	ate sha	II si	ign he	re.							
I swear (or affirm) No 320) as amende		f my knowl	edge and beli	ef this	politi	cal	comm	ittee has	not	t violat	ed an	y provis	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subsc	ribed before me th day of	is	20						-			S	ignature o	of Candida	ite			_
	<u> </u>						-		-				Printe	d Name				-
	Signatur	·e					-		_									_
My Commission Exp	ires												Emai	II.				
	МО	D	AY	YR			•		-	Area	Code		Da	ytime Te	elephor	ne Num	ber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
PLANNED PARENTHOOD PENNSYLVANIA VOTES	From:	1/1/202	<u>2</u> To:	5/2/2022
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)			\$	0.00
TOTAL for the Reporting	) Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J Period	(4)	\$	0.00
			1	
Total Monetary Contributions and Receipts During this Reporting Period (Add an 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

	this Part to itemize only with an aggregate valu									
Name of Filing Comm	nittee or Candidate		Re							
				From: To				<b>)</b> :		
		<u> </u>			DATE			AMOUNT		
Full Name of Contributi	ing Committee			МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	)							
	•	·			•	•	$\overline{}$	DACE TOTAL		

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

**PAGE TOTAL \$**0.00

## 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		Rep	orting P	eriod				
Fr				From: To				o:	
					DATE			AMOUNT	
Full Name of Contributor				мо	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.

**PAGE TOTAL \$**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 Candi	ame of Filing Committee or Candidate		Reporting Period						
			From:			То:			
				DA	TE		Α	MOUNT	
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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 Candidate			Rep	Reporting Period						
			From:			To	То:			
				D	ATE		АМ	AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address						\$	0.00			
City	State	Zip Code (Plus	5 4)							
Employer Name				Occupa	tion					
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PA \$	<b>0.00</b>		

## 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	lame of Filing Committee or Candidate			Reporting Period					
			From:			To:			
			•	D	ATE		А	MOUNT	
Full Name				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (	Plus 4)						
Receipt Description	•	•		•		•	•		
Enter Grand Total of Part E o	on Schedule I. Detailed	l Summary Page	Section	4			P/	AGE TOTAL	
	Juliana 1/ Butanet	. January rage,		••			\$	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 PENNSYLVANIA VOTES	From:	<u>1/1/2022</u> <b>To:</b>	<u>5/2/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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 Candid	ame of Filing Committee or Candidate				Reporting Period					
	From:			To:						
				DATE			AMOUNT			
Full Name of Contributor			МО	DAY	YEAR					
Mailing Address	Mailing Address					<b>\$</b>	0.00			
City	State	Zip Code (Plus 4)								
Description of Contribution:										
Enter Grand Total of Part F on S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	ge,		PAGE TOTAL			
Section 2.						\$	0.00			

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candida	Name of Filing Committee or Candidate				Re	porting	Period					
					From:			То	То:			
							DATE				AMOUNT	
Full Name of Contributor						мо	DAY	YEAR	1			
Mailing Address										\$		0.00
City	State		Zip Code(F	Plus 4)								
Employer of Contributor	•		•			Occupa	ation					
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	cripti	ion of (	Contributio	on
Enter Grand Total of Part G on Schedule II, In-Kind Contributions De			taile	ed					PAGE TOT	ΓAL		
Summary Page, Section 3.							0.00					

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (	Name of Filing Committee or Candidate					Reporting Period					
	From			То:							
				DATE			AMOUNT				
To Whom Paid				DAY	YEAR						
Mailing Address						\$	0.00				
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item I							PAGE TOTAL				
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D	).			\$	0.00				