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 :	on 9400)274			Report		CANDI	¥								
Name of Filing C	Committee, Candid	late or L	obbyist:	P	LANNE	D PA	RENTHO	DD PA	INC							_
Street Address:																
City:	HARRISBURG	ì					State:	PA			Zip Cod	le: 17	7102-2	505		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PR PRIMARY	E-	2.	30 DA		POST-	3.		AMENDM REPORT		Yes	No	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY P	RE-	5. X	30 DA		POST-	6.		TERMINA REPORT		Yes	No	٧	
report type)	ANNUAL REPORT	7.	Year 2022				NG METHO				PAPER		/	DISKE	TTE	
Name of Office S	Sought by Candida	ite:	-		-		DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County	,
							МО	DAY	YE	AR	- rumber	Todac			couc	
							11		8	2022		(SEE IN	ISTRUCTI	ONS FOR C	ODES)	
Summary of Expenditures	Receipts and	МО	DAY YEA	\R			МО	DAY	YI	AR	FO	R OFFI	CE USE	ONLY		
			9 20	202	22 T	O	10	:	24	2022						
A. Amount Bro	ught Forward Fro	m Last R	eport			\$			130,3	361.73						
B. Total Moneta	ary Contributions	And Rec	eipts (From Sch	edi	ule I)	\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)			\$			130,3	361.73						
D. Total Expend	ditures (From Sch	edule II	I)			\$			25,3	862.60						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)			\$			104,9	99.13						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sched	ule	II)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			'			
			AF	FI	DAVI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign here	. If	this is	a Caı	ndidate re	eport, o	andi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached schedu	es f	iled on	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true	å,
Sworn to and subs	cribed before me thi day of	s	20						S	ignature	of Perso	n Submit	ting Rep	ort		
	Signati	ıre				- -					Prin	ted Name	e			-
My Commission Ex	cpires										Ema	il				
	мо	D	AY Y	R				Are	ea Cod	le	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Com	mi	ttee, C	andid	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief th	is p	olitical	comm	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333,	
Sworn to and subsc	ribed before me this day of		20							s	ignature o	of Candid	ate			•
						_					Printe	d Name				۱.
My Commission E	Signature					-					Ema	il				
My Commission Exp						_										
	МО	D	AY Y	/R				Area	Code		Da	aytime T	elephor	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
PLANNED PARENTHOOD PA INC	From:	9/20/202	<u>2</u> To:	10/24/2022
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) Period	(4)	\$	0.00
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

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 C	Candidate	R	eporting	Period			
		F	rom:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Comm	nittee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
Section 2. \$ 0.00

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

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			
			Fro	m:		To) :	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	•)					
								PAGE TOTAL

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 Ca	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Comn	nittee			мо	DAY	YEAR		0.00
Mailing Address							*	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detailed	d 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				Repo	orting Pe	riod				
				Fron	n:		т	0:		
					D	ATE			AMOUNT	
Full Name of Contributor					МО	DAY	YEAR	\$	0	0.00
Mailing Address										
City	State	Zip	Code (Plus	4)						
Employer Name					Occupa	tion				
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip (Code (Plus 4)	
Enter Grand Total of Part C on Scheo	dule I, Detailed Su	umm	ary Page,	Section	on 3.				PAGE TOTAL	
								\$	0.00)

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 Peri	od			
			From:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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	d	
PLANNED PARENTHOOD PA INC	From:	<u>9/20/2022</u> To:	10/24/2022
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 Candidate			Reporting	g Period				
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	-	•	•	•			
Enter Grand Total of Part F on Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Pe			
PLANNED PARENTHOOD PA INC	From	9/20/2022	То:	10/24/2022

					DATE			AMOUNT
To Wh	om Paid			МО	DAY	YEAR		
Nick N	Miller for PA							
Mailin	g Address			9	22	2022	\$	250.00
City	Allentown	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	18104	Contrib	utions			
To Wh	om Paid			МО	DAY	YEAR		
Friend	ls of Matt Bradford			140		ILAK		
Mailin	g Address			9	22	2022	\$	250.00
City	Norristown	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	19404	Contrib	utions			
To Wh	om Paid			МО	DAY	YEAR		
McClir	nton for PA			MO	DAI	ILAK		
Mailin	g Address			9	22	2022	\$	1,000.00
City	Philadelphia	State	Zip Code (Plus 4)) Description of Expenditure				
	·	PA	19139	Contributions				
To Wh	om Paid			МО	DAY	YEAR		
Jay Co	osta for State Senate			MO	DAT	TEAR		
Mailin	g Address			9	22	2022	\$	500.00
City	Pittsburgh	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	15221	Contrib	utions			
To Wh	om Paid			МО	DAY	YEAR		
Friend	ls of Ann Marie Mitchell			МО	DAT	TEAK		
Mailin	g Address			9	22	2022	\$	500.00
				+	tion of Evn	ondituro		
City	Richboro	State	Zip Code (Plus 4)	Descrip	LIOII OI EXP	enantare		
City	Richboro	State PA	Zip Code (Plus 4) 18954	Contrib	_			
	Richboro			Contrib	utions			
To Wh					_	YEAR		
To Wh Citizer	oom Paid			Contrib	utions		\$	500.00
To Wh Citizer	nom Paid ns for Hughes			MO 9	DAY	YEAR 2022	\$	500.00

								FAGL 12	
To Whom Paid					DAY	YEAR			
Katie Muth for PA Senate				МО					
Mailing Address					22	2022	\$	500.00	
City	Royersford	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	19468	Contrib	utions				
To Whom Paid					DAY	YEAR			
Santarsiero for State Senate				МО					
Mailing Address				9	22	2022	\$	500.00	
City	Newtown	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	18940	Contrib	utions				
To Whom Paid				МО	DAY	YEAR			
Friends for Judy Schwank				1-10		1 Z/IIX			
Mailing Address				9	22	2022	\$	500.00	
City	Reading	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	19612	Contrib	utions				
To Whom Paid				МО	DAY	YEAR			
Lindsey Williams for PA				1-10					
Mailing Address				9	22	2022	\$	500.00	
City	Pittsburgh State Zip Code (Plus 4)			Descrip	Description of Expenditure				
	PA 15229				Contributions				
To Whom Paid				МО	DAY	YEAR			
Ampersand Consulting				140		ILAK			
Mailing Address				10	21	2022	\$	20,000.00	
City	Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure					
		PA 19107			Marketing & Advertising				
To Whom Paid				МО	DAY	YEAR			
Lindsey Mauldin									
Mailing Address				9	28	2022	\$	344.80	
City	Carlisle	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	17015	Mileage	& Travel F	Reimburs	ement		
To Whom Paid				МО	DAY	YEAR			
Samantha Bobila				MO	DAT	TEAR			
Mailing Address				10	11	2022	\$	17.80	
Mailin				+					
Mailin City	Warminster	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	Warminster	State PA	Zip Code (Plus 4) 18974		tion of Exp & Travel F		ement		
City	Warminster Grand Total of Expenditu	PA	18974	Mileage			ement	PAGE TOTAL	