

# 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 <input checked="" type="checkbox"/>		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 <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2022	FILING METHOD ( ) CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO	DAY	YEAR				
					11	8	2022	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		9	20	2022		10	24	2022			
A. Amount Brought Forward From Last Report					\$ 130,361.73						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 0.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 130,361.73						
D. Total Expenditures (From Schedule III)					\$ 25,362.60						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 104,999.13						
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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
PLANNED PARENTHOOD PA INC	From: <u>9/20/2022</u> To: <u>10/24/2022</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 0.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 0.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

<b>PAGE TOTAL</b>	
\$	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 Candidate	Reporting Period
	From: To:

DATE			AMOUNT
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Full Name of Contributor			MO	DAY	YEAR	\$0.00
Mailing Address						
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 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.

<b>PAGE TOTAL</b>
\$ 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: <span style="float: right;">To:</span>

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name			Occupation	
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)

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

<b>PAGE TOTAL</b>
\$ 0.00

## 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
	<div style="display: flex; justify-content: space-between;"> <span>From:</span> <span>To:</span> </div>

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

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

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
PLANNED PARENTHOOD PA INC		From: <u>9/20/2022</u> To: <u>10/24/2022</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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.						<b>PAGE TOTAL</b>  \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
PLANNED PARENTHOOD PA INC	From <u>9/20/2022</u> To: <u>10/24/2022</u>

				DATE		AMOUNT	
To Whom Paid Nick Miller for PA				MO	DAY	YEAR	\$ 250.00
Mailing Address 202 N 17th St				9	22	2022	
City Allentown	State PA	Zip Code (Plus 4) 18104	Description of Expenditure Contributions				
To Whom Paid Friends of Matt Bradford				MO	DAY	YEAR	\$ 250.00
Mailing Address PO Box 349				9	22	2022	
City Norristown	State PA	Zip Code (Plus 4) 19404	Description of Expenditure Contributions				
To Whom Paid McClinton for PA				MO	DAY	YEAR	\$ 1,000.00
Mailing Address PO Box 16668				9	22	2022	
City Philadelphia	State PA	Zip Code (Plus 4) 19139	Description of Expenditure Contributions				
To Whom Paid Jay Costa for State Senate				MO	DAY	YEAR	\$ 500.00
Mailing Address 314 Newport Road				9	22	2022	
City Pittsburgh	State PA	Zip Code (Plus 4) 15221	Description of Expenditure Contributions				
To Whom Paid Friends of Ann Marie Mitchell				MO	DAY	YEAR	\$ 500.00
Mailing Address PO Box 261				9	22	2022	
City Richboro	State PA	Zip Code (Plus 4) 18954	Description of Expenditure Contributions				

To Whom Paid Citizens for Hughes			MO	DAY	YEAR	\$ 500.00
Mailing Address PO Box 13031			9	22	2022	
City Philadelphia	State PA	Zip Code (Plus 4) 19101	Description of Expenditure Contributions			

To Whom Paid Katie Muth for PA Senate			MO	DAY	YEAR	\$ 500.00
Mailing Address PO Box 254			9	22	2022	
City Royersford	State PA	Zip Code (Plus 4) 19468	Description of Expenditure Contributions			

To Whom Paid Santarsiero for State Senate			MO	DAY	YEAR	\$ 500.00
Mailing Address PO Box 671			9	22	2022	
City Newtown	State PA	Zip Code (Plus 4) 18940	Description of Expenditure Contributions			

To Whom Paid Friends for Judy Schwank			MO	DAY	YEAR	\$ 500.00
Mailing Address PO Box 12424			9	22	2022	
City Reading	State PA	Zip Code (Plus 4) 19612	Description of Expenditure Contributions			

To Whom Paid Lindsey Williams for PA			MO	DAY	YEAR	\$ 500.00
Mailing Address PO Box 97024			9	22	2022	
City Pittsburgh	State PA	Zip Code (Plus 4) 15229	Description of Expenditure Contributions			

To Whom Paid Ampersand Consulting			MO	DAY	YEAR	\$ 20,000.00
Mailing Address 121 S Broad St 4th Flr			10	21	2022	
City Philadelphia	State PA	Zip Code (Plus 4) 19107	Description of Expenditure Marketing & Advertising			

<b>To Whom Paid</b> Lindsey Mauldin			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 2148 Ritner Highway			9	28	2022	
<b>City</b> Carlisle	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17015	<b>Description of Expenditure</b> Mileage & Travel Reimbursement			
<b>To Whom Paid</b> Samantha Bobila			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 610 Louis Dr Ste 300			10	11	2022	
<b>City</b> Warminster	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18974	<b>Description of Expenditure</b> Mileage & Travel Reimbursement			
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b> \$ 25,362.60

