

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: 3401 HARTZDALE DR SUITE 103B UNIT 607													
City: CAMP HILL						State: PA				Zip Code: 17011			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY PRIMARY	POST-	3.	AMENDMENT REPORT?	Yes	No	✓		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	✓		
	ANNUAL REPORT	7.	Year 2023	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	7	2023					
Summary of Receipts and Expenditures from:						MO	DAY	YEAR	FOR OFFICE USE ONLY				
						1	1	2023					
						5	1	2023					
A. Amount Brought Forward From Last Report						\$ 105,047.91							
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 2,175.00							
C. Total Funds Available (Sum Of Lines A and B)						\$ 107,222.91							
D. Total Expenditures (From Schedule III)						\$ 10,687.72							
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 96,535.19							
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00							
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 45,891.77							

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>1/1/2023</u> To: <u>5/1/2023</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)	\$ 675.00
TOTAL for the Reporting Period (2)	\$ 675.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 500.00
All Other Contributions (Part D)	\$ 1,000.00
TOTAL for the Reporting Period (3)	\$ 1,500.00

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.)	\$ 2,175.00
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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>1/1/2023</u> To: <u>5/1/2023</u>			
				DATE		AMOUNT	

Full Name of Contributor Edward Franco			MO	DAY	YEAR	\$ 200.00
Mailing Address PO Box 195			3	28	2023	
City Plainfield	State PA	Zip Code (Plus 4) 17081				

Full Name of Contributor Megan Nesbitt			MO	DAY	YEAR	\$ 100.00
Mailing Address 503 N Hanover St			3	28	2023	
City Carlisle	State PA	Zip Code (Plus 4) 17013				

Full Name of Contributor Kathy Everett			MO	DAY	YEAR	\$ 175.00
Mailing Address 1230 White Birch Lane			3	28	2023	
City Carlisle	State PA	Zip Code (Plus 4) 17013				

Full Name of Contributor Grace Jarvis			MO	DAY	YEAR	\$ 100.00
Mailing Address 300 Glendale St			3	28	2023	
City Carlisle	State PA	Zip Code (Plus 4) 17013				

Full Name of Contributor Deborah Thomas			MO	DAY	YEAR	\$ 100.00
Mailing Address 285 Regal VW			3	28	2023	
City Carlisle	State PA	Zip Code (Plus 4) 17013				

PAGE TOTAL

\$ 675.00

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

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
PLANNED PARENTHOOD PA INC	From: <u>1/1/2023</u> To: <u>5/1/2023</u>

				DATE			AMOUNT		
Full Name of Contributing Committee					MO	DAY	YEAR	\$	500.00
Versant Strategies PAC									
Mailing Address					3	28	2023		
300 N 2nd St Ste 1002									
City		State		Zip Code (Plus 4)					
Harrisburg		PA		17101					

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

PAGE TOTAL
\$ 500.00

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>1/1/2023</u> To: <u>5/1/2023</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Paula Bussard							
Mailing Address 99 E Yellowbreeches Rd				3	28	2023	\$ 500.00
City Carlisle	State PA	Zip Code (Plus 4) 17015					
Employer Name The Hospital & Healthsystems Assn of PA				Occupation SVP			
Employer Mailing Address/Principal Place of Business 30 N 3rd St #600			City Harrisburg		State PA	Zip Code (Plus 4) 17101	

Full Name of Contributor				MO	DAY	YEAR	
Catherine Gannon							
Mailing Address 5907 Westover Dr				3	28	2023	\$ 500.00
City Mechanicsburg	State PA	Zip Code (Plus 4) 17050					
Employer Name Retired				Occupation Retired			
Employer Mailing Address/Principal Place of Business Retired			City Retired		State PA	Zip Code (Plus 4) 99999	

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

PAGE TOTAL
\$ 1,000.00

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			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.

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>1/1/2023</u> To: <u>5/1/2023</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:
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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.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
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

Name of Filing Committee or Candidate	Reporting Period
PLANNED PARENTHOOD PA INC	From <u>1/1/2023</u> To: <u>5/1/2023</u>

DATE				AMOUNT		
To Whom Paid Friends of Matt Bradford			MO	DAY	YEAR	\$ 500.00
Mailing Address PO Box 349			2	28	2023	
City Norristown	State PA	Zip Code (Plus 4) 19404	Description of Expenditure Contributions			
To Whom Paid Friends of Nick Pisciotano			MO	DAY	YEAR	\$ 300.00
Mailing Address PO Box 338			3	30	2023	
City West Mifflin	State PA	Zip Code (Plus 4) 15122	Description of Expenditure Contributions			
To Whom Paid Softerware			MO	DAY	YEAR	\$ 1,882.98
Mailing Address 601 W Office Center Dr #200			4	19	2023	
City Fort Washington	State PA	Zip Code (Plus 4) 19034	Description of Expenditure Office Supplies			
To Whom Paid Planned Parenthood Southeastern PA			MO	DAY	YEAR	\$ 8,004.74
Mailing Address 1144 Locust St			1	23	2023	
City Philadelphia	State PA	Zip Code (Plus 4) 19107	Description of Expenditure Affiliate Staffing			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 10,687.72

SCHEDULE IV STATEMENT OF UNPAID DEBTS

**Use this Section to itemize all unpaid debts and obligations
which are outstanding at the end of the reporting period**

Name of Filing Committee or Candidate PLANNED PARENTHOOD PA INC				Reporting Period From: <u>1/1/2023</u> To: <u>5/1/2023</u>			
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DATE						Outstanding Balance of Debt		
Name of Creditor Planned Parenthood PA Advocates					MO	DAY	YEAR	\$ 42,714.15
Mailing Address 3401 Hartzdale Dr Ste 103B Unit #607					12	31	2022	
City Camp Hill	State PA	Zip Code (Plus 4) 17011		Description of Debt Payroll Expense				

DATE						Outstanding Balance of Debt		
Name of Creditor Planned Parenthood PA Advocates					MO	DAY	YEAR	\$ 1,111.92
Mailing Address 3401 Hartzdale Dr Ste 103B Unit #607					12	31	2022	
City Camp Hill	State PA	Zip Code (Plus 4) 17011		Description of Debt Office Expense				

DATE						Outstanding Balance of Debt		
Name of Creditor Planned Parenthood PA Advocates					MO	DAY	YEAR	\$ 957.73
Mailing Address 3401 Hartzdale Dr Ste 103B Unit #607					1	31	2022	
City Camp Hill	State PA	Zip Code (Plus 4) 17011		Description of Debt Payroll Expense				

DATE						Outstanding Balance of Debt		
Name of Creditor Planned Parenthood PA Advocates					MO	DAY	YEAR	\$ 310.35
Mailing Address 3401 Hartzdale Dr Ste 103B Unit #607					2	28	2022	
City Camp Hill	State PA	Zip Code (Plus 4) 17011		Description of Debt Payroll Expense				

DATE				Outstanding Balance of Debt		
Name of Creditor Planned Parenthood PA Advocates			MO	DAY	YEAR	\$ 426.98
Mailing Address 3401 Hartzdale Dr Ste 103B Unit #607			2	28	2022	
City Camp Hill	State PA	Zip Code (Plus 4) 17011	Description of Debt Payroll Expense			
DATE				Outstanding Balance of Debt		
Name of Creditor Planned Parenthood PA Advocates			MO	DAY	YEAR	\$ 92.66
Mailing Address 3401 Hartzdale Dr Ste 103B Unit #607			1	28	2022	
City Camp Hill	State PA	Zip Code (Plus 4) 17011	Description of Debt Office Expense			
DATE				Outstanding Balance of Debt		
Name of Creditor Planned Parenthood PA Advocates			MO	DAY	YEAR	\$ 92.66
Mailing Address 3401 Hartzdale Dr Ste 103B Unit #607			2	28	2022	
City Camp Hill	State PA	Zip Code (Plus 4) 17011	Description of Debt Office Expense			
DATE				Outstanding Balance of Debt		
Name of Creditor Planned Parenthood PA Advocates			MO	DAY	YEAR	\$ 92.66
Mailing Address 3401 Hartzdale Dr Ste 103B Unit #607			2	28	2022	
City Camp Hill	State PA	Zip Code (Plus 4) 17011	Description of Debt Office Expense			
DATE				Outstanding Balance of Debt		
Name of Creditor Planned Parenthood PA Advocates			MO	DAY	YEAR	\$ 92.66
Mailing Address 3401 Hartzdale Dr Ste 103B Unit #607			2	28	2022	
City Camp Hill	State PA	Zip Code (Plus 4) 17011	Description of Debt Office Expense			
DATE				Outstanding Balance of Debt		
Name of Creditor Planned Parenthood PA Advocates			MO	DAY	YEAR	\$ 92.66
Mailing Address 3401 Hartzdale Dr Ste 103B Unit #607			4	28	2022	
City Camp Hill	State PA	Zip Code (Plus 4) 17011	Description of Debt Office Expense			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL \$ 45,891.77