#### **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 940	0274			Rep File	ort	t By:	CANDI	DATE		СОМ	<b>ITTEE</b>	✓	LOB	BYIST		
Name of Filing C	Committee, Candi	date or L	obbyist:		PLAN	NNE	D PAF	RENTHOC	D PA	INC							
Street Address:	3401 HARTZ	DALE DR	SUITE 103	BB UN	IT 60	07											
City:	CAMP HILL							State:	PA			Zip Cod	le: 17	7011			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		POST-	3. <b>X</b>		AMENDM REPORT?		Yes	No	•	<b>/</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDATELECTION	y pre	- 5	5.	30 DA		POST-	6.		TERMINA REPORT?		Yes	No	•	<b>/</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2023					IG METHO				PAPER		<b>/</b>	DISKE	TTE	
Name of Office S	Sought by Candida	ate:	•					DATE O	F ELE	CTIO	N	District Number	Office Code	Pai	rty Code	Coun	
								МО	DAY	YE	AR	Ivanibei	code			couc	
								11		7	2023		(SEE IN	ISTRUCTI	ONS FOR (	CODES)	1
	Receipts and	МО	DAY	YEAR	1			МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	irom:		5 2	2	023	Т	0	6		5	2023						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			96,5	535.19						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			96,5	535.19						
D. Total Expend	ditures (From Sch	nedule II	I)				\$			47,2	288.93						
E. Ending Cash	Balance (Subtra	t Line D	From Line (	C)			\$			49,2	46.26						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II	)	\$				0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV	)			\$			1,5	75.22			•			
				AFF	IDA	VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here. I	[f thi	is is	a Can	ididate re	eport, o	candi	date sig	jn here.					
I swear (or affirm) correct and comple	) that this report, inc ete.	cluding the	e attached scl	hedules	filed	l on	paper (	or by electi	ronic m	edium	, are to t	the best o	f my kno	wledge	and beli	ef , tru	ıe,
Sworn to and subs	cribed before me th day of	is	20							S	ignature	of Perso	n Submit	ting Re	port		_
	- Cianat						- -					Prin	ted Name	e			-
My Commission Ex	Signat pires	ui E										Ema	il				- [
	мо	D	AY	YR			_		Are	ea Cod	le	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comn	nitte	e, C	andida	ate shall :	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of	my knowl	edge and beli	ef this	polit	ical	comm	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this	:									s	ignature o	of Candid	ate			-
	day of						_					Duinta	d Name				_
	Signature						-					Frinte	d Name				
My Commission Exp	-											Ema	il				_
	МО	D	AY	YR			-		Area	Code		Da	aytime T	elephoi	ne Numb	er	·

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
PLANNED PARENTHOOD PA INC	From:	<u>5/2/202</u>	<u>3</u> To:	6/5/2023
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

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<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			Reporting Period From: To:					
			l		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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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			Reporting Period					
			Fror	n:		To	):	
				D.	ATE		A	MOUNT
				мо	DAY	YEAR		
							\$	0.00
State	Zi	p Code (Plus	s <b>4</b> )					
·	·			Occupa	tion			
al Place of		City			State		Zip Cod	le (Plus 4)
Schedule I, Detai	iled Sumr	mary Page,	Section	on 3.				PAGE TOTAL 0.00
	al Place of	al Place of	al Place of City	State Zip Code (Plus 4)  al Place of City	State Zip Code (Plus 4) Occupa	State Zip Code (Plus 4)  Occupation  Oliver State	State Zip Code (Plus 4)  Occupation  Olympia Place of City State  Schedule I, Detailed Summary Page, Section 3.	State Zip Code (Plus 4)  Occupation  Olivy  State Zip Code  Occupation  State Zip Code

## 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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	Section	••			\$	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>5/2/2023</u> <b>To:</b>	<u>6/5/2023</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 Candidat	Name of Filing Committee or Candidate						
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidat	e				Re	porting l	Period			
					Fro	om:		То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									<b>-</b> \$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupa	tion		•	
Employer Mailing Address/Principal Pl Business	ace of	City		State		Zip 4)	Code(Plus	Desci	iptior	of Contribution
Enter Grand Total of Part G on Sc	hedule II, 1	in-Kind	Contributi	ons De	taile	ed				PAGE TOTAL
Summary Page, Section 3.										0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
PLANNED PARENTHOOD PA INC			From <u>5/2/2023</u>			To: 6/5/202	
				DATE			AMOUNT
To Whom Paid Planned Parenthood Advocates of Penns	sylvania		мо	DAY	YEAR		
Mailing Address 3401 Hartzdale Dr Suite 103B Unit 607				31	2023	\$	44,788.93
City Camp Hill	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
·	PA	17011		of Outstan tes of PA	ding Deb	t to Plan	ned Parenthood
To Whom Paid Brit Crampsie Communications LLC			МО	DAY	YEAR		
Mailing Address 1115 Stratford Dr			5	26	2023	\$	2,500.00
<b>City</b> Carlisle	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17013	-	otion of Exp	penditure		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

**PAGE TOTAL** 

47,288.93

## 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 Con	nmittee or Candidate			Reportir	ing Period					
PLANNED PARENTI	HOOD PA INC			From:		<u>5/2/2023</u>	To:	6/5/2023		<u>3</u>
						DATE			Outstandi Balance o	
Name of Creditor Planned Parenthoo	od PA Advocates				МО	DAY	YEAR			
Mailing Address	3401 Hartzdale Dr	Ste 103B Unit #607	7		4	30	2023	\$	i	1,482.56
City Camp Hill		State	Zip Code (Pl	us 4)	Descrip	tion of Del	ot			
·		PA	17011		Office E	Expense				
						DATE			Outstandi Balance o	
Name of Creditor Planned Parenthoo	od PA Advocates				МО	DATE	YEAR			
	od PA Advocates 3401 Hartzdale Dr	Ste 103B Unit #607	7		<b>MO</b> 5		<b>YEAR</b> 2023	\$	Balance o	
Planned Parenthoo  Mailing Address		Ste 103B Unit #607	<sup>7</sup> Zip Code (Pl	us 4)	5	DAY	2023	\$	Balance o	f Debt
Planned Parenthoo  Mailing Address				us 4)	5 <b>Descri</b> p	<b>DAY</b> 31	2023	\$	Balance o	f Debt
Planned Parenthoo  Mailing Address		State	Zip Code (Plu	us 4)	5 <b>Descri</b> p	DAY 31 otion of Del	2023	\$	Balance o	92.66