

# 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.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	✓			
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY POST-ELECTION	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				
						9	19	2023					
						10	23	2023					
A. Amount Brought Forward From Last Report						\$ 47,996.26							
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 0.00							
C. Total Funds Available (Sum Of Lines A and B)						\$ 47,996.26							
D. Total Expenditures (From Schedule III)						\$ 5,250.00							
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 42,746.26							
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00							
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 5,030.97							

## 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>9/19/2023</u> To: <u>10/23/2023</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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**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 Candidate	Reporting Period
	<div style="display: flex; justify-content: space-between;"> <span>From:</span> <span>To:</span> </div>
<div style="display: flex; justify-content: space-between;"> <span>DATE</span> <span>AMOUNT</span> </div>	

Full Name of Contributing Committee			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.

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

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)					

<b>PAGE TOTAL</b>	
\$	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	\$ 0.00
Mailing Address							
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  From: <span style="float: right;">To:</span>
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			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>9/19/2023</u> To: <u>10/23/2023</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:	
<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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
PLANNED PARENTHOOD PA INC	From <u>9/19/2023</u> To: <u>10/23/2023</u>

DATE				AMOUNT
<b>To Whom Paid</b> Friends of Kendra Brooks	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> PO Box 22363	9	29	2023	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19110	<b>Description of Expenditure</b> Contributions	
<b>To Whom Paid</b> Bucks United	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 346 Stratton Court	10	3	2023	
<b>City</b> Langhorne	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19047	<b>Description of Expenditure</b> Contributions	
<b>To Whom Paid</b> Support MT Schools 2023	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 2937 Tiffany Dr	10	3	2023	
<b>City</b> Lititz	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17543	<b>Description of Expenditure</b> Contributions	
<b>To Whom Paid</b> Elect Jill Beck	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> PO Box 81583	10	3	2023	
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15217	<b>Description of Expenditure</b> Contributions	
<b>To Whom Paid</b> Friends of O'Rourke	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 5027 Spruce St	10	3	2023	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19139	<b>Description of Expenditure</b> Contributions	

To Whom Paid Friends of Neil			MO	DAY	YEAR	\$ 250.00
Mailing Address PO Box 109			10	3	2023	
City Narbeth	State PA	Zip Code (Plus 4) 19072	Description of Expenditure Contributions			

To Whom Paid McCaffery for Supreme Court			MO	DAY	YEAR	\$ 500.00
Mailing Address 1518 Walnut St Ste 702			10	3	2023	
City Philadelphia	State PA	Zip Code (Plus 4) 19102	Description of Expenditure Contributions			

To Whom Paid Friends of Sara			MO	DAY	YEAR	\$ 250.00
Mailing Address PO Box 40393			10	3	2023	
City Pittsburgh	State PA	Zip Code (Plus 4) 15201	Description of Expenditure Contributions			

To Whom Paid Friends of Jamila Winder			MO	DAY	YEAR	\$ 250.00
Mailing Address PO Box 763			10	3	2023	
City Norristown	State PA	Zip Code (Plus 4) 19404	Description of Expenditure Contributions			

To Whom Paid Jamie for West Philly			MO	DAY	YEAR	\$ 250.00
Mailing Address PO Box 38777			10	3	2023	
City Philadelphia	State PA	Zip Code (Plus 4) 19104	Description of Expenditure Contributions			

To Whom Paid Friends to Elect Matt Wolf			MO	DAY	YEAR	\$ 500.00
Mailing Address PO Box 15124			10	3	2023	
City Philadelphia	State PA	Zip Code (Plus 4) 19130	Description of Expenditure Contributions			

<b>To Whom Paid</b> Friends of Gary Masino			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 121 South Broad St 4th Flr			10	3	2023	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19107	<b>Description of Expenditure</b> Contributions			

<b>To Whom Paid</b> United for Luzerne			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO Box 217			10	3	2023	
<b>City</b> Mountain Top	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18708	<b>Description of Expenditure</b> Contributions			

<b>To Whom Paid</b> Friends of Matt Dugan			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO Box 1007			10	3	2023	
<b>City</b> Moon Township	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15108	<b>Description of Expenditure</b> Contributions			

<b>To Whom Paid</b> Kali Coutour			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 201 East 5th St			10	17	2023	
<b>City</b> Lansdale	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19446	<b>Description of Expenditure</b> Contract Work			

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 5,250.00

**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

<b>Name of Filing Committee or Candidate</b> PLANNED PARENTHOOD PA INC				<b>Reporting Period</b> From: <u>9/19/2023</u> To: <u>10/23/2023</u>			
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DATE				Outstanding Balance of Debt
<b>Name of Creditor</b> Planned Parenthood PA Advocates				\$ 4,011.93
<b>Mailing Address</b> 3401 Hartzdale Dr Ste 103B Unit #607				
10	23	2023		
<b>City</b> Camp Hill	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17011	<b>Description of Debt</b> Payroll Expense	
DATE				Outstanding Balance of Debt
<b>Name of Creditor</b> Planned Parenthood Association of PA				\$ 185.10
<b>Mailing Address</b> 3401				
10	23	2023		
<b>City</b> Camp Hill	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17011	<b>Description of Debt</b> Office Expense	
DATE				Outstanding Balance of Debt
<b>Name of Creditor</b> Planned Parenthood PA Advocates				\$ 833.94
<b>Mailing Address</b> 3401 Hartzdale Dr Ste 103B Unit #607				
10	23	2023		
<b>City</b> Camp Hill	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17011	<b>Description of Debt</b> Office Expense	
<b>Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.</b>				<b>PAGE TOTAL</b> \$ 5,030.97