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 9	940027	74				Repo Filed			CA	NDII	DATE		СОМ	MITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Ca	ndidat	e or Lo	bbyis	t:	F	PLAN	NE	D PAI	RENT	ноо	D PA	INC							
Street Address:																				
City:	CAMP HIL	L								State	e:	PA		Zip Cod	le: 17	011				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1	l.	2ND F PRIMA	RIDAY ARY	PRE-	2.		30 DA PRIMA		Р	OST-	3.		AMENDMENT Yes REPORT?			N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION		1.	2ND F ELECT		PRE-	- 5.		30 DA		Р	OST-	6. X	(TERMINATION Yes REPORT?				0	\
report type)	ANNUAL REP	ORT 7	'.	Year :	2023					NG ME			•		PAPER		√	DISK	ETTE	
Name of Office S	ought by Can	didate	:				•		DATE OF ELECTION				District Number	Office Code	Pai	rty Cod	e Cour			
										МО		DAY	Y	'EAR						
											11		7	2023		(SEE INS	STRUCTI	ONS FO	CODES)
Summary of Expenditures		d	МО	DA	Y	YEAR		_	_	МО		DAY	Y	'EAR	FO	R OFFIC	E USE	ONL	7	
			1	.0	24	20)23	T	o		11		27	2023						
A. Amount Bro	ught Forward	From	Last Re	eport					\$				42,	,746.26						
B. Total Moneta	ary Contributi	ons An	nd Rece	eipts (From	Sched	lule I	[)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B)							\$				42,	,746.26								
D. Total Expenditures (From Schedule III)							\$					67.26								
E. Ending Cash	Balance (Sub	tract L	ine D	From I	Line C	5)			\$				42,	679.00						
F. Value Of In-	Kind Contribu	tions F	Receive	ed (Fro	om Sc	hedul	e II)		\$					0.00						
G. Unpaid Debt	s And Obligat	ions (I	From S	chedu	le IV))			\$				12,	081.50						
						AFFI	[DA\	VI٦	ΓSE	CTI	NC									
PART I - If this is	a Committee	repor	t, treas	surer	sign h	ere. I	f this	is	a Car	ndidat	te re	port, o	cand	idate sig	jn here.					
I swear (or affirm) correct and comple		t, includ	ding the	attach	ed sch	edules	filed	on p	paper	or by e	electr	onic m	ediur	n, are to t	the best o	f my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed before m day of	e this		20										Signature	of Perso	n Submitt	ing Re	port		_
	Sig	gnature							-						Prin	ted Name	1			_
My Commission Ex	rpires								_						Emai	il				
	МО		DA	Υ		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	candic	date's a	authoi	rized (Comm	ittee,	, Ca	ndid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		t of my	knowle	dge an	d belie	f this p	politic	al	comm	ittee h	as no	ot viola	ted a	ny provis	ions of the	e act of Ju	ıne 3,1	937 (P	.L. 133	з,
Sworn to and subsc		this		22										s	ignature o	of Candida	ate			_
	day of 														Printe	d Name				-
	Signat	ture																		_
My Commission Exp	ires														Emai	il				
	мс	,	DA	λY		YR						Area	Code	1	Da	ytime Te	elephoi	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
PLANNED PARENTHOOD PA INC	From:	10/24/202	<u>3</u> To:	11/27/2023
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

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 Candidat	Name of Filing Committee or Candidate		Reporting	Period			
		F	rom:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL

0.00

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

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.

(EXCIU	de contributions fr	om political comm	iitte	ees re	portea	in Part	A)	
Name of Filing Committe	e or Candidate		Rep	orting F	Period			
			From: To			o:		
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.0
City	State	Zip Code (Plus 4)					
	·	•			•	•		PAGE TOTAL

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					
			From:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00
Mailing Address							7 *		0.00
City	State	Zip Cod	e (Plus 4)						
1	I	ı			ı	<u> </u>			
		_		_				PAGE TOT	AL
Enter Grand Total of Part C on Scheo	lule 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			Rep	orting Pe	riod			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	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:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	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 Per	od	
PLANNED PARENTHOOD PA INC	From:	<u>10/24/2023</u> To:	11/27/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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 Car	ndidate		Reporting Period					
			From:				:	
				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 o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	ımary Pa	ge,		PAGE TOTAL	•
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 Period						
PLANNED PARENTHOOD PA INC	From	10/24/2023	То:	11/27/2023			

				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Checksforless.com			MO		ILAK		
Mailing Address			11	14	2023	\$	67.26
City Portland	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	ME	04103	Office S	upplies			
							PAGE TOTAL
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							67.26

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				Reporting Period							
PLANNED PARENTHOOD PA INC				From:	10/24/2023 To:				11/27/2023		
					DATE				Outstanding Balance of Debt		
Name of Creditor					мо	DAY	YEAR				
Planned Parenthood PA Advocates					1.10						
Mailing Address					11	24	2023	3	\$	8,669.37	
City	Camp Hill	State	Zip Code (Plus 4) 17011		Description of Debt						
		PA			Payroll Expense						
Name of Creditor					мо	DAY	YEAR				
Planned Parenthood PA Advocates											
Mailing Address					11	24	2023	3	\$	926.60	
City	Camp Hill	State	Zip Code (F	lus 4)	Description of Debt						
		PA	17011			Office Expense					
Name of Creditor Planned Parenthood Association of PA					мо	DAY	YEAR				
Mailing Address					11	24	2023	3	\$	2,485.53	
City	City Camp Hill State Zip Code (Plus 4				Description of Debt						
	PA 17011 Office Expense										
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.									PA	GE TOTAL	
								\$		12,081.50	