Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

-															-
Filer Identificat Number :	i on 2018	30278			Report Filed E		CANDI	DATE		СОМІ	MITTEE	✓	LOBI	BYIST	
Name of Filing	Committee, Candid	late or L	obbyist:	F	PLANNE	d pa	RENTHOO)D PEN	INSYL	VANIA	VOTES				
Street Address:	3401 HARTZI	DALE DR	R SUITE 1	.03B UN	IT 706										
City:	CAMP HILL						State:	PA			Zip Coc	le: 17	011		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRID PRIMARY	AY PRE-	2. X	30 DA PRIM		POST-	3.		AMENDMENT REPORT?		Yes	No	, 🔨
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRID ELECTION		- 5.	30 D/ ELEC		POST-	6.		TERMINATION REPORT?		Yes	No	· 🗸
report type)	ANNUAL REPORT	7.	Year 2024	4			NG METHO				PAPER		\checkmark	DISKE	TTE
Name of Office	 Sought by Candida	te:				-	DATE OF ELECTION				District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YE	AR					•
							11		5	2024		(SEE INS	STRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YE	AR	FO	R OFFIC	E USE	ONLY	
Expenditure	s from:		1	1 20)24 T	0	4		8	2024					
A. Amount Bro	ought Forward Fro	m Last R	leport			\$			54,6	13.59					
B. Total Monet	tary Contributions	And Rec	eipts (Fro	m Sched	dule I)	\$		0.00							
C. Total Funds	Available (Sum Of Lines A and B) \$ 54,613.59														
D. Total Exper	nditures (From Sch	edule II	I)			\$		0.00							
E. Ending Cash	n Balance (Subtrac	Balance (Subtract Line D From Line C) \$ 54,613.59													
F. Value Of In-	-Kind Contribution	s Receiv	ed (From	Schedul	e II)	\$				0.00					
G. Unpaid Deb	ts And Obligations	(From S	Schedule I	(V)		\$				0.00					
				AFFI	IDAVI	T SE	CTION								
PART I - If this i	is a Committee rep	ort, trea	asurer sigr	n here. I	f this is	a Ca	ndidate re	eport, c	andic	late sig	gn here.				
I swear (or affirm correct and comp	i) that this report, inc lete.	luding the	e attached s	chedules	filed on	paper	or by elect	ronic m	edium,	are to f	the best of	f my knov	vledge	and beli	ef , true
Sworn to and sub	scribed before me thi day of	S	20						S	ignature	e of Perso	n Submitt	ing Rep	oort	
	Signatu	ıre				-					Prin	ted Name			
My Commission E	xpires										Emai	il			
	мо	D	AY	YR				Area Code Daytime Telephone Number							
Part II- If this is	a report of a can	didate's	authorize	d Comm	ittee, C	andid	ate shall	sign he	ere.						
I swear (or affirm No 320) as amend) that to the best of 1 led.	ny knowl	edge and be	elief this (political	comm	ittee has n	ot viola	ted an	y provis	ions of the	e act of Ju	ine 3,1	937 (P.I	1333,
Sworn to and subs	cribed before me this day of		20							s	ignature o	of Candida	ite		
						-					Printe	d Name			
My Commission Ex	Signature pires					-					Ema	il			
						-									
	мо	D	AY	YR				Area	Code		Da	aytime Te	elephor	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

<u>3/2024</u> 0.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00
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 Candidate				Reporting Period						
	From: To:			:						
					DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
							Γ	PAGE TOTAL		

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. (Exclude contributions from political committees reported in Part A)									
					Reporting Period				
					DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							
								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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 Comm	ittee			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
						ſ		PAGE TOTAL		
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	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:	То:

				D	ATE			AMOUNT	г
Full Name of Contributor				мо	DAY	YEA	R		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Pla Business	ce of		City		State			Zip Code (Plus	5 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	umn	narv Page, Sectio	on 3.		ĺ		PAGE TO	DTAL
	·····	-	, , , , , , , , , , , , , , , , , , , ,				\$		0.00

I

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:			То:				
				D	ATE			AMOUNT	Ī	
Full Name				мо	DAY	YEAR				
Mailing Address							4	5	0.00	
City	State	Zip Code (Plus 4)							
Receipt Description										
PAGE TOTAL PAGE TOTAL PAGE TOTAL									TAL	
		iiai y i uge,	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 PENNSYLVANIA VOTES	From:	<u>1/1/2024</u> To:	<u>4/8/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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, 3		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R				Reporting Period						
	From:			То:						
				DATE		АМС	DUNT			
Full Name of Contributor			мо	DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)								
Description of Contribution:										
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, PAGE TOTAL Section 2.										
					4	5	0.00			

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

Name of Filing Committee or Candidate				Rej	Reporting Period					
Fro						From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State	Zip Code(Plus 4)								
Employer of Contributor						Occupation				
Employer Mailing Address/Principal Place of City State Business			State		Zip Code(Plus 4) Descript			ption o	f Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
			From			То:	
			DATE				AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Description of Expenditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	0.00