

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 <input checked="" type="checkbox"/>		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. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2024	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR				
						11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		4	9	2024		5	13	2024				
A. Amount Brought Forward From Last Report						\$ 24,180.27						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 4,771.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 28,951.27						
D. Total Expenditures (From Schedule III)						\$ 0.00						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 28,951.27						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 5,935.97						

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

Name of Filing Committee or Candidate	Reporting Period
PLANNED PARENTHOOD PA INC	From: <u>4/9/2024</u> To: <u>5/13/2024</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)	\$ 706.00
TOTAL for the Reporting Period (2)	\$ 706.00

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)	\$ 4,065.00
TOTAL for the Reporting Period (3)	\$ 4,065.00

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.)	\$ 4,771.00
---	-------------

<div> <div> PART A</div> <div> CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</div> <div> \$50.01 TO \$250.00</div> <div> 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.</div> </div>							
Name of Filing Committee or Candidate				Reporting Period			
				From:	To:		
				DATE	AMOUNT		
Full Name of Contributing Committee				MO	DAY	YEAR	<div>\$</div> <div>0.00</div>
Mailing Address							
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 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	Reporting Period
PLANNED PARENTHOOD PA INC	From: <u>4/9/2024</u> To: <u>5/13/2024</u>

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$
Caitlin Handerhan							
Mailing Address 1138 Windermere Drive				4	30	2024	
City Pittsburgh		State PA	Zip Code (Plus 4) 15218				
Full Name of Contributor				MO	DAY	YEAR	\$
Samantha Stuby							
Mailing Address 302 N Bedford Street				4	30	2024	
City Carlisle		State PA	Zip Code (Plus 4) 17013				
Full Name of Contributor				MO	DAY	YEAR	\$
Anna Levin							
Mailing Address 2230 Lehman Court				4	30	2024	
City Enola		State PA	Zip Code (Plus 4) 17025				
Full Name of Contributor				MO	DAY	YEAR	\$
Alexander Reber							
Mailing Address 277 Union St				4	30	2024	
City Millersburg		State PA	Zip Code (Plus 4) 17061				
Full Name of Contributor				MO	DAY	YEAR	\$
Carole Dewall							
Mailing Address 330 Acre Drive				4	30	2024	
City Carlisle		State PA	Zip Code (Plus 4) 17013				

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

PAGE TOTAL

\$ 706.00

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.

PAGE TOTAL
\$ 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 PLANNED PARENTHOOD PA INC	Reporting Period From: <u>4/9/2024</u> To: <u>5/13/2024</u>
---	---

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		\$
Joseph Shane					257.50
Mailing Address 51 W. I St.	4	30	2024		
City Carlisle					
State PA					
Zip Code (Plus 4) 17013					
Employer Name Shippensburg Uni				Occupation	Professor
Employer Mailing Address/Principal Place of Business 327 Franklin Science Center				City Shippensburg	State PA
				Zip Code (Plus 4) 17257	
Full Name of Contributor	MO	DAY	YEAR		\$
Rick Galena					257.50
Mailing Address 53 E. North Street	4	30	2024		
City Carlisle					
State PA					
Zip Code (Plus 4) 17013					
Employer Name Kalik and Associates				Occupation	Consultant
Employer Mailing Address/Principal Place of Business PO Box 341263				City Bethesda	State MD
				Zip Code (Plus 4) 20827	
Full Name of Contributor	MO	DAY	YEAR		\$
Colleen DeFrank					500.00
Mailing Address 2325 Forest Lane	4	30	2024		
City Harrisburg					
State PA					
Zip Code (Plus 4) 17112					
Employer Name PA Senate Dems				Occupation	Chief of Staff
Employer Mailing Address/Principal Place of Business 501 N 3rd St				City Harrisburg	State PA
				Zip Code (Plus 4) 17120	
Full Name of Contributor	MO	DAY	YEAR		\$
Robert Ashford					500.00
Mailing Address 621a Dupont Street	4	30	2024		
City Philadelphia					
State PA					
Zip Code (Plus 4) 19128					
Employer Name Unity Recovery				Occupation	Executive Director
Employer Mailing Address/Principal Place of Business 106 Gay Street Floor 2				City Philadelphia	State PA
				Zip Code (Plus 4) 19127	

Full Name of Contributor Deb Fulham-Winston				MO	DAY	YEAR	\$ 510.00
Mailing Address 242 Walnut Street				4	30	2024	
City Carlisle	State PA	Zip Code (Plus 4) 17013					
Employer Name Retired				Occupation Retired			
Employer Mailing Address/Principal Place of Business Retired			City Retired		State PA		Zip Code (Plus 4) 99999

Full Name of Contributor Morgan Plant				MO	DAY	YEAR	\$ 510.00
Mailing Address 322 S West Street				4	30	2024	
City Carlisle	State PA	Zip Code (Plus 4) 17013					
Employer Name Morgan Plant & Associates				Occupation Lobbyist			
Employer Mailing Address/Principal Place of Business 322 S West Street			City Carlisle		State PA		Zip Code (Plus 4) 17013

Full Name of Contributor Francis Nash				MO	DAY	YEAR	\$ 510.00
Mailing Address 204 S West St				4	30	2024	
City Carlisle	State PA	Zip Code (Plus 4) 17013					
Employer Name Retired				Occupation Retired			
Employer Mailing Address/Principal Place of Business Retired			City Retired		State PA		Zip Code (Plus 4) 99999

Full Name of Contributor Stephen Bruder				MO	DAY	YEAR	\$ 510.00
Mailing Address 1203 N 3rd St				4	30	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17102					
Employer Name PA Senate Dems				Occupation Policy Director			
Employer Mailing Address/Principal Place of Business 501 N 3rd St			City Harrisburg		State PA		Zip Code (Plus 4) 17120

Full Name of Contributor Catherine Gannon				MO	DAY	YEAR	\$ 510.00
Mailing Address 5907 Westover Drive				4	30	2024	
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**\$** 4,065.00

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>4/9/2024</u> To: <u>5/13/2024</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:
---------------------------------------	--

			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:	
				DATE		AMOUNT	
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 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>4/9/2024</u> To: <u>5/13/2024</u>
---	---

				DATE		Outstanding Balance of Debt	
Name of Creditor Planned Parenthood PA Advocates				MO	DAY	YEAR	\$ 2,652.96
Mailing Address 3401 Hartzdale Dr Ste 103B Unit #607				5	13	2024	
City Camp Hill		State PA	Zip Code (Plus 4) 17011	Description of Debt Payroll Expense			
Name of Creditor Planned Parenthood Association of PA				MO	DAY	YEAR	\$ 3,283.01
Mailing Address 3401 Hartzdale Dr Ste 103B Unit #607				5	13	2024	
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 \$ 5,935.97