#### **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 9400	)274			Repo Filed		·:	CANDI	CANDIDATE COMMITTEE V LOBBYIST								
Name of Filing C	Committee, Candid	ate or L	obbyist:	P	PLANI	NED	PAF	RENTHO	DD PA	INC							_
Street Address:	3401 HARTZI	DALE DR	SUITE 103B U	INI	T 607	7											
City:	CAMP HILL							State:	PA			Zip Cod	de: 17	7011			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PF PRIMARY	RE-	2.		0 DA		POST-	3. <b>X</b>			AMENDMENT REPORT?		No	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY P ELECTION	RE-	5.	_	0 DA		POST-	6.		TERMINA REPORT		Yes	No	•	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2024					IG METH	=				PAPER			TTE	
Name of Office S	Sought by Candida	te:						DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County	y
	,							МО	DAY	YE	AR	Number	code			code	
								11		5	2024		(SEE IN	ISTRUCTI	ONS FOR C	ODES)	_
	Receipts and	МО	DAY YEA	AR				МО	DAY	YE	AR	FC	R OFFI	CE USE	ONLY		
Expenditures	s from:		4 9	20	24	TO	)	5		13	2024						
A. Amount Bro	ught Forward Froi	m Last R	eport				\$			24,1	80.27						
B. Total Moneta	ary Contributions	And Rec	eipts (From Sch	ned	lule I	)	\$			4,7	71.00						
C. Total Funds	Available (Sum Of	f Lines A	and B)				\$			28,9	51.27						
D. Total Expenditures (From Schedule III) \$ 0.00																	
E. Ending Cash Balance (Subtract Line D From Line C)							\$			28,9	51.27						
F. Value Of In-	Kind Contributions	s Receiv	ed (From Sched	lule	e II)		\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$			5,9	35.97			•			
			AF	FI	DΑ\	/IT	SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign here	. If	f this	is a	Can	didate r	eport, o	candio	date sig	jn here.					ı
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	attached schedu	les 1	filed o	n pa	aper o	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , true	Э,
Sworn to and subs	cribed before me this day of	s	20							s	ignature	of Perso	n Submit	ting Rep	ort		•
	Signatu	ıre				_						Prin	ted Name	e			-
My Commission Ex	cpires											Ema	il				١.
	МО	D	AY Y	'R					Are	ea Cod	e	Daytim	e Telepl	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Con	nmi	ittee,	Car	ndida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and belief th	nis p	oolitic	al co	ommi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333,	
Sworn to and subsc	ribed before me this										S	ignature (	of Candid	ate			۱ -
	day of					_						Printe	d Name				-
	Signature					_						Ema	il				-
My Commission Exp	ires											Emla					
	мо	D	AY '	YR					Area	Code		D	aytime T	elephor	e Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Period					
PLANNED PARENTHOOD PA INC	From:	4/9/202	<u>4</u> То:	5/13/2024		
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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	4,771.00		

#### **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						
		'	From:		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.

### 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 Committ		Reporting Period					
PLANNED PARENTHOOI	D PA INC		From:	4/9/	2024 <b>T</b> o	<b>o</b> : <u>5/13/2024</u>	
		I		DATE		AMOUNT	
Full Name of Contributor			МО	DAY	YEAR		
Caitlin Handerhan			1.10	DAI	ILAK		
Mailing Address 1138	Windermere Drive					<b>\$</b> 51.50	
City Pittsburgh	State	Zip Code (Plus 4)	4	30	2024		
	PA	15218					
Full Name of Contributor	Full Name of Contributor				YEAR		
Samantha Stuby			МО	DAY	ILAK		
Mailing Address 302 N	N Bedford Street					<b>\$</b> 51.50	
City Carlisle	State	Zip Code (Plus 4)	4	30	2024		
	PA	17013					
Full Name of Contributor				DAY	YEAR		
Anna Levin			МО	DAI	ILAK		
Mailing Address 2230	Lehman Court					<b>\$</b> 103.00	
City Enola	State	Zip Code (Plus 4)	4	30	2024		
	PA	17025					
Full Name of Contributor			МО	DAY	YEAR		
Alexander Reber			140	DAI	ILAK		
Mailing Address 277 l	Jnion St					<b>\$</b> 250.00	
<b>City</b> Millersburg	State	Zip Code (Plus 4)	4	30	2024		
	PA	17061					
Full Name of Contributor			МО	DAY	YEAR		
Carole Dewall			1.10	DAI	ILAK		
Mailing Address 330 Acre Drive						<b>\$</b> 250.00	
<b>City</b> Carlisle	State	Zip Code (Plus 4)	4	30	2024		
	PA	17013					
	•	•	•	-		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	ame of Filing Committee or Candidate		Reporting Period						
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				МО	DAY	YEAR		0	00
Mailing Address							<b>+</b>	0.	00
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
nter Grand Total of Part C on Schedule I, Detailed Summary Pag			age, Sectio	n 3.			\$	0.0	0

### 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.)

ame of Filing Committee or Candidate				orting Pe	riod			
PLANNED PARENTHOOD PA INC			Fron	n:	<u>4/9/2</u>	<u>024</u> To	5/13/2024	
				DA	<b>ATE</b>		АМС	DUNT
Full Name of Contributor				мо	DAY	YEAR		
Joseph Shane				МО	DAT	ILAK	\$	257.50
Mailing Address 51 W. I St.				4	30	2024		
City Carlisle	State	Zip Code (Plu	s 4)		30			
	PA	17013						
Employer Name Shippensburg Uni				Occupat	ion	Professo	or	
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code	(Plus 4)
327 Franklin Science Center Shippensburg				PA		17257		
Full Name of Contributor		•						
Rick Galena				МО	DAY	YEAR	\$	257.50
Mailing Address 53 E. North Street				_	20	2024	7	
City Carlisle	State	Zip Code (Plu	s 4)	4	30	2024		
	PA	17013						
Employer Name Kalik and Associates					ion	Consulta	ant	
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code	(Plus 4)
						-		
PO Box 341263		Bethesda			MD		20827	
		Bethesda			MD		20827	
Full Name of Contributor		Bethesda		МО	MD	YEAR	\$	500.00
Full Name of Contributor Colleen DeFrank		Bethesda		МО		YEAR		500.00
Full Name of Contributor Colleen DeFrank Mailing Address 2325 Forest Lane	State			<b>MO</b> 4		<b>YEAR</b> 2024	\$	500.00
Full Name of Contributor Colleen DeFrank	State PA	Zip Code (Plu			DAY		\$	500.00
Full Name of Contributor Colleen DeFrank  Mailing Address 2325 Forest Lane City Harrisburg	State PA			4	<b>DAY</b> 30	2024	\$	500.00
Full Name of Contributor Colleen DeFrank Mailing Address 2325 Forest Lane City Harrisburg  Employer Name PA Senate Dems	PA	Zip Code (Plu			DAY 30		\$ Staff	
Full Name of Contributor Colleen DeFrank Mailing Address 2325 Forest Lane City Harrisburg  Employer Name PA Senate Dems Employer Mailing Address/Principal Place	PA	Zip Code (Plu 17112	s 4)	4	DAY 30 ion State	2024	\$ Staff Zip Code	
Full Name of Contributor Colleen DeFrank Mailing Address 2325 Forest Lane City Harrisburg  Employer Name PA Senate Dems Employer Mailing Address/Principal Place 501 N 3rd St	PA	Zip Code (Plu	s 4)	4	DAY 30	2024	\$ Staff	
Full Name of Contributor Colleen DeFrank Mailing Address 2325 Forest Lane City Harrisburg  Employer Name PA Senate Dems Employer Mailing Address/Principal Place 501 N 3rd St  Full Name of Contributor	PA	Zip Code (Plu 17112	s 4)	4	DAY 30 ion State	2024	\$ Staff Zip Code	
Full Name of Contributor Colleen DeFrank Mailing Address 2325 Forest Lane City Harrisburg  Employer Name PA Senate Dems Employer Mailing Address/Principal Place 501 N 3rd St  Full Name of Contributor Robert Ashford	PA se of Business	Zip Code (Plu 17112	s 4)	4 Occupat	DAY  30  ion State PA  DAY	2024 Chief of YEAR	\$ Staff Zip Code 17120	(Plus 4)
Full Name of Contributor Colleen DeFrank Mailing Address 2325 Forest Lane City Harrisburg  Employer Name PA Senate Dems Employer Mailing Address/Principal Place 501 N 3rd St  Full Name of Contributor Robert Ashford Mailing Address 621a Dupont Street	PA se of Business	Zip Code (Plu 17112 City Harrisbur	<b>s 4)</b>	4 Occupat	DAY  30  ion State PA	2024 Chief of	\$ Staff Zip Code 17120	(Plus 4)
Full Name of Contributor Colleen DeFrank Mailing Address 2325 Forest Lane City Harrisburg  Employer Name PA Senate Dems Employer Mailing Address/Principal Place 501 N 3rd St  Full Name of Contributor Robert Ashford	PA se of Business	Zip Code (Plu 17112 City Harrisbur Zip Code (Plu	<b>s 4)</b>	4 Occupat	DAY  30  ion State PA  DAY	2024 Chief of YEAR	\$ Staff Zip Code 17120	(Plus 4)
Full Name of Contributor Colleen DeFrank Mailing Address 2325 Forest Lane City Harrisburg  Employer Name PA Senate Dems Employer Mailing Address/Principal Place 501 N 3rd St  Full Name of Contributor Robert Ashford Mailing Address 621a Dupont Street City Philadelphia	PA ee of Business	Zip Code (Plu 17112 City Harrisbur	<b>s 4)</b>	Occupate MO	30 sion State PA DAY 30	2024 Chief of YEAR 2024	\$ Staff Zip Code (17120) \$	( <b>Plus 4)</b> 500.00
Full Name of Contributor Colleen DeFrank  Mailing Address 2325 Forest Lane City Harrisburg  Employer Name PA Senate Dems Employer Mailing Address/Principal Place 501 N 3rd St  Full Name of Contributor Robert Ashford Mailing Address 621a Dupont Street City Philadelphia  Employer Name Unity Recovery	PA  Se of Business  State PA	Zip Code (Plu 17112 City Harrisbur Zip Code (Plu 19128	<b>s 4)</b>	4 Occupat	DAY  30  ion  State PA  DAY  30	2024 Chief of YEAR 2024	\$ Staff Zip Code (17120) \$	(Plus 4) 500.00
Full Name of Contributor Colleen DeFrank Mailing Address 2325 Forest Lane City Harrisburg  Employer Name PA Senate Dems Employer Mailing Address/Principal Place 501 N 3rd St  Full Name of Contributor Robert Ashford Mailing Address 621a Dupont Street City Philadelphia	PA  Se of Business  State PA	Zip Code (Plu 17112 City Harrisbur Zip Code (Plu	s 4)	Occupate MO	30 sion State PA DAY 30	2024 Chief of YEAR 2024	\$ Staff Zip Code (17120) \$	(Plus 4) 500.00

Full Name of Contributor			МО	DAY	YEAR		E10.00	
Deb Fulham-Winston			140	DAI	ILAN	\$	510.00	
Mailing Address 242 Walnut Street			4	30	202	4		
<b>City</b> Carlisle	State	Zip Code (Plus 4)						
	PA I	17013				l		
Employer Name Retired			Occupat	ion	Retired	<u> </u>		
Employer Mailing Address/Principal Place	e of Business	City		State		Zip Code (Plus 4)		
Retired		Retired		PA		99999		
Full Name of Contributor			МО	DAY	YEAR			
Morgan Plant			MO	DAT	TEAR	\$	510.00	
Mailing Address 322 S West Street			4	30	202	4		
<b>City</b> Carlisle	State	Zip Code (Plus 4)						
	PA	17013						
Employer Name Morgan Plant & Assoc	iates		Occupat	ion	Lobbyi	st		
Employer Mailing Address/Principal Place	ce of Business	City		State		Zip Code	(Plus 4)	
322 S West Street		PA		17013				
Full Name of Contributor					V=45			
Francis Nash			МО	DAY	YEAR	\$	510.00	
Mailing Address 204 S West St			4	30	202	1		
City Carlisle	State	Zip Code (Plus 4)	7 7	30	202	<b>"</b>		
	PA	17013						
Employer Name Retired			Occupat	ion	Retired	l		
Employer Mailing Address/Principal Place	e of Business	City		State		Zip Code	(Plus 4)	
Retired		Retired		PA		99999		
Full Name of Contributor								
Stephen Bruder			МО	DAY	YEAR	\$	510.00	
Mailing Address 1203 N 3rd St			4	30	202	4		
City Harrisburg	State	Zip Code (Plus 4)	7 7	30	202	`		
	PA	17102						
Employer Name PA Senate Dems			Occupat	ion	Policy I	Director		
Employer Mailing Address/Principal Place	e of Business	City		State		Zip Code	(Plus 4)	
501 N 3rd St		Harrisburg		PA		17120		
Full Name of Contributor	<del></del>							
Catherine Gannon			МО	DAY	YEAR	\$	510.00	
Mailing Address 5907 Westover Driv	re		4	30	202	1		
City Mechanicsburg	State	Zip Code (Plus 4)	7 "	30	202	`		
	PA	17050						
Employer Name Retired			Occupat	ion	Retired	I		
Employer Mailing Address (Dringing) Dis-	C D	Employer Mailing Address/Principal Place of Business City			State Zip Code (Plus 4)		(Plus 4)	
Employer Mailing Address/Principal Plac	e or Business	City		Journ			• •	
Retired	ce of Business	Retired		PA		99999	· ,	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PAGE TOTAL \$** 4,065.00

## 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 o	or Candidate		Report	ing Peri	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (	Plus 4)				
Receipt Description	•	•			•		
Enter Grand Total of Part E	on Schodulo I. Dotailed	Summary Dage	Section	4			PAGE TOTAL
cinter Granu Total Of Part E	on Schedule 1, Detalled	Summary Page,	Section	<b>4.</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

Name of Filing Committee or Candidate	Reporting Period						
PLANNED PARENTHOOD PA INC	From:	<u>4/9/2024</u> <b>To:</b>	<u>5/13/2024</u>				
L. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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	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 Candidate	nme of Filing Committee or Candidate			Reporting Period				
						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 Sche Section 2.	dule II, In-Kind (	Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Rep	orting	Period				
				Fro	m:		To:	То:		
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	V	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	Contributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.	,									0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	me of Filing Committee or Candidate			Reporting Period				
						То:		
		DATE			AMOUNT			
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City State Zip Code (Plus 4)				tion of Exp	enditure			
inter Grand Total of Evnenditures on Dago 1. Deport Cover Dago Item I							PAGE TOTAL	
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item I			<b>,</b> .			\$	0.00	

## 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:		<u>4/9/2024</u>	То:	<u>.</u>	5/13/2024	
				DATE				Outstanding Balance of Debt	
Name of Creditor Planned Parenthood PA Advocates				мо	DAY	YEAR			
Mailing Address 3401 Hartzdale Dr Ste 103B Unit #607				5	13	2024	\$	2,652.96	
City Camp Hill	State Zip Code (Plus 4)			Description of Debt					
	PA 17011			Payroll Expense					
Name of Creditor Planned Parenthood Association of PA				мо	DAY	YEAR			
Mailing Address 3401 Hartzdale Dr Ste 103B Unit #607				5	13	2024	\$	3,283.01	
City Camp Hill	State	Zip Code (P	lus 4)	Description of Debt					
	PA	17011	Office Expense						
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.								PAGE TOTAL	
							\$	5,935.97	