

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:											
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
---	-------------

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			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.

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 Caitlin Handerhan				MO 4	DAY 30	YEAR 2024	\$ 51.50
Mailing Address							
City	Pittsburgh	State PA	Zip Code (Plus 4) 15218				
Full Name of Contributor Samantha Stuby				MO 4	DAY 30	YEAR 2024	\$ 51.50
Mailing Address							
City	Carlisle	State PA	Zip Code (Plus 4) 17013				
Full Name of Contributor Anna Levin				MO 4	DAY 30	YEAR 2024	\$ 103.00
Mailing Address							
City	Enola	State PA	Zip Code (Plus 4) 17025				
Full Name of Contributor Alexander Reber				MO 4	DAY 30	YEAR 2024	\$ 250.00
Mailing Address							
City	Millersburg	State PA	Zip Code (Plus 4) 17061				
Full Name of Contributor Carole Dewall				MO 4	DAY 30	YEAR 2024	\$ 250.00
Mailing Address							
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				
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	\$257.50
Joseph Shane				4	30	2024	
Mailing Address							
City	Carlisle	State	PA	Zip Code (Plus 4)		17013	
Employer Name				Shippensburg Uni			
Occupation				Professor			
Employer Mailing Address/Principal Place of Business			City		State	Zip Code (Plus 4)	
			Shippensburg		PA	17257	
Full Name of Contributor				MO	DAY	YEAR	\$257.50
Rick Galena				4	30	2024	
Mailing Address							
City	Carlisle	State	PA	Zip Code (Plus 4)		17013	
Employer Name				Kalik and Associates			
Occupation				Consultant			
Employer Mailing Address/Principal Place of Business			City		State	Zip Code (Plus 4)	
			Bethesda		MD	20827	
Full Name of Contributor				MO	DAY	YEAR	\$500.00
Colleen DeFrank				4	30	2024	
Mailing Address							
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			City		State	Zip Code (Plus 4)	
			Harrisburg		PA	17120	
Full Name of Contributor				MO	DAY	YEAR	\$500.00
Robert Ashford				4	30	2024	
Mailing Address							
City	Philadelphia	State	PA	Zip Code (Plus 4)		19128	
Employer Name				Unity Recovery			
Occupation				Executive Director			
Employer Mailing Address/Principal Place of Business			City		State	Zip Code (Plus 4)	
			Philadelphia		PA	19127	

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

Full Name of Contributor Morgan Plant			MO	DAY	YEAR	\$ 510.00
Mailing Address			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		City Carlisle	State PA		Zip Code (Plus 4) 17013	

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

Full Name of Contributor Stephen Bruder			MO	DAY	YEAR	\$ 510.00
Mailing Address			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		City Harrisburg	State PA		Zip Code (Plus 4) 17120	

Full Name of Contributor Catherine Gannon			MO	DAY	YEAR	\$ 510.00
Mailing Address			4	30	2024	
City Mechanicsburg	State PA	Zip Code (Plus 4) 17050				
Employer Name Retired			Occupation Retired			
Employer Mailing Address/Principal Place of Business		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

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 III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
	From To:

				DATE	AMOUNT		
To Whom Paid				MO	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

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				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				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