### **Campaign Finance Report**

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

| Filer Identificati<br>Number : | on 9400                         | )274      |                       |            | Rep<br>File |             |          | CAI     | NDI    | DATE     |        | СОМІ      | MITTEE             | <b>~</b>       | LOB                | D113     |           |          |
|--------------------------------|---------------------------------|-----------|-----------------------|------------|-------------|-------------|----------|---------|--------|----------|--------|-----------|--------------------|----------------|--------------------|----------|-----------|----------|
| Name of Filing C               | Committee, Candid               | late or L | obbyist:              | ,          | Plan        | ned         | Pare     | nthoo   | d P    | A Advo   | cate   | s         |                    |                |                    |          |           |          |
| Street Address:                |                                 |           |                       |            |             |             |          |         |        |          |        |           |                    |                |                    |          |           |          |
| City:                          | HARRISBURG                      | i         |                       |            |             |             |          | State   | e:     | PA       |        |           | Zip Co             | <b>de:</b> 1   | 7102-2             | 2505     |           |          |
| TYPE OF<br>REPORT              | 6TH TUESDAY<br>PRE-PRIMARY      | 1.        | 2ND FRIDA<br>PRIMARY  | AY PRE-    | - 2         | 2. <b>X</b> | 30 DA    |         | F      | POST-    | 3.     |           | AMENDN<br>REPORT   |                | Yes                | <b>\</b> | No        |          |
| (place X to<br>the right of    | 6TH TUESDAY<br>PRE-ELECTION     | 4.        | 2ND FRIDA<br>ELECTION | AY PRE     | - 5         | 5.          | 30 DA    |         | F      | POST-    | 6.     |           | TERMINA<br>REPORT  |                | Yes                |          | No        | <b>/</b> |
| report type)                   | ANNUAL REPORT                   | 7.        | <b>Year</b> 2003      |            |             |             |          | NG ME   |        |          |        |           | PAPER              |                | $  \!   \!   \!  $ | DIS      | KETTE     |          |
| Name of Office S               | Sought by Candida               | ite:      |                       |            | -           |             |          | DAT     | ΕO     | F ELE    | СТІО   | N         | District<br>Number | Office<br>Code | Pa                 | rty Co   | de Cou    |          |
|                                |                                 |           |                       |            |             |             |          | МО      |        | DAY      | YE     | EAR       |                    | •              |                    |          | •         |          |
|                                |                                 |           |                       |            |             |             |          |         | 11     |          | 4      | 2003      |                    | (SEE II        | NSTRUCT            | IONS FO  | R CODE    | (S)      |
|                                | Receipts and                    | МО        | DAY                   | YEAR       | 1           |             |          | МО      |        | DAY      | YI     | EAR       | FC                 | OR OFFI        | CE USI             | ONL      | Y         |          |
| Expenditures                   | irom:                           |           | 1 1                   | L          | 1           | Т           | <u> </u> |         | 5      |          | 5      | 2003      |                    |                |                    |          |           |          |
| A. Amount Bro                  | ught Forward Fro                | m Last R  | eport                 |            |             |             | \$       |         |        |          |        | 243.81    |                    |                |                    |          |           |          |
| B. Total Monet                 | ary Contributions               | And Rec   | eipts (Fron           | n Sche     | dule        | I)          | \$       |         |        |          | 1,1    | 175.00    |                    |                |                    |          |           |          |
| C. Total Funds                 | Available (Sum O                | f Lines A | and B)                |            |             |             | \$       |         |        |          | 21,4   | 418.81    |                    |                |                    |          |           |          |
| D. Total Expen                 | ditures (From Sch               | edule II  | 1)                    |            |             |             | \$       |         |        |          | 5      | 517.43    |                    |                |                    |          |           |          |
| E. Ending Cash                 | Balance (Subtrac                | t Line D  | From Line             | C)         |             |             | \$       |         |        |          | 20,9   | 01.38     | -                  |                |                    |          |           |          |
| F. Value Of In-                | Kind Contribution               | s Receiv  | ed (From S            | chedu      | le II       | )           | \$       |         |        |          |        | 0.00      | -                  |                |                    |          |           |          |
| G. Unpaid Debt                 | s And Obligations               | (From     | Schedule I\           | <b>V</b> ) |             |             | \$       |         |        |          |        | 0.00      |                    |                | •                  |          |           |          |
|                                |                                 |           |                       | AFF        | ΊDΑ         | VI          | T SE     | CTIC    | NC     |          |        |           |                    |                |                    |          |           |          |
|                                | s a Committee rep               | -         | _                     |            |             |             |          |         |        |          |        | _         |                    | £ l            |                    |          | -1:-6     |          |
| correct and comple             | ) that this report, inc<br>ete. | luaing th | e attached sc         | neaules    | s filed     | ı on        | paper    | or by e | electi | ronic me | eaium  | , are to  | ine best o         | or my kno      | wieage             | and b    | ellet , i | rue      |
| Sworn to and subs              | cribed before me thi<br>day of  | s         | 20                    |            |             |             |          |         |        |          | S      | Signature | of Perso           | n Submi        | tting Re           | port     |           |          |
|                                | Signati                         | ıre       |                       |            |             |             | _        |         |        |          |        |           | Prin               | ted Nam        | ie                 |          |           |          |
| My Commission Ex               | cpires                          |           |                       |            |             |             | _        |         |        |          |        |           | Ema                | il             |                    |          |           |          |
|                                | МО                              | D         | AY                    | YR         |             |             |          |         |        | Are      | ea Cod | le        | Daytin             | ne Telep       | hone N             | ımber    |           | ᆜ        |
|                                | a report of a can               |           |                       |            |             | •           |          |         |        |          |        |           |                    |                |                    |          |           |          |
| No 320) as amende              |                                 | •         | edge and bel          | ief this   | polit       | ical        | comm     | ittee h | as n   | ot viola | ted an | y provis  | ions of th         | e act of 3     | June 3,1           | 1937 (I  | P.L. 13   | 33,      |
| Sworn to and subsc             | ribed before me this<br>day of  |           | 20                    |            |             |             |          |         |        |          |        | s         | ignature           | of Candid      | date               |          |           |          |
|                                | <u> </u>                        |           |                       |            |             |             | -        |         |        |          |        |           | Printe             | ed Name        |                    |          |           | -        |
| My Commission Exp              | Signature<br>pires              |           |                       |            |             |             | -        |         |        |          |        |           | Ema                | iil            |                    |          |           | -        |
|                                | МО                              | D         | AY                    | YR         |             |             | -        |         |        | Area     | Code   |           | D                  | aytime 1       | Telepho            | ne Nur   | nber      | $- \mid$ |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting Period |     |          |
|--|------------------|-----|----------|
| Planned Parenthood PA Advocates  | From:            | То: | 5/5/2003 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |                  |     |          |
| TOTAL for the Reporting  | g Period (1)     | \$  | 775.00   |
| 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)   |                  | \$  | 400.00   |
| TOTAL for the Reporting  | Period (2)       | \$  | 400.00   |
| 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  | g 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 |                  | \$  | 1,175.00 |

#### **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 Candida | e     | R                 | eporting | 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.

### 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)

| Nan    | ne of Filing Committee or Candida | te    |                  | Rep | porting Po | eriod |      |    |                 |
|--------|-----------------------------------|-------|------------------|-----|------------|-------|------|----|-----------------|
| Plai   | nned Parenthood PA Advocates      |       |                  | Fro | m:         |       | To   | ): | <u>5/5/2003</u> |
|        |                                   |       |                  | I   |            | DATE  |      |    | AMOUNT          |
| Full N | ame of Contributor                |       |                  |     | мо         | DAY   | YEAR |    |                 |
| Binny  | S. Silverman                      |       |                  |     |            |       |      |    |                 |
| Mailin | g Address                         |       |                  |     |            |       |      | \$ | 100.00          |
| City   | Riegelsville                      | State | Zip Code (Plus 4 | -)  | 3          | 16    | 2003 |    |                 |
|        |                                   | PA    | 18077            |     |            |       |      |    |                 |
| Full N | ame of Contributor                |       |                  |     | мо         | DAY   | YEAR |    |                 |
| Paul 8 | k Judy Ware                       |       |                  |     | 140        | DAT   | ILAK |    |                 |
| Mailin | g Address                         |       |                  |     |            |       |      | \$ | 100.00          |
| City   | Lancaster                         | State | Zip Code (Plus 4 | •)  | 1          | 22    | 2003 |    |                 |
|        |                                   | PA    | 17603            |     |            |       |      |    |                 |
| Full N | ame of Contributor                |       |                  |     | мо         | DAY   | YEAR |    |                 |
| David  | & Doris Freeman                   |       |                  |     | 140        | DAI   | ILAK |    |                 |
| Mailin | g Address                         |       |                  |     |            |       |      | \$ | 100.00          |
| City   | King of Prussia                   | State | Zip Code (Plus 4 | .)  | 1          | 22    | 2003 |    |                 |
|        |                                   | PA    | 19406            |     |            |       |      |    |                 |
| Full N | ame of Contributor                |       |                  |     | мо         | DAY   | YEAR |    |                 |
| Franc  | es Sheehan                        |       |                  |     | 140        | DAI   | ILAK |    |                 |
| Mailin | g Address                         |       |                  |     |            |       |      | \$ | 100.00          |
| City   | Swarthmore                        | State | Zip Code (Plus 4 | .)  | 1          | 22    | 2003 |    |                 |
|        |                                   | PA    | 190811612        |     |            |       |      |    |                 |
|        |                                   |       |                  |     |            |       |      |    | PAGE TOTAL      |

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

**PAGE TOTAL \$** 400.00

#### **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  |      | A             | MOUNT    |      |
| Full Name of Contributing Committee   |                      |          |             | мо     | DAY | YEAR |               |          | 0.00 |
| Mailing Address                       |                      |          |             |        |     |      | <b>-</b>   \$ |          | 0.00 |
| City                                  | State                | Zip Cod  | e (Plus 4)  |        |     |      |               |          |      |
|                                       |                      |          |             |        |     |      |               | PAGE TOT | AL   |
| Enter Grand Total of Part C on School | dule 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  |      |     |                    |
|---|---------------------|----------------|---------|-----------|-------|------|-----|--------------------|
|   |                     |                | Fron    | n:        |       | Т    | o:  |                    |
|   |                     |                |         | D/        | ATE   |      |     | AMOUNT             |
| Full Name of Contributor                |                     |                |         | МО        | DAY   | YEAR | \$  | 0.00               |
| Mailing Address                         |                     |                |         |           |       |      |     |                    |
| City                                    | State               | Zip Code (Plus | s 4)    |           |       |      |     |                    |
| Employer Name                           |                     |                |         | Occupat   | tion  |      |     |                    |
| Employer Mailing Address/Principal Plac | e of Business       | City           |         |           | State |      | Zip | Code (Plus 4)      |
| Enter Grand Total of Part C on Sche     | dule I, Detailed Su | ımmary Page,   | Section | on 3.     |       |      | \$  | PAGE TOTAL<br>0.00 |
|   |                     |                |         |           |       |      | 7   | 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:  |          |            |
|                           |                           | <b>'</b>        |             |          | ATE |      |          | AMOUNT     |
| Full Name                 |                           |                 |             | мо       | DAY | YEAR | \$       | 0.00       |
| Mailing Address           |                           |                 |             |          |     |      | 7        |            |
| City                      | State                     | Zip Code (P     | Plus 4)     |          |     |      |          |            |
| Receipt Description       | <b>'</b>                  |                 |             |          |     |      | <u> </u> |            |
|                           | - C                       |                 | <b>.</b> .: | _        |     |      |          | 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 Period |     |                 |
|--|------------------|-----|-----------------|
| Planned Parenthood PA Advocates  | From:            | То: | <u>5/5/2003</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER 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 Car | ndidate              |                        | Reporting Period |         |      |             |            |      |
|---------------------------------|----------------------|------------------------|------------------|---------|------|-------------|------------|------|
|                                 |                      |                        | From:            |         |      | To          | :          |      |
|                                 |                      |                        |                  | DATE    |      |             | AMOUNT     |      |
| Full Name of Contributor        |                      |                        | МО               | DAY     | YEAR |             |            |      |
| Mailing Address                 |                      |                        |                  |         |      | <b>7</b> \$ | C          | 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 Sum          | mary 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 <sub>l</sub> | 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 |

## STATEMENT OF EXPENDITURES

| Nam          | e of Filing Committee or Candid         | ate     |                   | Reporti                    | ng Period                  |          |     |          |  |  |
|--------------|---|---------|-------------------|----------------------------|----------------------------|----------|-----|----------|--|--|
| Planr        | ned Parenthood PA Advocates             |         |                   | From                       |                            |          | То: | 5/5/2003 |  |  |
|              |   |         |                   |                            | DATE                       |          |     | AMOUNT   |  |  |
| To WI        | nom Paid                                |         |                   | МО                         | DAY                        | YEAR     |     |          |  |  |
| Plann        | ed Parenthood of North East P           | Α       |                   | 1-10                       |                            | 7 = 7 \  |     |          |  |  |
| Mailir       | ng Address                              |         |                   | 1                          | 1 2 2003 \$ 22             |          |     |          |  |  |
| City         | Trexlertown                             | State   | Zip Code (Plus 4) | Descrip                    | Description of Expenditure |          |     |          |  |  |
|              |   | PA      | 18087             | Mailing                    | list rental                |          |     |          |  |  |
|              | nom Paid<br>Union Bank                  |         |                   | МО                         | DAY                        | YEAR     |     |          |  |  |
| Mailir       | ng Address                              |         |                   | 1                          | 11                         | 2003     | \$  | 12.99    |  |  |
| City         |   | State   | Zip Code (Plus 4) | Description of Expenditure |                            |          |     |          |  |  |
| PA 17101     |   |         | Bank se           | rvice char                 | ge                         |          |     |          |  |  |
| To Whom Paid |   |         |                   | MO                         | DAY                        | YEAR     |     |          |  |  |
| First        | Union Bank                              |         |                   | МО                         | DAY                        | TEAK     |     |          |  |  |
| Mailir       | ng Address                              |         |                   | 2                          | 11                         | 2003     | \$  | 17.77    |  |  |
| City         | Harrisburg                              | State   | Zip Code (Plus 4) | Descrip                    | tion of Exp                | enditure |     |          |  |  |
|              |   | PA      | 17101             | Bank se                    | rvice char                 | ge       |     |          |  |  |
| To Wi        | nom Paid                                |         |                   | МО                         | DAY                        | YEAR     |     |          |  |  |
| First        | Union Bank                              |         |                   | PIO                        |                            | ILAK     |     |          |  |  |
| Mailir       | ng Address                              |         |                   | 3                          | 11                         | 2003     | \$  | 13.17    |  |  |
| City         | Harrisburg                              | State   | Zip Code (Plus 4) | Descrip                    | tion of Exp                | enditure |     |          |  |  |
|              |   | PA      | 17101             | Bank se                    | rvice char                 | ge       |     |          |  |  |
| To W         | nom Paid                                |         |                   | МО                         | DAY                        | YEAR     |     |          |  |  |
| PA Re        | epublican Pro-Choice Action Co          | mmittee |                   |                            |                            |          |     |          |  |  |
| Mailir       | ng Address                              |         |                   | 4                          | 23                         | 2003     | \$  | 100.00   |  |  |
| City         | Philadelphia                            | State   | Zip Code (Plus 4) | Descrip                    | tion of Exp                | enditure |     |          |  |  |
|              |   | PA      | 19102             | PAC cor                    | ntribution                 |          |     |          |  |  |
| To W         | To Whom Paid                            |         |                   |                            | DAY                        | YEAR     |     |          |  |  |
| Friend       | riends for Allyson Schwartz             |         |                   |                            |                            |          |     |          |  |  |
| Mailir       | iling Address                           |         |                   |                            | 23                         | 2003     | \$  | 150.00   |  |  |
| City         | ty Philadelphia State Zip Code (Plus 4) |         |                   |                            | tion of Exp                | enditure | •   |          |  |  |
|              |   | PA      | 19118             | Lunched                    | on                         |          |     |          |  |  |
|              |   |         |                   |                            |                            |          |     |          |  |  |

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

**PAGE TOTAL** 

517.43