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	0274			Rep File			CAI	NDI	DATE		COM	AITTEE	✓	LOB	D1131		
Name of Filing C	Committee, Candid	date or L	obbyist:	•	Planı	ned	Pare	nthoo	d P	A Advo	cate	S						
Street Address:																		
City:	HARRISBURG	ŝ						State	e:	PA			Zip Co	de: 1	7102-2	7102-2505		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE-	- 2		30 DA		P	POST-	3.		AMENDMENT REPORT?		Yes	/ N	lo	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDA ELECTION	AY PRE	- 5		30 DA		P	POST-	6.		TERMINA REPORT		Yes	١	lo	√
report type)	ANNUAL REPORT	7.	Year 2004					NG ME					PAPER			DISK	ETTE	
Name of Office S	Sought by Candida	ate:						DAT	ΕO	F ELEC	CTIC	ON	District Number	Office Code	Pa	rty Cod	e Cou Cod	
								МО		DAY	ΥI	EAR		•			•	
									11		2	2004		(SEE II	NSTRUCT	ONS FO	R CODES	5)
	Receipts and	МО	DAY	YEAR				МО		DAY	Y	EAR	FC	R OFFI	CE USI	ONL	'	
Expenditures	s trom:		1 1	L	1	T	0		9	1	.3	2004						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				21,	512.82						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule	I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B)							\$				21,	512.82						
D. Total Expend	ditures (From Sch	nedule II	1)				\$				2,5	518.01						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$				18,9	994.81						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	Schedul	le II))	\$					0.00						
G. Unpaid Debt	ts And Obligations	s (From	Schedule I\	/)			\$			0.00								
				AFF	IDA	VIT	ΓSE	CTIC	NC									
	s a Committee rep	-	_									_						
I swear (or affirm) correct and complete) that this report, inc ete.	cluding th	e attached so	chedules	filed	l on p	paper	or by e	lecti	ronic me	dium	i, are to t	he best o	f my kno	wledge	and be	lief , t	rue
Sworn to and subs	cribed before me thi day of	is	20								5	Signature	of Perso	n Submi	tting Re	port		
	Signati	ure					-						Prin	ted Nam	ie			_
My Commission Ex	kpires						_						Ema	il				
	МО	D	AY	YR						Are	a Cod	de	Daytin	ne Telep	hone Nu	ımber		_
Part II- If this is	a report of a can	didate's	authorized	l Comm	nittee	e, Ca	andid	ate sh	nall :	sign he	re.							
No 320) as amende		•	edge and bel	ief this	politi	ical	comm	ittee h	as n	ot violat	ed ar	ny provis	ions of th	e act of :	June 3,1	.937 (P	.L. 133	33,
Sworn to and subsc	ribed before me this day of	•	20									S	ignature	of Candid	date			_
													Printe	ed Name				- $ $
My Commission Exp	Signature pires						-		,				Ema	il				-
	мо	D	AY	YR						Area (Code		D	aytime '	Telepho	ne Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
Planned Parenthood PA Advocates	From:	То:	9/13/2004
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			
TOTAL for the Reporting	g 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)		\$	0.00
TOTAL for the Reporting	Period (2)	\$	0.00
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		\$	0.00

PAGE TOTAL

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 Candidat	e		Re	porting I	Period			
			Fro	om:		То	!	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					

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

9/14/2025 9:44:49 AM

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.

(EXCIU	ue contributions fro	om pontical comm	iiile	es re	portea	III Part	A)	
Name of Filing Committe	e or Candidate		Rep	orting F	Period			
			Fro	m:		To	o :	
		ı			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		A	MOUNT
Full Name of Contributing Committee				МО	DAY	YEAR	\$	0.00
Mailing Address							7 *	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	lule 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			
			Fror	n:		To	o :	
				D	ATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address							1	
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip C	Code (Plus 4)
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ımmary Page	Section	on 3.			\$	PAGE TOTAL 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:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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:	9/13/2004
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		Reportin	g Period				
			From:			To	:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		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 Sun	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	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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period		
Planned Parenthood PA Advocates	From	То:	9/13/2004

					DATE			AMOUNT	
To Wh	om Paid			МО	DAY	YEAR			
Comm	nittee to Re-Elect Senator Mike	Stack							
Mailin	g Address			6	29	2004	\$	500.00	
City	Palmyra	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	17078	Contrib	ution				
To Wh	om Paid			МО	DAY	YEAR			
Friend	ls of Connie Williams			MO	DAT	TEAR			
Mailin	g Address			6	29	2004	\$	500.00	
City	Haverford	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	19041	Contrib	ution				
To Wh	om Paid			МО	DAY	YEAR			
Site S	pinners			MO	DAT	TEAR			
Mailin	g Address			7	22	2004	\$	470.00	
City	Lancaster	State	Zip Code (Plus 4)	Description of Expenditure					
		PA	17603	Web site development					
To Wh	om Paid		<u> </u>	1		\			
Comm	nittee to Elect Mike Veon			МО	DAY	YEAR			
Mailin	g Address			8	26	2004	\$	500.00	
City	Beaver Falls	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	15010	Contrib	ution				
To Wh	nom Paid	•	·						
Eisenł	nower for Attorney General			МО	DAY	YEAR			
Mailin	g Address			9	8	2004	\$	500.00	
	Philadelphia	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure			
City	Pilliaueipilla								
City	Philadelphia	PA	19106	Contrib	ution				
	oom Paid	PA				VEAD			
To Wh		PA		Contribu	DAY	YEAR			
To Wh Wacho	nom Paid	PA				YEAR 2004	\$	17.39	
Wach	nom Paid ovia Bank	PA State		мо 5	DAY	2004	\$	17.39	

To Whom Paid Wachovia Bank			мо	DAY	YEAR		
			PIO		i Zant		
Mailing Address			6	9	2004	\$	14.94
City Harrisburg	State	Zip Code (Plus 4)	Description of Expenditure Bank service fee				
	PA	17101					
To Whom Paid			МО	DAY	YEAR		
Wachovia Bank			rio		ILAK		
Mailing Address			7	12	2004	\$	15.68
City Harrisburg	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	17101	Bank se	rvice fee			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	2,518.01