

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

MI Planned Parenthood Votes

ADDRESS (number and street) 115 W. Allegan St. Ste. 500 Lansing MI 48933

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00568931

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Oct 20 (M10)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
  - General (12G)
  - Runoff (12R)
  - Convention (12C)
  - Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

Election on 11 / 04 / 2014 in the State of MI

5. Covering Period 10 / 16 / 2014 through 11 / 24 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Libby McGaughey

Signature of Treasurer Libby McGaughey [Electronically Filed] Date 12 / 03 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**MI Planned Parenthood Votes**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="896.19"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="216327.87"/>	<input type="text" value="258327.87"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="217224.06"/>	<input type="text" value="258327.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="217224.06"/>	<input type="text" value="258327.87"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**MI Planned Parenthood Votes**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	216327.87	258327.87
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	216327.87	258327.87
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	216327.87	258327.87
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	216327.87	258327.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	216327.87	258327.87

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	24505.90	24505.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	24505.90	24505.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	192718.16	233821.97
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	217224.06	258327.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	217224.06	258327.87

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	216327.87	258327.87
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	216327.87	258327.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	24505.90	24505.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ▶	24505.90	24505.90



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MI Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

### A. Planned Parenthood Advocates of Michigan

Mailing Address P.O. Box 15041

City State Zip Code  
Lansing MI 48901

Purpose of Disbursement  
In-kind - staff

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Transaction ID : SB21B.4167

Amount of Each Disbursement this Period

10454.23
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Full Name (Last, First, Middle Initial)

### B. Planned Parenthood Votes

Mailing Address 434 W. Third St.

City State Zip Code  
New York NY 10001

Purpose of Disbursement  
In-kind - staff

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2014

Transaction ID : SB21B.4165

Amount of Each Disbursement this Period

14051.67
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Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

24505.90
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24505.90
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MI Planned Parenthood Votes
FEC IDENTIFICATION NUMBER C C00568931
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Ford Road Associates
Mailing Address 44978 Ford Rd. Ste. C
City Canton State MI Zip Code 48187
Purpose of Expenditure office space Category/Type 001
Name of Federal Candidate Gary Peters Support
Calendar Year-To-Date Per Election for Office Sought 41334.81

Date of Public Distribution/Dissemination 10/16/2014
Amount 231.00
Transaction ID : SE.4170
Date of Disbursement or Obligation 10/16/2014
Office Sought: Senate State: MI
Disbursement For: General 2014

Full Name of Payee Planned Parenthood Advocates of Michigan
Mailing Address P.O. Box 15041
City Lansing State MI Zip Code 48901
Purpose of Expenditure list Category/Type 006
Name of Federal Candidate Gary Peters Support
Calendar Year-To-Date Per Election for Office Sought 233821.97

Date of Public Distribution/Dissemination 10/17/2014
Amount 831.83
Transaction ID : SE.4172
Date of Disbursement or Obligation 11/13/2014
Office Sought: Senate State: MI
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 1062.83
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Libby McGaughey [Electronically Filed] Date 12/03/2014

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>MI Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER <b>C C00568931</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Planned Parenthood Affiliates of Michigan</b>		Date of Public Distribution/Dissemination <b>10 / 29 / 2014</b>
Mailing Address <b>P.O. Box 15041</b>		Amount <b>1144.08</b>
City <b>Lansing</b>	State <b>MI</b>	Zip Code <b>48901</b>
Purpose of Expenditure list	Category/Type <b>006</b>	Date of Disbursement or Obligation <b>10 / 17 / 2014</b>
Name of Federal Candidate <b>Gary Peters</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b>
Calendar Year-To-Date Per Election for Office Sought	<b>42478.89</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Square One Consulting LLC</b>		Date of Public Distribution/Dissemination <b>10 / 16 / 2014</b>
Mailing Address <b>1525 75th Ave.</b>		Amount <b>530.00</b>
City <b>Fridley</b>	State <b>MN</b>	Zip Code <b>55432</b>
Purpose of Expenditure phones	Category/Type <b>006</b>	Date of Disbursement or Obligation <b>10 / 29 / 2014</b>
Name of Federal Candidate <b>Gary Peters</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b>
Calendar Year-To-Date Per Election for Office Sought	<b>213365.77</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>1674.08</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Libby McGaughey [Electronically Filed] Date **12 / 03 / 2014**

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MI Planned Parenthood Votes
FEC IDENTIFICATION NUMBER C C00568931
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Square One Consulting LLC
Mailing Address 1525 75th Ave.
City Fridley State MN Zip Code 55432
Purpose of Expenditure phones Category/Type 006

Date of Public Distribution/Dissemination 10/19/2014
Amount 1087.44
Transaction ID: SE.4128
Date of Disbursement or Obligation 10/29/2014

Name of Federal Candidate Gary Peters
Support [X] Oppose [ ]
Office Sought: House [ ] Senate [X]
State: MI

Disbursement For: Primary [ ] General [X]
2014 Other (specify)

Full Name of Payee Square One Consulting LLC
Mailing Address 1525 75th Ave.
City Fridley State MN Zip Code 55432
Purpose of Expenditure Phones Category/Type 006

Date of Public Distribution/Dissemination 10/20/2014
Amount 6771.61
Transaction ID: SE.4132
Date of Disbursement or Obligation 10/29/2014

Name of Federal Candidate Gary Peters
Support [X] Oppose [ ]
Office Sought: House [ ] Senate [X]
State: MI

Disbursement For: Primary [ ] General [X]
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 7859.05
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Libby McGaughey [Electronically Filed] Date 12/03/2014





SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MI Planned Parenthood Votes
FEC IDENTIFICATION NUMBER C C00568931
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee The Pivot Group
Mailing Address 1720 I St NW Ste. 550
City Washington State DC Zip Code 20006
Purpose of Expenditure mail Category/Type 006
Date of Public Distribution/Dissemination 10/27/2014
Amount 14758.80
Transaction ID: SE.4140
Date of Disbursement or Obligation 10/21/2014
Name of Federal Candidate TERRI LYNN LAND
Office Sought: Senate State: MI
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought 113414.23

Full Name of Payee The Pivot Group
Mailing Address 1720 I St NW Ste. 550
City Washington State DC Zip Code 20006
Purpose of Expenditure mail Category/Type 006
Date of Public Distribution/Dissemination 11/01/2014
Amount 23096.15
Transaction ID: SE.4144
Date of Disbursement or Obligation 10/21/2014
Name of Federal Candidate Gary Peters
Office Sought: Senate State: MI
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought 136510.38

(a) SUBTOTAL of Itemized Independent Expenditures 37854.95
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Libby McGaughey [Electronically Filed] Date 12/03/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MI Planned Parenthood Votes
FEC IDENTIFICATION NUMBER C C00568931
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee The Pivot Group
Mailing Address 1720 I St NW Ste. 550
City Washington State DC Zip Code 20006
Purpose of Expenditure canvass literature Category/Type 006
Date of Public Distribution/Dissemination 10/16/2014
Amount 4546.00
Transaction ID : SE.4159
Date of Disbursement or Obligation 10/29/2014
Name of Federal Candidate Gary Peters Support
Office Sought: Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 232790.14
Disbursement For: General 2014

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation
Name of Federal Candidate
Office Sought:
Calendar Year-To-Date Per Election for Office Sought
Disbursement For:

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 4546.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 192718.16

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Libby McGaughey [Electronically Filed] Date 12/03/2014