Image# 14952709067 PAGE 1 / 15

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

									Office U	se Only	
1.	NAME OF COMMITTEE (in		E OR F	PRINT ▼		mple: If typer the lines.		12FE4	M5		
, M	II Planned Pa	renthood V	otes	1 1 1 1	1 1 1 1	1 1 1 1		1 1 1	1 1 1 1	1 1 1	1 1 1 1
		1	15 W. A	llegan St.							
ADI	DRESS (number and	,	ite. 500								
	Check if differ than previous reported. (AC	sly	ansing					MI	4893	3	
2.	FEC IDENTIFICA	ATION NUMB	ER ▼		CITY 🛦			STATE A		ZIP COI	DE 🛦
	C C0056893	1			3. IS THIS REPORT	×	NEW (N) <b>OR</b>		AMENDED (A)		
4.	TYPE OF REP (Choose One)	ORT	(b) Mon Rep		Feb 20 (M2)		May 20 (M5)		Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Rep	oorts:	Duc		Mar 20 (M3)		Jun 20 (M6)		Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15				Apr 20 (M4)		Jul 20 (M7)		Oct 20 (M10)		Jan 31 (YE)
	July 15	Report (Q1)	(c)	12-Day  PRE-Electio	n	Primary (12	2P)	Gen	eral (12G)		Runoff (12R)
	Quarterly October	Report (Q2)		Report for t		Convention	n (12C)	Spec	cial (12S)		
	January	Report (Q3) 31 Report (YE)		E	Election on	M = M	/ D D /	YIYIY	Y	in the State of	
	July 31 I Report (I Year Onl	Non-election	(d)	30-Day		General (3	0G)	Rund	off (30R)		Special (30S)
	Terminati (TER)	ion Report		Report for the		M = M	/ D D /	Y = Y = Y	- Y	in the	: MI
		M = M	/ D		Election on	11	04 M = M	/ 0	) / Y Y	State of	
5.	Covering Period	10	16	2	014	through	11	24	20	14	
I ce	ertify that I have ex	amined this R	eport a	nd to the be	st of my kno	wledge and	d belief it is tru	ue, correc	t and comple	te.	
Тур	e or Print Name o	f Treasurer <u>L</u>	ibby Mo	Gaughey							
Sig	nature of Treasure	. Libby McC	Gaughey			[Electronica	ully Filed] [		12 03	B /	2014
NO.	TE: Submission of fa	alse, erroneous	, or inco	omplete_infor	mation may su	ıbject the pe	erson signing t	his Report	to the penalt	ies of 2 L	J.S.C. §437g.
 	Office Use Only									<b>FOR</b> Rev. 12/20	

## SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name MI Planned Parenthood Votes 10 16 2014 24 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2014 (b) Cash on Hand at 896.19 Beginning of Reporting Period..... 258327.87 216327.87 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 217224.06 258327.87 6(a) and 6(c) for Column B)..... 217224.06 258327.87 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 0.00 0.00 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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
	i iaiiica	i arciiilood	V OLUG

Report Covering the Period: From:	16 2014	To: 11 24 2014
I. Receipts	COLUMN A	COLUMN B
<u> </u>	Total This Period	Calendar Year-to-Date
. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	216327.87	258327.87
(i) iternized (use schedule A)		
(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		05005
Totals to Line 33, page 5)▶	216327.87	258327.87
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other	0.00	0.00
Political Committees	0.00	0.00
7. Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(Hoth ochedule 110)	0.00	0.00
(I) I a is <b>F</b> a la (face Oak a Lie US)	0.00	0.00
(b) Levin Funds (from Schedule H5)	3.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(c) Total Transiers (add To(a) and To(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	216327.87	258327.87
	7	7
). 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)

Page 4

II. Disburs	ements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Operating Expenditure (a) Allocated Federal</li> </ol>	/Non-Federal		Calcinati Total to Bute
Activity (from Sch	· ·	0.00	0.00
(i) Federal Sha	re	0.00	5.55
(ii) Non-Federal	Share	0.00	0.00
(b) Other Federal Op	-		
	ypandituras	24505.90	24505.90
	ii), and (b))▶	24505.90	24505.90
Transfers to Affiliated/			
Committees		0.00	0.00
Contributions to Federal Candidates/Cand Other Political Co		0.00	0.00
Independent Expendit	ures		
(use Schedule E) Coordinated Party Exp	penditures	192718.16	233821.97
(2 U.S.C. §441a(d)) (use Schedule F)		0.00	0.00
(doo oonoddio i )		7	
Loan Repayments Ma	de	0.00	0.00
Loans Made		0.00	0.00
Refunds of Contribution (a) Individuals/Person	ons To:		
Than Political Co	mmittees	0.00	0.00
(b) Political Party Co	mmittees	0.00	0.00
(c) Other Political Co		7	
(such as PACs)		0.00	0.00
(d) Total Contribution	Refunds		
` '	(b), and (c))▶	0.00	0.00
Other Disbursements		0.00	0.00
Federal Election Activ	ity (2 U.S.C. §431(20))		
(a) Allocated Federal	•		
(from Schedule F	16)	0.00	0.00
(i) i ederal ollare			
(ii) "Levin" Share		0.00	0.00
• •	Activity Paid Entirely	0.00	0.00
	Funds ction Activity (add	0.00	0.00
	D(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (	add Lines 21(c), 22.		
23, 24, 25, 26, 27, 28		217224.06	258327.87
Total Federal Disburse		-	
(subtract Line 21(a)(ii)		and the second second	
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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	216327.87	258327.87
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	216327.87	258327.87
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	24505.90	24505.90
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	24505.90	24505.90

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

15

14 13 15 16 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) Planned Parenthood Advocates of Michigan Date of Receipt Mailing Address P.O. Box 15041 2014 10 City State Zip Code Transaction ID: SA11AI.4166 Lansing MI 48901 Amount of Each Receipt this Period FEC ID number of contributing C 10454.23 federal political committee. In-kind - staff Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 52454.23 Other (specify) Full Name (Last, First, Middle Initial) B. Planned Parenthood Advocates of Michigan Date of Receipt Mailing Address P.O. Box 15041 10 16 2014 City State Zip Code Transaction ID: SA11AI.4175 MI Lansing 48901 Amount of Each Receipt this Period FEC ID number of contributing C 191821.97 federal political committee. contribution Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 244276.20 Other (specify) Full Name (Last, First, Middle Initial) c. Planned Parenthood Votes Date of Receipt Mailing Address 434 W. Third St. 10 29 2014 City Zip Code State Transaction ID: SA11AI.4164 NY New York 10001 Amount of Each Receipt this Period FEC ID number of contributing 14051.67 С federal political committee. In-kind - staff Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 14051.67 Other (specify) 216327.87 SUBTOTAL of Receipts This Page (optional)..... 216327.87 TOTAL This Period (last page this line number only).....

## S ľ

SCHEDULE B (FEC Form 3X)		FOR LINE	PAGE 7 OF 15	
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(Orlook orli)		
	Detailed Summary Page	X 21b	22	23 24 25 26
Г		27	28a	28b 28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
MI Planned Parenthood Votes				
Full Name (Last, First, Middle Initial)				
A. Planned Parenthood Advocates of	Michigan		Date of Di	sbursement / Y Y Y Y Y Y
Mailing Address P.O. Box 15041			10	16 2014
City	State Zip Code		Transact	ion ID : SB21B.4167
Lansing	MI 48901		ITAIISACI	101110 : 35215.4107
Purpose of Disbursement In-kind - staff			Amount of	Each Disbursement this Period
Candidate Name		Category/ Type		10454.23
Office Sought: House Disbursen	nent For:	21		,
	Primary General			
	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Doto of Di	ohuroomont
B. Planned Parenthood Votes				sbursement
Mailing Address 434 W. Third St.			10	29 2014
	State Zip Code		Transact	ion ID : SB21B.4165
New York Purpose of Disbursement	NY 10001			
In-kind - staff			Amount of	Each Disbursement this Period
Candidate Name		Category/ Type		14051.67
Office Sought: House Disbursen	nent For:	21		
	Primary General			
	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Data of Di	
C.			Date of Di	sbursement
Mailing Address			M M /	D D / Y Y Y Y
City	State Zip Code			
Purpose of Disbursement				
		Amount of	Each Disbursement this Period	
Candidate Name		Category/ Type		
Office Sought: House Disbursen	nent For:			
	Primary General			
	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)		·····		24505.90
			-	0/20200
TOTAL This Period (last page this line number only)		·····		24505.90

TEMIZED INDEPENDENT EXPENDITURES	5:05 0 05 45
IEMIZED INDEPENDENT EXPENDITURES	PAGE 8 OF 15 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
MI Planned Parenthood Votes	C C00568931
Check if 24-hour report 48-hour report New report	Amends report filed on M M / D D / Y Y Y Y Y
Full Name of Payee Biz Jam	Date of Public Distribution/Dissemination
Mailing Address 40 Auburn Ave.	12 24 2014 Amount
City State Zip Co	
Grand Rapids MI 49503	Transaction ID : SE.4169  Date of Disbursement or Obligation
	egory/ 006 10 29 / 2014
Name of Federal Candidate	Support Office Sought: House District:
Gary Peters	Oppose President Senate State: MI
Colonday Vasy To Data	Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought 2329	990.14 Other (specify)  Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Community Organizing Group	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4440 Verment Ave. NW	10 16 2014
1110 Vermont Ave. NVV	Amount
#300 City State Zip Co	ode 76325.39
Washington DC 20009	
	rgory/ Type 10 21 2014
Name of Federal Candidate	Support Office Sought: House District:
Gary Peters	Oppose President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014
	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	76525.39
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	<b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reports with, or at the request or suggestion of, any candidate or authorized commparty committee) any political party committee or its agent.	
Libby McGaughey [Electronically Formula   [Electronically Formula   Electronically   Electronical	Filed] Date 12 03 2014

Date

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

		FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
M	II Planned Parenthood Votes	C C00568931
_		0 00000551
Che	eck if 24-hour report 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
Т	Full Name of Payee	Date of Public Distribution/Dissemination
Ì	Ford Road Associates	10 16 2014
	Mailing Address 44978 Ford Rd.	Amount
	Ste. C	
Ì	City State Zip Code	231.00
1	Canton MI 48187	Transaction ID : SE.4170  Date of Disbursement or Obligation
	Purpose of Expenditure office space Category/ Type 001	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ì	Name of Federal Candidate Support Office	e Sought: House District:
	Gary Peters Oppose	President Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
ľ	Full Name of Payee	Date of Public Distribution/Dissemination
Ì	Planned Parenthood Advocates of Michigan	10 17 2014
	Mailing Address P.O. Box 15041	Amount
Ì	City State Zip Code	831.83
1	Lansing MI 48901	Transaction ID : SE.4172
Ì	Purpose of Expenditure	Date of Disbursement or Obligation
	list Category/ Type 006	11 13 / 2014
Ì	Name of Federal Candidate Support Office	e Sought: House District:
	Gary Peters Oppose	President State: MI
	Calendar Year-To-Date Per Election for Office Sought  Disbut 233821.97	ursement For:  Primary
(	(a) SUBTOTAL of Itemized Independent Expenditures	1062.83
(	(b) SUBTOTAL of Unitemized Independent Expenditures	
(	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Libby McGaughey  [Electronically Filed] Date	12 03 2014
	Signature	

PAGE 9

OF

	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 10 OF 15 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
ľ	MI Planned Parenthood Votes		C C00568931
С	heck if 24-hour report 48-hour report New rep	oort Amends repo	rt filed on
	Full Name of Payee Planned Parenthood Affiliates of Michigan		Date of Public Distribution/Dissemination
	Mailing Address P.O. Box 15041		10 29 2014 Amount
	City State	Zip Code	1144.08
	Lansing MI	48901	Transaction ID : SE.4171
	Purpose of Expenditure	Category/	Date of Disbursement or Obligation
	list	Type 006	10 17 2014
	Name of Federal Candidate	X Support	Office Sought: House District:
	Gary Peters	Oppose	President X Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought	42478.89	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Square One Consulting LLC		10 16 2014
	Mailing Address 1525 75th Ave.		Amount
	City State	Zip Code	530.00
	Fridley MN	55432	Transaction ID : SE.4109  Date of Disbursement or Obligation
	Purpose of Expenditure phones	Category/ Type 006	10 29 2014
	Name of Federal Candidate	Support	Office Sought: House District:
	Gary Peters	Oppose	President Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought	213365.77	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		. ▶ 1674.08
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		<b>•</b>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Libby McGaughey		M M / D D / Y Y Y Y

[Electronically Filed]

12

Date

03

Full Name of Payee

Square One Consulting LLC

party committee) any political party committee or its agent.

Libby McGaughey

Signature

### **SCHEDULE** ITEMIZED INDE

Image# 14952709077 SCHEDULE E (FEC Form 3) TEMIZED INDEPENDENT EXPEND			PAGE 11 OF 15 FOR LINE 24 OF FORM 3X
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 rep	ort filed on
Full Name of Payee Square One Consulting LLC			Date of Public Distribution/Dissemination
Mailing Address 1525 75th Ave.			Amount
City	State	Zip Code	1087.44
Fridley	MN	55432	Transaction ID : SE.4128  Date of Disbursement or Obligation
Purpose of Expenditure phones		Category/ Type 006	10 D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought: House District:
Gary Peters		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		214453.21	Disbursement For: Primary General

Square One Consulting LLC	10 20 2014			
Mailing Address 1525 75th Ave.				Amount
City	State	Zip Code		6771.61
Fridley	MN	55432		Transaction ID : SE.4132  Date of Disbursement or Obligation
Purpose of Expenditure Phones		Category/ Type 006		10 29 / 2014
Name of Federal Candidate		Support	Offic	e Sought: House District:
Gary Peters		Oppose		President State: MI
Calendar Year-To-Date Per Election for Office Sought		221224.82	Disb 2014	ursement For:  Primary  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent	Expenditures		. ▶	7859.05
(b) SUBTOTAL of Unitemized Independent	ent Expenditures		•	7
(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

[Electronically Filed]

2014

03

12

Date

Other (specify) ▶

Date of Public Distribution/Dissemination

S	CHEDULE E (FEC Form :	3X)				
Т	EMIZED INDEPENDENT EXPEN	IDITURES			PAGE 12 FOR LINE 2	OF 15 24 OF FORM 3X
	AME OF COMMITTEE (In Full)			F	EC IDENTIFICATION	ON NUMBER ▼
Ν	MI Planned Parenthood Vote	<b>S</b>			C C00568931	
CI	heck if 24-hour report 48-hou	ır report New re	eport Amends repo	ort filed on	M / D = D /	YIYIY
	Full Name of Payee Square One Consulting LLC				Public Distribution	
	Mailing Address				1 01 /	2014
	1525 75th Ave.			Amount	t	
	City	State	Zip Code	<u> </u>		3662.75
	Fridley	MN	55432		tion ID : SE.4147 Disbursement or C	Obligation
	Purpose of Expenditure phones		Category/ Type 006		0 29 /	2014
	Name of Federal Candidate		Support	Office Sought:	House	District:
	Gary Peters		Oppose	Presider	nt Senate	State: MI
	Calendar Year-To-Date Per Election for Office Sought		224887.57	Disbursement 2014 Oth	For: Primary	X General
	Full Name of Payee Square One Consulting LLO				f Public Distribution	
					11 02 /	2014
	Mailing Address 1525 75th Ave.			Amoun	t	
	City	State	Zip Code			3356.57
	Fridley	MN	55432		tion ID : SE.4150 Disbursement or 0	Obligation
	Purpose of Expenditure phones		Category/ Type 006		10 29 /	2014
	Name of Federal Candidate		Support	Office Sought:	House	District:
	Gary Peters		Oppose	Presider		State: MI
	Calendar Year-To-Date Per Election for Office Sought		228244.14	Disbursement 2014	For: Primary	General
		, ,		Ou	iei (specily) -	
	(a) SUBTOTAL of Itemized Independen	t Expenditures		•	7 7	7019.32
	(b) SUBTOTAL of Unitemized Independent	dent Expenditures				
	(a) TOTAL Independent Funerality			_		
	(c) TOTAL Independent Expenditures			·· •	77-	
	Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party committee.	, any candidate or authorize				

Libby McGaughey	[Electronically Filed]	Date	12	03	2014
Signature					

## S

 $Libby\ McGaughey$ 

Signature

		(FEC Form 3						
TΕ	EMIZED INDEF	PENDENT EXPEN	DITURES			PAGE 13 O FOR LINE 24 OF		
	ME OF COMMITT					FEC IDENTIFICATION N	UMBER ▼	
Ν	II Planned Pa	arenthood Vote	S			C C00568931		
Ch	eck if 24-hou	r report 48-hou	r report New report	ort Amends repo		/ D D / Y =	Y = Y = Y	
_	Full Name of Pay				Date	of Public Distribution/Disse	emination	
	The Pivot Gr	oup				10 23	2014	
	Mailing Address	1720 I St NW			Amou	ınt		
		Ste. 550					1	
	City Washington		State DC	Zip Code 20006		Transaction ID : SE.4135 Date of Disbursement or Obligation  10 21 21 21		
	Purpose of Expe mail	nditure		Category/ Type 006				
	Name of Federal	Candidate		X Support	Office Sough	nt: House Distri	ct:	
	Gary Peters			Oppose	Presid	ent X Senate Sta	te: MI	
	Calendar Ye Per Election	ear-To-Date n for Office Sought		83896.62	Disbursemer 2014	nt For: Primary Dther (specify) ▶	K General	
	Full Name of Pa		_		Date	of Public Distribution/Disse	emination	
	The Pivot G	iroup			[	10 27	2014	
	Mailing Address	1720 I St NW Ste. 550			Amou	unt		
	City	Sie. 330	State	Zip Code		14	4758.81	
	Washington		DC	20006		action ID : SE.4139 of Disbursement or Obliga	ation	
	Purpose of Expe mail	enditure		Category/ Type 006		10 / 21 / Y	<sup>y</sup> 2014	
	Name of Federa	l Candidate		Support	Office Sough	ht: House Distri	ict:	
	Gary Peters			Oppose	Presid		ite: MI	
	Calendar Ye Per Election	ear-To-Date n for Office Sought		98655.43	Disbursemer 2014	nt For: Primary Dither (specify) ►	X General	
	(a) SUBTOTAL of	f Itemized Independent	t Expenditures		•	561	76.54	
	(b) SUBTOTAL of	f Unitemized Independ	ent Expenditures		· •	7 1 7		
	(c) TOTAL Indepe	endent Expenditures			•	17117	.450	
	with, or at the req		ne independent expenditures any candidate or authorized mittee or its agent.					

[Electronically Filed]

12

Date

03

## SCHEDULE E (FEC Form 3X)

SCHEDULE L (FLC FOIII 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 14 OF 15 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
MI Planned Parenthood Votes	
	C C00568931
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date The Pivot Group	e of Public Distribution/Dissemination
Mailing Address	10 27 2014
Amo	ount
Ste. 550 City State Zip Code	14758.80
	saction ID : SE.4140
Date:	e of Disbursement or Obligation
Purpose of Expenditure mail Category/ Type 006	10 21 / 2014
Name of Federal Candidate Support Office Sough	ght: House District:
TERRITYNNI AND	ident X Senate State: MI
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For: Primary X General  Other (specify) ▶
	te of Public Distribution/Dissemination
Mailing Address 1720 I St NW	ount
Ste. 550	<del> </del>
Washington	23096.15 saction ID : SE.4144
Purpose of Expenditure	e of Disbursement or Obligation
mail Category/ Type 006	10 21 / 2014
Name of Federal Candidate Support Office Sou	ight: House District:
Gary Peters Oppose Presi	sident Senate State: MI
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	37854.95
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	4 4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Libby McGaughey  [Electronically Filed] Date	03 2014

	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES			PAGE 15 FOR LINE 24	OF 15 OF FORM 3X		
	AME OF COMMITTEE (In Full)		FEC	IDENTIFICATIO	N NUMBER ▼		
Ν	/II Planned Parenthood Votes		С	C00568931			
Cl	neck if 24-hour report 48-hour report New report Amends report		= M	/ D = D /	Y Y Y Y Y		
	Full Name of Payee The Pivot Group		of Pub	olic Distribution/D	Pissemination		
	Mailing Address 1720 I St NW	—  L	10	16	2014		
	Ste. 550	Amoui	nt				
	City State Zip Code				4546.00		
	Washington DC 20006			ID: SE.4159 bursement or Ob	oligation		
	Purpose of Expenditure canvass literature Category/ Type 006		10 <sup>M</sup>	29	2014		
	Name of Federal Candidate Support	Office Sough	t:	House D	vistrict:		
	Gary Peters Oppose	Preside			State: MI		
	Calendar Year-To-Date Per Election for Office Sought 232790.14	Disbursemen 2014		Primary specify) ▶	X General		
	Full Name of Payee	Date o		olic Distribution/D	Dissemination		
	Mailing Address	- L					
		Amou	nt				
	City State Zip Code						
		Date of	Date of Disbursement or Obligation				
	Purpose of Expenditure  Category/ Type		M	/ D = D /	Y   Y   Y   Y		
	Name of Federal Candidate Support	Office Sough	t:	House D	District:		
	Oppose	Preside		Senate	State:		
	Calendar Year-To-Date Per Election for Office Sought	Disbursemen		,	General		
	The state of the s	0	ther (	specify) -			
	(a) SUBTOTAL of Itemized Independent Expenditures	· [	-	r 1 -7 -1	4546.00		
	(b) SUBTOTAL of Unitemized Independent Expenditures	· [		F 1 25 1	1.75.1		
	(c) TOTAL Independent Expenditures	· [		,	192718.16		
	Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.						
	Libby McGaughey	M M /	D	D / Y Y Y	Y		

[Electronically Filed]

12

Date

03