

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <b>PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES</b>		3. FEC Identification Number <b>C90004946</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>1514 NORTH SECOND STREET</b>		
(c) City, State and ZIP Code <b>HARRISBURG, PA 17102</b>		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  
 July 15 Quarterly Report  24-Hour Report  
 October 15 Quarterly Report  
 January 31 Year-End Report  48-Hour Report

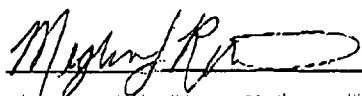
b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM 10 01 2012 THROUGH 10 17 2012

6. TOTAL CONTRIBUTIONS ..... 0

7. TOTAL INDEPENDENT EXPENDITURES ..... 2092.96

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 any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Ms. Meghan Louise Roach		10/18/2012

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

For further information, contact: Federal Election Commission, 999 F Street, N.W., Washington, D.C., 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES**

Full Name (Last, First, Middle Initial) of Payee <b>PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES</b>			Date <b>10 02 2012</b>
Mailing Address <b>1514 NORTH SECOND STREET</b>			Amount <b>140.50</b>
City <b>HARRISBURG</b>	State <b>PA</b>	Zip Code <b>17102</b>	
Purpose of Expenditure <b>PHONE BANK</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District:
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1737.39</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee <b>PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES</b>			Date <b>10 03 2012</b>
Mailing Address <b>1514 NORTH SECOND STREET</b>			Amount <b>195.34</b>
City <b>HARRISBURG</b>	State <b>PA</b>	Zip Code <b>17102</b>	
Purpose of Expenditure <b>PHONE BANK</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District:
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1932.72</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee <b>PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES</b>			Date <b>10 06 2012</b>
Mailing Address <b>1514 NORTH SECOND STREET</b>			Amount <b>702.51</b>
City <b>HARRISBURG</b>	State <b>PA</b>	Zip Code <b>17102</b>	
Purpose of Expenditure <b>CANVASS</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District:
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>2635.23</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>1038.35</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES**

Full Name (Last, First, Middle Initial) of Payee <b>PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES</b>		Date <b>10 09 2012</b>
Mailing Address <b>1514 NORTH SECOND STREET</b>		Amount <b>110.46</b>
City <b>HARRISBURG</b>	State Zip Code <b>PA 17102</b>	
Purpose of Expenditure <b>CANVASS</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2745.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES</b>		Date <b>10 10 2012</b>
Mailing Address <b>1514 NORTH SECOND STREET</b>		Amount <b>260.94</b>
City <b>HARRISBURG</b>	State Zip Code <b>PA 17102</b>	
Purpose of Expenditure <b>PHONE BANK</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>3006.63</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES</b>		Date <b>10 13 2012</b>
Mailing Address <b>1514 NORTH SECOND STREET</b>		Amount <b>140.85</b>
City <b>HARRISBURG</b>	State Zip Code <b>PA 17102</b>	
Purpose of Expenditure <b>PHONE BANK</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>3147.47</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>512.25</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES**

Full Name (Last, First, Middle Initial) of Payee <b>PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES</b>			Date <b>10 13 2012</b>
Mailing Address <b>1514 NORTH SECOND STREET</b>			Amount <b>71.15</b>
City <b>HARRISBURG</b>	State <b>PA</b>	Zip Code <b>17102</b>	
Purpose of Expenditure <b>CANVASS</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>3218.62</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES</b>			Date <b>10 16 2012</b>
Mailing Address <b>1514 NORTH SECOND STREET</b>			Amount <b>61.23</b>
City <b>HARRISBURG</b>	State <b>PA</b>	Zip Code <b>17102</b>	
Purpose of Expenditure <b>CANVASS</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>3279.86</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES</b>			Date <b>10 16 2012</b>
Mailing Address <b>1514 NORTH SECOND STREET</b>			Amount <b>49.73</b>
City <b>HARRISBURG</b>	State <b>PA</b>	Zip Code <b>17102</b>	
Purpose of Expenditure <b>PHONE BANK</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>3329.59</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>182.11</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES**

Full Name (Last, First, Middle Initial) of Payee <b>PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES</b>			Date <b>10 17 2012</b>
Mailing Address <b>1514 NORTH SECOND STREET</b>			Amount <b>360.26</b>
City <b>HARRISBURG</b>	State <b>PA</b>	Zip Code <b>17102</b>	
Purpose of Expenditure <b>PHONE BANK</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		<b>3689.85</b>	

Full Name (Last, First, Middle Initial) of Payee			Date
Mailing Address			Amount
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee			Date
Mailing Address			Amount
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>360.26</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<b>2092.96</b>

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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