

111 King Street
Madison, WI 53703
608-256-7549
608-256-3004 fax

**Planned Parenthood
Advocates of
Wisconsin**

Fax

To: Federal Election Commission **From:** Nicole Safar

Fax: 202-219-0174 **Pages:** 3

Phone: **Date:** October 30, 2008

Re: CORRECTED 24 hr reporting **CC:**

Independent Expenditures for 10/30/08

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Attached please find the corrected version of Planned Parenthood Advocates of Wisconsin Inc.'s 24 hr report re: independent expenditures made in the U.S. presidential race for October 30, 2008.

An incorrect amount paid to the vendor Activate was submitted earlier today. Please use this amended report for our filing.

If you have any questions, please contact me at 608-256-7549 x2101.

Nicole Safar, JD
Legal and Policy Analyst
Planned Parenthood Advocates of Wisconsin
111 King Street, Suite 23
Madison, Wisconsin 53711
nicole.safar@ppwi.org

28039910246

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 Planned Parenthood Advocates of WI, Inc		3. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 111 King St. Suite 23		
(c) City, State and ZIP Code Madison, WI 53703		
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☐ October 15 Quarterly Report☐ January 31 Year-End Report☒ 24-Hour Report☐ 48-Hour Report(b) Is this Report an amendment? Yes ☒ No ☐

5. COVERING PERIOD: FROM

10 16 2008
THROUGH

11 04 2008

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES

1,875.00

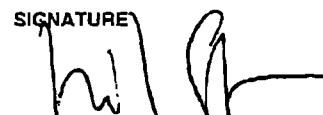
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if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

NICOLE SAFAR



10/30/08

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 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

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SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE _____ OF _____
 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Planned Parenthood Advocates of Wisconsin, Inc.

Full Name (Last, First, Middle Initial) of Payee

Activate

Date

10 30 2008

Mailing Address

2000 M St, NW #500

Amount

1,875.00

City

State

Zip Code

Washington, DC 20036

Purpose of Expenditure

Phone vendor
Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☒ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Barack Obama

 Calendar Year-To-Date Per Election
 for Office Sought

17,737.90

Disbursement For:

☐ Primary

☐ General

☐ 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:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

 Calendar Year-To-Date Per Election
 for Office Sought

Disbursement For:

☐ Primary

☐ General

☐ 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:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

 Calendar Year-To-Date Per Election
 for Office Sought

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....

1,875.00

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures.....

(carry total from last page forward to Line 7)

1,875.00

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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
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N/A
PREPARER

N/A
DATE PREPARED

(5/2004)

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