



"Schwarz, Katherine" <KatherineSchwarz@ppao.org> on 10/15/2012 05:53:18 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>,
cc:

Subject: FEC Form5 Report - Planned Parenthood Advocates of Ohio

Please accept the attached third quarter FEC Form 5 report from Planned Parenthood Advocates of Ohio.

Katherine Schwarz | State Field Director
Planned Parenthood Advocates of Ohio
206 East State Street | Columbus, OH 43215
Phone: 614-358-8755 | www.ppao.org

Confidentiality Notice: The information contained in this message and any attachments is confidential and privileged. This information is intended solely for the addressee. Access by anyone else is unauthorized. No confidentiality or privilege is waived or lost by mistransmission. If you are not the intended recipient, any forwarding, opening of attachments, disclosure, copying, distribution, or other disclosing act is strictly prohibited. If you received this electronic message in error, please delete it with any

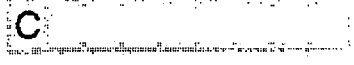


attachments and notify the sender. Thank you. 3QFEC_PPAO.pdf

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 Ohio		3. FEC Identification Number 
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 206 East State Street		
(c) City, State and ZIP Code Columbus, Ohio 43215		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" 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

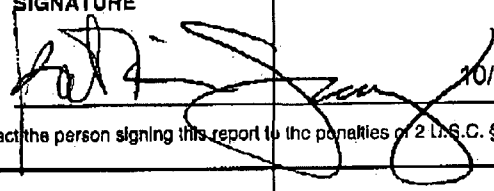
b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

07	01	2012
THROUGH		
09	30	2012

6. TOTAL CONTRIBUTIONS	0
7. TOTAL INDEPENDENT EXPENDITURES	361.89

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
Katherine Schwarz		10/15/2012

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 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-594-1100

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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 FILER (In Full)

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

Amount of Each Receipt this Period

D. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page carry total to Line 6)

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full) Planned Parenthood Advocates of Ohio	
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Full Name (Last, First, Middle Initial) of Payee TeleRoots Technologies, Inc.		Date 09 / 20 / 2012
Mailing Address 2232 Vermont Street		Amount 109.20
City Alexandria	State KS	
Purpose of Expenditure predictive dialer minutes - persuasion	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Josh Mandel		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 361.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee TeleRoots Technologies, Inc.		Date 09 / 25 / 2012
Mailing Address 2232 Vermont Street		Amount 158.55
City Alexandria	State KS	
Purpose of Expenditure predictive dialer minutes - persuasion	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Josh Mandel		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 361.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee TeleRoots Technologies, Inc.		Date 09 / 27 / 2012
Mailing Address 2232 Vermont Street		Amount 94.14
City Alexandria	State KS	
Purpose of Expenditure predictive dialer minutes - persuasion	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Josh Mandel		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 361.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	361.89
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	0
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	361.89

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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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
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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N/A
 PREPARER

N/A
 DATE PREPARED