REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM

JAN 30 12 09 17

1. Name of individual, organization or corporation: Planned Parenthood Pennsylvania Advocates

Address (number and street) ☐ check if different than previously reported: 1514 North Second Street

City, State and ZIP Code: Harrisburg PA 17102-2535

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☒ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number: 23 2208281

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
☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election. Type of Election — Date of Election — State

☐ 30-Day Report following the General Election. Date of Election — State

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM — THROUGH: November 26 – December 31, 1996 — PAGE 1 OF 1

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount
No contributions made over $200 for the purpose of an independent expenditure				

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
A TAG Service Inc.	mailing labels and mailing preparation	12/17/96	80.87			

☆ Cost indicated based upon the percentage of the expenditure spent on federal candidates.

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ 0

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ 80.87

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. 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: Elizabeth Hrenda-Roberts

SIGNATURE (multi-page filers: sign page 1 only) DATE: Elizabeth Hrenda-Roberts

Subscribed and sworn to before me this 27 day of January, 1997

My Commission Expires: Grace E. Spital

Notarial Seal: Grace E. Spital, Notary Public, Susquehanna Twp., Dauphin Co., My Commission Expires May 9, Member Pennsylvania Association of (Notary Public)

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 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/9

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	DATE OF RECEIPT
☑	First Class Mail	POSTMARKED 1-27-97
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

PREPARER: [illegible]

DATE PREPARED: 1-31-97

FEC FORM 70-2 (12/92)