

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 Montana		3. FEC Identification Number C C90013657
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2525 Fourth Avenue N Suite 201		
(c) City, State and ZIP Code Billings MT 59101		
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

/ /

THROUGH

/ /

6. TOTAL CONTRIBUTIONS 1766.31

7. TOTAL INDEPENDENT EXPENDITURES 1766.31

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
Suzi Kopec	<i>Suzi Kopec</i>	10/22/2012

[Electronically Filed]

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

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)
Planned Parenthood Advocates of Montana

A. Full Name (Last, First, Middle Initial) Planned Parenthood Votes			Date of Receipt
Mailing Address 434 West 33rd Street			M M M / D D D / Y Y Y Y Y Y 10 21 2012
City	State	Zip Code	Transaction ID : 5AR2012-9304
New York	NY	10001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1766.31
Name of Employer	Occupation		

B. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			M M M / D D D / Y Y Y Y Y Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer	Occupation		

C. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			M M M / D D D / Y Y Y Y Y Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer	Occupation		

D. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			M M M / D D D / Y Y Y Y Y Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer	Occupation		

SUBTOTAL of Receipts This Page (optional)	▶	1766.31
TOTAL This Period (last page carry total to Line 6)	▶	1766.31

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Planned Parenthood Advocates of Montana

Full Name (Last, First, Middle Initial) of Payee Melissa Barcroft		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 209.55 Transaction ID : 57442370
City Billings	State MT	
Zip Code 59101	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
Purpose of Expenditure Travel, salary and supplies for canvass		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 11241.33		

Full Name (Last, First, Middle Initial) of Payee Caitlyn Avci-Gray		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 64.35 Transaction ID : 57442371
City Billings	State MT	
Zip Code 59101	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
Purpose of Expenditure Travel and salary for canvass		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 11241.33		

Full Name (Last, First, Middle Initial) of Payee Jennifer Gross		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 102.99 Transaction ID : 57442372
City Billings	State MT	
Zip Code 59101	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
Purpose of Expenditure Travel and salary for canvass		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 11241.33		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	376.89
(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 Advocates of Montana

Full Name (Last, First, Middle Initial) of Payee Kaitlyn Lamb		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 59.18 Transaction ID : 57442373
City Billings	State MT	
Zip Code 59101	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
Purpose of Expenditure Salary for canvass		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 11241.33		

Full Name (Last, First, Middle Initial) of Payee Rachel Pauli		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 921 B Huntington Place		Amount 29.69 Transaction ID : 57442373
City Missoula	State MT	
Zip Code 59801	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
Purpose of Expenditure Travel for canvass		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 11241.33		

Full Name (Last, First, Middle Initial) of Payee Clarissa Cerovski		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 1121 Division Street		Amount 44.96 Transaction ID : 57442373
City Billings	State MT	
Zip Code 59101	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
Purpose of Expenditure Travel for canvass		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 11241.33		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	133.83
(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 Advocates of Montana

Full Name (Last, First, Middle Initial) of Payee Hilltop Solutions		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 1000 Potomac Street NW #500		Amount 975.00 Transaction ID : 57442376
City Washington	State DE	
Zip Code 20007	Purpose of Expenditure Paid canvassers	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 11241.33		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Mickie Farnes		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 1333 Cheryl Street		Amount 46.62 Transaction ID : 57442377
City Billings	State MT	
Zip Code 59105	Purpose of Expenditure Travel for canvass	Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 11241.33		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Andrea Spake		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 2300 13th Ave S		Amount 101.01 Transaction ID : 57442378
City Great Falls	State MT	
Zip Code 59405	Purpose of Expenditure Travel for canvass	Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 11241.33		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1122.63
(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 Advocates of Montana

Full Name (Last, First, Middle Initial) of Payee Tyler Nilsen		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 1411 20th Street S		Amount 14.93
City Great Falls	State MT	
Zip Code 59405	Transaction ID : 57442379	
Purpose of Expenditure Travel for canvass	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 11241.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Christie Bailey		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 1029 Lynn Lane		Amount 3.06
City Missoula	State MT	
Zip Code 59801	Transaction ID : 57442380	
Purpose of Expenditure Travel for canvass	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 11241.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Jessica Lahr		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 113 Miller Hall		Amount 10.82
City Missoula	State MT	
Zip Code 59801	Transaction ID : 57442381	
Purpose of Expenditure Travel for canvass	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 11241.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	28.81
(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 Advocates of Montana

Full Name (Last, First, Middle Initial) of Payee Facebook Social Media		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 2525 4th Ave N Ste 2012		Amount 104.15 Transaction ID : 57442382
City Billings	State MT	
Purpose of Expenditure Online advertising	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 11241.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
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 MM / DD / YYYY
Mailing Address		Amount
City	State	
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.....	▶	104.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	1766.31
(carry total from last page forward to Line 7)		