

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>PLANNED PARENTHOOD ADVOCATES OF WISCONSIN INC</b>		
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 10 E DOTY ST, SUITE 205		
(c) City, State and ZIP Code MADISON WI 53703		3. FEC Identification Number <b>C</b> C90008673
2. Occupation and Name of Employer (for Individual Filers Only)		

## 4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report☐ July 15 Quarterly Report☒ 24-Hour Report☐ October 15 Quarterly Report☐ 48-Hour Report☐ January 31 Year-End Reportb) Is this Report an amendment? ☐ No ☒ Yes, it amends the report filed onMM / DD / YYYY  
11 / 01 / 2016

## 5. COVERING PERIOD:

FROM

MM / DD / YYYY

THROUGH

MM / DD / YYYY

6. TOTAL CONTRIBUTIONS.....

.00

7. TOTAL INDEPENDENT EXPENDITURES .....

60331.64

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.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

*[Electronically Filed]*

Barnes, Mel, , ,

Barnes, Mel, , ,

05/09/2017

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

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2 OF 2  
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

The Campaign Workshop

Date of Public Distribution/Dissemination

MM / DD / YYYY  
10 / 31 / 2016

Mailing Address 1660 L St, NW

Suite 506

Amount

30165.82

City

State

Zip Code

Washington

DC

20036

Transaction ID : F57.000001

Purpose of Expenditure  
GOTV Mail StatewideCategory/  
Type

Office Sought:

☐ House

State: \_\_\_\_\_

☐ Senate

District: \_\_\_\_\_

☒ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
clinton, Hillary, , ,Calendar Year-To-Date Per Election  
for Office Sought

.00

Disbursement For:  
2016☐ Primary☒ General☐ Other (specify) ▶

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

The Campaign Workshop

Date of Public Distribution/Dissemination

MM / DD / YYYY  
10 / 31 / 2016

Mailing Address 1660 L St, NW

Suite 506

Amount

30165.82

City

State

Zip Code

Washington

DC

20036

Transaction ID : F57.000002

Purpose of Expenditure  
Russ Statewide GOTV MailCategory/  
Type

Office Sought:

☐ House

State: WI

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Feingold, Russ, , ,Calendar Year-To-Date Per Election  
for Office Sought

.00

Disbursement For:  
2016☐ Primary☒ General☐ Other (specify) ▶

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

Date of Public Distribution/Dissemination

MM / DD / YYYY

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.....▶

60331.64

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

(c) TOTAL Independent Expenditures.....▶

60331.64

(carry total from last page forward to Line 7)