

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 PENNSYLVANIA ADVOCATES		3. FEC Identification Number C90004946
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1514 NORTH SECOND STREET		
(c) City, State and ZIP Code HARRISBURG, PA 17102		
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):

- ☐ 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	31	2012
THROUGH		
11	3	2012

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES

1459.71

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

Meghan Louise Roach

Meghan Roach

11/4/12

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-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES

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

PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES

Date

10 31 2012

Mailing Address

1514 NORTH SECOND STREET

Amount

262.76

City

HARRISBURG

State

PA

Zip Code

17102

Purpose of Expenditure

PHONE BANK

Category/
Type 001

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

9032.03

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

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

PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES

Date

10 31 2012

Mailing Address

1514 NORTH SECOND STREET

Amount

40.76

City

HARRISBURG

State

PA

Zip Code

17102

Purpose of Expenditure

PHONE BANK

Category/
Type 001

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

9072.78

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

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

PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES

Date

11 1 2012

Mailing Address

1514 NORTH SECOND STREET

Amount

194.45

City

HARRISBURG

State

PA

Zip Code

17102

Purpose of Expenditure

PHONE BANK

Category/
Type 001

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

9267.23

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

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

497.97

(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

PAGE 3 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES

Full Name (Last, First, Middle Initial) of Payee PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES		Date 10 31 2012
Mailing Address 1514 NORTH SECOND STREET		Amount 50.58
City HARRISBURG	State PA	Zip Code 17102
Purpose of Expenditure PHONE BANK	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 9317.80		
Full Name (Last, First, Middle Initial) of Payee PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES		Date 10 31 2012
Mailing Address 1514 NORTH SECOND STREET		Amount 525.39
City HARRISBURG	State PA	Zip Code 17102
Purpose of Expenditure CANVASS	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 9843.19		
Full Name (Last, First, Middle Initial) of Payee PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES		Date 11 1 2012
Mailing Address 1514 NORTH SECOND STREET		Amount 385.80
City HARRISBURG	State PA	Zip Code 17102
Purpose of Expenditure CANVASS	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 10228.98		

(a) SUBTOTAL of Itemized Independent Expenditures.....	861.77
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	1459.71

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
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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<p>The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.</p>	
N/A PREPARER (5/2004)	N/A DATE PREPARED