

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 C 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):

(a) ☐ April 15 Quarterly Report☐ July 15 Quarterly Report☒ 24-Hour Report☐ October 15 Quarterly Report☐ January 31 Year-End Report☐ 48-Hour Reportb) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

10 18 2012

THROUGH

10 27 2012

6. TOTAL CONTRIBUTIONS

0

7. TOTAL INDEPENDENT EXPENDITURES

1324.98

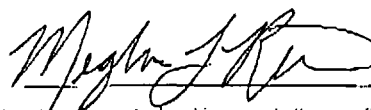
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if 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



10/28/2012

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, 899 E Street, N.W., Washington, D.C. 20463 Toll Free: 800-424-9530, Local 202-694-1100

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 24 2012

Mailing Address

1514 NORTH SECOND STREET

Amount

428.86

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

4546.65

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

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

PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES

Date

10 27 2012

Mailing Address

1514 NORTH SECOND STREET

Amount

214.48

City

HARRISBURG

State

PA

Zip Code

17102

Purpose of Expenditure

CANVASS

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

4761.13

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

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

PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES

Date

10 27 2012

Mailing Address

1514 NORTH SECOND STREET

Amount

253.68

City

HARRISBURG

State

PA

Zip Code

17102

Purpose of Expenditure

CANVASS

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

5014.80

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

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

897.02

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

(c) TOTAL Independent Expenditures.....

(carry total from last page forward to Line 7)

1324.98

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
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<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 (5/2004)	N/A DATE PREPARED