



"Schwarz, Katherine" <KatherineSchwarz@ppao.org> on 10/26/2012 01:17:04 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>,  
cc:

Subject: FEC Form5 Report - Planned Parenthood Advocates of Ohio

Please accept the attached 24-Hour Form 5 Report from Planned Parenthood Advocates of Ohio.

**Katherine Schwarz** | State Field Director  
**Planned Parenthood Advocates of Ohio**  
206 East State Street | Columbus, OH 43215  
Phone: 614-358-8755 | [www.ppao.org](http://www.ppao.org)

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attachments and notify the sender. Thank you. 24HR\_PPAO102612.pdf

# 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 <b>Planned Parenthood Advocates of Ohio</b>		3. FEC Identification Number  <b>C</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>206 East State Street</b>		
(c) City, State and ZIP Code <b>Columbus, Ohio 43215</b>		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Individual filers only</b>	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

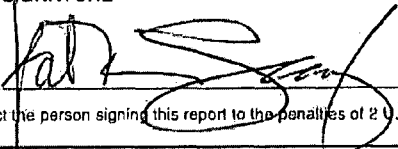
10	19	2012
THROUGH		
10	26	2012

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6. TOTAL CONTRIBUTIONS ..... \$24,000.00

7. TOTAL INDEPENDENT EXPENDITURES ..... \$22,499.36

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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Katherine Schwarz		10/26/2012

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, 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 Ohio

A. Full Name (Last, First, Middle Initial) CREDO SuperPAC			Date of Receipt	
Mailing Address 101 Market Street, Suite 700			10	23 2012
City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C 0 0 5 0 7 5 1 7			\$24,000.00	
Name of Employer			Occupation	

B. Full Name (Last, First, Middle Initial)			Date of Receipt	
Mailing Address				
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				
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				
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) .....	\$24,000.00
TOTAL This Period (last page carry total to Line 6) .....	\$24,000.00

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee Stones' Phone, Inc.	Date 10 26 2012
Mailing Address 41-750 Rancho Las Palmas Drive, Suite E-3	Amount \$22,000.00
City State Zip Code Rancho Mirage CA 92270	

Purpose of Expenditure Persuasion and GOTV phone calls	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Betty Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought \$22,000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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Full Name (Last, First, Middle Initial) of Payee TeleRoots Technologies, Inc.	Date 10 23 2012
Mailing Address 2232 Vermont Street	Amount \$499.36
City State Zip Code Alexandria KS 66046	

Purpose of Expenditure predictive dialer minutes - persuasion	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Josh Mandel		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought \$5,017.85	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	

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) _____
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(a) SUBTOTAL of Itemized Independent Expenditures.....	\$22,499.36
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	\$22,499.36

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
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<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
Next Business Day Delivery <input type="checkbox"/>	
<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): <i>E-Mail</i>	Date of Receipt or Postmarked <i>10/26/2022</i>
<i>JN</i> PREPARER	<i>10/26/2022</i> DATE PREPARED