

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

M M / D D / Y Y Y Y Y Y
 THROUGH
 M M / D D / Y Y Y Y Y Y

6. TOTAL CONTRIBUTIONS **1301.63**

7. TOTAL INDEPENDENT EXPENDITURES **1301.63**

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> | 11/05/2012 |

[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 MM / DD / YYYY 11 / 04 / 2012 | | |
| Mailing Address 434 West 33rd Street | | | Transaction ID : 5AR2012-9340 | | |
| City New York | State NY | Zip Code 10001 | Amount of Each Receipt this Period 1301.63 | | |
| FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer | | | Occupation | | |

| | | | | | |
|--|-------|----------|------------------------------------|--|--|
| B. Full Name (Last, First, Middle Initial) | | | Date of Receipt MM / DD / YYYY | | |
| 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 MM / DD / YYYY | | |
| 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 MM / DD / YYYY | | |
| 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 | | |

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|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1301.63 |
| TOTAL This Period (last page carry total to Line 6) ▶ | 1301.63 |

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

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

| | | |
|--|----------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Stacey Anderson | | Date MM / DD / YYYY 11 / 04 / 2012 |
| Mailing Address 2525 4th Avenue N Ste 201 | | Amount 49.67 Transaction ID : 57443851 |
| 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 and 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 24955.15 | | |

| | | |
|--|----------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Melissa Barcroft | | Date MM / DD / YYYY 11 / 04 / 2012 |
| Mailing Address 2525 Fourth Avenue N Ste 201 | | Amount 50.17 Transaction ID : 57443852 |
| 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 24955.15 | | |

| | | |
|--|----------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Caitlyn Avci-Gray | | Date MM / DD / YYYY 11 / 04 / 2012 |
| Mailing Address 2525 Fourth Avenue N Ste 201 | | Amount 72.37 Transaction ID : 57443853 |
| 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 and 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 24955.15 | | |

| | | |
|---|---|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 172.21 |
| (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 Jennifer Gross | | Date MM / DD / YYYY 11 / 04 / 2012 |
| Mailing Address 2525 Fourth Avenue N Ste 201 | | Amount 96.93 Transaction ID : 57443854 |
| 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 24955.15 | | |

| | | |
|--|----------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Kaitlyn Lamb | | Date MM / DD / YYYY 11 / 04 / 2012 |
| Mailing Address 2525 Fourth Avenue N Ste 201 | | Amount 76.95 Transaction ID : 57443855 |
| 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 and 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 24955.15 | | |

| | | |
|--|----------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Clarissa Cerovski | | Date MM / DD / YYYY 11 / 04 / 2012 |
| Mailing Address 1121 Division Street | | Amount 3.06 Transaction ID : 57443856 |
| City Billings | State MT | |
| Zip Code 59101 | Category/Type 002 | 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 24955.15 | | |

| | | |
|---|---|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 176.94 |
| (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 Christie Bailey | | Date MM / DD / YYYY 11 / 04 / 2012 |
| Mailing Address 1029 Lynn Lane | | Amount 4.16 Transaction ID : 57443857 |
| City Missoula | State MT | |
| Zip Code 59801 | | |
| Purpose of Expenditure Travel for canvass | Category/ Type 002 | 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 24955.15 | | 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 Janet Consell | | Date MM / DD / YYYY 11 / 04 / 2012 |
| Mailing Address PO Box 6464 | | Amount 5.69 Transaction ID : 57443858 |
| City Bozeman | State MT | |
| Zip Code 59715 | | |
| Purpose of Expenditure Travel for canvass | Category/ Type 002 | 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 24955.15 | | 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 Hilltop Solutions | | Date MM / DD / YYYY 11 / 04 / 2012 |
| Mailing Address 1000 Potomac Street NW #500 | | Amount 390.00 Transaction ID : 57443859 |
| City Washington | State DE | |
| Zip Code 20007 | | |
| Purpose of Expenditure Paid canvassers | 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 24955.15 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ |

| | | |
|---|---|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 399.85 |
| (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 Planned Parenthood Advocates of Montana | | Date MM / DD / YYYY 11 / 04 / 2012 |
| Mailing Address 2525 Fourth Avenue N Ste 201 | | Amount 239.76 Transaction ID : 57443860 |
| City Billings | State MT | |
| Zip Code 59101 | Purpose of Expenditure Food for canvass | Category/Type 001 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____ |
| Calendar Year-To-Date Per Election for Office Sought 24955.15 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| | | 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 Hilltop Solutions | | Date MM / DD / YYYY 11 / 04 / 2012 |
| Mailing Address 1000 Potomac Street NW #500 | | Amount 196.71 Transaction ID : 57443861 |
| City Washington | State DE | |
| Zip Code 20007 | Purpose of Expenditure Online advertising | Category/Type 004 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____ |
| Calendar Year-To-Date Per Election for Office Sought 24955.15 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| | | 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 Andrea Spake | | Date MM / DD / YYYY 11 / 04 / 2012 |
| Mailing Address 2300 13th Ave S | | Amount 22.76 Transaction ID : 57443862 |
| City Great Falls | State MT | |
| Zip Code 59405 | Purpose of Expenditure Travel for canvass | Category/Type 002 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____ |
| Calendar Year-To-Date Per Election for Office Sought 24955.15 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ |

| | | |
|---|---|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 459.23 |
| (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 11 / 04 / 2012 |
| Mailing Address 2525 4th Ave N Ste 2012 | | Amount 14.16 Transaction ID : 57443863 |
| City Billings | State MT | |
| Zip Code 59101 | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Purpose of Expenditure Online advertising | | 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 <input type="checkbox"/> Other (specify) _____ |
| Calendar Year-To-Date Per Election for Office Sought 24955.15 | | |

| | | |
|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) of Payee Facebook Social Media | | Date MM / DD / YYYY 11 / 04 / 2012 |
| Mailing Address 2525 4th Ave N Ste 201 | | Amount 56.04 Transaction ID : 57443864 |
| City Billings | State MT | |
| Zip Code 59101 | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Purpose of Expenditure Online advertising | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Name of Federal Candidate Supported or Opposed by Expenditure: Dennis Rehberg | | 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 24955.15 | | |

| | | |
|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) of Payee Facebook Social Media | | Date MM / DD / YYYY 11 / 04 / 2012 |
| Mailing Address 2525 4th Ave N Ste 201 | | Amount 19.94 Transaction ID : 57443865 |
| City Billings | State MT | |
| Zip Code 59101 | Category/ Type 004 | Office Sought: <input checked="" type="checkbox"/> House State: MT <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Purpose of Expenditure Online advertising | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Name of Federal Candidate Supported or Opposed by Expenditure: Kim Gillan | | 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 2708.62 | | |

| | | |
|---|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 90.14 |
| (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 11 / 04 / 2012 |
| Mailing Address 2525 4th Ave N Ste 201 | | Amount 3.26 Transaction ID : 57443866 |
| City Billings | State MT | |
| Zip Code 59101 | Category/ Type 004 | Office Sought: <input checked="" type="checkbox"/> House State: MT <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President |
| Purpose of Expenditure Online advertising | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Name of Federal Candidate Supported or Opposed by Expenditure: Steven Daines | | 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 4.96 | | |

| | | |
|--|-------------------|---|
| Full Name (Last, First, Middle Initial) of Payee | | Date MM / DD / YYYY |
| Mailing Address | | Amount |
| City | State | |
| Zip Code | Category/ Type | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Purpose of Expenditure | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |
| Calendar Year-To-Date Per Election for Office Sought | | |

| | | |
|--|-------------------|---|
| Full Name (Last, First, Middle Initial) of Payee | | Date MM / DD / YYYY |
| Mailing Address | | Amount |
| City | State | |
| Zip Code | Category/ Type | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Purpose of Expenditure | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |
| Calendar Year-To-Date Per Election for Office Sought | | |

| | | |
|---|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 3.26 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | 1301.63 |
| (carry total from last page forward to Line 7) | | |