

111 King Street  
Madison, WI 53703  
608-256-7549  
608-256-3004 fax

**Planned Parenthood  
Advocates of  
Wisconsin**

# Fax

**To:** Federal Election Commission **From:** Nicole Safar  
**Fax:** 202-219-0174 **Pages:** 3  
**Phone:** **Date:** October 29, 2008  
**Re:** 24 hr reporting Independent Expenditures **CC:**  
☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Attached please find an amended FEC FORM 5 for Planned Parenthood Advocates of Wisconsin Inc.'s 24 hr report re: independent expenditures made in the U.S. presidential race.

The original report was filed 10/24/08 with an incorrect calendar year-to-date per election for office sought total. The attached report has the correct total.

If you have any questions, please contact me at 608-256-7549 x2101.

Nicole Safar, JD  
Legal and Policy Analyst  
Planned Parenthood Advocates of Wisconsin  
111 King Street, Suite 23  
Madison, Wisconsin 53711  
nicole.safar@ppwi.org

28039904611

**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 Wisconsin, Inc.</b>		3. FEC Identification Number <b>C</b>
(b) Address (number and street) I check if different than previously reported <b>111 King St, #23</b>		
(c) City, State and ZIP Code <b>Madison, WI 53703</b>		
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 ☐
- 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 16 2008  
THROUGH  
11 04 2008

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES

1,300.00

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

NICOLE SAFAR

Nicole Saf

10/29/08

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

SPC0051

FEC Schedule 5 (H-P, 03/2005)

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**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE OF  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)			
Planned Parenthood Advocates of Wisconsin			
Full Name (Last, First, Middle Initial) of Payee		Date	
Gannett Wisconsin Newspapers			
Mailing Address		Amount	
PO Box 59		1,300.00	
City	State	Zip Code	
Appleton	WI	54912	
Purpose of Expenditure	Category/Type	Office Sought:	House State: _____ Senate District: _____ <input checked="" type="checkbox"/> President
online advertisement		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
John McCain			
Calendar Year-To-Date Per Election for Office Sought		9,331.98	
Full Name (Last, First, Middle Initial) of Payee		Date	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought:	House State: _____ Senate District: _____ <input type="checkbox"/> President
		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	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought:	House State: _____ Senate District: _____ <input type="checkbox"/> President
		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.....		1,300.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		_____	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)		1,300.00	

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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.

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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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N/A  
PREPARER

N/A  
DATE PREPARED

(5/2004)

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