

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
10		01		2012

 THROUGH

M M	/	D D	/	Y Y Y Y
12		31		2012

6. TOTAL CONTRIBUTIONS **29630.93**

7. TOTAL INDEPENDENT EXPENDITURES **29630.93**

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>	01/30/2013

[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 M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : 5AR2012-9292		
Mailing Address 434 West 33rd Street			Amount of Each Receipt this Period 9398.61		
City New York	State NY	Zip Code 10001	Transaction ID : 5AR2012-9292		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 9398.61		
Name of Employer			Occupation		

B. Full Name (Last, First, Middle Initial) Planned Parenthood Votes			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2012 Transaction ID : 5AR2012-9304		
Mailing Address 434 West 33rd Street			Amount of Each Receipt this Period 1766.31		
City New York	State NY	Zip Code 10001	Transaction ID : 5AR2012-9304		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1766.31		
Name of Employer			Occupation		

C. Full Name (Last, First, Middle Initial) Planned Parenthood Votes			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012 Transaction ID : 5AR2012-9313		
Mailing Address 434 West 33rd Street			Amount of Each Receipt this Period 1165.67		
City New York	State NY	Zip Code 10001	Transaction ID : 5AR2012-9313		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1165.67		
Name of Employer			Occupation		

D. Full Name (Last, First, Middle Initial) Planned Parenthood Votes			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012 Transaction ID : 5AR2012-9320		
Mailing Address 434 West 33rd Street			Amount of Each Receipt this Period 1736.64		
City New York	State NY	Zip Code 10001	Transaction ID : 5AR2012-9320		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1736.64		
Name of Employer			Occupation		

SUBTOTAL of Receipts This Page (optional) ▶	14067.23
TOTAL This Period (last page carry total to Line 6) ▶	14067.23

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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

A. Full Name (Last, First, Middle Initial) Planned Parenthood Votes			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012 Transaction ID : 5AR2012-9330		
Mailing Address 434 West 33rd Street			Amount of Each Receipt this Period 3093.63		
City New York	State NY	Zip Code 10001	FEC ID number of contributing federal political committee. C		
Name of Employer			Occupation		

B. Full Name (Last, First, Middle Initial) Planned Parenthood Votes			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012 Transaction ID : 5AR2012-9336		
Mailing Address 434 West 33rd Street			Amount of Each Receipt this Period 3756.49		
City New York	State NY	Zip Code 10001	FEC ID number of contributing federal political committee. C		
Name of Employer			Occupation		

C. Full Name (Last, First, Middle Initial) Planned Parenthood Votes			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012 Transaction ID : 5AR2012-9339		
Mailing Address 434 West 33rd Street			Amount of Each Receipt this Period 2592.72		
City New York	State NY	Zip Code 10001	FEC ID number of contributing federal political committee. C		
Name of Employer			Occupation		

D. Full Name (Last, First, Middle Initial) Planned Parenthood Votes			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012 Transaction ID : 5AR2012-9340		
Mailing Address 434 West 33rd Street			Amount of Each Receipt this Period 1301.63		
City New York	State NY	Zip Code 10001	FEC ID number of contributing federal political committee. C		
Name of Employer			Occupation		

SUBTOTAL of Receipts This Page (optional) ▶	10744.47
TOTAL This Period (last page carry total to Line 6) ▶	[]

**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 M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012		
Mailing Address 434 West 33rd Street			Transaction ID : 5AR2012-9517		
City New York	State NY	Zip Code 10001	Amount of Each Receipt this Period 4819.23		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

B. Full Name (Last, First, Middle Initial)			Date of Receipt M M M / D D D / Y Y Y Y Y Y		
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 M M M / D D D / Y Y Y Y Y Y		
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 M M M / D D D / Y Y Y Y Y Y		
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) ▶	4819.23
TOTAL This Period (last page carry total to Line 6) ▶	29630.93

**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 of Montana		Date MM / DD / YYYY 10 / 02 / 2012
Mailing Address 2525 4th Avenue N Ste 201		Amount 161.79 Transaction ID : 57441886
City Billings	State MT	
Zip Code 59101	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
Purpose of Expenditure List rental		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 29611.13		

Full Name (Last, First, Middle Initial) of Payee Terris Barnes Walters		Date MM / DD / YYYY 10 / 04 / 2012
Mailing Address 400 Montgomery St. Ste 700		Amount 2649.25 Transaction ID : 57441904
City San Francisco	State CA	
Zip Code 94104	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 01
Purpose of Expenditure Postcards		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 2012 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 2735.46		

Full Name (Last, First, Middle Initial) of Payee Terris Barnes Walters		Date MM / DD / YYYY 10 / 04 / 2012
Mailing Address 400 Montgomery St. Ste 700		Amount 2517.41 Transaction ID : 57441880
City San Francisco	State CA	
Zip Code 94104	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
Purpose of Expenditure Revised from estimate reported on 10/18 Form 5; Postcards		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 29611.13		

(a) SUBTOTAL of Itemized Independent Expenditures.....	5328.45
(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 Debbie Cook		Date MM / DD / YYYY 10 / 14 / 2012
Mailing Address 2009 US Highway 87 East		Amount 3.05 Transaction ID : 57441883
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 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 29611.13		

Full Name (Last, First, Middle Initial) of Payee Mickie Farnes		Date MM / DD / YYYY 10 / 15 / 2012
Mailing Address 1333 Cheryl Street		Amount 26.36 Transaction ID : 57441884
City Billings	State MT	
Zip Code 59105	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 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 29611.13		

Full Name (Last, First, Middle Initial) of Payee Hilltop Solutions		Date MM / DD / YYYY 10 / 15 / 2012
Mailing Address 1000 Potomac Street NW #500		Amount 2723.36 Transaction ID : 57441882
City Washington	State DE	
Zip Code 20007	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
Purpose of Expenditure Paid canvassers		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 29611.13		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	2752.77
(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 Rachel Pauli		Date MM / DD / YYYY 10 / 15 / 2012
Mailing Address 921 B Huntington Place		Amount 12.48 Transaction ID : 57441878
City Missoula	State MT	
Zip Code 59801	Purpose of Expenditure Travel for canvass	Category/ Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Clarissa Cerovski		Date MM / DD / YYYY 10 / 15 / 2012
Mailing Address 1121 Division Street		Amount 33.55 Transaction ID : 57441878
City Billings	State MT	
Zip Code 59101	Purpose of Expenditure Travel for canvass	Category/ Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Tanya Eckles		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address 1500 University Drive		Amount 6.66 Transaction ID : 57441885
City Billings	State MT	
Zip Code 59102	Purpose of Expenditure Travel for canvass	Category/ Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	52.69
(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 Stacey Anderson		Date MM / DD / YYYY 10 / 17 / 2012
Mailing Address 2525 4th Avenue N Ste 201		Amount 67.36 Transaction ID : 57441872
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 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 29611.13		

Full Name (Last, First, Middle Initial) of Payee Melissa Barcroft		Date MM / DD / YYYY 10 / 17 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 256.74 Transaction ID : 57441874
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 29611.13		

Full Name (Last, First, Middle Initial) of Payee Caitlyn Avci-Gray		Date MM / DD / YYYY 10 / 17 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 267.81 Transaction ID : 57441875
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 29611.13		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	591.91
(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 10 / 17 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 302.27 Transaction ID : 57441876
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 29611.13		

Full Name (Last, First, Middle Initial) of Payee Kaitlyn Lamb		Date MM / DD / YYYY 10 / 17 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 238.68 Transaction ID : 57441877
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 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 29611.13		

Full Name (Last, First, Middle Initial) of Payee Melissa Barcroft		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 209.55 Transaction ID : 57442370
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, salary and supplies 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 29611.13		

(a) SUBTOTAL of Itemized Independent Expenditures.....	750.50
(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 Caitlyn Avci-Gray		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 64.35 Transaction ID : 57442371
City Billings	State MT	
Zip Code 59101	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

Full Name (Last, First, Middle Initial) of Payee Jennifer Gross		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 102.99 Transaction ID : 57442372
City Billings	State MT	
Zip Code 59101	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

Full Name (Last, First, Middle Initial) of Payee Kaitlyn Lamb		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 59.18 Transaction ID : 57442373
City Billings	State MT	
Zip Code 59101	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure 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 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	226.52
(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 Rachel Pauli		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 921 B Huntington Place		Amount 29.69 Transaction ID : 57442374
City Missoula	State MT	
Zip Code 59801		
Purpose of Expenditure Travel for canvass	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 29611.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Clarissa Cerovski		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 1121 Division Street		Amount 44.96 Transaction ID : 57442375
City Billings	State MT	
Zip Code 59101		
Purpose of Expenditure Travel for canvass	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 29611.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Hilltop Solutions		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 1000 Potomac Street NW #500		Amount 975.00 Transaction ID : 57442376
City Washington	State DE	
Zip Code 20007		
Purpose of Expenditure Paid canvassers	Category/ Type 004	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 29611.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1049.65
(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 Mickie Farnes		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 1333 Cheryl Street		Amount 46.62 Transaction ID : 57442377
City Billings	State MT	
Zip Code 59105	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 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 29611.13		

Full Name (Last, First, Middle Initial) of Payee Tyler Nilsen		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 1411 20th Street S		Amount 14.93 Transaction ID : 57442379
City Great Falls	State MT	
Zip Code 59405	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 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 29611.13		

Full Name (Last, First, Middle Initial) of Payee Christie Bailey		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 1029 Lynn Lane		Amount 3.06 Transaction ID : 57442380
City Missoula	State MT	
Zip Code 59801	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 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 29611.13		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	64.61
(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 Jessica Lahr		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 113 Miller Hall		Amount 10.82 Transaction ID : 57442381
City Missoula	State MT	
Zip Code 59801	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 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 29611.13		

Full Name (Last, First, Middle Initial) of Payee Facebook Social Media		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 2525 4th Ave N Ste 2012		Amount 104.15 Transaction ID : 57442382
City Billings	State MT	
Zip Code 59101	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
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 2012 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

Full Name (Last, First, Middle Initial) of Payee Andrea Spake		Date MM / DD / YYYY 10 / 21 / 2012
Mailing Address 2300 13th Ave S		Amount 101.01 Transaction ID : 57442988
City Great Falls	State MT	
Zip Code 59405	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 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 29611.13		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	215.98
(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 Melissa Barcroft		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 101.69 Transaction ID : 57442962
City Billings	State MT	
Zip Code 59101	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Travel, salary and supplies 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 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

Full Name (Last, First, Middle Initial) of Payee Caitlyn Avci-Gray		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 78.54 Transaction ID : 57442965
City Billings	State MT	
Zip Code 59101	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

Full Name (Last, First, Middle Initial) of Payee Jennifer Gross		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 127.19 Transaction ID : 57442967
City Billings	State MT	
Zip Code 59101	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	307.42
(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 Kaitlyn Lamb		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 22.46 Transaction ID : 57442969
City Billings	State MT	
Zip Code 59101	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure 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 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

Full Name (Last, First, Middle Initial) of Payee Rachel Pauli		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 921 B Huntington Place		Amount 17.76 Transaction ID : 57442970
City Missoula	State MT	
Zip Code 59801	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

Full Name (Last, First, Middle Initial) of Payee Clarissa Cerovski		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 1121 Division Street		Amount 11.94 Transaction ID : 57442973
City Billings	State MT	
Zip Code 59101	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	52.16
(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 Hilltop Solutions		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 1000 Potomac Street NW #500		Amount 435.00 Transaction ID : 57442974
City Washington	State DE	
Zip Code 20007	Purpose of Expenditure Paid canvassers	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Hilltop Solutions		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 1000 Potomac Street NW #500		Amount 90.14 Transaction ID : 57442977
City Washington	State DE	
Zip Code 20007	Purpose of Expenditure Facebook Ads	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Mickie Farnes		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 1333 Cheryl Street		Amount 10.27 Transaction ID : 57442978
City Billings	State MT	
Zip Code 59105	Purpose of Expenditure Travel for canvass	Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	535.41
(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 Tanya Eckles		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 1500 University Drive		Amount 5.83 Transaction ID : 57442979
City Billings	State MT	
Zip Code 59102		
Purpose of Expenditure Travel for canvass	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 29611.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Jessica Lahr		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 113 Miller Hall		Amount 1.11 Transaction ID : 57442981
City Missoula	State MT	
Zip Code 59801		
Purpose of Expenditure Travel for canvass	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 29611.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Christina Stulc		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 2226 42nd Street		Amount 11.93 Transaction ID : 57442982
City Missoula	State MT	
Zip Code 59801		
Purpose of Expenditure Travel for canvass	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 29611.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	18.87
(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 10 / 24 / 2012
Mailing Address 1029 Lynn Lane		Amount 8.05 Transaction ID : 57442983
City Missoula	State MT	
Zip Code 59801	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

Full Name (Last, First, Middle Initial) of Payee Facebook Social Media		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 2525 4th Ave N Ste 2012		Amount 240.45 Transaction ID : 57442984
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 29611.13		

Full Name (Last, First, Middle Initial) of Payee Andrea Spake		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 2300 13th Ave S		Amount 3.61 Transaction ID : 57442378
City Great Falls	State MT	
Zip Code 59405	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	252.11
(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 Stacey Anderson		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 2525 4th Avenue N Ste 201		Amount 33.11 Transaction ID : 57443209
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 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 29611.13		

Full Name (Last, First, Middle Initial) of Payee Melissa Barcroft		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 82.60 Transaction ID : 57443210
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 29611.13		

Full Name (Last, First, Middle Initial) of Payee Caitlyn Avci-Gray		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 102.85 Transaction ID : 57443211
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 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 29611.13		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	218.56
(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 10 / 29 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 156.09 Transaction ID : 57443212
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 29611.13		

Full Name (Last, First, Middle Initial) of Payee Kaitlyn Lamb		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 88.32 Transaction ID : 57443213
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 29611.13		

Full Name (Last, First, Middle Initial) of Payee Rachel Pauli		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 921 B Huntington Place		Amount 7.22 Transaction ID : 57443214
City Missoula	State MT	
Zip Code 59801	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 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 29611.13		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	251.63
(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 Clarissa Cerovski		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 1121 Division Street		Amount 63.63 Transaction ID : 57443215
City Billings	State MT	
Zip Code 59101	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

Full Name (Last, First, Middle Initial) of Payee Hattie Lunsford		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 5080 Hidden Valley Dr		Amount 2.20 Transaction ID : 57443216
City Helena	State MT	
Zip Code 59602	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

Full Name (Last, First, Middle Initial) of Payee Jacob Courtney		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 911 6th Ave E		Amount 32.73 Transaction ID : 57443217
City Helena	State MT	
Zip Code 89601	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	98.56
(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 Hilltop Solutions		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 1000 Potomac Street NW #500		Amount 439.50 Transaction ID : 57443218
City Washington	State DE	
Zip Code 20007	Purpose of Expenditure Paid canvassers	Category/ Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Hilltop Solutions		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 1000 Potomac Street NW #500		Amount 82.01 Transaction ID : 57443218
City Washington	State DE	
Zip Code 20007	Purpose of Expenditure Facebook Ads	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AAN Minutes		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 2525 4th Ave N Ste 201		Amount 100.00 Transaction ID : 57443220
City Billings	State DE	
Zip Code 89101	Purpose of Expenditure Facebook Ads	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	621.51
(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 Mickie Farnes		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 1333 Cheryl Street		Amount 40.24 Transaction ID : 57443221
City Billings	State MT	
Zip Code 59105	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

Full Name (Last, First, Middle Initial) of Payee Tanya Eckles		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 1500 University Drive		Amount 5.83 Transaction ID : 57443222
City Billings	State MT	
Zip Code 59102	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

Full Name (Last, First, Middle Initial) of Payee Jessica Lahr		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 113 Miller Hall		Amount 80.21 Transaction ID : 57443223
City Missoula	State MT	
Zip Code 59801	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	126.28
(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 Christina Stulc		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 2226 42nd Street		Amount 14.88 Transaction ID : 57443224
City Missoula	State MT	
Zip Code 59801	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 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 29611.13		

Full Name (Last, First, Middle Initial) of Payee Andrea Spake		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 2300 13th Ave S		Amount 2.50 Transaction ID : 57443225
City Great Falls	State MT	
Zip Code 59405	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 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 29611.13		

Full Name (Last, First, Middle Initial) of Payee Facebook Social Media		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 2525 4th Ave N Ste 2012		Amount 120.47 Transaction ID : 57443226
City Billings	State MT	
Zip Code 59101	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
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 2012 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	137.85
(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 Facebook Social Media		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 2525 4th Ave N Ste 201		Amount 282.25 Transaction ID : 57443227
City Billings	State MT	
Purpose of Expenditure Online advertising	Category/ Type 004	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: Dennis Rehberg		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 29611.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Stacey Anderson		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 2525 4th Avenue N Ste 201		Amount 59.52 Transaction ID : 57443490
City Billings	State MT	
Purpose of Expenditure GOTV phones	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 29611.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Lindsay Love		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 2525 4th Ave N Ste 201		Amount 123.28 Transaction ID : 57443491
City Billings	State MT	
Purpose of Expenditure Travel for canvass	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 29611.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	465.05
(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 Melissa Barcroft		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 179.43 Transaction ID : 57443492
City Billings	State MT	
Purpose of Expenditure Travel and salary for canvass	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 29611.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Caitlyn Avci-Gray		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 65.40 Transaction ID : 57443493
City Billings	State MT	
Purpose of Expenditure Salary and travel for canvass	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 29611.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Jennifer Gross		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 92.76 Transaction ID : 57443494
City Billings	State MT	
Purpose of Expenditure Travel, salary and supplies for canvass	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 29611.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	337.59
(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 Kaitlyn Lamb		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 24.57 Transaction ID : 57443495
City Billings	State MT	
Zip Code 59101	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure 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 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

Full Name (Last, First, Middle Initial) of Payee Rachel Pauli		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 921 B Huntington Place		Amount 15.83 Transaction ID : 57443496
City Missoula	State MT	
Zip Code 59801	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

Full Name (Last, First, Middle Initial) of Payee Clarissa Cerovski		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 1121 Division Street		Amount 11.66 Transaction ID : 57443497
City Billings	State MT	
Zip Code 59101	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	52.06
(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 Christina Stulc		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 2226 42nd Street		Amount 8.85 Transaction ID : 57443498
City Missoula	State MT	
Zip Code 59801	Purpose of Expenditure Travel for canvass	Category/ Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Jacob Courtney		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 911 6th Ave E		Amount 10.18 Transaction ID : 57443498
City Helena	State MT	
Zip Code 59601	Purpose of Expenditure Travel for canvass	Category/ Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Jessica Lahr		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 113 Miller Hall		Amount 0.56 Transaction ID : 57443500
City Missoula	State MT	
Zip Code 59801	Purpose of Expenditure Travel for canvass	Category/ Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	19.59
(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 Hilltop Solutions		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 1000 Potomac Street NW #500		Amount 874.50 Transaction ID : 57443501
City Washington	State DE	
Zip Code 20007	Purpose of Expenditure Paid canvassers	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 29611.13		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 10 / 31 / 2012
Mailing Address 1000 Potomac Street NW #500		Amount 315.31 Transaction ID : 57443502
City Washington	State DE	
Zip Code 20007	Purpose of Expenditure Facebook Ads	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 29611.13		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 Tami Trotter		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 1320 4th Street W		Amount 1.67 Transaction ID : 57443503
City Billings	State MT	
Zip Code 59101	Purpose of Expenditure Travel 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 29611.13		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.....	▶	1191.48
(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 10 / 31 / 2012
Mailing Address 1029 Lynn Lane		Amount 5.83 Transaction ID : 57443504
City Missoula	State MT	
Zip Code 59801	Purpose of Expenditure Travel for canvass	Category/ Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Andrea Spake		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 2300 13th Ave S		Amount 5.83 Transaction ID : 57443505
City Great Falls	State MT	
Zip Code 59405	Purpose of Expenditure Travel for canvass	Category/ Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Facebook Social Media		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 2525 4th Ave N Ste 2012		Amount 54.55 Transaction ID : 57443506
City Billings	State MT	
Zip Code 59101	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 State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.21
(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 Facebook Social Media		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 2525 4th Ave N Ste 201		Amount 270.00 Transaction ID : 57443507
City Billings	State MT	
Zip Code 59101	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
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 2012 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

Full Name (Last, First, Middle Initial) of Payee Mastercard		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address PO box 31021		Amount 973.90 Transaction ID : 57443508
City Tampa	State FL	
Zip Code 33631	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
Purpose of Expenditure Canvass supplies		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 29611.13		

Full Name (Last, First, Middle Initial) of Payee Melissa Barcroft		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 101.90 Transaction ID : 57443692
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 29611.13		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1345.80
(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 Kaitlyn Lamb		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 131.07 Transaction ID : 57443789
City Billings	State MT	
Purpose of Expenditure Travel and salary for canvass	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 29611.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Caitlyn Avci-Gray		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 39.00 Transaction ID : 57443693
City Billings	State MT	
Purpose of Expenditure Salary and travel for canvass	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 29611.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Kaitlyn Lamb		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 24.57 Transaction ID : 57443694
City Billings	State MT	
Purpose of Expenditure Salary for canvass	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 29611.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	194.64
(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 Rachel Pauli		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 921 B Huntington Place		Amount 15.81 Transaction ID : 57443695
City Missoula	State MT	
Zip Code 59801	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

Full Name (Last, First, Middle Initial) of Payee Christina Stulc		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2226 42nd Street		Amount 13.88 Transaction ID : 57443696
City Missoula	State MT	
Zip Code 59801	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

Full Name (Last, First, Middle Initial) of Payee Jacob Courtney		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 911 6th Ave E		Amount 10.17 Transaction ID : 57443697
City Helena	State MT	
Zip Code 89601	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.86
(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 Hilltop Solutions		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1000 Potomac Street NW #500		Amount 3000.00 Transaction ID : 57443698
City Washington	State DE	
Zip Code 20007	Purpose of Expenditure Management fees	Category/ Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Hilltop Solutions		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1000 Potomac Street NW #500		Amount 14.81 Transaction ID : 57443698
City Washington	State DE	
Zip Code 20007	Purpose of Expenditure Facebook Ads	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Jessica Lahr		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 113 Miller Hall		Amount 6.10 Transaction ID : 57443700
City Missoula	State MT	
Zip Code 59801	Purpose of Expenditure Travel for canvass	Category/ Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	3020.91
(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 / 01 / 2012
Mailing Address 2525 4th Ave N Ste 2012		Amount 27.65 Transaction ID : 57443701
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 29611.13		

Full Name (Last, First, Middle Initial) of Payee Facebook Social Media		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2525 4th Ave N Ste 201		Amount 213.10 Transaction ID : 57443702
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 29611.13		

Full Name (Last, First, Middle Initial) of Payee Hilltop Solutions		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 1000 Potomac Street NW #500		Amount 289.50 Transaction ID : 57443704
City Washington	State DE	
Zip Code 20007	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Paid canvassers		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 29611.13		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	530.25
(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 Stacey Anderson		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 2525 4th Avenue N Ste 201		Amount 446.45 Transaction ID : 57443785
City Billings	State MT	
Zip Code 59101	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Salary, travel and food 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 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

Full Name (Last, First, Middle Initial) of Payee Melissa Barcroft		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 105.78 Transaction ID : 57443786
City Billings	State MT	
Zip Code 59101	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

Full Name (Last, First, Middle Initial) of Payee Caitlyn Avci-Gray		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 125.98 Transaction ID : 57443787
City Billings	State MT	
Zip Code 59101	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	678.21
(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 / 03 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 203.18 Transaction ID : 57443788
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, salary and supplies 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 29611.13		

Full Name (Last, First, Middle Initial) of Payee Kaitlyn Lamb		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 131.07 Transaction ID : 57443802
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 29611.13		

Full Name (Last, First, Middle Initial) of Payee Rachel Pauli		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 921 B Huntington Place		Amount 9.72 Transaction ID : 57443790
City Missoula	State MT	
Zip Code 59801	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 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 29611.13		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	343.97
(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**

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

Full Name (Last, First, Middle Initial) of Payee Clarissa Cerovski		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1121 Division Street		Amount 6.65 Transaction ID : 57443791
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 29611.13		

Full Name (Last, First, Middle Initial) of Payee Tami Trottier		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1320 4th Street W		Amount 6.39 Transaction ID : 57443792
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 29611.13		

Full Name (Last, First, Middle Initial) of Payee Hilltop Solutions		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1000 Potomac Street NW #500		Amount 962.40 Transaction ID : 57443793
City Washington	State DE	
Zip Code 20007	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
Purpose of Expenditure Paid canvassers		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 29611.13		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	975.44
(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 Hilltop Solutions		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1000 Potomac Street NW #500		Amount 0.00 Transaction ID : 57443794
City Washington	State DE	
Zip Code 20007	Purpose of Expenditure Revised from estimate reported on 11/04 Form 5; 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 29611.13	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Hilltop Solutions		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 1000 Potomac Street NW #500		Amount 234.26 Transaction ID : 57443795
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 29611.13	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Pat Hooks		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 2514 Southridge Drive		Amount 4.16 Transaction ID : 57443796
City Helena	State MT	
Zip Code 59601	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 29611.13	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	238.42
(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 Andrea Spake		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 2300 13th Ave S		Amount 17.21 Transaction ID : 57443797
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 State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Facebook Social Media		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 2525 4th Ave N Ste 2012		Amount 12.06 Transaction ID : 57443798
City Billings	State MT	
Zip Code 59101	Purpose of Expenditure Revised from estimate reported on 11/04 Form 5; Online advertising	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Facebook Social Media		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 2525 4th Ave N Ste 201		Amount 104.99 Transaction ID : 57443799
City Billings	State MT	
Zip Code 59101	Purpose of Expenditure Revised from estimate reported on 11/04 Form 5; Online advertising	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Dennis Rehberg		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	134.26
(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 / 03 / 2012
Mailing Address 2525 4th Ave N Ste 201		Amount 39.43 Transaction ID : 57443800
City Billings	State MT	
Purpose of Expenditure Online advertising	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MT <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kim Gillan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2735.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Facebook Social Media		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 2525 4th Ave N Ste 201		Amount 1.70 Transaction ID : 57443801
City Billings	State MT	
Purpose of Expenditure Online advertising	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MT <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steven Daines		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 10.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

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	
Purpose of Expenditure Travel and salary for canvass	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 29611.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	91.30
(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 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	
Purpose of Expenditure Salary and travel for canvass	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 29611.13		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 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	
Purpose of Expenditure Travel and salary for canvass	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 29611.13		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 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	
Purpose of Expenditure Salary and travel for canvass	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 29611.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	246.25
(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 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	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 State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

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
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <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
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	12.91
(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 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
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <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 173.40 Transaction ID : 57443860
City Washington	State DE	
Zip Code 20007	Purpose of Expenditure Revised from estimate reported on 11/05 Form 5; Food for canvass	Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <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 State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	760.11
(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 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	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

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 : 57443862
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 29611.13		

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 29611.13		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	92.96
(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 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: 01 <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 2735.46		

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 10.00		

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 State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 29611.13		

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.87
(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 / 06 / 2012
Mailing Address 2525 4th Ave N Ste 201		Amount 5.04 Transaction ID : 57446948
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 10.00		

Full Name (Last, First, Middle Initial) of Payee Stacey Anderson		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 2525 4th Avenue N Ste 201		Amount 647.41 Transaction ID : 57446934
City Billings	State MT	
Zip Code 59101	Category/Type 001	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Food for canvassers		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 29611.13		

Full Name (Last, First, Middle Initial) of Payee Stacey Anderson		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 2525 4th Avenue N Ste 201		Amount 150.00 Transaction ID : 57446935
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 VAN dialer minutes		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 29611.13		

(a) SUBTOTAL of Itemized Independent Expenditures.....	802.45
(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 Melissa Barcroft		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 167.41 Transaction ID : 57446936
City Billings	State MT	
Purpose of Expenditure Travel and salary for canvass	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 29611.13		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 Caitlyn Avci-Gray		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 217.16 Transaction ID : 57446937
City Billings	State MT	
Purpose of Expenditure Salary and travel for canvass	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 29611.13		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 Jennifer Gross		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 284.67 Transaction ID : 57446938
City Billings	State MT	
Purpose of Expenditure Travel and salary for canvass	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 29611.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	669.24
(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 Elena Bradley		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 4190 Sourdough Road		Amount 9.07 Transaction ID : 57446939
City Bozeman	State MT	
Zip Code 59715	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 29611.13		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 Rachel Pauli		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 921 B Huntington Place		Amount 16.37 Transaction ID : 57446940
City Missoula	State MT	
Zip Code 59801	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 29611.13		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 Clarissa Cerovski		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1121 Division Street		Amount 14.99 Transaction ID : 57446941
City Billings	State MT	
Zip Code 59101	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 29611.13		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.....	▶	40.43
(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 Hilltop Solutions		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1000 Potomac Street NW #500		Amount 903.00 Transaction ID : 57446942
City Washington	State DE	
Zip Code 20007	Purpose of Expenditure Paid canvassers	Category/ Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Tami Trottier		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1320 4th Street W		Amount 6.10 Transaction ID : 57446943
City Billings	State MT	
Zip Code 59101	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 State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Andrea Spake		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 2300 13th Ave S		Amount 89.84 Transaction ID : 57446944
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 State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	998.94
(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 Zata 3		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 458 New Jersey Ave SE		Amount 2500.00 Transaction ID : 57446945
City Washington	State DC	
Zip Code 20003	Purpose of Expenditure GOTV calls	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Enterprise		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address PO Box 6579		Amount 29.45 Transaction ID : 57446946
City Helena	State MT	
Zip Code 59604	Purpose of Expenditure Travel expenses for canvass	Category/ Type 002
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29611.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Facebook Social Media		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 2525 4th Ave N Ste 201		Amount 26.84 Transaction ID : 57446947
City Billings	State MT	
Zip Code 59101	Purpose of Expenditure Online advertising	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Kim Gillan		Office Sought: <input checked="" type="checkbox"/> House State: MT <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2735.46		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	2556.29
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	29630.93