10/18/2012 15 : 13 Image# 12954467745

mage# 12954467745 PAGE 1/7

#### 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) Na	ame of Individual, (	Organization or Corporation od Advocates of Montana	unig quanneu wonpi	onit corporations	
l ' '	ddress (number an 5 Fourth Avenue N		y reported		
(c) Ci	ity, State and ZIP C	code		3. FEC Ide	entification Number
Billir	ngs	M	Γ 59101		
2. Corpo	orate filers only	Is the filer a qualified nonprofit corporation?	☐ Yes 🔀	C C900	13657
Indivi	idual filers only	Name of Employer		Occupation	
	(a) April 1: July 15 Octobe	10 01 THROUGH	24-Hour Report  48-Hour Report  2012		
-		PENDENT EXPENDITURES			9398.61 9398.61
suggestion	n of, any candidate or	that the independent expenditures reported herein were authorized committee or agent of either, or any politica ion) I certify that the corporation is a qualified nonprofit	I party committee or its agen	t. In addition, (if the independ	
TYPE OF	R PRINT NAME OF	PERSON COMPLETING FORM	SIGNATURE	[Electronically Filed]	DATE
Suzi Kop	pec		Suzi Kopec		10/18/2012
	NOTE: Submission	on of false, erroneous or incomplete information may su	ubject the person signing this	report to the penalties of 2 U	_

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

5PG021 FEC **Schedule 5** (REV. 09/2005)

# SCHEDULE 5-A ITEMIZED RECEIPTS

PAGE	2	OF	7
IAGE	~	OI.	- 1

NAME OF FILER (In Full)	ng the name and address of any political committe	
Planned Parenthood Advocates of Monta	ana	
Full Name (Last, First, Middle Initial) Planned Parenthood Votes		Date of Receipt
Mailing Address 434 West 33rd Street		10 17 2012
City	State Zip Code	Transaction ID : 5AR2012-9292
New York	NY 10001	Amount of Each Receipt this Period
FEC ID number of contributing rederal political committee.	C	9398.61
Name of Employer	Occupation	on
ull Name (Last, First, Middle Initial)		Data of Resoint
Mailing Address		Date of Receipt
City	State Zip Code	, , , , , , , , , , , , , , , , , , , ,
		Amount of Each Receipt this Period
FEC ID number of contributing ederal political committee.	C	
Name of Employer	Occumation	
	Occupation	
Full Name (Last, First, Middle Initial)  Mailing Address		Date of Receipt
Full Name (Last, First, Middle Initial)  Mailing Address	State Zip Code	Date of Receipt
Full Name (Last, First, Middle Initial)  Mailing Address  Dity  FEC ID number of contributing		Date of Receipt
Full Name (Last, First, Middle Initial)  Mailing Address  Dity  FEC ID number of contributing ederal political committee.	State Zip Code	Date of Receipt  Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial)  Mailing Address  City  FEC ID number of contributing ederal political committee.  Name of Employer	State Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y  Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial)  Mailing Address  City  FEC ID number of contributing ederal political committee.  Name of Employer  Full Name (Last, First, Middle Initial)  Mailing Address	State Zip Code	Date of Receipt  Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial)  Mailing Address  City  FEC ID number of contributing ederal political committee.  Name of Employer  Full Name (Last, First, Middle Initial)	State Zip Code	Date of Receipt  Amount of Each Receipt this Period  Date of Receipt
Full Name (Last, First, Middle Initial)  Mailing Address  City  FEC ID number of contributing ederal political committee.  Name of Employer  Full Name (Last, First, Middle Initial)  Mailing Address  City  FEC ID number of contributing	State Zip Code  C Occupation	Date of Receipt  Amount of Each Receipt this Period  Date of Receipt
Full Name (Last, First, Middle Initial)  Mailing Address  City  FEC ID number of contributing ederal political committee.  Name of Employer  Full Name (Last, First, Middle Initial)  Mailing Address	State Zip Code  Occupation  State Zip Code	Date of Receipt  Amount of Each Receipt this Period  Date of Receipt  Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial)  Mailing Address  City  FEC ID number of contributing ederal political committee.  Name of Employer  Full Name (Last, First, Middle Initial)  Mailing Address  City  FEC ID number of contributing ederal political committee.  Name of Employer	State Zip Code  C  Occupation  State Zip Code	Date of Receipt  Amount of Each Receipt this Period  Date of Receipt  Amount of Each Receipt this Period

PAGE 3 OF 7 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full) Planned Parenthood Advocates of Montana		
Full Name (Last, First, Middle Initial) of Payee		Date
Planned Parenthood of Montana		M M / D D / Y Y Y Y Y
Mailing Address 2525 4th Avenue N Ste 201		10 02 2012
City	Otata Zin Oada	Amount
City Billings	State Zip Code MT 59101	161.79
Purpose of Expenditure	Catagony	Transaction ID : 57441886  Office Sought: House State: MT
List rental	Type 00 <sup>2</sup>	Senate District:
Name of Federal Candidate Supported or Opport	osed by Expenditure:	President District.
Jon Tester		Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	9475.02	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
Terris Barns Walters		M - M / D - D / Y - Y - Y - Y
Mailing Address 400 Montgomery St. Ste 700		10 04 2012
		Amount
City	State Zip Code	2649.25
San Francisco	CA 94104	Transaction ID : 57441904
Purpose of Expenditure Postcards	Category/ Type 004	Senate District:
Name of Federal Candidate Supported or Opportion Kim Gillan	osed by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	2649.25	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
Terris Barnes Walters		10 / 04 / 2012
Mailing Address 400 Montgomery St. Ste 700		10 04 2012
		Amount
City San Francisco	State Zip Code	2649.25
San Francisco Purpose of Expenditure	CA 94104	Transaction ID : 57441880  Office Sought: House State MT
Purpose of Expenditure Postcards	Category/ Type	X Senate
Name of Federal Candidate Supported or Oppo	osed by Expenditure:	President District:
Jon Tester		Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	9475.02	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expendent	ditures	5460.29
(b) SUBTOTAL of Unitemized Independent Exp	enditures	······································
(c) TOTAL Independent Expenditures(carry total from last page forward to L		······································

PAGE 4 OF 7 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full) Planned Parenthood Advocates of Montana		
Full Name (Last, First, Middle Initial) of Payer Debbie Cook	ее	Date M M / D D / Y Y Y Y
Mailing Address 2009 US Highway 87 East		10 14 2012
		Amount
City Billings	State Zip Code MT 59101	3.05 Transaction ID : 57441883
Purpose of Expenditure Travel for canvass	Category/ Type 001	Office Sought: House State: MT
Name of Federal Candidate Supported or Op Jon Tester	pposed by Expenditure:	Check One: District: Oppose
Calendar Year-To-Date Per Election for Office Sought	9475.02	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payer	ee	Date
Mickie Farnes  Mailing Address 4222 Chard Street		10 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1333 Cheryl Street		Amount
City	State Zip Code	26.36
Billings	MT 59105	Transaction ID : 57441884
Purpose of Expenditure Travel for canvass	Category/ Type 001	Office Sought: House State: MT  Senate
Name of Federal Candidate Supported or Option Tester	pposed by Expenditure:	President District:  Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	9475.02	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payer	90	Date
Hilltop Solutions		10 15 / Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Mailing Address 1000 Potomac Street NW	<del>#</del> 500	Amount
City	State Zip Code	2723.36
Washington	DE 20007	Transaction ID : 57441882
Purpose of Expenditure Paid canvassers	Category/ Type 004	Office Sought: House State: MT  X Senate
Name of Federal Candidate Supported or O	pposed by Expenditure:	President District:
Jon Tester		Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	9475.02	Disbursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Experience	enditures	2752.77
(b) SUBTOTAL of Unitemized Independent E	xpenditures	
(c) TOTAL Independent Expenditures(carry total from last page forward t		······ >

PAGE 5 OF 7 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)			•
Planned Parenthood Advocates of Montar	ıa		
Full Name (Last, First, Middle Initial)	of Payee		Date
Rachel Pauli			M = M / D = D / Y = Y = Y
Mailing Address 921 B Huntington P	ace		10 15 2012
			Amount
City	State	Zip Code	12.48
Missoula	MT	59801	Transaction ID : 57441878
Purpose of Expenditure		Category/ 001	Office Sought: House State: MT
Travel for canvass		Type 001	Senate District:
Name of Federal Candidate Supported Jon Tester	d or Opposed by Expendi	iture:	President
JOH Testel			Check One: Support Oppose
Calendar Year-To-Date Per Elect	ion	0475.00	Disbursement For: Primary General
for Office Sou	ght	9475.02	Other (specify)
Full Name (Last, First, Middle Initial)	of Payee		Date
Clarissa Cerovski			M M / D D / Y Y Y Y
Mailing Address 1121 Division Street			10 15 2012
TIZI DIVISION ORGEN			Amount
City	State	Zip Code	20.55
Billings	MT	59101	33.55 Transaction ID : 57441879
Purpose of Expenditure		Category/ 001	Office Sought: House State: MT
Travel for canvass		Type 001	Senate District:
Name of Federal Candidate Supporter	d or Opposed by Expend	iture:	President
Jon Tester			Check One: Support Oppose
Calendar Year-To-Date Per Electi	on	1 1 1 1 1 1 1 1 1	Disbursement For: Primary General
for Office Soug	ıht ,	9475.02	2012 Other (specify)
Full Name (Last, First, Middle Initial)	of Payee		Date
Tanya Eckles			M M / D D / Y Y Y Y
Mailing Address 1500 University Driv			10 16 2012
1300 Offiversity Diff			Amount
City	State	Zip Code	6.66
Billings	MT	59102	6.66 Transaction ID : 57441885
Purpose of Expenditure		Category/	Office Sought: House State: MT
Travel for canvass		Type 001	Senate District:
Name of Federal Candidate Supporter	d or Opposed by Expenden	iture:	President
Jon Tester			Check One: X Support Oppose
Calendar Year-To-Date Per Electi	on		Disbursement For: Primary General
for Office Souç	jht	9475.02	Other (specify)
(a) SUBTOTAL of Itemized Independe	nt Expenditures		····· <b>&gt;</b> 52.69
(b) SUBTOTAL of Unitemized Indepen	dent Expenditures		
(c) TOTAL Independent Expenditures (carry total from last page fo			····· <b>\</b>
, sair, total from last page to			

PAGE 6 OF 7 FOR LINE 7 OF FORM 5

AME OF FILER (In Full)			
Planned Parenthood Advocates of Montan	a		
Full Name (Last, First, Middle Initial) o	f Payee		Date
Stacey Anderson			M = M / D = D / Y = Y = Y
Mailing Address 2525 4th Avenue N S	 Sto 201		10 17 2012
2020 4ttl Avenue IV	31 <del>6</del> 201		Amount
City	State	Zip Code	
Billings	MT	59101	67.36 Transaction ID : 57441872
Purpose of Expenditure		Category/	Office Sought: House State: MT
Salary for canvass		Type 001	Senate District:
Name of Federal Candidate Supported	or Opposed by Expend	diture:	President District:
Jon Tester			Check One: Support Oppose
Colonday Vacy To Date Day Florti			Disbursement For: Primary General
Calendar Year-To-Date Per Electi for Office Soug		9475.02	2012 Other (specify)
Full Name (Last, First, Middle Initial) o	† Payee		Date
Melissa Barcroft			10 17 2012
Mailing Address 2525 Fourth Avenue	N Ste 201		
			Amount
City	State	Zip Code	256.74
Billings	MT	59101	Transaction ID : 57441874
Purpose of Expenditure Travel and salary for canvass		Category/ Type 001	Office Sought: House State: MT
			Senate District:
Name of Federal Candidate Supported Jon Tester	or Opposed by Expend	diture:	
			Check One: Support Oppose
Calendar Year-To-Date Per Election	on en	9475.02	Disbursement For: Primary General
for Office Sough	nt	3473.02	Other (specify)
Full Name (Last, First, Middle Initial) of	f Payee		Date
Caitlyn Avci-Gray			M M / D D / Y Y Y Y
Mailing Address 2525 Fourth Avenue	N Ste 201		10 17 2012
2020 1 001117 / Vollage	14 010 201		Amount
City	State	Zip Code	267.04
Billings	MT	59101	267.81 Transaction ID : 57441875
Purpose of Expenditure		Category/ 004	Office Sought: House State: MT
Travel and salary for canvass		Type 001	X Senate
Name of Federal Candidate Supported	I or Opposed by Expend	diture:	District: President
Jon Tester			Check One: Support Oppose
Calendar Year-To-Date Per Election			Disbursement For: Primary General
for Office Soug		9475.02	2012 Other (specify)
		,	
(a) SUBTOTAL of Itemized Independer	nt Expenditures		▶ 591.91
(, mappindor			291,91
(b) SUBTOTAL of Unitemized Independ	dent Expenditures		
(,, ===================================			
(c) TOTAL Independent Expenditures			
(carry total from last page for			·· •

PAGE 7 OF 7 FOR LINE 7 OF FORM 5

ME OF FILER (In Full)	_					
Planned Parenthood Advocates of Montana	3					
Full Name (Last, First, Middle Initial) o	f Payee			Date		
Jennifer Gross				M = M		Y   Y   Y   Y   Y   Y     Y
Mailing Address 2525 Fourh Avenue	N Ste 201			10	17	2012
				Amount		
City	State	Zip Code				302.27
Billings	MT	59101		Transact	ion ID : 5744187	
Purpose of Expenditure		Category/ 001	Offic	ce Sought:	House	State: MT
Travel and salary for canvass		Type 001	4		X Senate	District:
Name of Federal Candidate Supported	or Opposed by Expend	liture:			President	
Jon Tester			Che	ck One:	Support	Oppose
Calendar Year-To-Date Per Election	on .		Disb	ursement Fo		X General
for Office Soug		9475.02		2012 Other	(specify)	
Full Name (Last, First, Middle Initial) o	f Pavee			Date		
Kaitlyn Lamb				Date	/ D D /	Y
Mailing Address				10	17	2012
2525 Fourth Avenue	N Ste 201			Amount		
City	State	Zip Code		7 111.00		
Billings	MT	59101		ببييا	15 5744407	238.68
Purpose of Expenditure		Catagory/	Offi	Transact ce Sought:	ion ID : 5744187 House	NAT
Salary for canvass		Type 001		00 00ag	X Senate	State
Name of Federal Candidate Supported	or Opposed by Expend	liture:			President	District:
Jon Tester			Che	eck One:	X Support	Oppose
D. J. W. T. Bala Bar Floring			Disk	oursement F	or: Primary	✓ General
Calendar Year-To-Date Per Electio for Office Sough		9475.02		2012	(specify)	
Full Name (Last, First, Middle Initial) o	f Pavoo					
Full Inditie (Last, 1 list, Mildule Illitial)	rayee			Date		
Mailing Addrose				M M	/ D D /	Y   Y   Y   Y   Y
Mailing Address				Amount		
Ota.	State	Zip Code		Amount		
City	State	Zip Code				
Decrease of Evacanditure			04:	Orivaleti		
Purpose of Expenditure		Category/ Type	Опіс	ce Sought:	House Senate	State:
Name of Federal Candidate Supported	or Opposed by Expend				President	District:
Maille of Federal Candidate Cupported	or Opposed by Exporte	illure.	Che	ck One:	Support	Oppose
Calendar Year-To-Date Per Election for Office Sough			DISL	oursement F		General
Tor Office Gough	"			Other	(specify) ▶	
a) SUPTOTAL of Itamizad Indonendan	t Evnandituras					
a) SUBTOTAL of Itemized Independen	t Experialities				7	540.95
b) SUBTOTAL of Unitemized Independ	lent Evnenditures					
b) 300101AL of Officernized Independ	ent Expenditures		····· <b>•</b>		7 7	
c) TOTAL Independent Expenditures						0200.64
carry total from last page for					7	9398.61