

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation Planned Parenthood Advocates of Montana		3. FEC Identification Number C C90013657
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2525 Fourth Avenue N Suite 201		
(c) City, State and ZIP Code Billings MT 59101		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
- ☒ 24-Hour Report
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M M	/	D D	/	Y Y Y Y Y Y
10	/	01	/	2012

THROUGH

M M	/	D D	/	Y Y Y Y Y Y
10	/	17	/	2012

6. TOTAL CONTRIBUTIONS

9398.61

7. TOTAL INDEPENDENT EXPENDITURES

9398.61

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

[Electronically Filed]

Suzi Kopec

Suzi Kopec

10/18/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

Planned Parenthood Advocates of Montana

A. Full Name (Last, First, Middle Initial) Planned Parenthood Votes			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>10 / 17 / 2012</div> </div>	
Mailing Address 434 West 33rd Street			Transaction ID : 5AR2012-9292	
City New York	State NY	Zip Code 10001	Amount of Each Receipt this Period <div> <div></div> <div>9398.61</div> </div>	
FEC ID number of contributing federal political committee.				
Name of Employer			Occupation	

B.	Full Name (Last, First, Middle Initial)	Date of Receipt
Mailing Address		MM / DD / YYYY
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	

C. Full Name (Last, First, Middle Initial)			Date of Receipt	
Mailing Address			<div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div>	
City	State	Zip Code		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period	
Name of Employer		Occupation		

D. Full Name (Last, First, Middle Initial)	Date of Receipt
Mailing Address	<div>MM / DD / YYYY</div>
City State Zip Code	<div>Amount of Each Receipt this Period</div> <div></div>
FEC ID number of contributing federal political committee.	
Name of Employer Occupation	

SUBTOTAL of Receipts This Page (optional)	▶	9398.61
TOTAL This Period (last page carry total to Line 6)	▶	9398.61

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 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 Planned Parenthood of Montana		Date MM / DD / YYYY 10 / 02 / 2012	
Mailing Address 2525 4th Avenue N Ste 201		Amount 161.79	
City Billings	State MT	Zip Code 59101	Transaction ID : 57441886
Purpose of Expenditure List rental		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
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 9475.02		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 Terris Barnes Walters		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 400 Montgomery St. Ste 700		Amount 2649.25	
City San Francisco	State CA	Zip Code 94104	Transaction ID : 57441904
Purpose of Expenditure Postcards		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
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 2649.25		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 Terris Barnes Walters		Date MM / DD / YYYY 10 / 04 / 2012	
Mailing Address 400 Montgomery St. Ste 700		Amount 2649.25	
City San Francisco	State CA	Zip Code 94104	Transaction ID : 57441880
Purpose of Expenditure Postcards		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
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 9475.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	5460.29
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	

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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	
City Billings	State MT	Zip Code 59101	
Purpose of Expenditure Travel for canvass		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
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 9475.02		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 Mickie Farnes		Date MM / DD / YYYY 10 / 15 / 2012	
Mailing Address 1333 Cheryl Street		Amount 26.36	
City Billings	State MT	Zip Code 59105	
Purpose of Expenditure Travel for canvass		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
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 9475.02		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 / 15 / 2012	
Mailing Address 1000 Potomac Street NW #500		Amount 2723.36	
City Washington	State DE	Zip Code 20007	
Purpose of Expenditure Paid canvassers		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
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 9475.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(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)			

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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	
City Missoula	State MT	Zip Code 59801	
Purpose of Expenditure Travel for canvass		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
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 9475.02		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 10 / 15 / 2012	
Mailing Address 1121 Division Street		Amount 33.55	
City Billings	State MT	Zip Code 59101	
Purpose of Expenditure Travel for canvass		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
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 9475.02		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 Tanya Eckles		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 1500 University Drive		Amount 6.66	
City Billings	State MT	Zip Code 59102	
Purpose of Expenditure Travel for canvass		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
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 9475.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <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)			

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 6 OF 7
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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	
City Billings	State MT	Zip Code 59101	
Purpose of Expenditure Salary for canvass		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
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 9475.02		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 Melissa Barcroft		Date MM / DD / YYYY 10 / 17 / 2012	
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 256.74	
City Billings	State MT	Zip Code 59101	
Purpose of Expenditure Travel and salary for canvass		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
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 9475.02		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 10 / 17 / 2012	
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 267.81	
City Billings	State MT	Zip Code 59101	
Purpose of Expenditure Travel and salary for canvass		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
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 9475.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(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)			

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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	
City Billings	State MT	Zip Code 59101	
Purpose of Expenditure Travel and salary for canvass		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
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 9475.02		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 10 / 17 / 2012	
Mailing Address 2525 Fourth Avenue N Ste 201		Amount 238.68	
City Billings	State MT	Zip Code 59101	
Purpose of Expenditure Salary for canvass		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
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 9475.02		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		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures 540.95			
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures 9398.61 (carry total from last page forward to Line 7)			