

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>Planned Parenthood Advocates of Wisconsin Inc (C4)</b>		
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 10 E Doty St, Suite 205		
(c) City, State and ZIP Code Madison WI 53703		3. FEC Identification Number <b>C</b> C90008673
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☒ 24-Hour Report

☐ October 15 Quarterly Report

☐ 48-Hour Report

☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

/  /

5. COVERING PERIOD:

FROM

/  /

THROUGH

/  /

6. TOTAL CONTRIBUTIONS.....

0.00

7. TOTAL INDEPENDENT EXPENDITURES .....

31800.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Barnes, Mel, , ,

Barnes, Mel, , ,

10/25/2016

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

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2 OF 2  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Planned Parenthood Advocates of Wisconsin Inc (C4)

Full Name (Last, First, Middle Initial) of Payee

Planned Parenthood Advocates of Wisconsin Inc (C4)

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y  
10 / 25 / 2016

Mailing Address 10 E Doty St, Suite 205

Amount

15900.00

Transaction ID : F57.4116

Purpose of Expenditure  
Temp Staff Direct Voter ContactCategory/  
Type 006Office Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
Clinton, Hillary, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought

15900.00

Disbursement For: ☐ Primary ☒ General  
2016  
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Planned Parenthood Advocates of Wisconsin Inc (C4)

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y  
10 / 25 / 2016

Mailing Address 10 E Doty St, Suite 205

Amount

15900.00

Transaction ID : F57.4117

Purpose of Expenditure  
Temp Staff Direct Voter ContactCategory/  
Type 006Office Sought: ☐ House State: WI  
☒ Senate District: \_\_\_\_\_  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
Feingold, Russ, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought

15900.00

Disbursement For: ☐ Primary ☒ General  
2016  
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/  
TypeOffice Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office SoughtDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 31800.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶ 31800.00  
(carry total from last page forward to Line 7)