

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 PLANNED PARENTHOOD VOTES NORTHWEST		3. FEC Identification Number C C90014119
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2001 E MADISON STREET		
(c) City, State and ZIP Code SEATTLE WA 98101		
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 / / 10 / 26 / 2014
THROUGH / / 10 / 26 / 2014

6. TOTAL CONTRIBUTIONS..... .00
7. TOTAL INDEPENDENT EXPENDITURES 5822.56

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
Elaine Rose	<i>Elaine Rose</i>	10/27/2014
	<i>[Electronically Filed]</i>	

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**

NAME OF FILER (In Full)
PLANNED PARENTHOOD VOTES NORTHWEST

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood Votes Northwest		Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 2001 E Madison Street		Amount 298.81	
City Seattle	State WA	Zip Code 98122	
Purpose of Expenditure Staff and Facility		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: AK <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mark Begich		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		2014 4162.24	

Transaction ID : F57.000001

Full Name (Last, First, Middle Initial) of Payee Winning Connections		Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 317 Pennsylvania Ave SE		Amount 5000.00	
City Washington	State DC	Zip Code 20003	
Purpose of Expenditure Telephoning		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: AK <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mark Begich		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		2014 9162.24	

Transaction ID : F57.000002

Full Name (Last, First, Middle Initial) of Payee Moxie Media		Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address PO Box 30084		Amount 523.75	
City Seattle	State WA	Zip Code 98113	
Purpose of Expenditure Mailing		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: AK <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mark Begich		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		2014 9685.99	

Transaction ID : F57.000003

(a) SUBTOTAL of Itemized Independent Expenditures.....	5822.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	5822.56