

111 King Street  
Madison, WI 53703  
608-256-7549  
608-256-3004 fax

**Planned Parenthood  
Advocates of  
Wisconsin**

# Fax

**To:** Federal Election Commission

**From:** Nicole Safar

**Fax:** 202-219-0174

**Pages:** 3

**Phone:**

**Date:** October 21, 2010

**Re:** 24 hr FEC reporting

**CC:**

☐ Urgent    ☐ For Review    ☐ Please Comment    ☐ Please Reply    ☐ Please Recycle

Attached please find Planned Parenthood Advocates of Wisconsin Inc.'s 24 hour report re: independent expenditures made in the U.S. congressional races.

Planned Parenthood Advocates of Wisconsin, Inc. (PPAWI) is a Wisconsin registered 501(c)4 non-profit corporation.

If you have any questions, please contact me at 608-256-7549 x2101.

Nicole Safar, JD  
Legal and Policy Advisor  
Planned Parenthood Advocates of Wisconsin  
111 King Street, Suite 23  
Madison, Wisconsin 53711  
nicole.safar@ppwi.org

**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 <b>Planned Parenthood Advocates of Wisconsin, Inc.</b>		3. FEC Identification Number  <b>C</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>111 King St, #23</b>		
(c) City, State and ZIP Code <b>Madison, WI 53703</b>		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input 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☒ 24-Hour Report☐ October 15 Quarterly Report☐ January 31 Year-End Report☐ 48-Hour Reportb) Is this Report an amendment? Yes ☐ No ☒

## 5. COVERING PERIOD: FROM

**10 14 2010**

THROUGH

**10 31 2010**

6. TOTAL CONTRIBUTIONS .....

7. TOTAL INDEPENDENT EXPENDITURES .....

**770.64**

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

**Nicole Saf** **NICOLE SAFAR****Nicole Saf****10/21/2010**

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-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1 OF 1  
 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Planned Parenthood Advocates of Wisconsin, Inc.

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

USPS Postmaster

Date

10.21.2010

Mailing Address

215 Martin Luther King Jr Blvd

Amount

\$423.85

City

Madison

State

WI

Zip Code

53701

Purpose of Expenditure

postage

Category/  
Type

Office Sought:

☒ House

State: WI

☐ Senate

District: 07

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Sean Duffy

Calendar Year-To-Date Per Election  
for Office Sought

423.85

Disbursement For: ☐ Primary☒ General☐ Other (specify) \_\_\_\_\_

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

The Marek Group

Date

10.21.2010

Mailing Address

W 228 N 831 Westmound Dr

Amount

\$346.79

City

Waukesha

State

WI

Zip Code

53186

Purpose of Expenditure

Printing direct mail

Category/  
Type

Office Sought:

☒ House

State: WI

☐ Senate

District: 07

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Sean Duffy

Calendar Year-To-Date Per Election  
for Office Sought

\$770.64

Disbursement For: ☐ Primary☒ General☐ Other (specify) \_\_\_\_\_

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

Date

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/  
Type

Office Sought:

☐ House

State: \_\_\_\_\_

☐ Senate

District: \_\_\_\_\_

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election  
for Office SoughtDisbursement For: ☐ Primary☐ General☐ Other (specify) \_\_\_\_\_

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

770.64

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

(c) TOTAL Independent Expenditures.....▶

(carry total from last page forward to Line 7)

770.64

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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