

# 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<br><b>Planned Parenthood Votes Northwest</b>                           |   | 3. FEC Identification Number<br><b>C C90014119</b> |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br>2001 E Madison Street |   |  |
| (c) City, State and ZIP Code<br>Seattle WA 98101  |   |  |
| 2. <b>Corporate filers only</b>   | Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>Individual filers only</b>   | 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

/  /

THROUGH

/  /

6. TOTAL CONTRIBUTIONS .....

7. TOTAL INDEPENDENT EXPENDITURES .....

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.

|   |                    |             |
|---|--------------------|-------------|
| <b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b> | <b>SIGNATURE</b>   | <b>DATE</b> |
| Elaine Rose   | <i>Elaine Rose</i> | 10/30/2012  |

*[Electronically Filed]*

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**

NAME OF FILER (In Full)  
Planned Parenthood Votes Northwest

|   |                          |  |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee<br>Moxie Media                   |                          | Date<br>MM / DD / YYYY<br>10 / 29 / 2012   |
| Mailing Address<br>PO Box 30084   |                          | Amount<br>4500.00<br><b>Transaction ID : F57.000001</b>  |
| City<br>Seattle   | State<br>WA              |  |
| Zip Code<br>98113   | Category/<br>Type<br>004 | Office Sought: <input checked="" type="checkbox"/> House State: WA<br><input type="checkbox"/> Senate District: 01<br><input type="checkbox"/> President |
| Purpose of Expenditure<br>Mailing   |                          | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Suzan K DelBene |                          | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____         |
| Calendar Year-To-Date Per Election for Office Sought<br>4500.00                   |                          |  |

|  |                   |   |
|--|-------------------|---|
| Full Name (Last, First, Middle Initial) of Payee               |                   | Date<br>MM / DD / YYYY  |
| Mailing Address  |                   | Amount  |
| City   | State             |   |
| Zip Code   | Category/<br>Type | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President |
| Purpose of Expenditure   |                   | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Name of Federal Candidate Supported or Opposed by Expenditure: |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____               |
| Calendar Year-To-Date Per Election for Office Sought           |                   |   |

|  |                   |   |
|--|-------------------|---|
| Full Name (Last, First, Middle Initial) of Payee               |                   | Date<br>MM / DD / YYYY  |
| Mailing Address  |                   | Amount  |
| City   | State             |   |
| Zip Code   | Category/<br>Type | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President |
| Purpose of Expenditure   |                   | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Name of Federal Candidate Supported or Opposed by Expenditure: |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____               |
| Calendar Year-To-Date Per Election for Office Sought           |                   |   |

|   |   |         |
|---|---|---------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....   | ▶ | 4500.00 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... | ▶ |         |
| (c) <b>TOTAL</b> Independent Expenditures .....                 | ▶ | 4500.00 |
| (carry total from last page forward to Line 7)                  |   |         |