

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
PLANNED PARENTHOOD VOTES NORTHWEST

Full Name (Last, First, Middle Initial) of Payee Moxie Media		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address PO Box 30084		Amount 4500.00 <b>Transaction ID : F57.000001</b>
City Seattle	State WA	
Zip Code 98113	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Purpose of Expenditure Mailing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Suzan K DelBene		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 4500.00		

Full Name (Last, First, Middle Initial) of Payee Moxie Media		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address PO Box 30084		Amount 13500.00 <b>Transaction ID : F57.000002</b>
City Seattle	State WA	
Zip Code 98113	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Purpose of Expenditure Mailing		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Suzan DelBene		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought .00		

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Zip Code	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <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 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	18000.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> Independent Expenditures .....	▶	18000.00
(carry total from last page forward to Line 7)		