Florida Alliance of Planned Parenthood Affiliates

Fax

To:	FEC	**From:**	Stephanie Grutman, Executive Director
Fax:	202-219-0174	**Pages:**	4 w/ cover
Phone:		**Date:**	10/22/2004
Re:		**cc:**	

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

Please feel free to contact me if you should have any questions or concerns. I can be reached by call at 954-817-6007 or in the office at 850-222-[illegible].

Thank you,

Stephanie Grutman

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

Florida Alliance of Planned Parenthood Affiliates

(b) Address (number and street) ☐ check if different than previously reported

317 E. Park Ave

(c) City, State and ZIP Code

Tallahassee, FL 32301

3. FEC Identification Number

C

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☒ Yes ☐ No

Individual filers only — Name of Employer — Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year-End Report

☐ 12-Day Report preceding the election. Type of Election — Date of Election — State

☐ 30-Day Report following the General Election. Date of Election — State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 10 21 2004 THROUGH

6. TOTAL CONTRIBUTIONS 0

7. TOTAL INDEPENDENT EXPENDITURES 168162.19

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

Stephanie Gortman — [signature] — 10/22/04

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

FEC Form 5 (Rev. 01/2003)

FEC5H04.PDF

SCHEDULE 5-A
ITEMIZED RECEIPTS

PAGE 2 OF 3

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)
Florida Alliance of Planned Parenthood Affiliates

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Date of Receipt

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Date of Receipt

Amount of Each Receipt this Period

D. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page carry total to Line 5) ▶

FEC Schedule 5-A (Rev. 02/2004)

FEC2004.PDF

SCHEDULE 6-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)
Florida Alliance of Planned Parenthood Affiliates

Full Name (Last, First, Middle Initial) of Payee: Florida Alliance of Planned Parenthood Affiliates
Date: 10 21 2004
Mailing Address: 317 E. Park Ave
Amount: 18,000.00
City: Tallahassee State: FL Zip Code: 32301
Purpose of Expenditure: Advertising Expense
Category/Type: 004
Office Sought: [ ] House [ ] Senate [X] President State: District:
Name of Federal Candidate Supported or Opposed by Expenditure: John Kerry Support
Check One: [X] Support [ ] Oppose
Calendar Year-To-Date Per Election for Office Sought: 113,048.19
Disbursement For: [ ] Primary [X] General [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee: Florida Alliance of Planned Parenthood Affiliates
Date: 10 21 2004
Mailing Address: 317 E Park Ave
Amount: 27,114.00
City: Tallahassee State: FL Zip Code: 32301
Purpose of Expenditure: Advertising Expense
Category/Type: 004
Office Sought: [ ] House [ ] Senate [X] President State: District:
Name of Federal Candidate Supported or Opposed by Expenditure: John Kerry Support / Bush Oppose
Check One: [X] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought: 113,048.19
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 [ ] Senate [ ] President State: District:
Name of Federal Candidate Supported or Opposed by Expenditure:
Check One: [ ] Support [ ] Oppose
Calendar Year-To-Date Per Election for Office Sought:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 45,114.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ 113,048.19
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) ▶ 168,162.19

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FEC Schedule 6-E (Rev. 03/2003)

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

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☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ Received from House Records & Registration Office	Date of Receipt
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N/A PREPARER	N/A DATE PREPARED

(5/2004)