

**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 PLANNED PARENTHOOD OF THE ST LOUIS REG		3. FEC Identification Number <b>C</b> C90005927
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 4251 FOREST PARK AVENUE		
(c) City, State and ZIP Code ST LOUIS MO 63108		
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 ☐ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☒ October Quarterly Report
- ☐ January 31 Year-End Report

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

5. COVERING PERIOD: FROM 

M	M
0	8

 / 

D	D
0	4

 / 

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
0	9

 / 

D	D
3	0

 / 

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS .....

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

695.53

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a 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

Alison Gee

10/11/2010

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**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

PLANNED PARENTHOOD OF THE ST LOUIS REG

Full Name (Last, First, Middle Initial) of Payee  
Teleroots Technologies Inc

Date

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0Mailing Address  
17 Oxford Street

Amount

320.17

City  
Chevy ChaseState  
MDZip Code  
20819Purpose of Expenditure  
Phone minutes--ActivateCategory/  
Type

Office Sought:

☐ House

State: MO

Senate

☒ Senate

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

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Robin CarnahanCalendar Year-To-Date Per Election  
for Office Sought

320.17

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Teleroots Technologies Inc

Date

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0Mailing Address  
17 Oxford Street

Amount

95.64

City  
Chevy ChaseState  
MDZip Code  
20819Purpose of Expenditure  
Phone minutes--ActivateCategory/  
Type

Office Sought:

☒ House

State: MO

House

☐ Senate

District: 03

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Russ CarnahanCalendar Year-To-Date Per Election  
for Office Sought

95.64

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
PPSLR

Date

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0Mailing Address  
4251 Forest Park Avenue

Amount

211.19

City  
St. LouisState  
MOZip Code  
63108Purpose of Expenditure  
List rentalCategory/  
Type

Office Sought:

☐ House

State: MO

Senate

☒ Senate

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

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Robin CarnahanCalendar Year-To-Date Per Election  
for Office Sought

531.36

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify) \_\_\_\_\_

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

627.00

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

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **3 / 3**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

PLANNED PARENTHOOD OF THE ST LOUIS REG

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

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	0

Mailing Address

4251 Forest Park AVenue

Amount

68.53

City

St. Louis

State

MO

Zip Code

63108

Purpose of Expenditure

List rental

Category/  
Type

Office Sought:

☒

House

State: MO

House

☐

Senate

☐

President

District: 03

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Russ Carnahan

Disbursement For:  
2010☐

Primary

☒

General

☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

164.17

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

68.53

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

695.53