## 10/30/2008 18:11

## **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 Nevada Advocates for Planned Parenthood Affiliates PAC check if different than previously reported (b) Address (number and street) 550 W Plumb Ln #B-104 (c) City, State and ZIP Code 3. FEC Identification Number NV 89509 Reno C00000000 2. Corporate filers only Yes X No Is the filer a qualified nonprofit corporation? Individual filers only Name of Employer Occupation 4. TYPE OF REPORT (check appropriate boxes): 24-Hour Notice (a) April 15 Quarterly Report 48-Hour Notice ☐ July 15 Quarterly Report October Quarterly Report ☐ January 31 Year-End Report Yes ☐ No 🗓 (b) Is this Report an amendment? 5. COVERING PERIOD: FROM THROUGH ′ <sup>1</sup>30 ′ ′ 2008 ′ .00 6. TOTAL CONTRIBUTIONS 2500.00 7. TOTAL INDEPENDENT EXPENDITURES.....

Under penalty of portury, It certify that the independent expenditures reported herein we're 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

Elisa Maser

10/30/2008

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

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CHEDULE 5-E	CHEDULE 5-E					PAGE 2/2	
EMIZED INDEPENDENT EXPENDITURES					FOR L	INE 7 FOR FORM 5	
IAME OF FILER (In Full)							
Nevada Advocates for Planned Parenthood Affili	ates PAC						
Full Name (Last, First, Middle Initial) of Payee	_			Date			
The Clinton Group					, D	n	
Mailing Address	_		-	™1 ö́	໌ ັ3	0 ' 2008	
1350 Connecticut Ave., NW, Suite 1				Amount			
City	State	Zip Code		1		1250.00	
Washington	DC	20036				•	
Purpose of Expenditure	_	10-11	Off	ice Sought:	X House		
campaign support		Category/ Type		-	Senat	Otate.	
Name of Federal Candidate Supported or Opposed by	Evocaditur	<u> </u>	「	House	Presid	District: 02	
Jill Derby	Experiultur	<b>5.</b>	Ch	eck One:	X Suppo		
Calendar Year-To-Date Per Election		11750.00	Dis	bursement Foi 2008	: Prin	nary X General	
for Office Sought		11750.00		Other (specify)			
Full Name (Last, First, Middle Initial) of Payee				Date			
The Clinton Group					, D	n / v v v v	
Mailing Address					<sup>′</sup> <sup>□</sup> 3	0 ′ ′ 2008 ′	
1350 Connecticut Ave., NW, Suite 1				Amount			
City	State	Zip Code				1250.00	
Washington	DC	20036					
Purpose of Expenditure		Cotononia	Off	ice Sought:	V Have	• NIV	
campaign support		Category/ Type		_	X House Senat	Otate.	
Name of Federal Candidate Supported or Opposed by	Evoenditur		⊣ '	House	Presid	District: 02	
Dina Titus	Experiultur	<b>c.</b>	Ch	eck One:	X Suppo		
					<u> </u>		
Calendar Year-To-Date Per Election	44750.00	DIS	bursement For 2008	1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	mary X General		
for Office Sought		11750.00		Other (specify)			
	<del></del>		<b>'</b>				
· ,							
(a) SUBTOTALof Itemized Independent Expenditures						2500.00	
, ,							
(b) SUBTOTALof Uniternized Independent Expenditure	es						
						0500.00	
(c) TOTAL Independent Expenditures						2500.00	
(carry total from last page forward to Line 7	·)			_			

(3/2005)

## **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. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED