Image# 10931762274 107/297/20140 17:31

## **FEC FORM 5**

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

PLANNED PARENTHOOD OF THE ST LOUIS REG	(a) Name of Individual, Organization or Corporation	1
(c) City, State and ZIP Code ST LOUIS  MO 63108  2. Corporate filers only Is the filer a qualified nonprofit corporation?  Individual filers only Name of Employer  Occupation  4. TYPE OF REPORT (check appropriate boxes):  (a) April 15 Quarterly Report July 15 Quarterly Report Cotober Quarterly Report January 31 Year-End Report  (b) Is this Report an amendment?  Yes \ No  THROUGH  1. N		
4251 FOREST PARK AVENUE  (c) City, State and ZIP Code ST LOUIS  MO 63108  2. Corporate filers only Is the filer a qualified nonprofit corporation?  Individual filers only Name of Employer  Occupation  4. TYPE OF REPORT (check appropriate boxes):  (a) April 15 Quarterly Report Dotober Quarterly Report January 31 Year-End Report  (b) Is this Report an amendment?  Yes X No  5. COVERING PERIOD: FROM  M 1 0 P 2 0 Y 2 0 1 0 Y THROUGH  THROUGH  TOTAL CONTRIBUTIONS  7. TOTAL INDEPENDENT EXPENDITURES  268.39		-
ST LOUIS  MO 63108  3. FEC Identification Number  C C90005927  Individual filers only  Is the filer a qualified nonprofit corporation?  Individual filers only  Name of Employer  Occupation  4. TYPE OF REPORT (check appropriate boxes):  (a)   April 15 Quarterly Report		
ST LOUIS  MO 63108  2 Corporate filers only  Is the filer a qualified nonprofit corporation?  Individual filers only  Name of Employer  Occupation  4. TYPE OF REPORT (check appropriate boxes):  (a) April 15 Quarterly Report  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  M  M  M  D  20  7. TOTAL CONTRIBUTIONS  268.39  Divider peasity of perjury, Lordity that the independent expenditures exported therein were not made with the cooperation or prior consent d, or in constitution with, or at the request or suggestion of, a candidate or a candidates again or authorized committee or a political party committee or its agent. In addition, if the independent expenditures		
Corporate filers only	(c) City, State and ZIP Code	3. FEC Identification Number
Individual filers only   Is the filer a qualified nonprofit corporation?   X Yes   No	ST LOUIS MO 63108	_
Individual filers only  Name of Employer  Occupation  4. TYPE OF REPORT (check appropriate boxes):  (a) April 15 Quarterly Report July 15 Quarterly Report July 15 Quarterly Report January 31 Year-End Report  (b) Is this Report an amendment? Yes X No  5. COVERING PERIOD: FROM M N O D O D O D O D O D O D O D O D O D O		- C90005927
4. TYPE OF REPORT (check appropriate boxes):  (a)   April 15 Quarterly Report	Is the filer a qualified nonprofit corporation? IXI Yes LI No	
4. TYPE OF REPORT (check appropriate boxes):  (a)   April 15 Quarterly Report	Individual filers only Name of Employer	Occupation
(a) April 15 Quarterly Report    July 15 Quarterly Report   October Quarterly Report   January 31 Year-End Report    S. COVERING PERIOD: FROM   M M M		
(a) April 15 Quarterly Report    July 15 Quarterly Report   October Quarterly Report   January 31 Year-End Report    S. COVERING PERIOD: FROM   M M M	4. TYPE OF PEROPT (thick any active bases).	
□ July 15 Quarterly Report □ October Quarterly Report □ January 31 Year-End Report  (b) Is this Report an amendment? Yes ☒ No □  5. COVERING PERIOD: FROM	4. TYPE OF REPORT (check appropriate boxes):	
Cotober Quarterly Report  January 31 Year-End Report  (b) Is this Report an amendment? Yes X No  5. COVERING PERIOD: FROM M <sub>1</sub> M <sub>1</sub> / D <sub>1</sub> B <sub>0</sub> / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	(a) April 15 Quarterly Report	Notice
January 31 Year-End Report	July 15 Quarterly Report	
January 31 Year-End Report	October Quarterly Report	
(b) Is this Report an amendment? Yes X No  5. COVERING PERIOD: FROM M,		
5. COVERING PERIOD: FROM  M M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	☐ January 31 Year-End Report	
5. COVERING PERIOD: FROM  M M M M D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
THROUGH  M M M / P D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	(b) Is this Report an amendment? Yes X No	
6. TOTAL CONTRIBUTIONS	5. COVERING PERIOD: FROM  M  M  M  M  M  M  M  M  M  M  M  M	
6. TOTAL CONTRIBUTIONS	THROUGH	
7. TOTAL INDEPENDENT EXPENDITURES	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
7. TOTAL INDEPENDENT EXPENDITURES		
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	6. TOTAL CONTRIBUTIONS	.00
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	7 TOTAL INDEPENDENT EXPENDITURES	268.39
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	7. TOTAL INDEFENDENT EXTENDITORES	
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	Under penalty of periury. 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
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE	TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
Alison Frances Gee 10/25/2010	Alison Frances Gee	10/25/2010
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.	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

PAGE	2/2	
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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Full Name (Last, First, Middle Initial) of Payee				Date		
US Postmaster			мм	1 / D D	YYYY	
Mailing Address				1.0	19	2010
1720 Market Street				Amount		
City	State	Zin Codo				228.13
City St. Louis	MO	Zip Code 63103				
	IVIO	1	1			
Purpose of Expenditure		Category/		ce Sought:	House	State: MO
Additional postage for Mail #2		Type	<u>ا</u> ا	Senate	X Senate	District:
Name of Federal Candidate Supported or Opposed by	y Expenditure:	•			President	District.
Robin Carnahan			Che	eck One:	X Support	Oppose
			Dist	oursement Fo	or: Primary	X General
Calendar Year-To-Date Per Election		7157.29	1_	2010	) I minary	General
for Office Sought		7107.20		Other (specify	')	
Full Name (Last, First, Middle Initial) of Payee				Date		
US Postmaster				м м		/ V V V
Mailing Address						2010
1720 Market Street				Amount		
						40.26
City	State	Zip Code				
St. Louis	МО	63103				
Purpose of Expenditure		Category/	Offi	ce Sought:	X House	State: MO
Additional postage Mail #2		Туре	<b>-</b>   ⊦	louse	Senate	
Name of Federal Candidate Supported or Opposed by	y Expenditure:	!			President	District: 03
Russ Carnahan			Che	eck One:	χ Support	Oppose
			Diel	oursement Fo		
Calendar Year-To-Date Per Election		1236.21	1_	2010	)	X General
for Office Sought		1230.21		Other (specify	r)	
			•			
(a) SUBTOTAL of Itemized Independent Expenditure	ne.					268.39
(a) SOBIOTALOI REINIZEG INGEPENGENT EXPENDITURE					• • • •	
(b) SUBTOTALof Unitemized Independent Expendit	iroc					
(b) 308101ALDI Omternized independent Experiditi	JI US					
(c) TOTAL Independent Expenditures						268.39
(c) TOTAL Independent Expenditures(carry total from last page forward to Line						268.39