Image# 29932002401 017/2017/2019 15:57

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

(a) Name of Individual, Organization or Corporation	
ADVOCATES THE POLITICAL ARM OF PLANNED	
ADVOCATES THE POLITICAL ARIVIOT PLANNED	
(b) Address (number and street)	
(c) City, State and ZIP Code	
ST LOUIS MO 63108	FEC Identification Number
2. Corporate filers only	C C90005927
Is the filer a qualified nonprofit corporation? X Yes No	
Individual filers only Name of Employer	Convention
Name of Employer	Occupation
TYPE OF REPORT (check appropriate boxes):	
(a) April 15 Quarterly Report 24-Hour Notice 48-Ho	ur Notice
☐ July 15 Quarterly Report	
October Quarterly Report	
☑ January 31 Year-End Report	
(A) varidary of real End report	
(b) Is this Report an amendment? Yes No X	
5. COVERING PERIOD: FROM M 1,0 D D T Y Y Y Y Y Y Y Y Y Y Y Y	
THROUGH	
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
6. TOTAL CONTRIBUTIONS	.00
7. TOTAL INDEPENDENT EXPENDITURES	58071.00
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regular	i, if the independent expenditures
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
313.11.13.11.2 St. 1 2.11.2 St. 20.11.1 2.11.13 St. 20.11.1	5/112
Ms. Alison Frances Gee	01/28/2009
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this rep	
2. Gustinosion of talou, offenous of modification may subject the person signing this repr	5.1.15 a.15 portaines of 2 0.0.0 407g.

 $For \ further \ information, \ contact:$

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E

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ITEMIZED INDEPENDENT EXPENDITURES FOR LINE 7 FOR FORM 5 NAME OF FILER (In Full) ADVOCATES THE POLITICAL ARM OF PLANNED Full Name (Last, First, Middle Initial) of Payee Date Mack Crounse Group 2008 Mailing Address Amount 2001 Beauregard Street Suite 420 2206.00 State Zip Code VA 22311 Alexandria Purpose of Expenditure Office Sought: Category/ House State: MO Mail piece on healthcare; reported \$2179 on FEC-371152; fine beill higher Presidential Senate District: Χ President Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama Check One: Support Oppose Disbursement For: X General Primary Calendar Year-To-Date Per Election 2008 3653.32 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date Mack Crounse Group 2008 Mailing Address Amount 2001 Beauregard Street Suite 420 25448.00 Zip Code City State Alexandria VA 22311 Purpose of Expenditure Office Sought: House State: MO Category/ mail piece on healthcare; reported \$25249 on FEC-371152; finalebill higher Presidential Senate District: Х President Name of Federal Candidate Supported or Opposed by Expenditure: John McCain Check One: Support X Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 25448.00 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date **PPSLR** 2008 Mailing Address Amount 4251 Forest Park Avenue 34.00 Zip Code City State MO 63108 St. Louis Purpose of Expenditure Office Sought: State: MO Category/ House list rental mailpiece on healthcare Type Presidential Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 2008 3687.32 for Office Sought Other (specify) 27688.00 (a) SUBTOTAL of Itemized Independent Expenditures

(b) SUBTOTALof Unitemized Independent Expenditures.....

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

nage# 29932002403 CHEDULE 5-E			PAGE 3/4
EMIZED INDEPENDENT EXPENDITUR	ES		FOR LINE 7 FOR FORM 5
AME OF FILER (In Full) ADVOCATES THE POLITICAL ARM OF PL	ANNED		
TE VOOME OF THE POLITION LEVEL IN OF THE			
Full Name (Last, First, Middle Initial) of Payee PPSLR			Date
Mailing Address 4251 Forest Park Avenue			M M / D D / Y Y Y Y Y Y A Y Amount
City St. Louis	State MO	Zip Code 63108	357.00
Purpose of Expenditure list rental mail piece on healthcare	=	Category/ Type	Office Sought: House State: MO Presidential Senate District:
Name of Federal Candidate Supported or Oppose John McCain	ed by Expenditure		Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought		25805.00	Disbursement For: Primary X General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Mack Crounse Group			Date M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2001 Beauregard Street Suite 420			Amount
City Alexandria	State VA	Zip Code 22311	2824.00
Purpose of Expenditure mail piece on pay equity; reported \$2771	on FEC-37115	Category/ 2; finnaypaill higher	Office Sought: House State: MO Presidential Senate District:
Name of Federal Candidate Supported or Oppose Barack Obama	ed by Expenditure		Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		6511.32	Disbursement For: 2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Mack Crounse Group			Date M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2001 Beauregard Street Suite 420			Amount 17 2008
			26797.00

John McCain Check One: Support X Oppose Disbursement For: X General Primary Calendar Year-To-Date Per Election 2008 52602.00 for Office Sought Other (specify) 29978.00 (a) SUBTOTAL of Itemized Independent Expenditures

22311

Purpose of Expenditure Category/ mail piece on pay equity; reported \$26680 on FEC-371152; final-bill higher

Name of Federal Candidate Supported or Opposed by Expenditure:

Office Sought:

Presidential

(b) SUBTOTALof Unitemized Independent Expenditures.....

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

House Senate

President

State: MO

District:

Alexandira

Purpose of Expenditure

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4/4	PAGE	4 / 4	
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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

ADVOCATES THE I	POLITICAL	ARM OF	PLANNED
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Full Name (Last, First, Middle Initial) of Payee		Date
PPSLR		M M / D D / Y Y Y Y 1 1 0 1 7 2 0 0 8
Mailing Address		1 0 D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
4251 Forest Park		Amount
City State	Zip Code	35.24
City State St. Louis MO	63108	
		Office Occupies To
Purpose of Expenditure	Category/	Office Sought: House State: MO
list rental pay equity mailer	Type	Presidential Senate Support District:
Name of Federal Candidate Supported or Opposed by Expenditure	e:	President District:
Barack Obama		Check One: X Support Oppose
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election	6546.56	
for Office Sought		Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
PPSLR		M M / D D / Y Y Y
Mailing Address		1.0 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
4251 Forest Park Avenue		Amount
City State	Zip Code	369.76
City State St. Louis MO	63108	
Purpose of Expenditure		Office Country
list rental pay equity mailer	Category/	Office Sought: House State: MO
, , , ,	Туре	Presidential Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure	e:	President
John McCain		Check One: Support X Oppose
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	52971.76	2008 — — — — Other (specify)
Tor Office Sought		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		405.00
(b) SUBTOTALof Unitemized Independent Expenditures		
		50074.00
(c) TOTAL Independent Expenditures		58071.00
(carry total from last page forward to Line 7)		