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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	1				
Planned Parenthood Action Fund Inc.					
Training Training a Follow Francisco					
(b) Address (number and street)					
(c) City, State and ZIP Code	FEC Identification Number				
New York NY 10001					
2. Corporate filers only Is the filer a qualified nonprofit corporation? X Yes No	C C90005471				
Individual filers only Name of Employer	Dccupation				
4. TYPE OF REPORT (check appropriate boxes):					
(a) \square April 15 Quarterly Report \square 24-Hour Notice \square 48-Hour	Notice				
☐ July 15 Quarterly Report					
October Quarterly Report					
☐ January 31 Year-End Report					
(b) Is this Report an amendment? Yes \(\subseteq \text{No } \overline{X} \)					
5. COVERING PERIOD: FROM M M / D D / Y Y Y Y					
THROUGH M M / D D / Y Y Y Y					
6. TOTAL CONTRIBUTIONS	0.00				
7. TOTAL INDEPENDENT EXPENDITURES	222152.81				
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				
Jankie Beharry	10/08/2008				
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

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5 NAME OF FILER (In Full) Planned Parenthood Action Fund Inc. Full Name (Last, First, Middle Initial) of Payee Date **Grass Roots Campaigns** 2008 Mailing Address Amount 59 Temple Place Suite 402 17416.00 State Zip Code MA 02110 **Boston** Purpose of Expenditure Office Sought: Category/ House State: DC 24A Street Canvass Type Presidential Senate District: _ Χ President Name of Federal Candidate Supported or Opposed by Expenditure: John McCain Check One: Support X Oppose Disbursement For: X General Primary Calendar Year-To-Date Per Election 2008 687143.12 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date OMP Inc. 2008 Mailing Address Amount 1133 19th Street Suite 300 1000.00 Zip Code City State Washington DC 20036 Purpose of Expenditure Office Sought: House State: DC Category/ 24A Consulting Type 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 687143.12 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date The Watershed Company 2008 Mailing Address Amount 100 Bush Street Suite 420 480.00 Zip Code City State CA 94104 San Francisco Purpose of Expenditure Office Sought: State: DC Category/ House 24A **Email Consulting** Type Presidential Senate District: Χ 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 2008 687143.12 for Office Sought Other (specify) 18896.00 (a) SUBTOTAL of Itemized Independent Expenditures (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

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FOR LINE 7 FOR FORM 5

AME OF FILER (In Full) Planned Parenthood Action Fund Inc.				
Full Name (Last, First, Middle Initial) of Payee Planned Parenthood Federation of Am	erica			Date
Mailing Address 434 West 33rd Street				M M / D D / Y Y Y Y Y Y A Y A Y A Amount
City New York	State NY	Zip Code 10001		280.80
Purpose of Expenditure List Rental		Category/ Type	24A	Office Sought: House State: DC Presidential Senate
Name of Federal Candidate Supported or Opp John McCain	posed by Expenditure	:		Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought		687143	3.12	Disbursement For: Primary X General 2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Mack/Crounse Group				Date Date Date Date Date Date Date Date Dat
Mailing Address 2001 N Beauregard Street				Amount 202904.01
City Alexandria	State VA	Zip Code 22311		202304.01
Purpose of Expenditure Postage Printing and Design		Category/ Type	24A	Office Sought: House State: DC Presidential Senate V Presidential District: Dist
Name of Federal Candidate Supported or Opp John McCain	oosed by Expenditure	:		Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought		687143	3.12	Disbursement For: Primary X General 2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Planned Parenthood Federation of Am	erica			Date M M O O B O O S
Mailing Address 434 West 33rd Street				Amount
City New York	State NY	Zip Code 10001		72.00
Purpose of Expenditure List Rental		Category/ Type	24A	Office Sought: House State: DC Presidential Senate V Presidential Senate District: District:
Name of Federal Candidate Supported or Opp John McCain	posed by Expenditure	:		Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought		687143	3.12	Disbursement For: Primary X General 2008 Other (specify)
(a) SUBTOTAL of Itemized Independent Expe	enditures			203256.81
(b) SUBTOTALof Unitemized Independent Ex	penditures			
(c) TOTAL Independent Expenditures(carry total from last page forward				222152.81