

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 ADVOCATES the Political Arm of Planned Parenthood of the St. Louis Region		3. FEC Identification Number C 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. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer Angie Postal	Occupation Angie Postal

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
- ☒ 24-Hour Report
☐ 48-Hour Report

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

5. COVERING PERIOD: FROM

10 / 01 / 2010
 THROUGH
10 / 15 / 2010

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES

3970.39

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any 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

[Electronically Filed]

Angie Elen Postal

Angie Elen Postal

05/08/2013

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 EXPENDITURESPAGE 2 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

ADVOCATES the Political Arm of Planned Parenthood of the St. Louis Region

Full Name (Last, First, Middle Initial) of Payee US Postmaster		Date MM / DD / YYYY 10 / 08 / 2010	
Mailing Address 1720 Market Street		Amount 1647.20	
City St. Louis	State MO	Zip Code 63103	
Purpose of Expenditure Postage for Mail #1		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Robin Carnahan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2178.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2010 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee St. Louis Pre-Sort Inc		Date MM / DD / YYYY 10 / 08 / 2010	
Mailing Address 5051 Southwest Avenue		Amount 1595.93	
City St. Louis	State MO	Zip Code 63110	
Purpose of Expenditure Printing/Mailhouse Mail #1		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Robin Carnahan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3774.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2010 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee PPSLR		Date MM / DD / YYYY 10 / 08 / 2010	
Mailing Address 4251 Forest Park Avenue		Amount 124.73	
City St. Louis	State MO	Zip Code 63108	
Purpose of Expenditure List rental Mail #1		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Robin Carnahan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3899.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2010 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		3367.86	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)			

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

ADVOCATES the Political Arm of Planned Parenthood of the St. Louis Region

Full Name (Last, First, Middle Initial) of Payee US Postmaster		Date MM / DD / YYYY 10 / 08 / 2010	
Mailing Address 1720 Market Street		Amount 290.68	
City St. Louis	State MO	Zip Code 63103	
Purpose of Expenditure Postage Mail #1		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Russ Carnahan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2010 <input type="checkbox"/> Other (specify)	
454.85		Transaction ID : F57.000004	
Full Name (Last, First, Middle Initial) of Payee St. Louis Pre-Sort		Date MM / DD / YYYY 10 / 08 / 2010	
Mailing Address 5051 Southwest Avenue		Amount 281.63	
City St. Louis	State MO	Zip Code 63110	
Purpose of Expenditure Printing Mail #1		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Russ Carnahan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2010 <input type="checkbox"/> Other (specify)	
736.48		Transaction ID : F57.000005	
Full Name (Last, First, Middle Initial) of Payee PPSLR		Date MM / DD / YYYY 10 / 08 / 2010	
Mailing Address 4251 Forest Park Avenue		Amount 30.22	
City St. Louis	State MO	Zip Code 63108	
Purpose of Expenditure List rental Mail #1		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Russ Carnahan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2010 <input type="checkbox"/> Other (specify)	
766.70		Transaction ID : F57.000006	
(a) SUBTOTAL of Itemized Independent Expenditures.....		602.53	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)		3970.39	