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
Florida Alliance of Planned Parenthood Affiliates

(b) Address (number and street) ☐ check if different than previously reported
6623 Gateway Ave.
Unit A

(c) City, State and ZIP Code
Sarasota FL 34231

3. FEC Identification Number
C C00000000

2. **Corporate filers only**
Is the filer a qualified nonprofit corporation? ☒ Yes ☐ No

Individual filers only Name of Employer Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☐ 48-Hour Notice

☐ July 15 Quarterly Report

☒ October Quarterly Report

☐ January 31 Year-End Report

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

5. COVERING PERIOD: FROM MM/DD/YYYY 07/01/2008

THROUGH

MM/DD/YYYY 09/30/2008

6. TOTAL CONTRIBUTIONS ..... .00

7. TOTAL INDEPENDENT EXPENDITURES..... 7358.09

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 cand date 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
Adrienne Kimmell		10/14/2008

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

28039852545

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)
Florida Alliance of Planned Parenthood Affiliates

Full Name (Last, First, Middle Initial) of Payee
Alta Systems

Date
M M / D D / Y Y Y Y
09 / 24 / 2008

Mailing Address
6825 NW 18th Drive

Amount
7358.09

City: Gainesville
State: FL
Zip Code: 32653

Purpose of Expenditure
fundraising letter, including McCain information

Category/ Type

Office Sought: Presidential
[ ] House
[ ] Senate
[X] President
State: ____
District: ____

Name of Federal Candidate Supported or Opposed by Expenditure:
McCain John

Check One: [ ] Support [X] Oppose

Calendar Year-To-Date Per Election for Office Sought: 7358.09

Disbursement For: 2008
[ ] Primary [X] General
[ ] Other (specify) ____

(a) **SUBTOTAL** of Itemized Independent Expenditures 7358.09

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....

(c) **TOTAL** Independent Expenditures 7358.09
(carry total from last page forward to Line 7)

28039852546

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.

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Postmarked
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label ☐	
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery ☐	
☐ 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
☑ Other (Specify): Webform #291	Date of Receipt or Postmarked 10/14/08
ED	10/14/08
PREPARER	DATE PREPARED

(3/2005)

28039852547