317 East Park Ave.
Tallahassee, FL 32301
(850) 222-6899

Florida Alliance of Planned Parenthood Affiliates, Inc.

Fax

To:	FEC Filing	**From:**	Stephanie Grutman, Executive Director
Fax:	202-219-0174	**Pages:**	4 with cover
Phone:		**Date:**	9/19/2004
Re:	Form 5	**CC:**	

☒ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

• **Comments:** Attached is our first Form 5 filing for an independent expenditure. Please feel free to contact me if you should have any questions or concerns at my office 850-222-6899 or by cell 954-817-8007.

In addition, I was unable to download the Form 5 instruction sheet off of your website. I'm not sure if the system is down or if there is a problem with the file on-line. However, I do need a copy of that information. If possible, please email the instruction sheet to Stephanie.grutman@fpla.org.

Thank you,

Stephanie Grutman

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

317 East Park Ave.

(c) City, State and ZIP Code

Tallahassee, FL 32301

3. FEC Identification Number

C

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 ☐ 12-Day Report preceding the election ▼

☐ October 15 Quarterly Report — Type of Election — Date of Election — State

☐ January 31 Year-End Report ☐ 30-Day Report following the General Election ▼

Date of Election — State

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

5. COVERING PERIOD: FROM [ ] / [ ] / [ ]

THROUGH

[ ] / [ ] / [ ]

6. TOTAL CONTRIBUTIONS 00.00

7. TOTAL INDEPENDENT EXPENDITURES 63,394.49

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

Stephanie Britman — [signature] — 9/18/04

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

FEC Form 5 (Rev. 02/2003)

FEC4N043.PDF

SCHEDULE 5-A
ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Date of Receipt

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Date of Receipt

Amount of Each Receipt this Period

D. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page carry total to Line 8) ▶

FEC Schedule 5-A (Rev. 03/2003)

FEDAN03.PDF

PAGE OF
FOR LINE 7 OF FORM 5

SCHEDULE S-E
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle Initial) of Payee
Florida Alliance of Planned Parenthood Affiliates, Inc

Date: 09 / 13 / 2004

Mailing Address
317 East Park Ave

City / State / Zip Code
Tallahassee, FL 32301

Amount: 63,394.49

Purpose of Expenditure: Direct Mail

Category/Type

Office Sought: House / Senate / President / State / District

Name of Federal Candidate Supported or Opposed by Expenditure: John Kerry (Supported)

Check One: [X] Support [ ] Oppose

Calendar Year-To-Date For Election for Office Sought: 63,394.49

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

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

Date / /

Mailing Address

City / State / Zip Code

Amount

Purpose of Expenditure

Category/Type

Office Sought: House / Senate / President / State / District

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: [ ] Support [ ] Oppose

Calendar Year-To-Date For Election for Office Sought

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

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

Date / /

Mailing Address

City / State / Zip Code

Amount

Purpose of Expenditure

Category/Type

Office Sought: House / Senate / President / State / District

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: [ ] Support [ ] Oppose

Calendar Year-To-Date For Election for Office Sought

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 63,394.49

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

(c) TOTAL Independent Expenditures (enter total from last page (if any) to Line 7) 63,394.49

FEC Schedule S-E (Rev. 02/2001)

24038520568

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 ™ Label ☐
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ 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):	Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A PREPARER	N/A DATE PREPARED

(5/2004)