

# 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 Nevada Advocates for Planned Parenthood Affiliates			
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 550 W Plumb Lane Suite B104			
(c) City, State and ZIP Code Reno NV 89509		3. FEC Identification Number <b>C</b> C90010729	
2. <b>Corporate filers only</b> Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Individual filers only</b> 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 

M	M
1	0

 / 

D	D
1	3

 / 

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	0

 / 

D	D
1	5

 / 

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS ..... 

	.00
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7. TOTAL INDEPENDENT EXPENDITURES..... 

	24700.00
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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
Elisa Cafferta		10/15/2010

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**

NAME OF FILER (In Full)

Nevada Advocates for Planned Parenthood Affiliates

Full Name (Last, First, Middle Initial) of Payee  
Mack Crouse Group

Date

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Mailing Address  
2001 N Bearegard Street Ste 420

Amount

8875.00

City State Zip Code  
Alexandria VA 22311

Purpose of Expenditure  
Production and postage for political mail

Category/  
Type

Office Sought:  House State: NV  
 Senate  
 President District: \_\_\_\_\_

Name of Federal Candidate Supported or Opposed by Expenditure:  
Sharron Angle

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 17750.00

Disbursement For:  Primary  General  
2010  
 Other (specify) \_\_\_\_\_

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

Date

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Mailing Address  
438 E Sahara

Amount

6950.00

City State Zip Code  
Las Vegas NV 89104

Purpose of Expenditure  
Production and postage for political mail

Category/  
Type

Office Sought:  House State: NV  
 Senate District: 03  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
Joe Heck

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 6950.00

Disbursement For:  Primary  General  
2010  
 Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee  
Mack Crouse Group

Date

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Mailing Address  
2001 N Bearegard Street Ste 420

Amount

8875.00

City State Zip Code  
Alexandria VA 22311

Purpose of Expenditure  
Production and postage for political mail

Category/  
Type

Office Sought:  House State: NV  
 Senate District: \_\_\_\_\_  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
Sharron Angle

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 17750.00

Disbursement For:  Primary  General  
2010  
 Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....

24700.00

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

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

24700.00