

**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 PLANNED PARENTHOOD OF THE ST LOUIS REG		3. FEC Identification Number <b>C</b> 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. <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	6

 / 

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	0

 / 

D	D
2	0

 / 

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS .....

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

3459.23

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

Alison Frances Gee

10/20/2010

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**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

PLANNED PARENTHOOD OF THE ST LOUIS REG

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

Date

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0Mailing Address  
1720 Market Street

Amount

665.50

City State Zip Code  
St. Louis MO 63103Purpose of Expenditure  
Postage for Mail #2Category/  
TypeOffice Sought: ☐ House State: MO  
☒ Senate  
☐ President District: \_\_\_\_\_Check One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Robin CarnahanCalendar Year-To-Date Per Election  
for Office Sought 4564.72Disbursement For: ☐ Primary ☒ General  
2010  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
St. Louis Pre-Sort Inc

Date

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0Mailing Address  
5051 Southwest Avenue

Amount

1595.93

City State Zip Code  
St. Louis MO 63110Purpose of Expenditure  
Printing/Mailhouse Mail #2Category/  
TypeOffice Sought: ☐ House State: MO  
☒ Senate  
☐ President District: \_\_\_\_\_Check One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Robin CarnahanCalendar Year-To-Date Per Election  
for Office Sought 6160.65Disbursement For: ☐ Primary ☒ General  
2010  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
PPSLR

Date

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0Mailing Address  
4251 Forest Park Avenue

Amount

768.51

City State Zip Code  
St. Louis MO 63108Purpose of Expenditure  
List rental Mail #2 and 10.26/11.01 EmailsCategory/  
TypeOffice Sought: ☐ House State: MO  
☒ Senate  
☐ President District: \_\_\_\_\_Check One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Robin CarnahanCalendar Year-To-Date Per Election  
for Office Sought 6929.16Disbursement For: ☐ Primary ☒ General  
2010  
☐ Other (specify) \_\_\_\_\_

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

3029.94

(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**PAGE **3 / 3**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

PLANNED PARENTHOOD OF THE ST LOUIS REG

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

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Mailing Address  
1720 Market Street

Amount

117.44

City	State	Zip Code
St. Louis	MO	63103

Purpose of Expenditure  
Postage Mail #2Category/  
Type
 Office Sought: ☒ House State: MO  
☐ Senate District: 03  
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:  
Russ CarnahanCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 884.10Disbursement For: ☐ Primary ☒ General  
2010  
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
St. Louis Pre-Sort, Inc

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Mailing Address  
5051 Southwest Avenue

Amount

281.63

City	State	Zip Code
St. Louis	MO	63110

Purpose of Expenditure  
Printing Mail #2Category/  
Type
 Office Sought: ☒ House State: MO  
☐ Senate District: 03  
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:  
Russ CarnahanCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 1165.73Disbursement For: ☐ Primary ☒ General  
2010  
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
PPSLR

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Mailing Address  
4251 Forest Park Avenue

Amount

30.22

City	State	Zip Code
St. Louis	MO	63108

Purpose of Expenditure  
List rental Mail #2Category/  
Type
 Office Sought: ☒ House State: MO  
☐ Senate District: 03  
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:  
Russ CarnahanCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 1195.95Disbursement For: ☐ Primary ☒ General  
2010  
☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures .....

429.29

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

3459.23