

FEC FORM 5

11/09/2006 17:36

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 Pennsylvania Advocates		3. FEC Identification Number C C00000000
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 300 North 2nd St. Suite 400		
(c) City, State and ZIP Code Harrisburg PA 17101		
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 _____ 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 Quarterly Report
- January 31 Year-End Report 30-Day Report following the General Election
- | | | | |
|--|------------------|------------------|-------|
| | Type of Election | Date of Election | State |
| | | | |
| | | | |
| | | | |
- (b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM M M / D D / Y Y Y Y
11 / 07 / 2006
 THROUGH
M M / D D / Y Y Y Y
11 / 08 / 2006

6. TOTAL CONTRIBUTIONS 00

7. TOTAL INDEPENDENT EXPENDITURES 950.00

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation 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
Sari Stevens	_____	11/09/2006

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. 20483 Toll Free 800-424-9630, Local 202-694-1100

26039271676

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Planned Parenthood Pennsylvania Advocates

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address George School PO Box 4385	M M / D D / Y Y Y Y 11 / 08 / 2006
City State Zip Code Newtown PA 18940	Amount 150.00

Purpose of Expenditure Canvass Payment	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Santorum		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 250.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address 266 South 10th St.	M M / D D / Y Y Y Y 11 / 08 / 2006
City State Zip Code Philadelphia PA 19107	Amount 150.00

Purpose of Expenditure Canvass Payment	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Santorum		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 250.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address 533 Wilson Ave.	M M / D D / Y Y Y Y 11 / 08 / 2006
City State Zip Code Galloway NJ 08205	Amount 150.00

Purpose of Expenditure Canvass Payment	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Santorum		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 250.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	450.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

26039271677

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Planned Parenthood Pennsylvania Advocates

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address 58 Lynwood Dr.	M / M / D D / Y Y Y Y 11 / 08 / 2006
City State Zip Code Chalfont PA 18914	Amount 200.00

Purpose of Expenditure Canvass Payment	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Santorum		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 300.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address 58 Lynwood Dr.	M / M / D D / Y Y Y Y 11 / 08 / 2006
City State Zip Code Chalfont PA 18914	Amount 150.00

Purpose of Expenditure Canvass Payment	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Santorum		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address 254 West Trenton Ave. Apt B-129	M / M / D D / Y Y Y Y 11 / 08 / 2006
City State Zip Code Morrisville PA 19067	Amount 100.00

Purpose of Expenditure Canvass Payment	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Santorum		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 150.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	450.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Planned Parenthood Pennsylvania Advocates

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address 43 Mica Hill Rd	M M / D D / Y Y Y Y 11 / 08 / 2006
City State Zip Code Levittown PA 19056	Amount 50.00

Purpose of Expenditure Canvass Payment	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Santorum		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought	50.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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(This area is intentionally left blank for additional itemized expenditures.)

(a) SUBTOTAL of Itemized Independent Expenditures	50.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	950.00
(carry total from last page forward to Line 7)	

26939271679

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>Web Form</i>	Date of Receipt or Postmarked <i>11/9/06</i>

JAL
 PREPARER
 (3/2005)

11/13/06
 DATE PREPARED

26039271530