

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 Pennsylvania Advocates		3. FEC Identification Number C C00000000
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 300 N. 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
☐ October Quarterly Report
☐ January 31 Year-End Report

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

5. COVERING PERIOD: FROM ^M11 / ^D02 / ^Y2008
THROUGH
^M11 / ^D03 / ^Y2008

6. TOTAL CONTRIBUTIONS00

7. TOTAL INDEPENDENT EXPENDITURES..... 4674.15

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

Anne Laird

11/03/2008

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

28039911712

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2/6

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Planned Parenthood Pennsylvania Advocates

Full Name (Last, First, Middle Initial) of Payee
Planned Parenthood Pennsylvania Advocates

Date

M M / D D / Y Y Y Y
11 / 01 / 2008

Mailing Address
300 N. 2nd St
Ste 400

Amount

22.50

City State Zip Code
Harrisburg PA 17101

Purpose of Expenditure
staff time canvassing

Category/
Type

Office Sought: ☐ House State: _____
Presidential ☐ Senate District: _____
☒ President

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

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Planned Parenthood Pennsylvania Advocates

Date

M M / D D / Y Y Y Y
11 / 02 / 2008

Mailing Address
300 N. 2nd St
Ste 400

Amount

22.50

City State Zip Code
Harrisburg PA 17101

Purpose of Expenditure
staff time canvassing

Category/
Type

Office Sought: ☐ House State: _____
Presidential ☐ Senate District: _____
☒ President

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

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Planned Parenthood Pennsylvania Advocates

Date

M M / D D / Y Y Y Y
11 / 03 / 2008

Mailing Address
300 N 2nd St
Ste 400

Amount

3.75

City State Zip Code
Harrisburg PA 17101

Purpose of Expenditure
staff time canvassing

Category/
Type

Office Sought: ☐ House State: _____
Presidential ☐ Senate District: _____
☒ President

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

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

48.75

(b) SUBTOTAL of Unitemized Independent Expenditures

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

28039911713

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 / 6

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Planned Parenthood Pennsylvania Advocates

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

Planned Parenthood Central Pennsylvania Advocates

Date

M M / D D / Y Y Y Y
 1 1 / 0 2 / 2 0 0 8

Mailing Address

PO Box 1469

Amount

18.75

City
 York

State
 PA

Zip Code
 17405

Purpose of Expenditure
 staff time canvassing

Category/
 Type

Office Sought:

☐ House

State: _____

Presidential ☐ Senate

☒ President

District: _____

Check One:

☐ Support

☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

John McCain

Calendar Year-To-Date Per Election
 for Office Sought

.00

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) _____

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

Planned Parenthood Action Fund of Bucks County

Date

M M / D D / Y Y Y Y
 1 1 / 0 2 / 2 0 0 8

Mailing Address

610 Louis Drive

Amount

18.75

City

Warminster

State

PA

Zip Code

18974

Purpose of Expenditure
 office space rental for phone bank

Category/
 Type

Office Sought:

☐ House

State: _____

Presidential ☐ Senate

☒ President

District: _____

Check One:

☐ Support

☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

John McCain

Calendar Year-To-Date Per Election
 for Office Sought

.00

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) _____

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

Planned Parenthood Action Fund of Bucks County

Date

M M / D D / Y Y Y Y
 1 1 / 0 2 / 2 0 0 8

Mailing Address

610 Louis Drive

Amount

9.38

City

Warminster

State

PA

Zip Code

18974

Purpose of Expenditure
 staff time phoning

Category/
 Type

Office Sought:

☐ House

State: _____

Presidential ☐ Senate

☒ President

District: _____

Check One:

☐ Support

☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
 for Office Sought

.00

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

46.88

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

(carry total from last page forward to Line 7)

28039911714

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4/6

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Planned Parenthood Pennsylvania Advocates

Full Name (Last, First, Middle Initial) of Payee
Planned Parenthood Action Fund of Bucks County

Date

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 8

Mailing Address
610 Louis Drive

Amount

9.38

City State Zip Code
Warminster PA 18974

Purpose of Expenditure
staff time phoning

Category/
Type

Office Sought: ☐ House State: _____
Presidential ☐ Senate District: _____
☒ President

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

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Planned Parenthood Southeast PA Advocates

Date

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 8

Mailing Address
1144 Locust St

Amount

7.79

City State Zip Code
Phila PA 19107

Purpose of Expenditure
staff mileage

Category/
Type

Office Sought: ☐ House State: _____
Presidential ☐ Senate District: _____
☒ President

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

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Planned Parenthood of Chester County

Date

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 8

Mailing Address
8 South Wayne St

Amount

9.38

City State Zip Code
West Chester PA 19382

Purpose of Expenditure
staff time canvassing

Category/
Type

Office Sought: ☐ House State: _____
Presidential ☐ Senate District: _____
☒ President

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

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures 26.55

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

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

28039911715

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 5/6

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Planned Parenthood Pennsylvania Advocates

Full Name (Last, First, Middle Initial) of Payee
Planned Parenthood of Chester County

Date

M M / D D / Y Y Y
11 / 02 / 2008

Mailing Address
8 S Wayne St

Amount

9.12

City State Zip Code
West Chester PA 19382

Purpose of Expenditure
staff mileage

Category/
Type

Office Sought: ☐ House State: _____
Presidential ☐ Senate District: _____
☒ President

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

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Planned Parenthood Southeast PA Advocates

Date

M M / D D / Y Y Y
11 / 02 / 2008

Mailing Address
1144 Locust St

Amount

11.25

City State Zip Code
Philadelphia PA 19107

Purpose of Expenditure
staff time phoning

Category/
Type

Office Sought: ☐ House State: _____
Presidential ☐ Senate District: _____
☒ President

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

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Planned Parenthood Southeast PA Advocates

Date

M M / D D / Y Y Y
11 / 02 / 2008

Mailing Address
1144 Locust ST

Amount

31.25

City State Zip Code
Philadelphia PA 19107

Purpose of Expenditure
office space rental

Category/
Type

Office Sought: ☐ House State: _____
Presidential ☐ Senate District: _____
☒ President

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

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

51.62

(b) SUBTOTAL of Unitemized Independent Expenditures

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

28039911716

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 6 / 6

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Planned Parenthood Pennsylvania Advocates

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

Planned Parenthood PA Advocates

Date

M M / D D / Y Y Y Y
 11 / 03 / 2008

Mailing Address

300 N. 2nd St
 Ste 400

Amount

4500.35

City

Harrisburg

State

PA

Zip Code

17101

Purpose of Expenditure

calls made by phone vendor

Category/
 Type

Office Sought:

☐ House

State: _____

Presidential

☐ Senate

District: _____

☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:

John McCain

Check One:

☐ Support

☒ Oppose

Calendar Year-To-Date Per Election
 for Office Sought

.00

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

4500.35

(b) SUBTOTAL of Unitemized Independent Expenditures


(c) TOTAL Independent Expenditures

4674.15

(carry total from last page forward to Line 7)

28039911717

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)
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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>Webform # 373</i>	Date of Receipt or Postmarked <i>11/3/08</i>
 PREPARER (3/2005)	<i>11/4/08</i> DATE PREPARED

28039911718