Florida Alliance of Planned Parenthood Affiliates

Fax

To:	FEC	**From:**	Stephanie Grutman, Executive Director
Fax:	202-219-0174	**Pages:**	4 w/ cover
Phone:		**Date:**	10/20/2004
Re:		**cc:**	

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

Please feel free to contact me if you should have any questions or concerns. I can be reached by cell at 954-617-9087 or in the office at 850-222-8890.

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 E. 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

☐ October 15 Quarterly Report ☐ 12-Day Report preceding the election. ▼

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 0

7. TOTAL INDEPENDENT EXPENDITURES 113,048.19

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 Grutman [signature] 10/20/04

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. 10/2003)

SCHEDULE 5-A
ITEMIZED RECEIPTS

PAGE 2 OF 3

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) ► 0

TOTAL This Period (last page carry total to Line 8) ► 0

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 3
FOR LINE 7 OF FORM 6

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

Full Name (Last, First, Middle Initial) of Payee: Florida Alliance of Planned Parenthood Affiliates
Date: 10 19 2004
Mailing Address: 317 E. Park Ave
Amount: 49,653.70
City: Tallahassee State: FL Zip Code: 32301
Purpose of Expenditure: Advertising Expense
Category/Type: 004
Office Sought: House ☐ Senate ☐ President ☒ District: ____ State: ____
Name of Federal Candidate Supported or Opposed by Expenditure: John Kerry Supported George Bush Opposed
Check One: ☒ Support ☒ Oppose
Calendar Year-To-Date Per Election for Office Sought: 43,394.49
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ ____

Full Name (Last, First, Middle Initial) of Payee
Date
Mailing Address
Amount
City State Zip Code
Purpose of Expenditure
Category/Type
Office Sought: House ☐ Senate ☐ President ☐ District: ____ State: ____
Name of Federal Candidate Supported or Opposed by Expenditure:
Check One: ☐ Support ☐ Oppose
Calendar Year-To-Date Per Election for Office Sought
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ ____

Full Name (Last, First, Middle Initial) of Payee
Date
Mailing Address
Amount
City State Zip Code
Purpose of Expenditure
Category/Type
Office Sought: House ☐ Senate ☐ President ☐ District: ____ State: ____
Name of Federal Candidate Supported or Opposed by Expenditure:
Check One: ☐ Support ☐ Oppose
Calendar Year-To-Date Per Election for Office Sought
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ ____

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 49,653.70

(b) SUBTOTAL of Unitemized Independent Expenditures ▶ 63,394.49

(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) ▶ 113,048.19

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)