

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 ADVOCATES THE POLITICAL ARM OF PLANNED		3. FEC Identification Number C 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. 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

M	M
1	0

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	0	8

THROUGH

M	M
1	0

 /

D	D
1	7

 /

Y	Y	Y	Y
2	0	0	8

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

57675.00

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in 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 Gee

10/17/2008

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

ADVOCATES THE POLITICAL ARM OF PLANNED

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

Date

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Mailing Address

2001 Beauregard Street, Suite 420

Amount

2179.00

City

Alexandria

State

VA

Zip Code

22311

Purpose of Expenditure

Mail piece on healthcare

Category/
Type

Office Sought:

☐ House

State: _____

Presidential

☐ Senate

District: _____

☒ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Barack Obama

Disbursement For:

☐ Primary☒ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

3626.32

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

Date

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Mailing Address

2001 Beauregard Street, Suite 420

Amount

25249.00

City

Alexandria

State

VA

Zip Code

22311

Purpose of Expenditure

Mail piece on healthcare

Category/
Type

Office Sought:

☐ House

State: _____

Presidential

☐ Senate

District: _____

☒ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

John McCain

Disbursement For:

☐ Primary☒ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

25249.00

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

Date

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Mailing Address

4251 Forest Park Avenue

Amount

34.00

City

St. Louis

State

MO

Zip Code

63108

Purpose of Expenditure

List rental mail piece on healthcare

Category/
Type

Office Sought:

☐ House

State: _____

Presidential

☐ Senate

District: _____

☒ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Barack Obama

Disbursement For:

☐ Primary☒ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

3660.32

(a) SUBTOTAL of Itemized Independent Expenditures

27462.00

(b) SUBTOTAL of Unitemized Independent Expenditures

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

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ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 4**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

ADVOCATES THE POLITICAL ARM OF PLANNED

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

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	8

Mailing Address
4251 Forest Park Avenue

Amount

357.00

City
St. LouisState
MOZip Code
63108

Purpose of Expenditure

List rental mail piece on healthcare

Category/
Type

Office Sought:

☐ House

State: _____

Presidential

☐ Senate

District: _____

☒ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
John McCainCalendar Year-To-Date Per Election
for Office Sought

25606.00

Disbursement For:
2008☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Mack Crounse Group

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	8

Mailing Address
2001 Beauregard Street, Suite 420

Amount

2771.00

City
AlexandriaState
VAZip Code
22311

Purpose of Expenditure

Mail piece pay equity

Category/
Type

Office Sought:

☐ House

State: _____

Presidential

☐ Senate

District: _____

☒ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Barack ObamaCalendar Year-To-Date Per Election
for Office Sought

6431.32

Disbursement For:
2008☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Mack Crounse Group

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	8

Mailing Address
2001 Beauregard Street, Suite 420

Amount

26680.00

City
AlexandriaState
VAZip Code
22311

Purpose of Expenditure

Mail piece on pay equity

Category/
Type

Office Sought:

☐ House

State: _____

Presidential

☐ Senate

District: _____

☒ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
John McCainCalendar Year-To-Date Per Election
for Office Sought

52286.00

Disbursement For:
2008☐ Primary☒ General☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

29808.00

(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

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

ADVOCATES THE POLITICAL ARM OF PLANNED

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

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	8

Mailing Address
4251 Forest Park Avenue

Amount

35.24

City
St. LouisState
MOZip Code
63108

Purpose of Expenditure

List rental mail piec on pay equity

Category/
Type

Office Sought:

☐

House

State: _____

Presidential

☐

Senate

District: _____

☒

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Barack ObamaCalendar Year-To-Date Per Election
for Office Sought

6466.56

Disbursement For:
2008☐

Primary

☒

General

☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
PPSLR

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	8

Mailing Address
4251 Forest Park Avenue

Amount

369.76

City
St. LouisState
MOZip Code
63108

Purpose of Expenditure

List rental mail piece pay equity

Category/
Type

Office Sought:

☐

House

State: _____

Presidential

☐

Senate

District: _____

☒

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
John McCainCalendar Year-To-Date Per Election
for Office Sought

52655.76

Disbursement For:
2008☐

Primary

☒

General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

405.00

(b) SUBTOTAL of Unitemized Independent Expenditures

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

57675.00