Image# 28992644942 10//497#2008 13:14

# **FEC FORM 5**

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

(a) Name of Individual, Organization or Corporation	
ADVOCATES THE POLITICAL ARM OF PLANNED	
(b) Address (number and street)	
(c) City, State and ZIP Code	
ST LOUIS MO 63108	3. FEC Identification Number  C C90005927
2. Corporate filers only  Is the filer a qualified nonprofit corporation?  X Yes  No	<b>C</b> C90005927
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	our Notice
☐ July 15 Quarterly Report	
October Quarterly Report	
☐ January 31 Year-End Report	
(b) Is this Report an amendment? Yes \( \square\) No \( \textbf{X} \)	
5. COVERING PERIOD: FROM M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
THROUGH	
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
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 or request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regu	n, if the independent expenditures
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 rep	port 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

PAGE <b>2</b> / <b>4</b>
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			Date
Mack Crounse Group			M M / D D / Y Y Y
Mailing Address			10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
2001 Beauregard Street, Suite 420			Amount
City	State	Zip Code	2179.00
City Alexandria	VA	22311	
	V/\	1	Office County
Purpose of Expenditure		Category/	Office Sought: House State:
Mail piece on healthcare		Type	Presidential Senate District:
Name of Federal Candidate Supported or Opposed	by Expenditure	:	President
Barack Obama			Check One: X Support Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		3626.32	2008 — • —
ū —			Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Mack Crounse Group			M M / D D / Y Y Y Y Y 15 2008
Mailing Address			10 15 2008
2001 Beauregard Street, Suite 420			Amount
City	State	Zip Code	25249.00
Alexandria	VA	22311	
Purpose of Expenditure			Office Sought: House Coasts
Mail piece on healthcare		Category/ Type	State:
·			Presidential Senate District: President
Name of Federal Candidate Supported or Opposed John McCain	oy Expenditure	:	
			Check One: Support X Oppose
Calendar Year-To-Date Per Election			Disbursement For: Primary X General
for Office Sought		25249.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Deta
PPSLR			Date
			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address 4251 Forest Park Avenue			Amount
			34.00
City	State	Zip Code	
St. Louis	МО	63108	
Purpose of Expenditure		Category/	Office Sought: House State:
List rental mail piece on healthcare		Type	Presidential Senate District:
Name of Federal Candidate Supported or Opposed	by Expenditure	:	President District:
Barack Obama			Check One: X Support Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		3660.32	2008 Other (specify)
Tor Office Sought		• • • • • •	Other (specify)
			0740000
(a) SUBTOTAL of Itemized Independent Expenditure	es		27462.00
(b) SUBTOTALof Unitemized Independent Expendit	ures		
(a) TOTAL Independent Companditions			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line			
(15) Islanticate page formate to Effe	,		

### SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE <b>3</b> / <b>4</b>	
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
TT OLIT		M M / D D / Y Y Y Y Y 1 D D / Y 2 0 0 8
Mailing Address 4251 Forest Park Avenue		Amount
City Sta	ate Zip Code	357.00
St. Louis MC	-	
Purpose of Expenditure	<u> </u>	Office Sought: House
List rental mail piece on healthcare	Category/ Type	State:
· ·		Presidential Senate District:
Name of Federal Candidate Supported or Opposed by Expe John McCain	enditure:	i resident
JOHN MCGain		Check One: Support X Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary X General
for Office Sought	25606.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	l	
Mack Crounse Group		Date
Wast Grounds Group		10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		Amount
2001 Beauregard Street, Suite 420		
City		2771.00
Alexandria VA	A 22311	
Purpose of Expenditure	Category/	Office Sought: House State:
Mail piece pay equity	Туре	Presidential Senate
Name of Federal Candidate Supported or Opposed by Expe	enditure:	X President District:
Barack Obama		Check One: X Support Oppose
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election	6431.32	2008
for Office Sought	0.01.62	Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
Mack Crounse Group		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2001 Beauregard Street, Suite 420		Amount
2001 Deadlegard Street, Suite 420		26680.00
City		25000.00
Alexandria VA	A 22311	
Purpose of Expenditure	Category/	Office Sought: House State:
Mail piece on pay equity	Type	Presidential Senate District:
Name of Federal Candidate Supported or Opposed by Expe	enditure:	X President District.
John McCain		Check One: Support X Oppose
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	52286.00	
Tor Office Sought		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		29808.00
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
(carry total from last page forward to Line 7)		

### SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE <b>4/4</b>
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		Date
PPSLR		
Mailing Address		10 DDD Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
4251 Forest Park Avenue		Amount
Old Control	7'- 0-1-	35.24
City State St. Louis MO	Zip Code 63108	
Purpose of Expenditure	Category/	Office Sought: House State:
List rental mail piec on pay equity	Type	Presidential Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:		X President District.
Barack Obama		Check One: X Support Oppose
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election	6466.56	
for Office Sought		Other (specify)
Full Name (Last, First, Middle Initial) of Payee	<u> </u>	Date
PPSLR		M M / D D / Y Y Y Y
Mailing Address		10 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
4251 Forest Park Avenue		Amount
Chata	7:- Oada	369.76
City State St. Louis MO	Zip Code 63108	
	Category/	Office Sought: House State:
List rental mail piece pay equity	Type	Presidential Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:		X President District:
John McCain		Check One: Support X Oppose
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election	52655.76	
for Office Sought		Other (specify)
		105.00
(a) SUBTOTAL of Itemized Independent Expenditures		405.00
(b) SUBTOTALof Unitemized Independent Expenditures		
57675.00		
(a) TOTAL landous states Transportitions		57675 00
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)		57675.00