FEC FORM 5

RECEIVED
FEC MAIL
FRATIONS CENTER

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To be used by Persons (Other than Political Committees) including Qualified Monprofi	redulfolythbus P Y t 2 1,
1. (a) Name of Individual, Organization or Corporation ADVGCATED the POLITICAL BILL of PLANNED PARENTHOOP OF THE ST. LOWIS REGION	
PARENTHOOP OF THE ST. LOUIS REGIONS	
(b) Address (number and street) Check if different than previously reported	
4251 FOREST PARK AVENUE	
(c) City. State and ZIP Code	3. FEC Identification Number
ST. LOWS, MO 63108	Secondary of which and any desire from the conference
2. Corporate filers only Is the filer a qualified nonprofit corporation? Yes No	[0]9.0.0.0.5.9.2.7]
Individual filers only Name of Employer	Occupation
	(1)
4. TYPE OF REPORT (check appropriate boxes):	
(a) April 15 Quarterly Report	
☐ July 15 Quarterly Report	
October 15 Quarterly Report	
January 31 Year-End Report 48-Hour Report	
b) Is this Report an amendment? Yes 🗔 No 🄼	. 1
5. COVERING PERIOD: FROM	
10 30 2006	··············
8. TOTAL CONTRIBUTIONS	et de sant de
7. TOTAL INDEPENDENT EXPENDITURES	8,4,26,95]
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consu suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. It herein were made by a corporation) i certify that the corporation is a qualified nonprofit corporation under the Commission.	n addition, (if the independent expenditures reported
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
ALISON GEE	10.30-06
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this reg	port to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street NAV AVESTIGATION - Co20463 Toll Free 800-424-9530, Local 202-694-1100

SHARON A. HOWELL

Notary Public - Notary Seal

Missouri - County of St. Louis

Indian Expires Oct. 1, 2008

Indian #04495579

Sharen a. Haweer

SCHEDULE 5-E	PAGE T OF 3	
NAME OF FILER (In Full)	FOR LINE 7 OF FORM 5	
NAME OF FILER (IN FUll) ADVOCATED the political arm of PLANNED PARKNITHOSO OF THE ST. LOWI REGION		
THE ST. LOWI REBION		
Full Name (Last, First, Middle Initial) of Payee	Date	
PPSLR		
Mailing Address 425(FOREST PARK		
	Amount	
State Zip Code 63 108	38953	
Purpose of Expenditure Category/	Office Sought: House State: MO	
LIST RENTAL Type	Senate District	
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL	President Check One: Support Oppose	
Catendar Year-To-Date Per Election 38953	Disbursement For: Primary General Other (specify)	
Full Name / not Siret Middle Initial of Cause		
Full Name (Last, First, Middle Initial) of Payee Moxius MeDiA	Date	
Mailing Address	70 02 2006	
2021 MINOR AVENUE EAST	Amount	
City SEATTLE WA 98102	25000	
Purpose of Expenditure Category/	Office Sought: House State: M.O	
DESIGN Type	Senate District;	
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	
PEACE INSTITUTE PRINTING	16 64 120061	
Mailing Address 4436 OCIVE RLVD	Amount	
City State Zio Code	96000	
37. LOUI) WO 63108		
Purpose of Expenditure Purpose of Expenditure Category Type	Office Sought. House State: 10	
Chiche Production (1)	District:	
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)	
· · · · · · · · · · · · · · · · · · ·	Securious programment and manufactural and an extension of the second	
(a) SUBTOTAL of Itemized Independent Expenditures	Annual Construction of the	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7)	· 159953	
	FEC Schedula 5-E (Rev. 02/2003)	

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SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES	PAGE 2- OF 3 FORM 5
NAME OF FILER (IN Full) ADVOCATED THE ST. LOW, REGION	PARCINTHOOD OF
Full Name (Last, First, Middle Initial) of Payee U.S. POSTMASTER Mailing Address 1720 MARKET	Date 09 7200
City ST. (LOUI) State Zip Code 63155	Amount 76252
Purpose of Expenditure POSTAGE Type	Office Sought: House State: MO Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: CLATRE MCCASK(LL	Check One: Support Oppose
Calendar Year-To-Date Per Election 2362	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee RE-SORT Moilles Address	Date 09 2000
SOSI SOUTHWEST AVENUE	Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Am
State Zip Code G 3 1/ 0	30881
Purpose of Expenditure MATLHOWSE Type Name of Federal Candidate Supported or Opposed by Expenditure:	Office Sought: House State: MO Senate District: President
CLAIRE MCCANCILL	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General Other (specify)
Full Name (Last, First, Middle Initial) of Payee PEACE INSTITUTE PRINTING Mailing Address	Date 130 200 5
4436 OLIVE BLVD City ST. LOW) City ST. LOW) MO 63108	Amount 167440
Purpose of Expenditure Category/ Type	Office Sought: House 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	Samukanas pundikan dinandinan kandanas . Tahu is Amu i
(b) SUBTOTAL of Uniterrized Independent Expenditures	
(c) TOTAL Independent Expenditures	2

FEC Schedule 5-E (Rev. 02/2003)

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES	PAGE 3 OF 3 FOR LINE 7 OF FORM 5
ADVOCATES, the political air of PLANNED OF THE ST. LOWS REGION	PARENTHOOD
Full Name (Last, First, Middle Initial) of Payee U.S. POST MASTER Mailing Address	Date 10 30 200 6
1720 MARKET STREET	Amount
State Zip Code State Zip Code 63155	21.95.4.9
Purpose of Expenditure POSTAGE Type	Office Sought: House State: MO
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASIRICE	Check One: Support Dopose
Calendar Year-To-Date Per Election 6540,70	Disbursement For: Primary General Other (specify)
Fult Name (Last, First, Middle Initial) of Payee	Date
Mailing Address SOUTHWEST AVENUE	10 30 2006
City St. Lows State Zip Code 6310	53766
Purpose of Expenditure - Category/ Type	Office Sought: House State: MO
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Dopose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date 70 30 700 6
Mailing Address 4251 FOREST PARK	Amount
State Zip Code & 310 &	1.3.4.8.3.9
Purpose of Expenditure LIST RENTAL Category/ Type	Office Sought: House State: MS
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL	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	408169
(b) SUBTOTAL of Uniternized Independent Expenditures	The same the same of the same
(c) TOTAL Independent Expenditures	· [

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. Date of Receipt Hand Delivered Postmarked USPS First Class Mail Postmarked (R/C) USPS Registered/Certified Postmarked USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label Postmarked USPS Express Mail Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt 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 or Postmarked Other (Specify):

DATE PREPARED

(3/2005)

PREPARER