## REPORT OF COMMUNICATION COSTS BY CORPORATIONS AND MEMBERSHIP ORGANIZATIONS CECTIVED FECTIVE OF THE PROPERTY OF

1 (9) NAME OF	ODGANIZATION			<del></del>	***************************************		LIMBEE	
TIMIDE Alliance of Planned Parenthood Aff						2. IDENTIFICATION NUMBER (Assigned by FEC)		
TIMOLE	Alliance	4 Plann	ud 17	routh	and All	liates NU	TATION	(Check Appropriate Box)
(b) ADDRESS (Number and Street)						☐ Corporation	ZATION	☐ Trade Association
ce23 Gateway Ave., Unit A						☐ Labor Organization		☐ Cooperative
(c) CITY, STATE AND ZIP CODE							ization	☐ Corporation without
Sarasta, FL 34231								capital stock
	PORT (Check One): il 15 Quarterly Repor		Quarterly	Donort	□ Octobo	r 15 Quarterly Report		
, (a) Linpi	ii 15 Quarterly Repor	it Usuly is	Quarterry	перин		13 Quarterly Nepolt		
☐ 12 l	Day Pre-General Ele	ction Report hele	d on	(date)	$_{-}$ in the State of			
Jar	nuary 31 Year End Re	eport						
(b) Is this	Report an Amendme	ent? DY	ES	<u> </u>	ō			
5. THIS REPOR	RT COVERS THE PE	RIOD TO	ollu H 28	18 <sub>THRO</sub>	DUGH 12	131108		
		SU	MMARY	OF COM	MUNICATION	COSTS		
Type of Communica-	Class or Category	Date(s) of Communica-	Check One			didate, Office Sought, State, and Whether for	C	Cost of Communication (Per Candidate)
tion	With	tion	Support	Oppose		or General Election		(rei Cansidate)
Direct Mail	Executive/ Administrative	11/3/08	1		Barace (	bana,	9 (	<u>,.56</u>
Telephone	Personnel	( ( )   -0			Prind	bana, ut,Genual		-
_	☐ Stockholders							
☐ Telegram	Members							
Other:								•
(Specify)								
☐ Direct Mail	Executive/ Administrative							
Telephone	Personnel							
.,	☐ Stockholders							
☐ Telegram	☐ Members							
Other:	T Mettinels							
(Specify)								
(NOTE: For add	litional communicatio	ns, attach separ	ate sheets	containing	the same infor		<u> </u>	_
			TOTAL	COMMUN	ICATION COST	S FOR THIS PERIOD	s <u>(e.</u>	56
l certi	fy that I have exan	nined this repo	rt and, to	the best	of my knowled	ge and belief, it is true	, correc	t and complete.
Adnen	ne Kinin	يل ر	Adri	inel	IMMU	accurive DI		
	Type or Print Name sion of false, erroneo	us, or incomplet	ઠાવ e informati	on may su		signated to Sign This Report n signing this report to per		Pate ` f 2 U.S.C. §437g.
WHERE TO F	ILE: al Election Comm	ission		<u> </u>		HER INFORMATION		ACT:

FE1AN069.PDF

999 E Street, N.W.

Washington, D.C. 20463

Toll Free: 800-424-9530

Local: 202-694-1100

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Other (Specify):	ipt or Postmarked						
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(3/2005)	DATE PREPARE	D					