

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 Planned Parenthood Action Fund Inc.		3. FEC Identification Number C C90005471
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 434 West 33rd Street		
(c) City, State and ZIP Code New York NY 10001		
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 / D D / Y Y Y Y

THROUGH

M M / D D / Y Y Y Y

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

2060.00

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

Deirdre Schifeling

05/19/2011

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

NAME OF FILER (In Full)

Planned Parenthood Action Fund Inc.

Full Name (Last, First, Middle Initial) of Payee
American Directions Group

Date

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

Mailing Address
1350 Connecticut Ave NW Ste 1102

Amount

2000.00

City State Zip Code
Washington DC 20036-1729

Purpose of Expenditure
GOTV phone calls

Category/
Type 24E

Office Sought: House State: NY
 Senate District: 26
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Kathleen Hochul

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 2060.00

Disbursement For: Primary General
 Other (specify) Special General

Full Name (Last, First, Middle Initial) of Payee
Planned Parenthood Federation of America

Date

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

Mailing Address
434 West 33rd Street

Amount

60.00

City State Zip Code
New York NY 10001

Purpose of Expenditure
List rental for emails

Category/
Type 24E

Office Sought: House State: NY
 Senate District: 26
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Kathleen Hochul

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 2060.00

Disbursement For: Primary General
 Other (specify) Special General

(a) **SUBTOTAL** of Itemized Independent Expenditures

2060.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures

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

2060.00