Image# 10930560024 047/4/2#20/10 15:50

## **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) Nar	me of Individual, Organization or Corporation	7						
	ed Parenthood Action Fund Inc.							
	dress (number and street)							
(c) City	, State and ZIP Code							
New Yo	ork NY 10001	3. FEC Identification Number						
2. Corpo	rate filers only  Is the filer a qualified nonprofit corporation?  X Yes  No	<b>C</b> C90005471						
Individ	dual filers only Name of Employer	Occupation						
	TYPE OF REPORT (check appropriate boxes):							
	(a) April 15 Quarterly Report 24-Hour Notice 48-Hou	ur Notice						
	☐ July 15 Quarterly Report							
	October Quarterly Report							
	☐ January 31 Year-End Report							
(b) Is this Report an amendment? Yes \( \square\) No \( \otimes\)								
	5. COVERING PERIOD: FROM  M M M O 1  D D O 1  Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	THROUGH							
	$\begin{bmatrix} M & M \\ O & 3 \end{bmatrix} \ / \ \begin{bmatrix} V & Y & Y & Y \\ O & 1 & 0 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ O & 1 & 0 \end{bmatrix} \ $							
	6. TOTAL CONTRIBUTIONS	0.00						
	7. TOTAL INDEPENDENT EXPENDITURES	20287.33						
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								
Aaron S	amulcek	04/14/2010						
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

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ITEMIZED INDEPENDENT EXPENDITURES FOR LINE 7 FOR FORM 5 NAME OF FILER (In Full) Planned Parenthood Action Fund Inc. Full Name (Last, First, Middle Initial) of Payee Date The Clinton Group 2010 Mailing Address Amount 1350 Connecticut Ave NW Ste 1102 10000.10 State Zip Code DC 20036 Washington Purpose of Expenditure Office Sought: Category/ House State: MA 24E GOTV phone calls Type Χ Senate Senate District: \_ President Name of Federal Candidate Supported or Opposed by Expenditure: Martha Coakley Check One: χ | Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 2010 15012.53 X Other (specify) for Office Sought Special General Full Name (Last, First, Middle Initial) of Payee Date The Clinton Group М 1 2010 Mailing Address Amount 1350 Connecticut Ave NW Ste 1102 5012.43 Zip Code City State Washington DC 20036 Purpose of Expenditure Office Sought: House State: MA Category/ 24E GOTV phone calls Туре Χ Senate Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: Martha Coakley χ Support Check One: Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 15012.53 for Office Sought X Other (specify) Special General Full Name (Last, First, Middle Initial) of Payee Date The Clinton Group м<sub>0</sub> м 2010 Mailing Address Amount 1350 Connecticut Ave NW Ste 1102 5012.42 City Zip Code State 20036 DC Washington Purpose of Expenditure Office Sought: State: MA Category/ House 24A GOTV phone calls Type Χ Senate Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: Scott Brown Check One: Support X Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 2009 5012.42 for Office Sought X Other (specify) Special General 20024.95 (a) SUBTOTAL of Itemized Independent Expenditures ..... (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 3/3

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)									
Planned Parenthood Action Fund Inc.									
	Full Name (Last, First, Middle Initial) of Payee			Date					
	The Watershed Company	Watershed Company				ММ	/ D D 26	YYYY	
	Mailing Address	Address				0 3 Amount	26	2010	
		00 Bush Street Suite 350						131.19	
	City San Francisco		State Zip Code CA 94104			-	•		
-	Purpose of Expenditure	<i></i>			Offi	ce Sought:		N 41	
	Email consulting		Category/ Type	24A		louse	X House Senate	State: MI	
-	Name of Federal Candidate Supported or Opp	osed by Expenditure:			''	10030	President	District: 01	
	Bart Stupak				Che	eck One:	Support	X Oppose	
	Colonday Veey To Date Day Flooties			Disb	oursement For	: X Primary	General		
	Calendar Year-To-Date Per Election for Office Sought	L	262.38		2010 Other (specify)				
-	Full Name (Last, First, Middle Initial) of Payee				<u>'                                    </u>	Date			
	The Watershed Company					м м	/ D D	Y Y Y Y	
-	Mailing Address					0.3	26	2010	
	100 Bush Street Suite 350					Amount			
	City	State	Zip Code	1				131.19	
	San Francisco	CA	94104						
	Purpose of Expenditure		Category/	24K	Offi	ce Sought:	X House	State: MI	
	Email consulting		Type	2411	Н	louse	Senate	District: 01	
	me of Federal Candidate Supported or Opposed by Expenditure: onnie Saltonstall				Cha	eck One:	President χ Support		
								Oppose	
	Calendar Year-To-Date Per Election for Office Sought		262.38		Disbursement For: X Primary General  Other (specify)  Other (specify)				
-									
								262.38	
	(a) SUBTOTAL of Itemized Independent Expe	nditures						202.00	
	(b) SUBTOTALof Unitemized Independent Ex								
	20287.33								
	(c) TOTAL Independent Expenditures								
l	(carry total from last page forward t	,							