

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>Planned Parenthood Action Fund Inc.</b>			3. FEC Identification Number <b>C</b> <b>C90005471</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 123 William St, 10th Floor			
(c) City, State and ZIP Code New York NY 10038			
2. Occupation and Name of Employer (for Individual Filers Only)			

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report ☐ 24-Hour Report  
☐ October 15 Quarterly Report ☒ 48-Hour Report  
☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

M M	/	D D	/	Y Y Y Y Y Y

5. COVERING PERIOD:

FROM	M M	/	D D	/	Y Y Y Y Y Y
THROUGH	M M	/	D D	/	Y Y Y Y Y Y

6. TOTAL CONTRIBUTIONS.....	<b>0.00</b>
7. TOTAL INDEPENDENT EXPENDITURES .....	<b>228310.88</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Deirdre Schifeling

SIGNATURE

Deirdre Schifeling

DATE

[Electronically Filed]

07/22/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2 OF 3  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Planned Parenthood Action Fund Inc.

Full Name (Last, First, Middle Initial) of Payee

M+R Strategic Services

Date of Public Distribution/Dissemination

MM / DD / YYYY  
07 / 19 / 2016

Mailing Address 1901 L Street, NW #800

Amount

1053.50

Transaction ID : 57620571

Purpose of Expenditure  
E-mail copywriting-Estimated CostsCategory/  
Type 004Office Sought: ☐ House State: DC  
☐ Senate District: \_\_\_\_\_  
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
Trump / PenceCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought 314559.29Disbursement For: ☐ Primary ☒ General  
2016 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

M+R Strategic Services

Date of Public Distribution/Dissemination

MM / DD / YYYY  
07 / 21 / 2016

Mailing Address 1901 L Street, NW #800

Amount

105.35

Transaction ID : 57620572

Purpose of Expenditure  
E-mail copywriting-Estimated CostsCategory/  
Type 004Office Sought: ☐ House State: DC  
☐ Senate District: \_\_\_\_\_  
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
Trump / PenceCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought 314559.29Disbursement For: ☐ Primary ☒ General  
2016 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

M+R Strategic Services

Date of Public Distribution/Dissemination

MM / DD / YYYY  
07 / 21 / 2016

Mailing Address 1901 L Street, NW #800

Amount

105.35

Transaction ID : 57620573

Purpose of Expenditure  
E-mail copywriting-Estimated CostsCategory/  
Type 004Office Sought: ☐ House State: DC  
☐ Senate District: \_\_\_\_\_  
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
Hillary ClintonCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 314559.29Disbursement For: ☐ Primary ☒ General  
2016 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 1264.20

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

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

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 3 OF 3  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Planned Parenthood Action Fund Inc.

Full Name (Last, First, Middle Initial) of Payee  
O'Brien Garrett (formerly known as OMP Inc.)

Date of Public Distribution/Dissemination

MM / DD / YYYY  
07 / 21 / 2016

Mailing Address 1133 19th St. NW #300

Amount

City State Zip Code  
Washington DC 20036

211910.23

Transaction ID : 57620575

Purpose of Expenditure  
Printing and postage of mail piece-Estimated costsCategory/  
Type 003Office Sought: ☐ House State: DC  
☐ Senate District: \_\_\_\_\_  
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
Trump / PenceCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought 314559.29Disbursement For: ☐ Primary ☒ General  
2016  
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee  
O'Brien Garrett (formerly known as OMP Inc.)

Date of Public Distribution/Dissemination

MM / DD / YYYY  
07 / 21 / 2016

Mailing Address 1133 19th St. NW #300

Amount

City State Zip Code  
Washington DC 20036

15136.45

Transaction ID : 57620576

Purpose of Expenditure  
Printing and postage of mail piece-Estimated costsCategory/  
Type 003Office Sought: ☐ House State: DC  
☐ Senate District: \_\_\_\_\_  
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
Hillary ClintonCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 314559.29Disbursement For: ☐ Primary ☒ General  
2016  
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/  
TypeOffice Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office SoughtDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 227046.68

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

(c) TOTAL Independent Expenditures.....▶ 228310.88  
(carry total from last page forward to Line 7)