0:202-219-0174

Planned Parenthood Hudson Roonic Action Find

7 (including cover)

January 31, 2017 Report

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED To Be Used by Persons (Other than Political Committees)

(a) Name of Individual, Organization or Corporation	\neg
Planned Averthand Hollom Reconic Action Fund	
(b) Address (number and street)	
9 Shaline D	
(c) City, State and ZIP Code	3. FEC Identification Number
2. Occupation and Name of Employer (for Individual Filers Only)	C90008236
4. TYPE OF REPORT (check appropriate boxes):	
(a) April 16 Quarterly Report	
☐ July 15 Quarterly Report ☐ 24-Hour Report	
October 15 Quarterly Report	
January 31 Year-End Report	
b) Is this Report an amendment? No Yes, it amends the report filed on S. COVERING PERIOD: FROM THROUGH	
6. TOTAL CONTRIBUTIONS	and the state of t
7. TOTAL INDEPENDENT EXPENDITURES	2,2,22,0.0
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation	on, 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 SIGNATURE	DATE
Alussa J. Nilley alussa 1 11	1/3//17
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to	the penalties of 52 U.S.C. § 30109.

SCHEDULE 5-E	PAGE OF
TEMIZED INDEPENDENT EXPENDITURES NAME OF FILER (In Full)	FOR LINE 7 OF FORM S
Planued Parentmond Hudson Personic Action Fu	\sim
Full Name (Last, First, Middle InItial) of Payee	Date of Public Distribution/Dissemination
Red Horse Strategies	[[0] [[8] 2016]
SS Washington St. #624	Amount
City State Zip Code 1\20\	
Purpose of Expenditure ONLINE HA	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 222200	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	processing the second of the s
Purpose of Expenditure Category/ Type	Office Sought: House State: 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 of Public Distribution/Dissemination
Mailing Address Amount	
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 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	2,22,2,00
(b) SUBTOTAL of Uniternized Independent Expenditures	··· Description of the second
(c) TOTAL Independent Expenditures	2,222,00

Via FAX

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.		
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Received from House Records & Registration Office	Date of Receipt ce	
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N/A PREPARER (8/2013)	N/A DATE PREPARED	