

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 Planned Parenthood Hudson Piconic Action Fund	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 4 Skyline Dr.	
(c) City, State and ZIP Code Hawthorne NY 10532	
2. Occupation and Name of Employer (for Individual Filers Only)	3. FEC Identification Number 090008236

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

5. COVERING PERIOD:

FROM

 / /

THROUGH

 / /

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES

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

SIGNATURE

DATE

Amyssa Miller**1/31/17**

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

NOT A NATIONAL COMMITTEE

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE _____ OF _____
 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Planned Parenthood Hudson Parnock Action Fund

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

Red Horse Strategies

Date of Public Distribution/Dissemination

10 / 21 / 2016

Mailing Address

55 Washington St #624

Amount

2,222.00

City

Brooklyn

State

NY

Zip Code

11201

Purpose of Expenditure

Mailing

Category/
Type

006

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☒ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Donald J. Trump

Disbursement For:

☐ Primary☒ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

4,444.00

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: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

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: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☐ Primary☐ General☐ Other (specify) _____

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

2,222.00

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

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

2,222.00

Via FAX

ONLINE INFORMATION

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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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify): 2/1/17	Date of Receipt or Postmarked
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N/A PREPARER	N/A DATE PREPARED

(8/2013)

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