FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIB To Be Used by Persons (Other than Political Committees)	BUTIONS RECEIVED
1. (a) Name of Individual, Organization or Corporation Plunid Pumber Albam Pecnic Action and Street) (b) Address (number and street) I check if different than previously reported	
4 Skyline Dr	
(c) City, State and ZIP Code	0.55014-45-4-4-4
2. Occupation and Name of Employer (for Individual Filers Only)	3. FEC Identification Number
2. Occupation and Italine of Employer (for Individual Filers Only)	C90008236
4. TYPE OF REPORT (check appropriate boxes):	
(a) April 15 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	
6. TOTAL CONTRIBUTIONS	0
7. TOTAL INDEPENDENT EXPENDITURES	, 2700.00
Under penalty of perjury I certify that the independent expenditures reported heroin were not made in cooperation, consultation suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.	or concert with, or at the request or
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
alyssa miller	- 1131 17
NOTE: Submission of false, erroneous or Incomplète information may subject the person signing this report to the	e panalities of 52 U.S.C. §30708,

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 TEMIZED INDEPENDENT EXPENDITURES	PAGE OF FORM 5
NAME OF FILER (In Full)	TOR LINE / OF FORM 3
Planed Parenthood Hudson Peconic Action	hrd.
Full Namo (Last, First, Middle Initial) of Payee Red Horse Strationes	Date of Public Distribution/Dissemination
SS Wushington St # 624	Amount
Browly NY 11201	[2,2,2,0,0]
Purpose of Expenditure Category/ Type Type Category/ Type	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	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	The same of the sa
Purpose of Expenditure Category/ Type	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	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	Constitution of the state of th
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President 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	2,2,2,2,00
(b) SUBTOTAL of Uniternized Independent Expenditures	4.223.00 L
(c) TOTAL Independent Expenditures	2,22200

Via FAX

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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Postmark Illegible		
No Postmark		
Overnight Delivery Service (Specify):	Shipping Date	
Received from House Records & Registration Office	Date of Receipt	
Received from Senate Public Records Office	Date of Receipt	
Received from Electronic Filing Office	Date of Receipt	
Other (Specify): 2/1/17 Date of Rec	ceipt or Postmarked	
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N/A PREPARER (8/2013)	N/A DATE PREPARED	

(8/2013)