



"D'Andrea Weatherup, Gina" <gina.weatherup@pphp.org> on 10/23/2012 04:47:37 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>,
cc:

Subject: FEC Filing

Gina D'Andrea Weatherup
Community Affairs and Advocacy Manager
Planned Parenthood Hudson Peconic, Inc.
Planned Parenthood Hudson Peconic Action Fund
70 Maple Avenue, Smithtown, NY 11787
631-240-1126 f: 631-361-7672
www.pphp.org

Parents should be talking to their teens about sex. Check out the national Let's Talk Month survey and get tips for starting that conversation. Visit www.plannedparenthood.org.

**Join us on [Facebook](#).
PPHP Action Fund: We give you something to talk about: [Politics Power Sex](#). Follow us on [Twitter](#).**

This e-mail is for the sole use of the intended recipients and contains information belonging to PPHP, which is confidential and/or legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any action in reliance on the contents of this e-mail information is strictly prohibited. If you have received this e-mail in error, please immediately notify the sender by reply e-mail and destroy all copies of the original message.

From: stadmin@pphp.org [mailto:stadmin@pphp.org]
Sent: Tuesday, October 23, 2012 5:46 PM
To: D'Andrea Weatherup, Gina
Subject: Message from KMBT_501



SKMBT_50112102316460.pdf

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) Name of Individual, Organization or Corporation Planned Parenthood Hudson Peconic Action Fund		3. FEC Identification Number <div>C</div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 4 Skyline Drive		
(c) City, State and ZIP Code Hawthorne, NY 10532		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

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

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

10	11	12	1	2	3	4	5	6	7	8	9	0

THROUGH

10	11	12	1	2	3	4	5	6	7	8	9	0

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES

5000.00

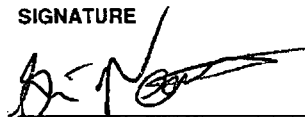
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if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

Gina Weatherup



10/23/2012

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-A
ITEMIZED RECEIPTS

PAGE 2 OF 3

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

A. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

D. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page carry total to Line 6)

0
0

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Planned Parenthood Hudson Peconic Action Fund

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

Mack Crounse Group

Date

10 / 22 / 2012

Mailing Address

2001 N. Beauregard Street, Suite 420

Amount

City

State

Zip Code

Alexandria, VA 22311

5000.00

Purpose of Expenditure

Designing, printing, & distributing mass mailing

Category/
Type

006

Office Sought:

☒ House

State: NY

☐ Senate

District: 18

☐ President

Check One:

☐ Support

☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Nan Hayworth

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

Calendar Year-To-Date Per Election
for Office Sought

5000.00

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

Date

/ /

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:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify)

Calendar Year-To-Date Per Election
for Office Sought

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

Date

/ /

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:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify)

Calendar Year-To-Date Per Election
for Office Sought

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

0

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

5000.00

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

5000.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
---	-----------------

<input type="checkbox"/> USPS First Class Mail	Postmarked
--	------------

<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
--	------------------

<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	

<input type="checkbox"/> USPS Express Mail	Postmarked
--	------------

☐ Postmark Illegible

☐ No Postmark

<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
--	-----------------

<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
---	-----------------

<input checked="" type="checkbox"/> Other (Specify): <i>E-Mail</i>	Date of Receipt or Postmarked <i>10/23/2012</i>
--	--

<i>JP</i> PREPARER	<i>10/24/2012</i> DATE PREPARED
-----------------------	------------------------------------