REPORT OF INDEPENDENT EXPENDITURES AND CONTRIBUTIONS RECEIVED

(To Be Used by a Person Other Than a Political Committee)

(See Instructions on Reverse Side)

1. (a) Name: Planned Parenthood Affiliates of Ohio, Inc.

(b) Address: 16 E. Broad St., Suite 915

(c) City, State and ZIP Code: Columbus, OH 43215

(d) Name of Employer:

(e) Occupation:

2. Identification Number:

3. Is this Report an Amendment? ☐ YES ☑ NO

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

☐ July 31 Mid Year Report

☐ Twelfth Day Report preceding _____ election on _____ in the State of _____.

☐ Thirtieth Day Report following the General Election on _____ in the State of _____.

5. This Report covers the period – FROM: 1/1/94 THROUGH: 3/31/94

6. CONTRIBUTION(S) RECEIVED

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. EXPENDITURE(S) MADE

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate

8. Total Contributions ..... $ 0

9. Total Expenditures ..... $ 0

Under penalty of perjury I certify that the independent expenditures reported herein were not made with the cooperation or with the prior consent of, or in consultation with, or at the request or suggestion of, a candidate or agent or authorized committee of such candidate. Furthermore, these expenditures did not involve the financing of, the dissemination, distribution or republication, in whole or in part, of any campaign materials prepared by the candidate or an agent or authorized committee of the candidate.

Subscribed and sworn to before me this 13 day of December, 1994

My Commission Expires:

TRACY A. DOBNER
Notary Public, State of Ohio
My Commission Expires March 6, 1999

Tracy A. Dobner
(Notary Public)

Carole J. Rogers
SIGNATURE

4/13
Date

NOTARIAL SEAL STATE OF OHIO

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
Toll Free 800-424-9530
Local 202-[illegible]
376-3120

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from such committee.

FEC FORM 5 (4/90)

94 3 8 7 2 1 1 5 6

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☑	First Class Mail	POSTMARKED 4-13-94
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

GMH
PREPARER

4-16-94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 8 9 2 1 1 5 7