

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 of Nassau County Action Fund		3. FEC Identification Number C 9 0 0 0 8 2 9 3
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 540 Fulton Ave		
(c) City, State and ZIP Code Hempstead, NY 11550		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Individual filers only Name of Employer N/A	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

M	D	/	D	/	Y	Y	Y	Y
10	18				20	16		
THROUGH								
M	D	/	D	/	Y	Y	Y	Y
11	07				20	16		

6. TOTAL CONTRIBUTIONS..... 0

7. TOTAL INDEPENDENT EXPENDITURES 8 4 8 1. 9 7

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
Sarah Miller		11/07/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

PAGE OF

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)
Planned Parenthood of Nassau County Action Fund

A. Full Name (Last, First, Middle Initial) Planned Parenthood Action Fund		Date of Receipt
Mailing Address 123 William St		MM / DD / YYYY 10 / 31 / 2016
City	State	Zip Code
New York, NY		10038
FEC ID number of contributing federal political committee. C 9 0 0 0 5 4 7 1		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	

D. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	

SUBTOTAL of Receipts This Page (optional)	▶	:	:	:
TOTAL This Period (last page carry total to Line 6)	▶	:	:	:

2016-08-11 10:00:00 AM

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Planned Parenthood of Nassau County Action Fund

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood of Nassau County		Date MM / DD / YYYY 10 / 27 / 2016
Mailing Address 540 Fulton Ave		Amount 167.54
City Hempstead, NY	State Zip Code 11550	
Purpose of Expenditure Convio Emails in Support of Hillary Clinton	Category/ Type 0 0 6	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton / Tom Suozzi / Katheleen Rice/ Chuck Schumer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought : , 3581.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood of Nassau County		Date MM / DD / YYYY 11 / 01 / 2016
Mailing Address 540 Fulton Ave		Amount 167.35
City Hempstead, NY	State Zip Code 11550	
Purpose of Expenditure Convio Emails in Support of Hillary Clinton	Category/ Type 0 0 6	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton / Tom Suozzi / Katheleen Rice/ Chuck Schumer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought , 3748.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood of Nassau County		Date MM / DD / YYYY 11 / 07 / 2016
Mailing Address 540 Fulton Ave		Amount 167.00
City Hempstead, NY	State Zip Code 11550	
Purpose of Expenditure Convio Emails in Support of Hillary Clinton	Category/ Type 0 0 6	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton / Tom Suozzi / Katheleen Rice/ Chuck Schumer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought , 3915.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	, ,	501.89
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	, ,	0.00
(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)	, ,	501.89

2010110801001000

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Planned Parenthood of Nassau County Action Fund

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood of Nassau County		Date 11 / 4 / 2016
Mailing Address 540 Fulton Ave		Amount 1,670.8
City Hempstead, NY	State NY	
Purpose of Expenditure Convio Emails in Support of Hillary Clinton	Category/Type 006	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton/ Tom Suozzi / Katherine Rice / Chuck Schumer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4,082.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood of Nassau County		Date 11 / 1 / 2016
Mailing Address 540 Fulton Ave		Amount 1,500.00
City Hempstead, NY	State NY	
Purpose of Expenditure HRC Rally Signs - Hofstra 2016 Debate	Category/Type 006	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4,232.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood of Nassau County		Date 09 / 26 / 2016
Mailing Address 540 Fulton Ave		Amount 995.00
City Hempstead, NY	State NY	
Purpose of Expenditure HRC Bus- Hofstra 2016 Debate	Category/Type 006	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5,227.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1,312.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	1,813.97

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)
Planned Parenthood of Nassau County Action Fund

Full Name (Last, First, Middle Initial) of Payee Red Horse Strategies		Date 10 / 27 / 2016
Mailing Address 55 Washington Street #624		Amount 2,224.00
City Brooklyn, NY, 11201	State Zip Code	
Purpose of Expenditure Mailing	Category/ Type 0 0 6	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 7,451,63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Full Name (Last, First, Middle Initial) of Payee Red Horse Strategies		Date 10 / 21 / 2016
Mailing Address 55 Washington Street #624		Amount 2,222.00
City Brooklyn, NY, 11201	State Zip Code	
Purpose of Expenditure Mailing	Category/ Type 0 0 6	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 9,673,63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Full Name (Last, First, Middle Initial) of Payee Red Horse Strategies		Date 10 / 18 / 2016
Mailing Address 55 Washington Street #624		Amount 2,222.00
City Brooklyn, NY, 11201	State Zip Code	
Purpose of Expenditure Online ad	Category/ Type 0 0 6	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 11,895,63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	, 6,668.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	, , 0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	, 8,481.97

2016-11-08 11:00 AM

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

PAGE OF

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NAME OF FILER (In Full)

A. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
D. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	


SUBTOTAL of Receipts This Page (optional)	▶			
TOTAL This Period (last page carry total to Line 6)	▶			

2025 RELEASE UNDER E.O. 14176

Via E-Mail

201611080200118170

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	Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> 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>11-08-2016</i>
 PREPARER (3/2015)	<i>11-08-2016</i> DATE PREPARED

NO POSTMARK REQUIRED FOR ELECTRONIC DELIVERY