

# 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 Avenue		
(c) City, State and ZIP Code Hempstead, New York 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      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

C O U N T Y      Y E A R  
 1 0      0 1      2 0 1 6  
 THROUGH  
 1 2      3 1      2 0 1 6

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6. TOTAL CONTRIBUTIONS ..... 1 0 0 0 0 0

7. TOTAL INDEPENDENT EXPENDITURES ..... 9 1 5 1 8 1

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 David Solomon	SIGNATURE 	DATE 1-27-2017
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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**

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 Street			MM / DD / YYYY 10 / 31 / 2016
City	State	Zip Code	Amount of Each Receipt this Period
New York	New York	10038	
FEC ID number of contributing federal political committee. C 9 0 0 0 5 4 7 1			1 0 0 0 0 0
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) .....	▶	1 0 0 0 0 0
TOTAL This Period (last page carry total to Line 6) .....	▶	1 0 0 0 0 0

NON-PROFIT CORPORATION

**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 10 / 27 / 2016
Mailing Address 540 Fulton Avenue		Amount 1,675.44
City Hempstead	State Zip Code New York 11550	
Purpose of Expenditure Convio Emails in Support of Hillary Clinton	Category/Type 006	Office Sought: <input checked="" type="checkbox"/> House State: NY <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton/Tom Suozzi/Kathleen Rice/Chuck Schumer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3,581.20		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 11 / 01 / 2016
Mailing Address 540 Fulton Avenue		Amount 1,673.55
City Hempstead	State Zip Code New York 11550	
Purpose of Expenditure Convio Emails in Support of Hillary Clinton	Category/Type 006	Office Sought: <input checked="" type="checkbox"/> House State: NY <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton/Tom Suozzi/Kathleen Rice/Chuck Schumer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3,748.55		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 11 / 07 / 2016
Mailing Address 540 Fulton Avenue		Amount 1,670.00
City Hempstead	State Zip Code New York 11550	
Purpose of Expenditure Convio Emails in Support of Hillary Clinton	Category/Type 006	Office Sought: <input checked="" type="checkbox"/> House State: NY <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton/Tom Suozzi/Kathleen Rice/Chuck Schumer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3,915.55		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

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**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 04 2016
Mailing Address 540 Fulton Avenue	Amount 1,670.8
City State Zip Code Hempstead New York 11550	

Purpose of Expenditure Convio Emails in Support of Hillary Clinton	Category/Type 0 0 6	Office Sought: <input checked="" type="checkbox"/> House State: NY <input checked="" type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton/Tom Suozzi/Kathleen Rice/Chuck Schumer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought 4 0 8 2 . 6 3	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
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Full Name (Last, First, Middle Initial) of Payee Planned Parenthood of Nassau County	Date 11 01 2016
Mailing Address 540 Fulton Avenue	Amount 1,500.0
City State Zip Code Hempstead New York 11550	

Purpose of Expenditure HRC Rally Signs- Hofstra 2016 Presidential Debate	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: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought 4 2 3 2 . 6 3	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
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Full Name (Last, First, Middle Initial) of Payee Planned Parenthood of Nassau County	Date 09 26 2016
Mailing Address 540 Fulton Avenue	Amount 995.00
City State Zip Code Hempstead New York 11550	

Purpose of Expenditure HRC Bus - Hofstra 2016 Presidential Debate	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: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought 5 2 2 7 . 6 3	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
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(a) SUBTOTAL of Itemized Independent Expenditures.....	1,312.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(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**

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 State Zip Code Brooklyn New York 11201	

Purpose of Expenditure Mailing	Category/Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
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 4 5 1 6 3	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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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 State Zip Code Brooklyn New York 11201	

Purpose of Expenditure Mailing	Category/Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
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 6 7 3 6 3	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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Full Name (Last, First, Middle Initial) of Payee Red Horse Strategies	Date 10 18 2016
Mailing Address 55 Washington Street #624	Amount 2,222.08
City State Zip Code Brooklyn New York 11201	

Purpose of Expenditure Online Ad	Category/Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
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 1 1 8 9 5 7 1	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	6,668.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	8,482.05

NON-CONFIDENTIAL

**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 09 2016
Mailing Address 540 Fulton Avenue	Amount 334.68
City State Zip Code Hempstead New York 11550	

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/Kathleen Rice/Chuck Schumer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought 1 2 2 3 0 3 9	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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Full Name (Last, First, Middle Initial) of Payee Planned Parenthood of Nassau County	Date 11 09 2016
Mailing Address 540 Fulton Avenue	Amount 335.08
City State Zip Code Hempstead New York 11550	

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/Kathleen Rice/Chuck Schumer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought 1 2 5 6 5 4 7	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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(a) SUBTOTAL of Itemized Independent Expenditures.....	669.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....	.
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	9151.81


NON-FUNCTIONING INFORMATION

**Via E-Mail**

2017-02-01 01:00:00

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.

NON-CONFIDENTIAL DOCUMENT

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
Postmarked	
<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>1/27/17</i>
 PREPARER	<i>2/1/17</i> DATE PREPARED