

# 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 <b>Planned Parenthood of the Rochester/Syracuse Region Action Fund, Inc.</b>		3. FEC Identification Number <b>C90014465</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 114 University Avenue		
(c) City, State and ZIP Code Rochester NY 14605		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Individual filers only</b>	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

M M	/	D D	/	Y Y Y Y
10		16		2012

  
 THROUGH
 

M M	/	D D	/	Y Y Y Y
12		31		2012

6. TOTAL CONTRIBUTIONS ..... **.00**

7. TOTAL INDEPENDENT EXPENDITURES ..... **388.44**

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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Betty DeFazio	Betty DeFazio <i>[Electronically Filed]</i>	12/21/2012

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-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Planned Parenthood of the Rochester/Syracuse Region Action Fund, Inc.

Full Name (Last, First, Middle Initial) of Payee St. Vincent's Press		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 250 Cumberland Street		Amount 139.01 <b>Transaction ID : F57.000001</b>
City Rochester	State NY	
Zip Code 14605		
Purpose of Expenditure Printing	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 27 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kathy Hochul		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee US Postmaster		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 1335 Jefferson Road		Amount 249.43 <b>Transaction ID : F57.000002</b>
City Rochester	State NY	
Zip Code 14692		
Purpose of Expenditure Postage	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 27 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kathy Hochul		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
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) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	388.44
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> Independent Expenditures .....	▶	388.44
(carry total from last page forward to Line 7)		