

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 the Rochester/Syracuse Region Action Fund, Inc. | | 3. FEC Identification Number C C90014465 |
| (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. 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

| | | | | |
|-----|---|-----|---|---------|
| 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.

| | | |
|---|--|-------------|
| TYPE OR PRINT NAME OF PERSON COMPLETING FORM | SIGNATURE | DATE |
| 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 Transaction ID : F57.000001 |
| City Rochester | State NY | |
| Zip Code 14605 | Category/Type 006 | Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 22 <input type="checkbox"/> President |
| Purpose of Expenditure Printing | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Name of Federal Candidate Supported or Opposed by Expenditure: Hanna Richard | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |
| Calendar Year-To-Date Per Election for Office Sought .00 | | |

| | | |
|---|----------------------|--|
| 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 Transaction ID : F57.000002 |
| City Rochester | State NY | |
| Zip Code 14692 | Category/Type 006 | Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 22 <input type="checkbox"/> President |
| Purpose of Expenditure Postage | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Name of Federal Candidate Supported or Opposed by Expenditure: Hanna Richard | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |
| Calendar Year-To-Date Per Election for Office Sought .00 | | |

| | | |
|--|---------------|---|
| Full Name (Last, First, Middle Initial) of Payee | | Date MM / DD / YYYY |
| Mailing Address | | Amount |
| City | State | |
| Zip Code | Category/Type | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Purpose of Expenditure | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |
| Calendar Year-To-Date Per Election for Office Sought | | |

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