FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) (a) Name of Individual, Organization or Corporation Parent hood Hudson Peronic Action Find (b) Address (number and street) check if different than previously reported Hawmoine, NY 10532 3. FEC Identification Number C90000236 2. Occupation and Name of Employer (for Individual Filers Only) 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24-Hour Report ☐ July 15 Quarterly Report October 15 Quarterly Report 48-Hour Report January 31 Year-End Report Yes, it amende the report filed on b) Is this Report an amendment? 5. COVERING PERIOD: FROM THROUGH 6. TOTAL CONTRIBUTIONS 7. TOTAL INDEPENDENT EXPENDITURES 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. SIGNATURE TYPE OR PRINT NAME OF PERSON COMPLETING FORM DATE Submission of false, erronsous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

| SCHEDULE 5-E TEMIZED INDEPENDENT EXPENDITURES | PAGE OF | |
|---|--|--|
| Planned Parenthood Hudson Runic Action Fund | | |
| Full Name (Last. First, Middle Initial) of Payee Red Horse Strategies Mailing Address 55 Washington St. # 624 | Date of Public Distribution/Dissemination | |
| City Brob Klyn State Zip Code My 11201 | , 2,222.00 | |
| Purpose of Expenditure Category/ Type O 0 6 Name of Federal Candidate Supported or Opposed by Expenditure: | Office Sought: House State: Senare District: | |
| Calendar Year-To-Date Per Election for Office Sought , 4,44,00 | Check One: Support Oppose Disbursement For: Primary General Other (specify) | |
| Full Name (Last, First, Middle Initial) of Payee | Date of Public Distribution/Dissemination | |
| Mailing Address City State Zip Code | Amount | |
| | | |
| Purpose of Expenditure Category/ Type Name of Federal Candidate Supported or Opposed by Expenditure: | Office Sought: House State: Senate President District: Check One: Support Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: Primary General Other (specify) | |
| Full Name (Last, First, Middle Initial) of Payee Mailing Address | Date of Public Distribution/Dissemination | |
| | Amount | |
| City State Zip Code | | |
| Purpose of Expenditure Category/ Type | Office Sought: House State: | |
| Name of Federal Candidate Supported or Opposed by Expenditure: | Check One: Support Dppose | |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: Primary General Other (specify) | |
| (a) SUBTOTAL of Itemized Independent Expenditures | ··· , 2222.00 | |
| (b) SUBTOTAL of Uniternized Independent Expenditures | | |
| (c) TOTAL Independent Expenditures | 2,22200 | |

Via FAX

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(8/2013)