Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Planned Parenthood Action Fund Inc. PAC, dba Planned Parenthood Federal PAC 123 William St, 10th Floor ADDRESS (number and street) (Check if address is changed) New York 10038 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fecinfo@PASS1.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00314617 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Hubbard, Tshombe, , , Type or Print Name of Treasurer Hubbard, Tshombe, , , [Electronically Filed] 01 10 2017 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FFC EA	rm 1 (Revised 02/2009)	Page 2			
		OMMITTEE	raye Z			
Can	ndidate	didate Committee:				
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)			
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Nam Cand	e of didate					
	didate / Affiliati	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Nam Cand	e of didate					
Par	ty Con	nmittee:	(D			
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Poli	tical A	ction Committee (PAC):				
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a			
		Corporation Corporation w/o Capital Stock	Labor Organization			
		Membership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party			
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	raising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political			
	Com	Committees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

			l
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	/rite or Type Committee Name		
F	Planned Parenthod	od Action Fund Inc. PAC, dba Planned Parenthood F	ederal PAC
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
P	lanned Parenthood A	ction Fund Inc.	
L		123 William St, 10th Floor	
	Mailing Address		
		New York NY 10038	
		CITY STATE Z	IP CODE
	Relationship: x Connected	d Organization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
'.	Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in posse	ession of committee
	Feldman, I	_ynda, , ,	I
	Full Name	,123 William St, 10th Floor	
	Mailing Address		
		New York NY 10038	
	Title or Position	CITY STATE ZI	IP CODE
	Custodian of Records	Telephone number 212 - 26	61 4301
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
	Full Name Hubbard, T	Shombe, , ,	
	Mailing Address	1110 Vermont Ave NW, Suite 300	
		Washington	-
	Title on Decision	CITY STATE ZI	P CODE
_	Title or Position Treasurer		73 - 4846

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Full Name of Designated Agent	Feldman, Lynda, , ,				
Mailing Address	123 William St, 10th Floor				
	New York NY 10038 CITY STATE	ZIP CODE			
Title or Position Assistant Treasure	er	261 - 4301			
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds account safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Bank of America					
L	P.O. Box 25118				
Mailing Address					
	Tampa FL 33622				
	CITY STATE				
		ZIP CODE			
Name of Bank, Dep		ZIP CODE			
Name of Bank, Dep		ZIP CODE			
Name of Bank, Dep	pository, etc.	ZIP CODE			
L	pository, etc.	ZIP CODE			
L	pository, etc.	ZIP CODE			

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

This amendment is being filed to disclose the PAC's new Treasurer.

Form/Schedule: Transaction ID:

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 6 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Planned Parenthood of Houston & Southeast Texas PAC 3601 Fannin Mailing Address 77004 Houston TX **CITY** STATE 4 ZIP CODE Relationship: **Connected Organization** Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number