

# 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 Action Fund Inc.		3. FEC Identification Number <b>C</b> C90005471
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 434 West 33rd Street		
(c) City, State and ZIP Code New York NY 10001		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer Occupation	

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  24-Hour Notice  48-Hour Notice

July 15 Quarterly Report

October Quarterly Report

January 31 Year-End Report

(b) Is this Report an amendment? Yes  No

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 with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a 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
Norman Greene		07/11/2008

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 Action Fund Inc.

Full Name (Last, First, Middle Initial) of Payee  
ML Printing, Inc.

Date

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Mailing Address  
5 Brooke Hollow Lane

Amount

43.78

City State Zip Code  
Peekskill NY 10566

Purpose of Expenditure  
Outer Envelopes

Category/  
Type 24A

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate Supported or Opposed by Expenditure:  
John McCain

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 87311.22

Disbursement For:  Primary  General  
 Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee  
United States Postal Service

Date

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Mailing Address  
475 L'Enfant Plaza SW

Amount

191.97

City State Zip Code  
Washington DC 20260

Purpose of Expenditure  
Postage

Category/  
Type 24A

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate Supported or Opposed by Expenditure:  
John McCain

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 87311.22

Disbursement For:  Primary  General  
 Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee  
Alliance FM

Date

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Mailing Address  
133 Industrial Avenue

Amount

602.87

City State Zip Code  
Hasbrouk Heights NJ 07604

Purpose of Expenditure  
Brochure Printing

Category/  
Type 24A

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate Supported or Opposed by Expenditure:  
John McCain

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 87311.22

Disbursement For:  Primary  General  
 Other (specify) \_\_\_\_\_

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

838.62

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....

(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Planned Parenthood Action Fund Inc.

Full Name (Last, First, Middle Initial) of Payee  
The Clinton Group Inc.

Date

MM / DD / YYYY  
06 / 06 / 2008

Mailing Address  
1350 Connecticut Avenue NW Ste 110

Amount

10224.81

City State Zip Code  
Washington DC 20036

Purpose of Expenditure  
Telephone Calls

Category/  
Type 24E

Office Sought:  House State: ME  
 Senate District: 01  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
Chellie Pingree

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 10349.81

Disbursement For:  Primary  General  
2008  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Planned Parenthood Federation of America Inc.

Date

MM / DD / YYYY  
06 / 06 / 2008

Mailing Address  
434 West 33rd Street

Amount

125.00

City State Zip Code  
New York NY 10001

Purpose of Expenditure  
List Rental

Category/  
Type 24E

Office Sought:  House State: ME  
 Senate District: 01  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
Chellie Pingree

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 10349.81

Disbursement For:  Primary  General  
2008  
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

10349.81

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

11188.43