



Alison Kupkowski <Alison@olsonhagel.com> on 07/25/2016 03:28:14 PM

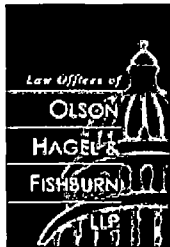
To: "2022190174@fec.gov" <2022190174@fec.gov>,
cc: Lacey Keys <Lacey@olsonhagel.com>, Emily Andrews <Emily@olsonhagel.com>, Thomas Howard <Thomas@olsonhagel.com>,

Subject: FEC 5 Report - Planned Parenthood Northern California Action Fund (25158.02)

Hello,

Attached please find a Quarterly FEC Form 5 for Planned Parenthood Northern California Action Fund (#C90014242).

Thank you,



Alison Kupkowski, Political Reports Specialist

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image001.png FEC 5 PP NorCal.pdf

20160725 PM 00061912

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation Planned Parenthood Northern California Action Fund	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported P.O. Box 1116	
(c) City, State and ZIP Code Concord, CA 94522	3. FEC Identification Number C C90014242
2. Occupation and Name of Employer (for Individual Filers Only)	

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
 July 15 Quarterly Report 24-Hour Report
 October 15 Quarterly Report 48-Hour Report
 January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

5. COVERING PERIOD:
FROM 04 01 2016
THROUGH 06 30 2016

6. TOTAL CONTRIBUTIONS..... 0.00
7. TOTAL INDEPENDENT EXPENDITURES 3,837.78

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.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Adrienne Bouslan



07/22/2016

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, 990 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

2016-07-22 10:00:00 AM

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Planned Parenthood Northern California Action Fund

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood Northern California Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 06 / 2016	
Mailing Address 2185 Pacheco Street		Amount 546.49	
City State Zip Code Concord , CA 94520			
Purpose of Expenditure Flyer distribution	Category/Type 004	Office Sought: <input type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3,837.78		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood Northern California Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 06 / 2016	
Mailing Address 2185 Pacheco Street		Amount 18.00	
City State Zip Code Concord , CA 94520			
Purpose of Expenditure Phones for phonebanking	Category/Type 004	Office Sought: <input type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3,837.78		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood Northern California Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 06 / 2016	
Mailing Address 2185 Pacheco Street		Amount 95.56	
City State Zip Code Concord , CA 94520			
Purpose of Expenditure Staff time for phonebanking	Category/Type 004	Office Sought: <input type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3,837.78		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures	660.05
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

2016-07-15 10:00:00 AM

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Planned Parenthood Northern California Action Fund

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood Northern California Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 06 / 2016	
Mailing Address 2185 Pacheco Street		Amount 0.60	
City Concord	State CA	Zip Code 94520	
Purpose of Expenditure Supplies	Category/Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: CA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3,837.78		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
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) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
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) SUBTOTAL of Itemized Independent Expenditures	0.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	3,837.78

20160725 09:00:15-1516

Via E-Mail

2016-07-25 09:00:16

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): *E-Mail* Date of Receipt or Postmarked
7/25/16

PA *7/25/16*
 PREPARER DATE PREPARED

20150725 10:00:00 AM