

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 C 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. 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 Y Y Y Y
THROUGH				
M M	/	D D	/	Y Y Y Y Y Y Y Y

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES

13534.12

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

[Electronically Filed]

Deirdre Schifeling

Deirdre Schifeling

08/31/2012

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 EXPENDITURESPAGE 2 OF 4
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Planned Parenthood Action Fund Inc.

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood of Southwest and Central Florida		Date MM / DD / YYYY 08 / 29 / 2012	
Mailing Address 736 Central Avenue		Amount 100.00	
City Sarasota	State FL	Zip Code 34236	Transaction ID : 57434838
Purpose of Expenditure Rental of public address system for rally	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13534.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Watchdog Security		Date MM / DD / YYYY 08 / 29 / 2012	
Mailing Address 287 Interstate Blvd		Amount 654.12	
City Sarasota	State FL	Zip Code 34240	Transaction ID : 57434839
Purpose of Expenditure Security for rally	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13534.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Escot Bus Lines		Date MM / DD / YYYY 08 / 29 / 2012	
Mailing Address 6890 142nd Ave N		Amount 8730.00	
City Largo	State FL	Zip Code 33771	Transaction ID : 57434840
Purpose of Expenditure Supporter transportation for rally	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13534.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

9484.12

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

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 4
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NAME OF FILER (In Full)

Planned Parenthood Action Fund Inc.

Full Name (Last, First, Middle Initial) of Payee Miami Jet Tours Inc.		Date MM / DD / YYYY 08 / 29 / 2012	
Mailing Address 12805 NW 42nd Avenue		Amount 1500.00	
City Opa Locka	State FL	Zip Code 33054	Transaction ID : 57434841
Purpose of Expenditure Supporter transportation for rally	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13534.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Astro-Bus Company		Date MM / DD / YYYY 08 / 29 / 2012	
Mailing Address 875 Cypress Street		Amount 250.00	
City Tarpon Springs	State FL	Zip Code 34689	Transaction ID : 57434842
Purpose of Expenditure Supporter transportation for rally	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13534.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Florida Gulf Coast Tours		Date MM / DD / YYYY 08 / 29 / 2012	
Mailing Address 2235 Jasmine Way		Amount 800.00	
City North Point	State FL	Zip Code 34287	Transaction ID : 57434843
Purpose of Expenditure Supporter transportation for rally	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13534.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

2550.00

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

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 4 OF 4
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Planned Parenthood Action Fund Inc.

Full Name (Last, First, Middle Initial) of Payee 76 Words		Date MM / DD / YYYY 08 / 30 / 2012	
Mailing Address 1120 Eye Street NW #550		Amount 1500.00	
City Washington	State DC	Zip Code 20006	
Purpose of Expenditure Production and editing of online video		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13534.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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.....	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	13534.12