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| TYPE OF R | EPORT (check appropriate boxes): | | |
| (a) []April | 15 Quarterly Report | . * | |
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| o, Executive | Oirector - Planned Parenthood <u> <u> </u></u> | (+ x) 0 + | <u>11/07/2016</u> |
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NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. §30109.

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For further Information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1191)

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| y information copied from such Reports a for commercial purposes, other than usin | and Statements may not be sold or used I ig the name and address of any political c | by any person for the purpose of soliciting sontributions committee to solicit contributions from such committee. |
|---|--|--|
| NAME OF FILER (In Full) | | |
| Planned Parenthood of Centrel and | Western New York Action Fund | |
| Full Name (Last, First, Middle Initial) | | |
| | | Date of Receipt |
| Mailing Address | | |
| City | State Zip Code | · · · · · · · · · · · · · · · · · · · |
| | | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | |
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| SCHEDULE 5-E TEMIZED INDEPENDENT EXPENDITURES | | | PAGE 3 FOR LINE 7 | OF 3 OF FORM 5 | | |
|--|-------------------|------------------|---|------------------------|--|--|
| NAME OF FILER (In Full) | | | | | | |
| Planned Parenthood of Central and Western New York Ac | tion Fund | | | | | |
| Full Name (Last, First, Middle Initial) of Payee | | | Date of Public Distribution/[Hasemination | | | |
| Tall Girls Design | | | | | | |
| Mailing Address | ······ | | 11 07 | | | |
| 4240 North Buffalo Road | | | Amount | | | |
| City State Orchard Park NY 14127 | Zip Code | | . 1 | 287.50 | | |
| Purpose of Expenditure Social media ad buy | Category/ Type | Offi | ce Sought: X House | State: 24 District: | | |
| Name of Federal Candidate Supported or Opposed by Expendit | ture: | 1 | President | | | |
| Colleen Deacon | | Che | eck One: X Support | Оррозе | | |
| Catendar Year-To-Date Per Election for Office Sought | : · | Dist | Dursement For: Primary | X General | | |
| Full Name (Laat, First, Middle Initial) of Payee | | • <u>•</u> ••••• | Date of Public Distribution/I. | desemination | | |
| Mailing Address | | | Amount | | | |
| City State | Zip Code | | · · · | ; | | |
| Purpose of Expenditure | Category/ Type | Offi | ce Sought: House Sonate | State: | | |
| Name of Federal Candidate Supported or Opposed by Expendit | iture: | Che | ck One: | Oppose | | |
| Calendar Year-To-Date Per Election for Olfice Sought | | Dist | Other (specify) | General | | |
| Full Name (Last, First, Middle Initial) of Payee | | | Date of Public Distribution/C | ssemination | | |
| Mailing Address | | * <i>*</i> | Amount | i | | |
| City State | Zip Code | | · · · | | | |
| Purpose of Expenditure | Category/ Type | Offic | e Sought: House Senate | State: | | |
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| (a) SUBTOTAL of Itemized Independent Exponditures | | ····· Þ | · · · · · · · | 1,287,50 | | |
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| (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) | | ••••• ► | · · · · | 1,287.50 | | |

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