

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 Hudson Pecos Action Fund		2013 FEB -1 PM 12: 03 FEC MAIL CENTER
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 4 Skyline Drive		
(c) City, State and ZIP Code Hawthorne, NY 10532		3. FEC Identification Number C90008236
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

MM	DD	YYYY
10	01	2012


THROUGH

MM	DD	YYYY
12	31	2012

6. TOTAL CONTRIBUTIONS ..... 0

7. TOTAL INDEPENDENT EXPENDITURES ..... 17,667.69

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
Gina Weatherup		1/31/2013

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-A**  
**ITEMIZED RECEIPTS**

PAGE 2 OF 4

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

Planned Parenthood Hudson Peconic Action Fund

A. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

D. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page carry total to Line 6) .....

0

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

PAGE 3 OF 4  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Planned Parenthood Hudson Peconic Action Fund

Full Name (Last, First, Middle Initial) of Payee <b>Mack Crouse Group</b>		Date MM / DD / YYYY <b>10 / 22 / 2012</b>
Mailing Address <b>2001 N. Beauregard Street, Ste 420</b>		Amount <b>4,402.72</b>
City <b>Alexandria, VA</b>	State <b>22311</b>	
Purpose of Expenditure <b>Mailer</b>	Category/Type <b>006</b>	Office Sought: <input checked="" type="checkbox"/> House State: <b>NY</b> <input type="checkbox"/> Senate District: <b>18</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Nan Hayworth</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>8,855.44</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Mack Crouse Group</b>		Date MM / DD / YYYY <b>10 / 25 / 2012</b>
Mailing Address <b>2001 N. Beauregard Street, Ste. 420</b>		Amount <b>4,483.74</b>
City <b>Alexandria, VA</b>	State <b>22311</b>	
Purpose of Expenditure <b>Mailer</b>	Category/Type <b>006</b>	Office Sought: <input checked="" type="checkbox"/> House State: <b>NY</b> <input type="checkbox"/> Senate District: <b>1</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Randy Altschuler</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>4,483.74</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Mack Crouse Group</b>		Date MM / DD / YYYY <b>10 / 25 / 2012</b>
Mailing Address <b>2001 N. Beauregard Street, Ste. 420</b>		Amount <b>4,328.51</b>
City <b>Alexandria, VA</b>	State <b>22311</b>	
Purpose of Expenditure <b>Mailer</b>	Category/Type <b>006</b>	Office Sought: <input checked="" type="checkbox"/> House State: <b>NY</b> <input type="checkbox"/> Senate District: <b>17</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Joe Carvin</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>4,328.51</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>13,214.97</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<b>0</b>
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<b>17,667.69</b>

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

PAGE 4 OF 4  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Planned Parenthood Hudson Pecos Action Fund

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

Mack Crouse Group

Date

MM / DD / YYYY  
11 / 01 / 2012

Mailing Address

2001 N. Beauregard Street, Ste. 420

Amount

4,452.72

City

State

Zip Code

Alexandria, VA 22311

Purpose of Expenditure

Mailer

Category/  
Type

006

Office Sought:

☒ House

State: NY

☐ Senate

District: 18

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Sean Maloney

Calendar Year-To-Date Per Election  
for Office Sought

8,855.44

Disbursement For:

☐ Primary

☒ General

☐ 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:

☐ House

State: \_\_\_\_\_

☐ Senate

District: \_\_\_\_\_

☐ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For:

☐ Primary

☐ General

☐ 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:

☐ House

State: \_\_\_\_\_

☐ Senate

District: \_\_\_\_\_

☐ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) \_\_\_\_\_

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

4,452.72

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

0

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

17,667.69

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input checked="" type="checkbox"/> USPS Express Mail	Postmarked <i>1/31/13</i>
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JB</i> PREPARER	<i>2/1/13</i> DATE PREPARED