

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 Action Fund Inc.			3. FEC Identification Number C C90005471
(b) Address (number and street) <input checked="" type="checkbox"/> check if different than previously reported 123 William St, 10th Floor			
(c) City, State and ZIP Code New York NY 10038			
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

01 / **26** / **2016**

5. COVERING PERIOD:

FROM **MM** / **DD** / **YYYYYY**
THROUGH **MM** / **DD** / **YYYYYY**

6. TOTAL CONTRIBUTIONS..... **0.00**

7. TOTAL INDEPENDENT EXPENDITURES **31021.68**

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

Deirdre Schifeling

SIGNATURE

Deirdre Schifeling

DATE

[Electronically Filed]

02/19/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
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Form/Schedule: F5A

Transaction ID :

Independent expenditures disclosed on this report and listing 'DC' in the 'Office Sought - state' field were done on a nationwide basis and did not focus on any particular state or group of states.

Form/Schedule: F5A

Transaction ID:

This amendment is being filed to remove a receipt that was entered in error. Independent expenditures listed on this report were made from Action Fund's general treasury funds; Action Fund did not receive any contributions for the purpose of furthering the reported independent expenditures as described in 11 CFR 109.10(e)(1)(vi).

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 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 Federation of America Inc.

Date of Public Distribution/Dissemination

MM / DD / YYYY
01 / 08 / 2016

Mailing Address 123 William St, 10th Floor

Amount

City State Zip Code
New York NY 10038

15.50

Transaction ID : 57593065

Purpose of Expenditure
List rentalCategory/
Type 004Office Sought: ☐ House State: DC
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Hillary ClintonCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 31021.68Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) Democratic Primary

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

M+R Strategic Services

Date of Public Distribution/Dissemination

MM / DD / YYYY
01 / 08 / 2016

Mailing Address 1904 L St. NW #800

Amount

City State Zip Code
Washington DC 20036

31.60

Transaction ID : 57593066

Purpose of Expenditure
Copywriting for email communicationCategory/
Type 004Office Sought: ☐ House State: DC
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Hillary ClintonCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 31021.68Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) Democratic Primary

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

The Pivot Group

Date of Public Distribution/Dissemination

MM / DD / YYYY
01 / 25 / 2016

Mailing Address 1720 I Street NW Suite 550

Amount

City State Zip Code
Washington DC 20006

28647.22

Transaction ID : 57593067

Purpose of Expenditure
Printing and postage of mail pieceCategory/
Type 004Office Sought: ☐ House State: IA
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Hillary ClintonCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 31021.68Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) Democratic Primary

(a) SUBTOTAL of Itemized Independent Expenditures..... 28694.32

(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
Community Outreach Group LLC

Date of Public Distribution/Dissemination

01 / 25 / 2016

Mailing Address 1110 Vermont Ave N.W. #300

Amount

City State Zip Code
Washington DC 20005

2327.36

Transaction ID : 57593068

Purpose of Expenditure
Persuasion phone banksCategory/
Type 004Office Sought: ☐ House State: IA
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Hillary ClintonCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 31021.68Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) Democratic Primary

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

Date of Public Distribution/Dissemination

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ 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/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 2327.36

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures..... 31021.68
(carry total from last page forward to Line 7)