



"Greene, Alison" <alison.greene@pphp.org> on 07/14/2016 02:47:51 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>,
cc:

Subject: PPHP Action Fund ID#C90008236

Attached please find FEC form 5 for the above Committee, Planned Parenthood Hudson Peconic Action Fund, ID#C90008236.

Thank you.

Alison E. Greene, JD

Interim Vice President, Public Affairs
Planned Parenthood Hudson Peconic, Inc.
Planned Parenthood Hudson Peconic Action Fund
4 Skyline Drive
Hawthorne, New York 10532
P: (914)467-7310
alison.greene@pphp.org
<http://www.pphp.org/>

The New York State Primary is Sept. 13. Are you registered to vote?



FEC July 15 filing.pdf

20160714030003744

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 Hudson Peconic Action Fund	
(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	
2. Occupation and Name of Employer (for Individual Filers Only)	3. FEC Identification Number C90008236

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

M M L D Y Y Y Y

THROUGH

M M L D Y Y Y Y

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES

1,291.17

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

ALISON E. GREENE

Alison E. Greene

7-14-16

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

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

PAGE	OF
FOR LINE 7 OF FORM 5	

Planned Parenthood Hudson Piconic Action Fund

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood of NYC Action Fund		Date of Public Distribution/Dissemination 04 15 2016	
Mailing Address 26 Bleecker St.		Amount 1,291.17	
City New York	State NY	Zip Code 10012-2413	
Purpose of Expenditure Primary Election Printing/Mailing	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1,291.17		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		1 2 3 4 5 6 7 8 9 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 Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought			

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		M N Y U D J Y Y Y Y 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.....▶ 1,291.17

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

(c) TOTAL Independent Expenditures.....▶ 1,291.17
(carry total from last page forward to Line 7)

2016-07-14-000000877664

Via E-Mail

2016-07-14 00:00:00 7/14/16

2016-07-14-0300081748

PREPARER
(3/2015)