



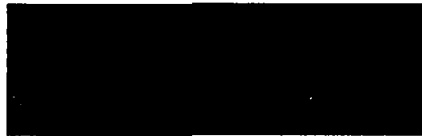
"Shethiya, Rinkesh" <Rinkesh.Shethiya@ppnc.org> on 04/06/2016 12:10:28 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>,
cc: "Umansky, Tammy" <tammy.umansky@ppnc.org>, "Miller, Sarah" <Sarah.Miller@ppnc.org>,
Subject: Planned Parenthood of Nassau County Action Fund FEC Filing

Dear Sir or Madam

Please fund attached PDF of Planned Parenthood of Nassau County Action Fund FEC Filing.

Thank you,
Rinkesh



Rinkesh Shethiya
Accountant
Planned Parenthood of Nassau County, Inc.
Rinkesh.Shethiya@ppnc.org
Phone: (516) 750-2608
Fax: (516) 483-3592

Shop for our cause! Start your Amazon shopping [HERE](#) and your purchase will benefit PPNC.

Please consider the environment before printing this email message.

Disclaimer:

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PPNC AF - FEC Form 5 - 1,374.50 - 4.6.2016.pdf

NON-PROFIT ORGANIZATION

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 <i>Planned Parenthood of Nassau County Action Fund</i>		3. FEC Identification Number <i>C90008293</i>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>540 Fulton Ave.</i>		
(c) City, State and ZIP Code <i>Hempstead, NY, 11550</i>		
2. Occupation and Name of Employer (for Individual Filers Only) <i>NIA</i>		

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 *MM/DD/YYYY*
 THROUGH *MM/DD/YYYY*

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES

0
1,374.50

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

Rinkesh Shethiya

R. Shethiya

4/6/16

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 202-894-1100

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Full Name (Last, First, Middle Initial) of Payee <i>Planned Parenthood of NYC - Action Fund</i>		Date of Public Distribution/Dissemination <i>03 31 2016</i>	
Mailing Address <i>26 Bleecker St</i>		Amount <i>1,291.17</i>	
City <i>New York</i>	State <i>NY</i>	Zip Code <i>10012-2413</i>	
Purpose of Expenditure <i>Primary Election Printing & Mailing</i>	Category/Type <i>006</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Hillary Clinton</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <i>1,291.17</i>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <i>Planned Parenthood of NYC - Action Fund</i>		Date of Public Distribution/Dissemination <i>03 31 2016</i>	
Mailing Address <i>26 Bleecker St</i>		Amount <i>83.33</i>	
City <i>New York</i>	State <i>NY</i>	Zip Code <i>10012-2413</i>	
Purpose of Expenditure <i>Creative Arts for Primary Election</i>	Category/Type <i>006</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President 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 <i>83.33</i>		Disbursement For: <input checked="" 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		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____	
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.....	<i>1,374.50</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<i>0.00</i>
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<i>1,374.50</i>

20130909 10:00:00 AM

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	Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<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 checked="" type="checkbox"/> Other (Specify): <i>E-Mail</i>	Date of Receipt or Postmarked <i>4/6/16</i>

[Signature]
 PREPARER *4/6/16*
 (3/2015) DATE PREPARED

20160406 10:00 AM DOCUMENT