

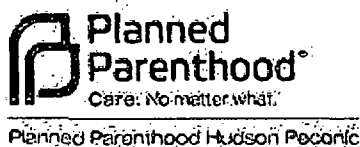


"Toohey, Megan" <megan.toohey@pphp.org> on 04/06/2016 03:31:58 PM

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

Subject: Planned Parenthood Hudson Peconic Action Fund ID# C90008236

Attached please find FEC form 5 for the above committee.



**Megan E. Toohey**  
*Vice President, Public Affairs*  
Planned Parenthood Hudson Peconic  
4 Skyline Drive, Hawthorne, NY 10532  
P: 914-467-7310  
F: 914-467-7344  
[megan.toohey@pphp.org](mailto:megan.toohey@pphp.org)  
[www.pphp.org](http://www.pphp.org)

April is Get Yourself Tested Month. Learn more about **sexually transmitted infections.**

This e-mail is for the sole use of the intended recipients and contains information belonging to PPHP, which is confidential and/or legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any action in reliance on the contents of this e-mail information is strictly prohibited. If you have received this e-mail in error, please immediately notify the sender by reply e-mail and destroy all copies of the original message.



FEC form 5 - 4-6-16.pdf

# 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 <b>Planned Parenthood Hudson Peconic Action Fund</b>	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>4 Skyline Dr.</b>	
(c) City, State and ZIP Code <b>Hawthorne, NY 10532</b>	
2. Occupation and Name of Employer (for Individual Filers Only)	3. FEC Identification Number <b>C 900 08236</b>

#### 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 / D D / Y Y Y Y

THROUGH

M M / D D / Y Y Y Y

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES .....

**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

**Megan E. Toohay**

**Megan E Toohay**

**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 202-694-1100

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

PAGE      OF  
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

PPNYC Action Fund

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y

Mailing Address

26 Bleeker St.

Amount

City

New York

State

NY

Zip Code

10012

, 1,374.50

Purpose of Expenditure

Printing and mailing

Category/  
Type

006

Office Sought:

☐ House

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

☐ Senate

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

☒ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Hillary Clinton

Calendar Year-To-Date Per Election  
for Office Sought

, 1,374.50

Disbursement For: ☒ Primary

☐ General

☐ Other (specify) \_\_\_\_\_

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

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y

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 of Public Distribution/Dissemination

M M / D D / Y Y Y Y

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.....▶

, 1,374.50

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

, .

(c) TOTAL Independent Expenditures.....▶

(carry total from last page forward to Line 7)

, 1,374.50

2016-04-06 09:00 AM

**20616-0486-NB**

(3/2015)