

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 Action Fund Inc. | | 3. FEC Identification Number C C90005471 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 434 West 33rd Street | | |
| (c) City, State and ZIP Code New York NY 10001 | | |
| 2. Corporate filers only | Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Individual filers only | Name of Employer | Occupation |

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

THROUGH

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

17838.59

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a 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

Jankie Beharry

06/06/2008

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-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Planned Parenthood Action Fund Inc.

Full Name (Last, First, Middle Initial) of Payee
ML Printing, Inc.

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 2 | 9 | | 2 | 0 | 0 | 8 |

Mailing Address
5 Brooke Hollow Lane

Amount

43.78

City
PeekskillState
NYZip Code
10566Purpose of Expenditure
Outer EnvelopesCategory/
Type

24A

Office Sought:

☐ House

State: _____

Presidential

☐ Senate

District: _____

☒ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
John McCainDisbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

87311.22

Full Name (Last, First, Middle Initial) of Payee
United States Postal Service

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 2 | 9 | | 2 | 0 | 0 | 8 |

Mailing Address
475 L'Enfant Plaza SW

Amount

191.97

City
WashingtonState
DCZip Code
20260Purpose of Expenditure
PostageCategory/
Type

24A

Office Sought:

☐ House

State: _____

Presidential

☐ Senate

District: _____

☒ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
John McCainDisbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

87311.22

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

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 2 | 9 | | 2 | 0 | 0 | 8 |

Mailing Address
133 Industrial Avenue

Amount

602.87

City
Hasbrouk HeightsState
NJZip Code
07604Purpose of Expenditure
Brochure PrintingCategory/
Type

24A

Office Sought:

☐ House

State: _____

Presidential

☐ Senate

District: _____

☒ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
John McCainDisbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

87311.22

(a) SUBTOTAL of Itemized Independent Expenditures

838.62

(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 **3 / 3**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Planned Parenthood Action Fund Inc.

Full Name (Last, First, Middle Initial) of Payee
The Clinton Group Inc.

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 6 | | 2 | 0 | 0 | 8 |

Mailing Address
1350 Connecticut Avenue NW Ste 110

Amount

16765.07

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20036 |

Purpose of Expenditure
Telephone CallsCategory/
Type **24E**
 Office Sought: ☒ House State: **ME**
☐ Senate District: **01**
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:
Chellie PingreeCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought **16999.97**Disbursement For: ☒ Primary ☐ General
2008
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Planned Parenthood Federation of America Inc.

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 6 | | 2 | 0 | 0 | 8 |

Mailing Address
434 West 33rd Street

Amount

234.90

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| New York | NY | 10001 |

Purpose of Expenditure
List RentalCategory/
Type **24E**
 Office Sought: ☒ House State: **ME**
☐ Senate District: **01**
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:
Chellie PingreeCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought **16999.97**Disbursement For: ☒ Primary ☐ General
2008
☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures**16999.97**(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)**17838.59**