



"D'Andrea Weatherup, Gina" <gina.weatherup@pphp.org> on 11/01/2012 04:47:18 PM

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

Subject: FEC 24 Hour Report

Gina D'Andrea Weatherup
Community Affairs and Advocacy Manager
Planned Parenthood Hudson Peconic, Inc.
Planned Parenthood Hudson Peconic Action Fund
70 Maple Avenue, Smithtown, NY 11787
631-240-1126 f: 631-361-7672

Stand Up. Be Counted. Vote on November 6.

We give you something to talk about: PoliticsPowerSex.org

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From: Lifson, Samantha
Sent: Thursday, November 01, 2012 4:46 PM
To: D'Andrea Weatherup, Gina
Subject: FW: Message from KMBT_601

Samantha Lifson
Community & Online Organizing Coordinator
Planned Parenthood Hudson Peconic, Inc
4 Skyline Drive, Hawthorne, NY 10532
P: 914.467.7311
samantha.lifson@pphp.org
www.pphp.org

Stand Up. Be Counted. Vote on November 6.

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From: scans@pphp.org [mailto:scans@pphp.org]
Sent: Thursday, November 01, 2012 4:46 PM
To: Lifson, Samantha
Subject: Message from KMBT_601



SKMBT_60112110115460.pdf

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 Hudson Peconic Action Fund | | 3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C 90008236 </div> |
| (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. Corporate filers only | Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Individual filers only | Name of Employer | Occupation |

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

THROUGH

6. TOTAL CONTRIBUTIONS 0

7. TOTAL INDEPENDENT EXPENDITURES 5000.00

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. 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 Gina D'Andrea Weatherup | SIGNATURE | DATE 11/1/2012 |
|--|---------------|--------------------------|

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-A
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)
Planned Parenthood Hudson Peconic Action Fund

| | | |
|--|-------|---|
| A. Full Name (Last, First, Middle Initial) | | Date of Receipt |
| Mailing Address | | |
| City | State | Zip Code |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period |
| Name of Employer | | Occupation |

| | | |
|--|-------|---|
| B. Full Name (Last, First, Middle Initial) | | Date of Receipt |
| Mailing Address | | |
| City | State | Zip Code |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period |
| Name of Employer | | Occupation |

| | | |
|--|-------|---|
| C. Full Name (Last, First, Middle Initial) | | Date of Receipt |
| Mailing Address | | |
| City | State | Zip Code |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period |
| Name of Employer | | Occupation |

| | | |
|--|-------|---|
| D. Full Name (Last, First, Middle Initial) | | Date of Receipt |
| Mailing Address | | |
| City | State | Zip Code |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period |
| Name of Employer | | Occupation |

| | |
|--|---|
| SUBTOTAL of Receipts This Page (optional) | 0 |
| TOTAL This Period (last page carry total to Line 6) | 0 |

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Planned Parenthood Hudson Peconic Action Fund

| | | |
|--|----------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Mack Crouse Group | | Date 11 / 01 / 2012 |
| Mailing Address 2001 N. Beauregard Street, Suite 420 | | Amount 5,000.00 |
| City Alexandria, VA | State VA | Zip Code 22311 |
| Purpose of Expenditure Design, print & distribe mass mailing | Category/Type 004 | Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Sean Patrick Maloney | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 10,000.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |

| | | |
|--|---------------|---|
| Full Name (Last, First, Middle Initial) of Payee | | Date |
| Mailing Address | | 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) |

| | | |
|--|---------------|---|
| Full Name (Last, First, Middle Initial) of Payee | | Date |
| Mailing Address | | 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..... | 5000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | 0 |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | 5000.00 |

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 | Postmarked |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> | |
| <input type="checkbox"/> USPS Express Mail | 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>11/1/2012</i> |

| | |
|-----------------------|-----------------------------------|
| <i>JR</i> PREPARER | <i>11/1/2012</i> DATE PREPARED |
|-----------------------|-----------------------------------|

(3/2005)