

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **Planned Parenthood Action Fund Inc.**

(b) Address (number and street) check if different than previously reported
434 West 33rd Street

(c) City, State and ZIP Code
New York NY 10001

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number

C C30001945

3. Is This Statement

New
or
 Amended

4. Covering Period

MM / DD / YYYY
01 / 31 / 2012
through
MM / DD / YYYY
01 / 31 / 2012

5. (a) Date of Public Distribution(s) MM / DD / YYYY 01 / 31 / 2012 (b) Communication Title Use It

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
Rachel Fleischer

(b) Address (number and street)
434 West 33rd Street

(c) City, State and ZIP Code
New York NY 10001

(d) Name of Employer or Principal Place of Business (e) Occupation
Planned Parenthood Action Fund Managing Director, Communications

9. Total Donations This Statement

_____,_____,_____.00

10. Total Disbursements/Obligations This Statement

_____,_____,36168.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Rachel Fleischer

SIGNATURE Rachel Fleischer [Electronically Filed] DATE 02/01/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<p>A. Full Name (Last, First, Middle Initial) of Payee MSR</p> <p>Mailing Address of Payee 11350 Random Hills Road Suite 670</p> <p>City State Zip Code Fairfax VA 22030</p> <p>Name of Employer Occupation</p> <p>Purpose of Disbursement (Including title(s) of communication(s)) Ad placement for Florida</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: <u>FL</u> Barack Obama <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President</p> <p>Transaction ID : F94.000005</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p>	<p>Date of Disbursement or Obligation <input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2012"/></p> <p>Amount <input type="text" value="21200.00"/></p> <p>Communication Date <input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2012"/></p> <p>Transaction ID : F93.000001</p> <p>Disbursement/Obligation For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p>
<p>B. Full Name (Last, First, Middle Initial) of Payee MSR</p> <p>Mailing Address of Payee 11350 Random Hills Road Suite 670</p> <p>City State Zip Code Fairfax VA 22030</p> <p>Name of Employer Occupation</p> <p>Purpose of Disbursement (Including title(s) of communication(s)) Ad placement for Michigan</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: <u>MI</u> Barack Obama <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President</p> <p>Transaction ID : F94.000006</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p>	<p>Date of Disbursement or Obligation <input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2012"/></p> <p>Amount <input type="text" value="11600.00"/></p> <p>Communication Date <input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2012"/></p> <p>Transaction ID : F93.000002</p> <p>Disbursement/Obligation For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p>
<p>SUBTOTAL of Disbursements/Obligations This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)</p>	
<p><input type="text" value="32800.00"/></p>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee 76 Words			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 31 / 2012		
Mailing Address of Payee 1720 Eye Street BW #550			Amount 1684.00		
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y Y Y 01 / 31 / 2012		
Washington	DC	20006	Transaction ID : F93.000003		
Name of Employer Occupation			Purpose of Disbursement (Including title(s) of communication(s)) Ad creation and shipping for Florida		
Name of Federal Candidate Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <u>FL</u> District: _____	Disbursement/Obligation For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Transaction ID : F94.000007					
Name of Federal Candidate Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
B. Full Name (Last, First, Middle Initial) of Payee 76 Words			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 31 / 2012		
Mailing Address of Payee 1720 Eye Street NW #550			Amount 1684.00		
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y Y Y 01 / 31 / 2012		
Washington	DC	20006	Transaction ID : F93.000004		
Name of Employer Occupation			Purpose of Disbursement (Including title(s) of communication(s)) Ad creation and shipping for Michigan		
Name of Federal Candidate Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <u>MI</u> District: _____	Disbursement/Obligation For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Transaction ID : F94.000008					
Name of Federal Candidate Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶			3368.00		
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)			36168.00		