

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 17 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Planned Parenthood Action Fund Inc. PAC

A. Ms. Marian S Pillsbury
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 Park Avenue
 City New York State NY Zip Code 10128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rockefeller Financial Services Occupation Foundation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2013
Transaction ID : A2013-2729163
 Amount of Each Receipt this Period
 5000.00

B. Ms. Carrie Rhodes
 Full Name (Last, First, Middle Initial)
 Mailing Address 5600 NE Windermere Road
 City Seattle State WA Zip Code 98105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self - Employed Occupation Breeder
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2013
Transaction ID : A2013-2729165
 Amount of Each Receipt this Period
 5000.00

C. Ms. Roberta Schneiderman
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 East 72nd Street Apt. 17c
 City New York State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Home Maker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2013
Transaction ID : A2013-2729162
 Amount of Each Receipt this Period
 5000.00

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 15000.00 |
| TOTAL This Period (last page this line number only).....▶ | |