

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Planned Parenthood Action Fund Inc. PAC

ADDRESS (number and street) 1780 Massachusetts Ave. NW  
 Check if different than previously reported. (ACC)  
Washington DC 20036

2. **FEC IDENTIFICATION NUMBER** C00314617  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 12 11 2007 in the State of OH

5. Covering Period 09 11 2007 through 12 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Norman Greene

Signature of Treasurer Electronically Filed by Norman Greene Date 01 10 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.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Planned Parenthood Action Fund Inc. PAC

Report Covering the Period: From: 

M	M
0	9

D	D
1	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		57088.38
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	13637.93									
(c) Total Receipts (from Line 19) .....	124829.37	150564.43								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	138467.30	207652.81								
7. Total Disbursements (from Line 31) .....	37894.01	107079.52								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	100573.29	100573.29								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Planned Parenthood Action Fund Inc. PAC

Report Covering the Period: From: 

M	M
0	9

D	D
1	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	98850.00	121150.00
(i) Itemized (use Schedule A) .....	24603.45	25543.45
(ii) Unitemized .....	123453.45	146693.45
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	123453.45	146693.45
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	1101.09	3208.73
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	274.83	662.25
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	124829.37	150564.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	124829.37	150564.43

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1516.62	54190.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1516.62	54190.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	35377.39	51889.32
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	1000.00	1000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	37894.01	107079.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37894.01	107079.52

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	123453.45	146693.45
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	123453.45	146693.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1516.62	54190.20
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1101.09	3208.73
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	415.53	50981.47

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 44  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. K. A Achterkirchen

Mailing Address 13055 Via Grimaldi

City State Zip Code  
Del Mar CA 92014

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation  
Aerospace Engineering Manager retir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

**Transaction ID:** A2007-2428008

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Susan Askew

Mailing Address 700 Park Avenue

City State Zip Code  
Falls Church VA 22046

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation  
Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

**Transaction ID:** A2007-2581802

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Bridget B Baird

Mailing Address 28 Old Mill Road  
The Cameron Baird Foundation

City State Zip Code  
Quaker Hill CT 06375

FEC ID number of contributing federal political committee. **C**

Name of Employer Connecticut College Occupation  
Math and Comp. Sci. Professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

**Transaction ID:** A2007-2581547

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11000.00**

**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Virginia H Baker

Mailing Address 1716 Bath Street #3

City State Zip Code  
Santa Barbara CA 93101

FEC ID number of contributing federal political committee. C

Name of Employer Retired      Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

**Transaction ID:** A2007-2428053

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Alan R Brodie

Mailing Address 2016 North Cleveland Avenue

City State Zip Code  
Chicago IL 60614

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested      Occupation Information Requested

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID:** A2007-2428057

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Harry Carter

Mailing Address 4416 Algeciras Street

City State Zip Code  
San Diego CA 92107

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested      Occupation Information Requested

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

**Transaction ID:** A2007-2427969

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 2000.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Ms. Annette P Cumming  
 Mailing Address 165 Huckleberry Drive  
 City State Zip Code  
 Jackson WY 83001  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 1 / 2 0 0 7  
**Transaction ID:** A2007-2581615  
 Amount of Each Receipt this Period  
 5000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cumming Foundation Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary C Currie  
 Mailing Address 1401 North Parkway  
 City State Zip Code  
 Midland MI 48640  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 9 / 2 0 0 7  
**Transaction ID:** A2007-2428206  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Bookkeeper  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mary C Currie  
 Mailing Address 1401 North Parkway  
 City State Zip Code  
 Midland MI 48640  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 9 / 2 0 0 7  
**Transaction ID:** A2007-2581608  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Bookkeeper  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 44  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Alex d'Arbeloff

Mailing Address 20 Dudley Street

City State Zip Code  
Brookline MA 02445

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

**Transaction ID:** A2007-2428005

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Mary H Dodge

Mailing Address 65 Linaria Way

City State Zip Code  
Portola Valley CA 94028

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested  
community volunteer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 7

**Transaction ID:** A2007-2428079

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Susan Farque

Mailing Address 4 Tallyho Lane

City State Zip Code  
Little Rock AR 72227

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID:** A2007-2428001

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10100.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 44  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Welcome S Fawcett

Mailing Address 1029 Spaight St. #5A

City Madison State WI Zip Code 53703

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 30 / 2007  
Transaction ID: A2007-2428000  
Amount of Each Receipt this Period: 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Donn Fichter

Mailing Address 50 Parkwood Street

City Albany State NY Zip Code 12208

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 01 / 2007  
Transaction ID: A2007-2428061  
Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
MR. CURTIS FOWLE

Mailing Address 1611 COLD SPRING ROAD #224

City WILLIAMSTOWN State MA Zip Code 01267

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 25 / 2007  
Transaction ID: A2007-2427990  
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1800.00

**TOTAL** This Period (last page this line number only) ..... ►

**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 11 / 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Albert H Garner		Date of Receipt
	Mailing Address 1510 Albemarle Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 0 4 / 2 0 0 7
	City	State	Zip Code
	Brooklyn	NY	11226
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2007-2581761
Name of Employer Lazard		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Ellen Golombek		Date of Receipt
	Mailing Address 535 W. 23rd Street Apt S10Q		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 5 / 2 0 0 7
	City	State	Zip Code
	New York	NY	10011
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2007-2428014
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. David Hayes		Date of Receipt
	Mailing Address 740 Ocean Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 5 / 2 0 0 7
	City	State	Zip Code
	New London	CT	06320
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2007-2428024
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 5750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 12 / 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Michael-Ann Herring	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 1108 Sandpiper	<b>Transaction ID:</b> A2007-2581690
	City State Zip Code Palm Desert CA 92260	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Kathryn A Jenny	Date of Receipt MM / DD / YYYY 11 / 16 / 2007
	Mailing Address 113 Wedgewood Gardens	<b>Transaction ID:</b> A2007-2428176
	City State Zip Code Lewisburg PA 17837	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Chandra Jessee	Date of Receipt MM / DD / YYYY 11 / 16 / 2007
	Mailing Address 59 Mooreland Road	<b>Transaction ID:</b> A2007-2428177
	City State Zip Code Greenwich CT 06831	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self-Employed	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	12500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 44  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Erika Johnson

Mailing Address 2089 Whispering Oaks Drive N.E.

City State Zip Code  
Alexandria MN 56308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Alexandria Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID:** A2007-2427987

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Jonathan D Kaufelt

Mailing Address 351 17th Street

City State Zip Code  
Santa Monica CA 90402

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Equity Marketing Inc. Former Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

**Transaction ID:** A2007-2427970

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. and Mr Irving J Kern

Mailing Address 1661 Pine St  
Apt 945

City State Zip Code  
San Francisco CA 94109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 7

**Transaction ID:** A2007-2428088

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5750.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 44  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
MS. ANNE E KNIGHT

Mailing Address 145 E ELSMERE PLACE

City State Zip Code  
SAN ANTONIO TX 78212

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 7

**Transaction ID:** A2007-2428117

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Lauren Kogod

Mailing Address 301 West 108th Street, #8A

City State Zip Code  
New York NY 10025

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

**Transaction ID:** A2007-2581633

Amount of Each Receipt this Period  
1500.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Julienne Krasnoff

Mailing Address 3 Valley Road  
Beech House

City State Zip Code  
Glen Cove NY 11542

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

**Transaction ID:** A2007-2428009

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Ms. Navah Langmeyer

Mailing Address PSC 111 Box 11F  
SUSLOL Unit

City State Zip Code  
APO ZZ 09454

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
12 / 11 / 2007

**Transaction ID:** A2007-2581725

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ruth Lapidus

Mailing Address 23 Delevan Lane

City State Zip Code  
Harrison NY 10528

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
10 / 09 / 2007

**Transaction ID:** A2007-2428002

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Dr. Judith H Larosa

Mailing Address 75 Poplar Street Apartment 3F

City State Zip Code  
Brooklyn NY 11201

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2007

**Transaction ID:** A2007-2428091

Amount of Each Receipt this Period  
450.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2450.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 44  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Pamela G Lichty

Mailing Address 2216 Aha Niu Place

City Honolulu State HI Zip Code 96821

FEC ID number of contributing federal political committee. **C**

Name of Employer Drug Policy Forum Of Hawaii  
Occupation Non-Profit Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 15 / 2007  
**Transaction ID: A2007-2428172**  
Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Wendy MacKenzie

Mailing Address 829 Park Avenue #8-C

City New York State NY Zip Code 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Self  
Occupation Public Affairs Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 06 / 2007  
**Transaction ID: A2007-2428078**  
Amount of Each Receipt this Period 2500.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Lenore S Maslia

Mailing Address 2575 Peachtree Rd. NE Apt. 16-G

City Atlanta State GA Zip Code 30305

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired  
Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 18 / 2007  
**Transaction ID: A2007-2427994**  
Amount of Each Receipt this Period 2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6000.00

**TOTAL** This Period (last page this line number only) ..... ►

**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 17 / 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Diane L Max		Date of Receipt	
	Mailing Address 1115 Fifth Avenue		M M / D D / Y Y Y Y Y 11 / 15 / 2007	
	City	State	Zip Code	<b>Transaction ID:</b> A2007-2428161
	New York	NY	10128	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		2500.00	
Name of Employer Information Requested		Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. David T McCabe		Date of Receipt	
	Mailing Address 1326 K Street		M M / D D / Y Y Y Y Y 10 / 30 / 2007	
	City	State	Zip Code	<b>Transaction ID:</b> A2007-2428056
	Anchorage	AK	99501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		300.00	
Name of Employer Information Requested		Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Valerie McCarthy		Date of Receipt	
	Mailing Address 79 Romana Drive		M M / D D / Y Y Y Y Y 12 / 11 / 2007	
	City	State	Zip Code	<b>Transaction ID:</b> A2007-2581749
	Hampton Bays	NY	11946	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		5000.00	
Name of Employer Dyna Empire Inc		Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	7800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 44  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Ruth McLean Bowers

Mailing Address 202 Bushnell Avenue

City State Zip Code  
San Antonio TX 78212

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
Rancher Oil Production

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
10 / 05 / 2007

**Transaction ID:** A2007-2428006

Amount of Each Receipt this Period  
2500.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Kim N Meredith

Mailing Address 45 Valley Court

City State Zip Code  
Atherton CA 94027

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation  
Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 31 / 2007

**Transaction ID:** A2007-2428059

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Kimberly C Oxholm

Mailing Address 622 South Bowman Avenue

City State Zip Code  
Merion Station PA 19066

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation  
Financial Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
12 / 04 / 2007

**Transaction ID:** A2007-2581806

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 44  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Daphne Philipson

Mailing Address P.O. Box 242

City State Zip Code  
Ardsley-on-Hudson NY 10503

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation  
Occupation Financial svcs partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

**Transaction ID:** A2007-2428003

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. William B Roe

Mailing Address 112 Wilderness Drive #123

City State Zip Code  
Naples FL 34105

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

**Transaction ID:** A2007-2427996

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Margaret B Ruttenberg, M.D.

Mailing Address 8 Holly Road

City State Zip Code  
Waban MA 02468

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
Bd Certified Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

**Transaction ID:** A2007-2428007

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Ms. Vicki Sant

Mailing Address 2929 N Street N.W.

City State Zip Code  
Washington DC 20007

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

**Transaction ID:** A2007-2428004

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jonathan T Soros

Mailing Address 70-A Greenwich Avenue  
PMB 199

City State Zip Code  
New York NY 10011

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

**Transaction ID:** A2007-2428010

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Susan B Stearns

Mailing Address 7373 Mandarin Drive

City State Zip Code  
Boca Raton FL 33433

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

**Transaction ID:** A2007-2427977

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **12500.00**

**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Ms. Pam Sutherland

Mailing Address 107 West Cook Street Suite F

City State Zip Code  
Springfield IL 62704

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

**Transaction ID:** A2007-2428026

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lillian A Tamayo

Mailing Address 2300 N. Florida Mango Road

City State Zip Code  
West Palm Beach FL 33409

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

**Transaction ID:** A2007-2428060

Amount of Each Receipt this Period  
750.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Cathy Unger

Mailing Address 315 Conway Avenue

City State Zip Code  
Los Angeles CA 90024

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested  
Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID:** A2007-2427997

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 22 / 44	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Jan Weiss		Date of Receipt	
Mailing Address 22 Hunt Farm Rd.		M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
City	State	Zip Code	Transaction ID: A2007-2428039
Waccabuc	NY	10597	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		450.00	
Name of Employer Information Requested		Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional) .....	450.00
TOTAL This Period (last page this line number only) .....	98850.00

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 44  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Planned Parenthood Action Fund Inc.  
Mailing Address 434 West 33rd Street

City State Zip Code  
New York NY 10001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2185.51

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 12 / 2007

**Transaction ID: A6372**

Amount of Each Receipt this Period  
77.87

Reimbursement for Administrative Expenses

**B.** Full Name (Last, First, Middle Initial)  
Planned Parenthood Action Fund Inc.  
Mailing Address 434 West 33rd Street

City State Zip Code  
New York NY 10001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2207.17

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 20 / 2007

**Transaction ID: A6373**

Amount of Each Receipt this Period  
21.66

Reimbursement for Administrative Expenses

**C.** Full Name (Last, First, Middle Initial)  
Planned Parenthood Action Fund Inc.  
Mailing Address 434 West 33rd Street

City State Zip Code  
New York NY 10001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2378.24

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 03 / 2007

**Transaction ID: A6460**

Amount of Each Receipt this Period  
171.07

Reimbursement for Administrative Expenses

**SUBTOTAL** of Receipts This Page (optional) ..... ► 270.60

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 44  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Planned Parenthood Action Fund Inc.		Date of Receipt MM / DD / YYYY 10 / 12 / 2007
Mailing Address 434 West 33rd Street		<b>Transaction ID:</b> A6461
City New York	State NY	Zip Code 10001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.00
Name of Employer	Occupation	Reimbursement for Administrative Expenses
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2413.24	

**B.**

Full Name (Last, First, Middle Initial) Planned Parenthood Action Fund Inc.		Date of Receipt MM / DD / YYYY 10 / 15 / 2007
Mailing Address 434 West 33rd Street		<b>Transaction ID:</b> A6462
City New York	State NY	Zip Code 10001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.00
Name of Employer	Occupation	Reimbursement for Administrative Expenses
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2448.24	

**C.**

Full Name (Last, First, Middle Initial) Planned Parenthood Action Fund Inc.		Date of Receipt MM / DD / YYYY 10 / 17 / 2007
Mailing Address 434 West 33rd Street		<b>Transaction ID:</b> A6464
City New York	State NY	Zip Code 10001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 88.07
Name of Employer	Occupation	Reimbursement for Administrative Expenses
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2536.31	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>158.07</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 44  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Planned Parenthood Action Fund Inc.  
Mailing Address 434 West 33rd Street

City State Zip Code  
New York NY 10001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2557.97

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 8 / 2 0 0 7

**Transaction ID: A6463**  
Amount of Each Receipt this Period 21.66

Reimbursement for Administrative Expenses

**B.** Full Name (Last, First, Middle Initial)  
Planned Parenthood Action Fund Inc.  
Mailing Address 434 West 33rd Street

City State Zip Code  
New York NY 10001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2602.36

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 2 / 2 0 0 7

**Transaction ID: A6466**  
Amount of Each Receipt this Period 44.39

Reimbursement for Administrative Expenses

**C.** Full Name (Last, First, Middle Initial)  
Planned Parenthood Action Fund Inc.  
Mailing Address 434 West 33rd Street

City State Zip Code  
New York NY 10001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2847.35

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 0 / 2 0 0 7

**Transaction ID: A6469**  
Amount of Each Receipt this Period 21.66

Reimbursement for Administrative Expenses

**SUBTOTAL** of Receipts This Page (optional) ..... ► 87.71

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 44  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Planned Parenthood Action Fund Inc.

Mailing Address 434 West 33rd Street

City State Zip Code  
New York NY 10001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2847.35

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 7

**Transaction ID: A6468**

Amount of Each Receipt this Period  
77.87

Reimbursement for Administrative Expenses

**B.**

Full Name (Last, First, Middle Initial)  
Planned Parenthood Action Fund Inc.

Mailing Address 434 West 33rd Street

City State Zip Code  
New York NY 10001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2847.35

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 7

**Transaction ID: A6467**

Amount of Each Receipt this Period  
145.46

Reimbursement for Administrative Expenses

**C.**

Full Name (Last, First, Middle Initial)  
Planned Parenthood Action Fund Inc.

Mailing Address 434 West 33rd Street

City State Zip Code  
New York NY 10001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3109.20

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

**Transaction ID: A6504**

Amount of Each Receipt this Period  
1.20

Reimbursement for Administrative Expenses

**SUBTOTAL** of Receipts This Page (optional) ..... ► **224.53**

**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 44  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Planned Parenthood Action Fund Inc.  
Mailing Address 434 West 33rd Street

City State Zip Code  
New York NY 10001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3109.20

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

**Transaction ID:** A6502

Amount of Each Receipt this Period  
126.55

Reimbursement for Administrative Expenses

**B.** Full Name (Last, First, Middle Initial)  
Planned Parenthood Action Fund Inc.  
Mailing Address 434 West 33rd Street

City State Zip Code  
New York NY 10001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3109.20

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

**Transaction ID:** A6503

Amount of Each Receipt this Period  
134.10

Reimbursement for Administrative Expenses

**C.** Full Name (Last, First, Middle Initial)  
Planned Parenthood Action Fund Inc.  
Mailing Address 434 West 33rd Street

City State Zip Code  
New York NY 10001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3187.07

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 0 7

**Transaction ID:** A6505

Amount of Each Receipt this Period  
77.87

Reimbursement for Administrative Expenses

**SUBTOTAL** of Receipts This Page (optional) ..... ► 338.52

**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 28 / 44	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Planned Parenthood Action Fund Inc.		Date of Receipt																					
	Mailing Address 434 West 33rd Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	8		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		1	8		2	0	0	7														
	City State Zip Code New York NY 10001		<b>Transaction ID:</b> A6506																					
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 21.66																					
Name of Employer Occupation		Reimbursement for Administrative Expenses																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3208.73																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	21.66
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1101.09

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 44
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Bank of New York		Date of Receipt
Mailing Address One Wall Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7
City State Zip Code New York NY 10286		<b>Transaction ID:</b> A6459
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 33.87
Name of Employer	Occupation	Bank Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 421.29	

**B.**

Full Name (Last, First, Middle Initial) Bank of New York		Date of Receipt
Mailing Address One Wall Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
City State Zip Code New York NY 10286		<b>Transaction ID:</b> A6507
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 240.96
Name of Employer	Occupation	Bank Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 662.25	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 274.83
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 274.83

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Bank of New York	Transaction ID: B202589
	Mailing Address One Wall Street	Date of Disbursement 09 / 12 / 2007
	City New York State NY Zip Code 10286	Amount of Each Disbursement this Period 555.00
	Purpose of Disbursement Admin Expense: Tax Payment Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) First Data Merchant Services	Transaction ID: B202587
	Mailing Address P.O. Box 6600	Date of Disbursement 09 / 17 / 2007
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period 21.66
	Purpose of Disbursement Merchant Fee Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

C.	Full Name (Last, First, Middle Initial) Bank of New York	Transaction ID: B202588
	Mailing Address One Wall Street	Date of Disbursement 09 / 28 / 2007
	City New York State NY Zip Code 10286	Amount of Each Disbursement this Period 171.07
	Purpose of Disbursement Bank Service Charge Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>747.73</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Citicorp Payment Services Inc.	Transaction ID: B206324
	Mailing Address 14000 Citi Cards Way	Date of Disbursement 10 / 03 / 2007
	City Jacksonville State FL Zip Code 32258	Amount of Each Disbursement this Period 35.00
	Purpose of Disbursement Merchant Fee Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) Citicorp Payment Services Inc.	Transaction ID: B206325
	Mailing Address 14000 Citi Cards Way	Date of Disbursement 10 / 04 / 2007
	City Jacksonville State FL Zip Code 32258	Amount of Each Disbursement this Period 35.00
	Purpose of Disbursement Merchant Fee Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

C.	Full Name (Last, First, Middle Initial) First Data Merchant Services	Transaction ID: B206326
	Mailing Address P.O. Box 6600	Date of Disbursement 10 / 10 / 2007
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period 88.07
	Purpose of Disbursement Equipment Lease Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	158.07
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) First Data Merchant Services	Transaction ID: B206327
	Mailing Address P.O. Box 6600	Date of Disbursement 10 / 17 / 2007
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period 21.66
	Purpose of Disbursement Merchant Fee Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) Bank of New York	Transaction ID: B206328
	Mailing Address One Wall Street	Date of Disbursement 10 / 31 / 2007
	City New York State NY Zip Code 10286	Amount of Each Disbursement this Period 44.39
	Purpose of Disbursement Bank Service Charge Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

C.	Full Name (Last, First, Middle Initial) Citicorp Payment Services Inc.	Transaction ID: B206353
	Mailing Address 14000 Citi Cards Way	Date of Disbursement 11 / 06 / 2007
	City Jacksonville State FL Zip Code 32258	Amount of Each Disbursement this Period 145.46
	Purpose of Disbursement Merchant Fee Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

211.51

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) First Data Merchant Services	Transaction ID: B206354 Date of Disbursement
	Mailing Address P.O. Box 6600	<input type="text" value="11"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period
	Purpose of Disbursement Equipment Lease Candidate Name	<input type="text" value="77.87"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable
		<input type="text" value="001"/> Category/ Type

B.	Full Name (Last, First, Middle Initial) First Data Merchant Services	Transaction ID: B206355 Date of Disbursement
	Mailing Address P.O. Box 6600	<input type="text" value="11"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fee Candidate Name	<input type="text" value="21.66"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable
		<input type="text" value="001"/> Category/ Type

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: B207176 Date of Disbursement
	Mailing Address P.O. Box 360001	<input type="text" value="12"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Ft. Lauderdale State FL Zip Code 33360	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fee Candidate Name	<input type="text" value="126.55"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable
		<input type="text" value="001"/> Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="226.08"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) CitiBank F.S.B.	Transaction ID: B207177
	Mailing Address P.O. Box 19748	Date of Disbursement 12 / 04 / 2007
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 134.10
	Purpose of Disbursement Merchant Fee Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) Discover Network	Transaction ID: B207178
	Mailing Address P.O. Box 3016	Date of Disbursement 12 / 04 / 2007
	City New Albany State OH Zip Code 43054	Amount of Each Disbursement this Period 1.20
	Purpose of Disbursement Merchant Fee Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

C.	Full Name (Last, First, Middle Initial) Planned Parenthood Action Fund Inc	Transaction ID: B000001
	Mailing Address 434 West 33 Street	Date of Disbursement 12 / 05 / 2007
	City New York State NY Zip Code 10001	Amount of Each Disbursement this Period 82.00
	Purpose of Disbursement Advance Payment Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

Advance payment for in-kind contributions and other activities. See drawdowns and memo entries

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>217.30</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A.** Full Name (Last, First, Middle Initial)  
Planned Parenthood Affiliates of Ohio Inc

Mailing Address 206 East State Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement Advance Payment  
Candidate Name  
Category/Type 001

Office Sought:  House  Senate  President  
Disbursement For: 2007  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: B000002

Date of Disbursement  
12 / 05 / 2007

Amount of Each Disbursement this Period  
707.00

Advance payment for in-kind contributions and other activities

**B.** Full Name (Last, First, Middle Initial)  
Planned Parenthood Action Fund Inc

Mailing Address 434 West 33 Street

City New York State NY Zip Code 10001

Purpose of Disbursement Various In-Kind Contributions  
Candidate Name  
Category/Type 001

Office Sought:  House  Senate  President  
Disbursement For: 2007  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: B000003

Date of Disbursement  
12 / 05 / 2007

Amount of Each Disbursement this Period  
-127.34

See Memo entries

**C.** Full Name (Last, First, Middle Initial)  
Planned Parenthood Action Fund Inc

Mailing Address 434 West 33 Street

City New York State NY Zip Code 10001

Purpose of Disbursement Various In-Kind Contributions  
Candidate Name  
Category/Type 001

Office Sought:  House  Senate  President  
Disbursement For: 2007  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: B000004

Date of Disbursement  
12 / 08 / 2007

Amount of Each Disbursement this Period  
-43.05

See Memo entries

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

536.61

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)  
Planned Parenthood Affiliates of Ohio Inc

Transaction ID: B000005

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	8		2	0	0	7

Mailing Address 206 East State Street

Amount of Each Disbursement this Period

-61.94
--------

City State Zip Code  
Columbus OH 43215

Purpose of Disbursement  
Various In-Kind Contributions

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

See Memo entries

State: District:

B.

Full Name (Last, First, Middle Initial)  
Planned Parenthood Affiliates of Ohio Inc

Transaction ID: B000006

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	9		2	0	0	7

Mailing Address 206 East State Street

Amount of Each Disbursement this Period

-53.19
--------

City State Zip Code  
Columbus OH 43215

Purpose of Disbursement  
Various In-Kind Contributions

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

See Memo entries

State: District:

C.

Full Name (Last, First, Middle Initial)  
Planned Parenthood Affiliates of Ohio Inc

Transaction ID: B000007

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	0		2	0	0	7

Mailing Address 206 East State Street

Amount of Each Disbursement this Period

-278.50
---------

City State Zip Code  
Columbus OH 43215

Purpose of Disbursement  
Various In-Kind Contributions

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

See Memo entries

State: District:

**SUBTOTAL** of Disbursements This Page (optional) .....

-393.63
---------

**TOTAL** This Period (last page this line number only) .....

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A.** Full Name (Last, First, Middle Initial)  
Planned Parenthood Affiliates of Ohio Inc

Mailing Address 206 East State Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Various In-Kind Contributions

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B000008

Date of Disbursement

12 / 11 / 2007

Amount of Each Disbursement this Period

-313.37

See Memo entries

**B.** Full Name (Last, First, Middle Initial)  
First Data Merchant Services

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement  
Equipment Lease

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: MD District:

Not Applicable

Transaction ID: B207179

Date of Disbursement

12 / 11 / 2007

Amount of Each Disbursement this Period

77.87

**C.** Full Name (Last, First, Middle Initial)  
First Data Merchant Services

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement  
Merchant Fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: MD District:

Not Applicable

Transaction ID: B207180

Date of Disbursement

12 / 17 / 2007

Amount of Each Disbursement this Period

21.66

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

-213.84

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A.** Full Name (Last, First, Middle Initial)  
American Express Merchant Services

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement

Merchant Fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: AZ District:

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

Not Applicable

Transaction ID: B207181

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

26.79

**B.** Full Name (Last, First, Middle Initial)  
Planned Parenthood Action Fund Inc

Mailing Address 434 West 33 Street

City New York State NY Zip Code 10001

Purpose of Disbursement  
In-kind Contribution: mailing list

Candidate Name  
Robin Weirauch

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: OH District: 05

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

Transaction ID: B000009

Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

81.19

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
Katherine Scott

Mailing Address 206 East State Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
In-kind Contribution: staff costs

Candidate Name  
Robin Weirauch

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: OH District: 05

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

Transaction ID: B000010

Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

46.15

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ▶

26.79

**TOTAL** This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 39 / 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Katherine Scott	Transaction ID: B000011 Date of Disbursement 12 / 08 / 2007
	Mailing Address 206 East State Street	Amount of Each Disbursement this Period 104.99
	City Columbus State OH Zip Code 43215	
	Purpose of Disbursement In-kind Contribution: staff mileage and food	001 Category/ Type
	Candidate Name Robin Weirauch	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 05	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Katherine Scott	Transaction ID: B000012 Date of Disbursement 12 / 09 / 2007
	Mailing Address 206 East State Street	Amount of Each Disbursement this Period 53.19
	City Columbus State OH Zip Code 43215	
	Purpose of Disbursement In-kind Contribution: staff mileage and food	001 Category/ Type
	Candidate Name Robin Weirauch	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 05	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Katherine Scott	Transaction ID: B000013 Date of Disbursement 12 / 10 / 2007
	Mailing Address 206 East State Street	Amount of Each Disbursement this Period 278.50
	City Columbus State OH Zip Code 43215	
	Purpose of Disbursement In-kind Contribution: staff costs, mileage and food	001 Category/ Type
	Candidate Name Robin Weirauch	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 05	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

TOTAL This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 44

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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

A.

Full Name (Last, First, Middle Initial)  
Katherine Scott

Mailing Address 206 East State Street

City State Zip Code  
Columbus OH 43215

Purpose of Disbursement  
In-kind Contribution: staff costs, mileage and food

Candidate Name  
Robin Weirauch

Office Sought:  House  
 Senate  
 President

State: OH District: 05

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Transaction ID: B000014

Date of Disbursement

12 / 11 / 2007

Amount of Each Disbursement this Period

313.37

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

1516.62

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Robin Weirauch for Congress</p> <p>Mailing Address P.O. Box 301</p> <p>City Napoleon State OH Zip Code 43545</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Robin R Weirauch</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 05</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General</p>	<p><b>Transaction ID:</b> B206053 <b>Date of Disbursement</b> 11 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Planned Parenthood Action Fund</p> <p>Mailing Address 434 West 33 Street</p> <p>City New York State NY Zip Code 10001</p> <p>Purpose of Disbursement In-Kind Contribution</p> <p>Candidate Name Robin Weirauch</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 05</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General</p>	<p><b>Transaction ID:</b> B000015 <b>Date of Disbursement</b> 12 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 127.34</p> <p>011 Category/ Type</p> <p>See memo entries for Line 21b, this date.</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Planned Parenthood Action Fund</p> <p>Mailing Address 434 West 33 Street</p> <p>City New York State NY Zip Code 10001</p> <p>Purpose of Disbursement In-Kind Contribution</p> <p>Candidate Name Robin Weirauch</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 05</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General</p>	<p><b>Transaction ID:</b> B000016 <b>Date of Disbursement</b> 12 / 08 / 2007</p> <p>Amount of Each Disbursement this Period 104.99</p> <p>011 Category/ Type</p> <p>See memo entries for Line 21b, this date.</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

732.33

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Planned Parenthood Action Fund</p> <p>Mailing Address 434 West 33 Street</p> <p>City New York State NY Zip Code 10001</p> <p>Purpose of Disbursement In-Kind Contribution</p> <p>Candidate Name Robin Weirauch</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 05</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General</p>	<p><b>Transaction ID:</b> B000017 <b>Date of Disbursement</b> 12 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 53.19</p> <p>See memo entries for Line 21b, this date.</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Planned Parenthood Action Fund</p> <p>Mailing Address 434 West 33 Street</p> <p>City New York State NY Zip Code 10001</p> <p>Purpose of Disbursement In-Kind Contribution</p> <p>Candidate Name Robin Weirauch</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 05</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General</p>	<p><b>Transaction ID:</b> B000018 <b>Date of Disbursement</b> 12 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 278.50</p> <p>See memo entries for Line 21b, this date.</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Planned Parenthood Action Fund</p> <p>Mailing Address 434 West 33 Street</p> <p>City New York State NY Zip Code 1001</p> <p>Purpose of Disbursement In-Kind Contribution</p> <p>Candidate Name Robin Weirauch</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 05</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General</p>	<p><b>Transaction ID:</b> B000019 <b>Date of Disbursement</b> 12 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 313.37</p> <p>See memo entries for Line 21b, this date.</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

645.06

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Democratic Congressional Camp. Cmte	Transaction ID: B207173
	Mailing Address 430 S. Capitol St. SE 2nd Fl.	Date of Disbursement MM / DD / YYYY 12 / 04 / 2007
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 10000.00
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) Democratic National Cmte	Transaction ID: B207175
	Mailing Address 430 S. Capitol Street SE	Date of Disbursement MM / DD / YYYY 12 / 04 / 2007
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 14000.00
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

C.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Cmte-Fed Acct	Transaction ID: B207174
	Mailing Address 120 Maryland Avenue NE	Date of Disbursement MM / DD / YYYY 12 / 04 / 2007
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 10000.00
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>34000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>35377.39</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 / 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)  
Women's Leadership Forum - DNC

Transaction ID: B202586

Date of Disbursement

Mailing Address 430 South Capitol Street SE

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	7

City State Zip Code  
Washington DC 20003

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
O-2007 Natl Party Cmte-NonFed Acct US

011
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: District:

Not Applicable

SUBTOTAL of Disbursements This Page (optional) ..... ►

1000.00
---------

TOTAL This Period (last page this line number only) ..... ►

1000.00
---------