

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

Planned Parenthood Votes

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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 Year-End 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 (12S)

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Signature of Treasurer  [Electronically Filed] Date  /  /

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									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Planned Parenthood Votes**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		367024.11
(b) Cash on Hand at Beginning of Reporting Period.....	145718.57	
(c) Total Receipts (from Line 19) .....	7623.16	6130339.46
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	153341.73	6497363.57
7. Total Disbursements (from Line 31).....	23472.62	6367494.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	129869.11	129869.11
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) .....	21123.42	

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Planned Parenthood Votes**

Report Covering the Period: From:  /  /  To:  /  /

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		
(i) Itemized (use Schedule A).....	7256.00	5993406.30
(ii) Unitemized .....	0.00	2046.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7256.00	5995452.62
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	7256.00	5997452.62
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).....	367.16	367.16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	132519.68
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 Transfers (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))..... ▶	7623.16	6130339.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7623.16	6130339.46

**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) Allocated 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 .....	11968.06	498414.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	11968.06	498414.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	4119.79	4120914.75
25. Coordinated Party Expenditures (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	20146.32
(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	20146.32
29. Other Disbursements .....	7384.77	1728019.20
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	23472.62	6367494.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23472.62	6367494.46

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	7256.00	5997452.62
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	20146.32
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7256.00	5977306.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	11968.06	498414.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	367.16	367.16
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	11600.90	498047.03

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

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

FOR LINE NUMBER: PAGE 6 OF 17  
(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 Votes**

**A. Planned Parenthood Action Fund**  
 Full Name (Last, First, Middle Initial)  
 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  
 Planned Parenthood Action Fund N/A  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 74695.13

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2014  
**Transaction ID : A2014-3043210**  
 Amount of Each Receipt this Period  
 7256.00  
 In-kind contribution: staff time for accounting and FEC compliance

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7256.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7256.00

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

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

FOR LINE NUMBER: PAGE 7 OF 17  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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
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NAME OF COMMITTEE (In Full)  
**Planned Parenthood Votes**

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

Mailing Address 434 West 33rd Street

City New York State NY Zip Code 10001

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Not Applicable

Aggregate Year-to-Date ▼  
1596.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2014

**Transaction ID : A2014-13877**

Amount of Each Receipt this Period  
 367.16

Reimbursement for travel expenses

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	367.16
<b>TOTAL</b> This Period (last page this line number only).....▶	367.16

**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

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Beehive Research**

Mailing Address 617 Pickford Place NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Research

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2014			

Transaction ID : B543972

Amount of Each Disbursement this Period

86.06
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Full Name (Last, First, Middle Initial)

**B. Planned Parenthood Action Fund Inc.**

Mailing Address 434 West 33rd Street

City New York State NY Zip Code 10001

Purpose of Disbursement  
Payment for debt originally reported on Post-General Rpt. See Schedule D

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2014			

Transaction ID : B539884

Amount of Each Disbursement this Period

4525.00
---------

Full Name (Last, First, Middle Initial)

**C. Planned Parenthood Action Fund Inc.**

Mailing Address 434 West 33rd Street

City New York State NY Zip Code 10001

Purpose of Disbursement  
In-kind contribution: staff time for accounting and FEC compliance

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2014			

Transaction ID : B543969

Amount of Each Disbursement this Period

7256.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

11867.06
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**TOTAL** This Period (last page this line number only)..... ▶

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# 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

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NAME OF COMMITTEE (In Full)  
**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

### A. Bank of America

Mailing Address P.O. Box 27025

City Richmond State VA Zip Code 23261

Purpose of Disbursement  
Merchant fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 01 / 2014

Transaction ID : B543970

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

**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 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

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NAME OF COMMITTEE (In Full)  
**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

### A. Community Outreach Group LLC

Mailing Address 1110 Vermont Ave N.W. #300

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Payment for debt originally reported on Post-General Rpt. See Schedule D

Category/  
Type

Candidate Name  
**PPHS Action Fund**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2014			

Transaction ID : B540177

Amount of Each Disbursement this Period

7	3	8	4	.	7	7
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Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

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

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

7	3	8	4	.	7	7
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7	3	8	4	.	7	7
---	---	---	---	---	---	---

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 17
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Planned Parenthood Votes**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MackCrouse Group</b>	Nature of Debt (Purpose): Canvass literature
Mailing Address 2001 N. Beauregard St. Ste 420	
City State Zip Code Alexandria VA 22311	

Outstanding Balance Beginning This Period 3950.00	<b>Transaction ID : D439006</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3950.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Planned Parenthood Action Fund Inc.</b>	Nature of Debt (Purpose): Staff time for fundraising efforts and non-federal in-kind activity. See line 21b & Schedule E
Mailing Address 434 West 33rd Street	
City State Zip Code New York NY 10001	

Outstanding Balance Beginning This Period 4562.40	<b>Transaction ID : D539006</b>	
Amount Incurred This Period 0.00	Payment This Period 4562.40	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>FedEx</b>	Nature of Debt (Purpose): Shipping of invitations for fundraiser
Mailing Address 326 7th Avenue	
City State Zip Code New York NY 10001	

Outstanding Balance Beginning This Period 21.04	<b>Transaction ID : D739009</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 21.04

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	3971.04
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 17
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Planned Parenthood Votes**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>76 Words</b>	Nature of Debt (Purpose): Production of advertisement.
Mailing Address 1720 Eye Street NW, Ste 550	
City State Zip Code Washington DC 20006	

Outstanding Balance Beginning This Period <input type="text" value="11095.38"/>	<b>Transaction ID : D739012</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="11095.38"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Beehive Research</b>	Nature of Debt (Purpose): Research. See Schedule E
Mailing Address 617 Pickford Place NE	
City State Zip Code Washington DC 20002	

Outstanding Balance Beginning This Period <input type="text" value="3342.50"/>	<b>Transaction ID : D739019</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3342.50"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Community Outreach Group LLC</b>	Nature of Debt (Purpose): Paid canvass - persuasion & GOTV. See Schedule E and line 29
Mailing Address 1110 Vermont Ave N.W. #300	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period <input type="text" value="8124.66"/>	<b>Transaction ID : D739020</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="8124.66"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="11095.38"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 17
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Planned Parenthood Votes**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Denver Westword</b>	Nature of Debt (Purpose): Print and online advertising.
Mailing Address PO Box 5970	
City State Zip Code Denver CO 80217	

Outstanding Balance Beginning This Period 2916.00	<b>Transaction ID : D739025</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2916.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Planned Parenthood Health Systems Action Fund</b>	Nature of Debt (Purpose): GOTV phone calls and canvass.
Mailing Address 100 South Boylan Avenue	
City State Zip Code Raleigh NC 27603	

Outstanding Balance Beginning This Period 3141.00	<b>Transaction ID : D739026</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3141.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	6057.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	21123.42
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	21123.42





**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00489799
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Community Outreach Group LLC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 16 / 2014
Mailing Address 1110 Vermont Ave N.W. #300	Amount <span style="border: 1px solid black; padding: 2px;">221.31</span>
City Washington State DC Zip Code 20005	<b>Transaction ID : B538296</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 16 / 2014
Purpose of Expenditure Payment for independent expenditure originally reported on Post-General Rpt. See Schedule D	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Thom Tillis	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1887516.90</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Community Outreach Group LLC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 16 / 2014
Mailing Address 1110 Vermont Ave N.W. #300	Amount <span style="border: 1px solid black; padding: 2px;">221.31</span>
City Washington State DC Zip Code 20005	<b>Transaction ID : B538297</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 16 / 2014
Purpose of Expenditure Payment for independent expenditure originally reported on Post-General Rpt. See Schedule D	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Kay Hagan	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1887516.90</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">442.62</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Liz Gustafson*  
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
01 / 29 / 2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00489799
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Planned Parenthood Action Fund Inc.</b>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 12 / 29 / 2014
Mailing Address 434 West 33rd Street	Amount <span style="margin-left: 20px;">18.70</span>
City State Zip Code New York NY 10001	
Purpose of Expenditure Payment for independent expenditure originally reported on Post-General Rpt. See Schedule D	Category/Type <span style="margin-left: 20px;">004</span>
Name of Federal Candidate Thom Tillis	Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 12 / 29 / 2014
Name of Federal Candidate Thom Tillis	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1887516.90</span>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Planned Parenthood Action Fund Inc.</b>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 12 / 29 / 2014
Mailing Address 434 West 33rd Street	Amount <span style="margin-left: 20px;">18.70</span>
City State Zip Code New York NY 10001	
Purpose of Expenditure Payment for independent expenditure originally reported on Post-General Rpt. See Schedule D	Category/Type <span style="margin-left: 20px;">004</span>
Name of Federal Candidate Kay Hagan	Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 12 / 29 / 2014
Name of Federal Candidate Kay Hagan	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1887516.90</span>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">37.40</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="margin-left: 20px;">4119.79</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Liz Gustafson*

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
01 / 29 / 2015