

**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.

12FE4M5

Planned Parenthood Action Fund Inc. PAC

ADDRESS (number and street) ▼

434 West 33rd Street

☐ Check if different than previously reported. (ACC)

New York

NY

10001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 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  
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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
02 01 2014

through

M M M / D D D / Y Y Y Y Y Y  
02 28 2014

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 Aaron Samulcek

Signature of Treasurer

Aaron Samulcek

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
03 20 2014

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 / D D / Y Y Y Y  
 02 / 01 / 2014

To:

 M M / D D / Y Y Y Y  
 02 / 28 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		445962.43
(b) Cash on Hand at Beginning of Reporting Period.....	469380.76	
(c) Total Receipts (from Line 19) .....	55283.34	96193.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	524664.10	542155.79
7. Total Disbursements (from Line 31) .....	42857.96	60349.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	481806.14	481806.14
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Planned Parenthood Action Fund Inc. PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
02 01 2014

To:

M M / D D / Y Y Y Y  
02 28 2014
**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).....

54450.00

91700.00

(ii) Unitemized .....

330.00

3658.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

54780.00

95358.00

(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) ..... ►

54780.00

95358.00

## 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).....

503.34

835.36

## 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

0.00

## 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))..... ►

55283.34

96193.36

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

55283.34

96193.36

**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 .....	21.57	12439.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	21.57	12439.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42836.39	47909.80
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
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	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 .....	0.00	0.00
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)) ..	42857.96	60349.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42857.96	60349.65

**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) .....	54780.00	95358.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	54780.00	95358.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	21.57	12439.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	503.34	835.36
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	-481.77	11604.49

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Action Fund Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Naomi D Aberly**

Mailing Address 8 Mount Vernon Place

City State Zip Code  
 Boston MA 02108-1406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

MM / DD / YYYY  
 02 / 28 / 2014

**Transaction ID : A2014-498203**

Amount of Each Receipt this Period

4800.00

Full Name (Last, First, Middle Initial)

**B. Serena S Connelly**

Mailing Address 3156 Brookhollow Drive

City State Zip Code  
 Dallas TX 75234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Contran Corp.

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY  
 02 / 28 / 2014

**Transaction ID : A2014-498204**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Lamnot du Pont**

Mailing Address 846 River Ranch Court

City State Zip Code  
 Fruita CO 81521-8436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self - Employed

Occupation

Rancher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
 02 / 26 / 2014

**Transaction ID : A2014-498205**

Amount of Each Receipt this Period

500.00

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

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

7800.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID :

Please note that our committee follows all federal regulations, including those found at 11 CFR 104.7(a) governing the solicitation of contributors. This committee specifically requests all pertinent information from contributors, including employer and occupation; informs contributors that the committee is required by law to report the same; and, makes a follow-up request for omitted information when necessary. The committee thus complies with the best efforts rules.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 8 OF 23  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Action Fund Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. B. Henry Estess Jr.**

Mailing Address 5315 S Dentwood Drive

City State Zip Code  
 Dallas TX 75220

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 ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : A2014-498206**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Mr. Allen Grossman**

Mailing Address 1020 Carolyn Way

City State Zip Code  
 Beverly Hills CA 90210

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  
 02 / 28 / 2014

**Transaction ID : A2014-498207**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Ms. Robin T Hadley**

Mailing Address 55 Flower Hill Road

City State Zip Code  
 Huntington Bay NY 11743

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 ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 21 / 2014

**Transaction ID : A2014-498208**

Amount of Each Receipt this Period

5000.00

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

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

15000.00



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 23  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Action Fund Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Kriss E Hart**

Mailing Address PO Box 32598

City State Zip Code  
 Juneau AK 99803

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Western Marine Construction Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 28 2014

**Transaction ID : A2014-498209**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey D Justice**

Mailing Address 2067 Oberlin Street

City State Zip Code  
 Palo Alto CA 94306

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 None Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 20 2014

**Transaction ID : A2014-498210**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Jill Lafer**

Mailing Address 1060 Fifth Avenue #7B

City State Zip Code  
 New York NY 10128-0104

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Hoffman-Lafer Associates Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 28 2014

**Transaction ID : A2014-498211**

Amount of Each Receipt this Period

5000.00

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

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

10500.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Planned Parenthood Action Fund Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Katherine L Lobach**

Mailing Address 238 Kensington Oval

City State Zip Code  
 New Rochelle NY 10805

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 ▼

250.00

Date of Receipt

MM / DD / YYYY  
 02 / 14 / 2014

**Transaction ID : A2014-501356**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Wendy MacKenzie**

Mailing Address 829 Park Avenue

City State Zip Code  
 New York NY 10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New York Choicepac

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY  
 02 / 18 / 2014

**Transaction ID : A2014-501357**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Elena Marks**

Mailing Address 6510 Auden Street

City State Zip Code  
 Houston TX 77005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Episcopal Health Foundation

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY  
 02 / 26 / 2014

**Transaction ID : A2014-501358**

Amount of Each Receipt this Period

5000.00

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

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

7750.00

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 23  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Planned Parenthood Action Fund Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Donald R Mullen Jr.**

Mailing Address 111 W 67th Street #38A

City State Zip Code  
 New York NY 10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fundamental REO

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : A2014-501359**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Helen Nixon**

Mailing Address 5510 N Fairmont Drive

City State Zip Code  
 Peoria IL 61614

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 14 / 2014

**Transaction ID : A2014-501360**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Ms. Frances Pepper**

Mailing Address 233 Oliver Road

City State Zip Code  
 Cincinnati OH 45215-2638

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Community Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : A2014-501361**

Amount of Each Receipt this Period

2500.00

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

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

7900.00

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

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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Planned Parenthood Action Fund Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Daphne Philipson**

Mailing Address PO Box 242

City

Ardsley on Hudson

State

NY

Zip Code

10503

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 ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : A2014-501362**

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. Charles B Sethness**

Mailing Address PO Box 898

City

Land O Lakes

State

WI

Zip Code

54540

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : A2014-501363**

Amount of Each Receipt this Period

2500.00

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

Amount of Each Receipt this Period

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

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

5500.00

54450.00

# **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)

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Action Fund Inc. PAC**

Full Name (Last, First, Middle Initial)

## **A. 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: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼  
 Not Applicable

Aggregate Year-to-Date ▼

477.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 11 2014

**Transaction ID : A2014-10758**

Amount of Each Receipt this Period

145.38

Reimbursement for Administrative Expenses

Full Name (Last, First, Middle Initial)

## **B. 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: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼  
 Not Applicable

Aggregate Year-to-Date ▼

835.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 26 2014

**Transaction ID : A2014-10759**

Amount of Each Receipt this Period

357.96

Reimbursement for Administrative Expenses

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

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

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

503.34

503.34

<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

Planned Parenthood Action Fund Inc. PAC

Category/  
Type

State: ☐ District: ☒ Not Applicable

Three 16x16 LED displays are shown, each with a 4x4 grid of segments. The first display shows '02' with segments M, M, and 02. The second display shows '04' with segments D, D, and 04. The third display shows '2014' with segments Y, Y, Y, Y, and 2014.

Category/  
Type

State:  District:  Not Applicable

Category/  
Type

State: ☐ District: ☒ Not Applicable

-60.83

-60.83

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 23

<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

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Action Fund Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Kirkpatrick for Arizona**

Mailing Address PO Box 12011

City	State	Zip Code
Casa Grande	AZ	85130

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ann Kirkpatrick**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: AZ District: 01

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	28	/	2014

**Transaction ID : B487585**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Kyrsten Sinema for Congress**

Mailing Address PO Box 25879

City	State	Zip Code
Tempe	AZ	85285

Purpose of Disbursement  
Contribution

011

Candidate Name

**Kyrsten Sinema**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: AZ District: 09

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	28	/	2014

**Transaction ID : B487586**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Bera for Congress**

Mailing Address Post Office Box 582496

City	State	Zip Code
Elk Grove	CA	95758

Purpose of Disbursement  
Contribution

011

Candidate Name

**Amerish Bera**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 07

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	28	/	2014

**Transaction ID : B487587**

Amount of Each Disbursement this Period

1000.00
---------

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

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 23

<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

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Action Fund Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Scott Peters for Congress**

Mailing Address PO Box 70980

City Washington	State DC	Zip Code 20024
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Purpose of Disbursement  
Contribution

Candidate Name

**Scott Peters**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

**Transaction ID : B487588**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Renteria**

Mailing Address P.O. Box 655

City Sanger	State CA	Zip Code 93657
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Purpose of Disbursement  
Contribution

Candidate Name

**Amanda Renteria**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

**Transaction ID : B487579**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Rosa DeLauro**

Mailing Address 12 Trumbull Street

City New Haven	State CT	Zip Code 06511
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Purpose of Disbursement  
Contribution

Candidate Name

**Rosa DeLauro**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Convention

State: CT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

**Transaction ID : B487591**

Amount of Each Disbursement this Period

1000.00
---------

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

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 23

<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

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Action Fund Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Alex Sink for Congress**

Mailing Address P.O. Box 17271

City	State	Zip Code
Clearwater	FL	33762

Purpose of Disbursement  
Contribution

011

Candidate Name

**Alex Sink**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General☒ Other (specify) ▼

Special General

State: FL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	04	/	2014

**Transaction ID : B486661**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Democratic Executive Committee of Florida**

Mailing Address 214 South Bronough Street

City	State	Zip Code
Tallahassee	FL	32301

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	28	/	2014

**Transaction ID : B487834**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Joe Garcia for Congress**

Mailing Address PO Box 330871

City	State	Zip Code
Miami	FL	33233

Purpose of Disbursement  
Contribution

011

Candidate Name

**Joe Garcia**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General☐ Other (specify) ▼

State: FL District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	28	/	2014

**Transaction ID : B487593**

Amount of Each Disbursement this Period

2500.00
---------

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

10000.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Planned Parenthood Action Fund Inc. PAC

1000.00

Age Group	Percentage
18-24	25.00
25-34	20.00
35-44	15.00
45-54	10.00
55-64	5.00
65-74	3.00
75-84	2.00
85+	1.00

1000.00

State: MI District: 07

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 23

<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

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Action Fund Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Montanans for Lewis**

Mailing Address PO Box 1916

City	State	Zip Code
Billings	MT	59103

Purpose of Disbursement  
Contribution

011

Candidate Name

**John Lewis**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

**Transaction ID : B487581**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Planned Parenthood Action Fund**

Mailing Address 434 West 33rd Street

City	State	Zip Code
New York	NY	10001

Purpose of Disbursement  
In-kind: Staff time for press release

011

Candidate Name

**Alma Shealey Adams**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Special Primary

State: NC District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

**Transaction ID : B487249**

Amount of Each Disbursement this Period

199.63
--------

See line 21b

Full Name (Last, First, Middle Initial)

**C. Planned Parenthood Action Fund**

Mailing Address 434 West 33rd Street

City	State	Zip Code
New York	NY	10001

Purpose of Disbursement  
In-kind: Staff time and list rental to send invitation to fundraiser

011

Candidate Name

**Kay R Hagan**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

**Transaction ID : B489478**

Amount of Each Disbursement this Period

136.76
--------

See line 21b

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

1336.39
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 23

<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

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Action Fund Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Kuster for Congress**

Mailing Address P.O. Box 1498

City Concord	State NH	Zip Code 03302
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ann Kuster-McClane**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NH District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

**Transaction ID : B487597**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Kuster for Congress**

Mailing Address P.O. Box 1498

City Concord	State NH	Zip Code 03302
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ann Kuster-McClane**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

**Transaction ID : B487598**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Horsford for Congress**

Mailing Address 6100 Elton Avenue Suite 1000

City Las Vegas	State NV	Zip Code 89107
-------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

011

Candidate Name

**Steven Horsford**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

**Transaction ID : B487582**

Amount of Each Disbursement this Period

1000.00
---------

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

2000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 23

<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

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Action Fund Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Sean Eldridge for Congress**

Mailing Address P.O. Box 4113

City Kingston	State NY	Zip Code 12402
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Purpose of Disbursement  
Contribution

Candidate Name

**Sean Eldridge**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

**Transaction ID : B487584**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Dan Maffei**

Mailing Address PO Box 230

City Syracuse	State NY	Zip Code 13201
------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Dan Maffei**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

**Transaction ID : B487600**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Sean Patrick Maloney for Congress**

Mailing Address PO Box 270

City Newburgh	State NY	Zip Code 12550
------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Sean Patrick Maloney**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

**Transaction ID : B487599**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 23

<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

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Action Fund Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Recchia for Congress**

Mailing Address 172 Gravesend Neck Road

City Brooklyn	State NY	Zip Code 11223
------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

011

Candidate Name

**Domenic M Recchia Jr.**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

**Transaction ID : B487835**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Pete Gallego**

Mailing Address P.O. Box 1781

City San Antonio	State TX	Zip Code 78296
---------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

011

Candidate Name

**Pete Gallego**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

**Transaction ID : B487601**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Marc Veasey Congressional Campaign Cmte**

Mailing Address PO Box 50084

City Fort Worth	State TX	Zip Code 76105
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

011

Candidate Name

**Marc Veasey**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

**Transaction ID : B487583**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 23

<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

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Action Fund Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Ave. NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2014

**Transaction ID : B487603**

Amount of Each Disbursement this Period

10000.00
----------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

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

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

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

Amount of Each Disbursement this Period

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

10000.00
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42836.39
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