

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 02 28 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**

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)	124742.76	150477.82								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	138380.69	207566.20								
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))	100486.68	100486.68								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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	97850.00	120150.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	23498.45	24438.45
(iii) TOTAL (add Lines 11(a)(i) and (ii)	121348.45	144588.45
(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)	121348.45	144588.45
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	1837.30	1837.30
17. Other Federal Receipts (Dividends, Interest, etc.)	455.92	843.34
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))	124742.76	150477.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	124742.76	150477.82

DETAILED SUMMARY PAGE

of Disbursements

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.....	36377.39	52889.32
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.....	0.00	0.00
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	121348.45	144588.45
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	121348.45	144588.45
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
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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 Retired Occupation Aerospace Engineering Manager

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: A2007-2661946

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: A2007-2662397

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: A2007-2662429

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: (check only one)	PAGE 7 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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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: 10 / 29 / 2007
Transaction ID: A2007-2662047
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: 10 / 30 / 2007
Transaction ID: A2007-2662026
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: 10 / 31 / 2007
Transaction ID: A2007-2662030
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: (check only one)	PAGE 8 / 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	

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

A.	Full Name (Last, First, Middle Initial) Mr. Ian M Cumming	Date of Receipt MM / DD / YYYY 12 / 21 / 2007
	Mailing Address 165 Huckleberry Drive	Transaction ID: A2007-2662398
	City State Zip Code Jackson WY 83001	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Previously reported as contribution from Annette Cumming, but signed by Ian Cumming
	Name of Employer Cumming Foundation 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.	Full Name (Last, First, Middle Initial) Ms. Mary C Currie	Date of Receipt MM / DD / YYYY 11 / 19 / 2007
	Mailing Address 1401 North Parkway	Transaction ID: A2007-2662178
	City State Zip Code Midland MI 48640	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Mr. Alex d'Arbeloff	Date of Receipt MM / DD / YYYY 10 / 05 / 2007
	Mailing Address 20 Dudley Street	Transaction ID: A2007-2661940
	City State Zip Code Brookline MA 02445	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	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	

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: (check only one)	PAGE 9 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Ms. Mary H Dodge		Date of Receipt
	Mailing Address 65 Linaria Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Portola Valley	CA	94028
	FEC ID number of contributing federal political committee. C		Transaction ID: A2007-2662052
Name of Employer Information Requested		Occupation	Amount of Each Receipt this Period
		Community Volunteer	<input type="text"/> 5000.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 5000.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Ms. Susan Farque		Date of Receipt
	Mailing Address 4 Tallyho Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Little Rock	AR	72227
	FEC ID number of contributing federal political committee. C		Transaction ID: A2007-2662006
Name of Employer Information Requested		Occupation	Amount of Each Receipt this Period
		Information Requested	<input type="text"/> 100.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 300.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Ms. Welcome S Fawcett		Date of Receipt
	Mailing Address 1029 Spaight St. #5A		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Madison	WI	53703
	FEC ID number of contributing federal political committee. C		Transaction ID: A2007-2661996
Name of Employer Retired		Occupation	Amount of Each Receipt this Period
		Retired	<input type="text"/> 1000.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1000.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 6100.00
TOTAL 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: 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

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

A.

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: A2007-2662032
 Amount of Each Receipt this Period: 500.00

B.

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: A2007-2661953
 Amount of Each Receipt this Period: 300.00

C.

Full Name (Last, First, Middle Initial)
Mr. Albert H Garner

Mailing Address 1510 Albemarle Road

City Brooklyn State NY Zip Code 11226

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

Name of Employer Lazard Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 12 / 04 / 2007
Transaction ID: A2007-2662342
 Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) ► **5800.00**

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

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

A.	Full Name (Last, First, Middle Initial) Ms. Ellen Golombek		Date of Receipt MM / DD / YYYY 10 / 25 / 2007		
	Mailing Address 535 W. 23rd Street Apt S10Q		Transaction ID: A2007-2661973		
	City New York	State NY	Zip Code 10011	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Planned Parenthood Fed. of America		Occupation VP of External Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Dr. David Hayes		Date of Receipt MM / DD / YYYY 10 / 25 / 2007		
	Mailing Address 740 Ocean Avenue		Transaction ID: A2007-2661971		
	City New London	State CT	Zip Code 06320	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Ms. Michael-Ann Herring		Date of Receipt MM / DD / YYYY 12 / 31 / 2007		
	Mailing Address 1108 Sandpiper		Transaction ID: A2007-2662426		
	City Palm Desert	State CA	Zip Code 92260	Amount of Each Receipt this Period 2500.00	
	FEC ID number of contributing federal political committee. C				
	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			

SUBTOTAL of Receipts This Page (optional)	3250.00
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 12 / 44
(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

A. Full Name (Last, First, Middle Initial)
Ms. Kathryn A Jenny

Mailing Address 113 Wedgewood Gardens

City State Zip Code
Lewisburg PA 17837

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
MM / DD / YYYY
11 / 16 / 2007

Transaction ID: A2007-2662148

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Ms. Chandra Jessee

Mailing Address 59 Mooreland Road

City State Zip Code
Greenwich CT 06831

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

Name of Employer Self-Employed Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2007

Transaction ID: A2007-2662149

Amount of Each Receipt this Period
5000.00

C. 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 Alexandria Clinic Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2007

Transaction ID: A2007-2662025

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **10250.00**

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 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

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

A.

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
1 0 / 2 5 / 2 0 0 7

Transaction ID: A2007-2661975

Amount of Each Receipt this Period

5000.00

B.

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
1 1 / 0 5 / 2 0 0 7

Transaction ID: A2007-2662061

Amount of Each Receipt this Period

500.00

C.

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 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
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2662090

Amount of Each Receipt this Period

500.00

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 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

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

A.

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: A2007-2662415

Amount of Each Receipt this Period
1500.00

B.

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 Retired Occupation 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: A2007-2661944

Amount of Each Receipt this Period
1000.00

C.

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

Transaction ID: A2007-2662360

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

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

A. 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: A2007-2661948

Amount of Each Receipt this Period
1000.00

B. 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: A2007-2662064

Amount of Each Receipt this Period
450.00

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

Mailing Address 2216 Aha Niu Place

City State Zip Code
Honolulu HI 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
MM / DD / YYYY
11 / 15 / 2007

Transaction ID: A2007-2662144

Amount of Each Receipt this Period
1000.00

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)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 829 Park Avenue #8-C

City State Zip Code
New York NY 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
MM / DD / YYYY
11 / 06 / 2007

Transaction ID: A2007-2662051

Amount of Each Receipt this Period
2500.00

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

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

City State Zip Code
Atlanta GA 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
MM / DD / YYYY
10 / 18 / 2007

Transaction ID: A2007-2661951

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Ms. Diane L Max

Mailing Address 1115 Fifth Avenue

City State Zip Code
New York NY 10128

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
MM / DD / YYYY
11 / 15 / 2007

Transaction ID: A2007-2662133

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► 7500.00

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 17 / 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
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NAME OF COMMITTEE (In Full)
Planned Parenthood Action Fund Inc. PAC

A.

Full Name (Last, First, Middle Initial)
Mr. David T McCabe

Mailing Address 1326 K Street

City Anchorage State AK Zip Code 99501

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 / 30 / 2007
Transaction ID: A2007-2662023
 Amount of Each Receipt this Period: 300.00

B.

Full Name (Last, First, Middle Initial)
Valerie McCarthy

Mailing Address 79 Romana Drive

City Hampton Bays State NY Zip Code 11946

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

Name of Employer Dyna Empire Inc Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt: 12 / 11 / 2007
Transaction ID: A2007-2662396
 Amount of Each Receipt this Period: 5000.00

C.

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

Mailing Address 202 Bushnell Avenue

City San Antonio State TX Zip Code 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: 10 / 05 / 2007
Transaction ID: A2007-2661945
 Amount of Each Receipt this Period: 2500.00

SUBTOTAL of Receipts This Page (optional) ► 7800.00

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

A.

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

Mailing Address 45 Valley Court

City Atherton State CA Zip Code 94027

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

Name of Employer
Planned Parenthood Fed. of America

Occupation
Chief Development Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: A2007-2662046

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 622 South Bowman Avenue

City Merion Station State PA Zip Code 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: A2007-2662341

Amount of Each Receipt this Period
2500.00

C.

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

Mailing Address P.O. Box 242

City Ardsley-on-Hudson State NY Zip Code 10503

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

Name of Employer Information Requested

Occupation
Financial svcs partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: A2007-2661942

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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 19 / 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	

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

A.	Full Name (Last, First, Middle Initial) Mr. William B Roe	Date of Receipt MM / DD / YYYY 10 / 22 / 2007
	Mailing Address 112 Wilderness Drive #123	Transaction ID: A2007-2661950
	City State Zip Code Naples FL 34105	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

B.	Full Name (Last, First, Middle Initial) Margaret B Ruttenberg, M.D.	Date of Receipt MM / DD / YYYY 10 / 09 / 2007
	Mailing Address 8 Holly Road	Transaction ID: A2007-2661947
	City State Zip Code Waban MA 02468	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Bd Certified Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

C.	Full Name (Last, First, Middle Initial) Ms. Vicki Sant	Date of Receipt MM / DD / YYYY 10 / 05 / 2007
	Mailing Address 2929 N Street N.W.	Transaction ID: A2007-2661943
	City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	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

SUBTOTAL of Receipts This Page (optional)	6500.00
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)

<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

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

A.

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: A2007-2661949

Amount of Each Receipt this Period

5000.00

B.

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: A2007-2661941

Amount of Each Receipt this Period

2500.00

C.

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 IL Planned Parenthood Council Occupation Executive Director

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: A2007-2661976

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

8000.00

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

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

A. 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
Planned Phood of Greater Miami PB&TC

Occupation
President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	7

Transaction ID: A2007-2662031

Amount of Each Receipt this Period
750.00

B. 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
Consultant

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	0	/	2	0	0	7

Transaction ID: A2007-2662027

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Jan Weiss

Mailing Address 22 Hunt Farm Rd.

City State Zip Code
Waccabuc NY 10597

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

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	7

Transaction ID: A2007-2661988

Amount of Each Receipt this Period
450.00

SUBTOTAL of Receipts This Page (optional) ► **2200.00**

TOTAL This Period (last page this line number only) ► **97850.00**

**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)
 11a 11b 11c 12
 13 14 15 16 17

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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 23 / 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

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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 ▼
2413.24

Date of Receipt

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

Transaction ID: A6461

Amount of Each Receipt this Period

35.00

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 ▼
2448.24

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: A6462

Amount of Each Receipt this Period

35.00

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 ▼
2536.31

Date of Receipt

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

Transaction ID: A6464

Amount of Each Receipt this Period

88.07

Reimbursement for Administrative Expenses

SUBTOTAL of Receipts This Page (optional) ▶

158.07

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

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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
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
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
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 25 / 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 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

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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
MM / DD / YYYY
12 / 07 / 2007

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
MM / DD / YYYY
12 / 07 / 2007

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
MM / DD / YYYY
12 / 13 / 2007

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 27 / 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

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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																					
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		Transaction ID: A6506																					
FEC ID number of contributing federal political committee. C		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																						

SUBTOTAL of Receipts This Page (optional)	▶	21.66
TOTAL 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 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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Obama for America		Date of Receipt																					
	Mailing Address P.O. Box 8102		<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>1</td><td>/</td><td>0</td><td>1</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	1	/	0	1	/	2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	0	1	/	2	0	0	7														
	City	State	Zip Code	Transaction ID: A6632																				
	Chicago	IL	60680	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C C00431445	1837.30																					
Name of Employer		Occupation	Refund from Fed. Cmte																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	1837.30																					

SUBTOTAL of Receipts This Page (optional)	▶	1837.30
TOTAL This Period (last page this line number only)	▶	1837.30

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 checked="" type="checkbox"/> 16

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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" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
City	State	Zip Code
New York	NY	10286
FEC ID number of contributing federal political committee.		Transaction ID: A6459
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="33.87"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Bank Interest
Aggregate Year-to-Date ▼		
<input type="text" value="421.29"/>		

B.

Full Name (Last, First, Middle Initial) Bank of New York		Date of Receipt
Mailing Address One Wall Street		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
City	State	Zip Code
New York	NY	10286
FEC ID number of contributing federal political committee.		Transaction ID: A6631
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="181.09"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Bank Interest
Aggregate Year-to-Date ▼		
<input type="text" value="602.38"/>		

C.

Full Name (Last, First, Middle Initial) Bank of New York		Date of Receipt
Mailing Address One Wall Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
City	State	Zip Code
New York	NY	10286
FEC ID number of contributing federal political committee.		Transaction ID: A6507
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="240.96"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Bank Interest
Aggregate Year-to-Date ▼		
<input type="text" value="843.34"/>		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="455.92"/>
TOTAL This Period (last page this line number only)	<input type="text" value="455.92"/>

**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 30 / 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

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

<p>A. Full Name (Last, First, Middle Initial) Bank of New York</p> <p>Mailing Address One Wall Street</p> <p>City New York State NY Zip Code 10286</p> <p>Purpose of Disbursement Admin Expense: Tax Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p>Transaction ID: B202589 Date of Disbursement 09 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 555.00</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) First Data Merchant Services</p> <p>Mailing Address P.O. Box 6600</p> <p>City Hagerstown State MD Zip Code 21740</p> <p>Purpose of Disbursement Merchant Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p>Transaction ID: B202587 Date of Disbursement 09 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 21.66</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Bank of New York</p> <p>Mailing Address One Wall Street</p> <p>City New York State NY Zip Code 10286</p> <p>Purpose of Disbursement Bank Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p>Transaction ID: B202588 Date of Disbursement 09 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 171.07</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

747.73

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

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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

SUBTOTAL of Disbursements This Page (optional)	158.07
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

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

A. 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	Transaction ID: B206327 Date of Disbursement 10 / 17 / 2007
	Amount of Each Disbursement this Period 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	Category/Type 001

B. Full Name (Last, First, Middle Initial) Bank of New York Mailing Address One Wall Street City New York State NY Zip Code 10286 Purpose of Disbursement Bank Service Charge Candidate Name	Transaction ID: B206328 Date of Disbursement 10 / 31 / 2007
	Amount of Each Disbursement this Period 44.39
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	Category/Type 001

C. Full Name (Last, First, Middle Initial) Citicorp Payment Services Inc. Mailing Address 14000 Citi Cards Way City Jacksonville State FL Zip Code 32258 Purpose of Disbursement Merchant Fee Candidate Name	Transaction ID: B206353 Date of Disbursement 11 / 06 / 2007
	Amount of Each Disbursement this Period 145.46
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	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	211.51
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 Action Fund Inc. PAC

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

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

C.	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	
Purpose of Disbursement Merchant Fee		Candidate Name		001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period 134.10
State: DC		District: Not Applicable		

SUBTOTAL of Disbursements This Page (optional) ▶

233.63

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 Action Fund Inc Mailing Address 1780 Massachusetts Avenue City Washington State DC Zip Code 20036 Purpose of Disbursement Advance Payment Candidate Name 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) ▼	Transaction ID: B000001 Date of Disbursement 12 / 05 / 2007	Amount of Each Disbursement this Period 82.00 Advance payment for in-kind contributions and other activities. See drawdowns and memo entries
B.	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 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) ▼	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. See drawdowns and 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 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) ▼	Transaction ID: B000003 Date of Disbursement 12 / 05 / 2007	Amount of Each Disbursement this Period -127.34 See Memo entries

SUBTOTAL of Disbursements This Page (optional) ▶

661.66

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

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

A.	Full Name (Last, First, Middle Initial) Planned Parenthood Action Fund Inc	Transaction ID: B000009
	Mailing Address 1780 Massachusetts Avenue	Date of Disbursement 12 / 05 / 2007
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 81.19
	Purpose of Disbursement In-kind Contribution: mailing list	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: B000010
	Mailing Address 206 East State Street	Date of Disbursement 12 / 05 / 2007
	City Columbus State OH Zip Code 43215	Amount of Each Disbursement this Period 46.15
	Purpose of Disbursement In-kind Contribution: staff costs	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) Planned Parenthood Action Fund Inc	Transaction ID: B000004
	Mailing Address 434 West 33 Street	Date of Disbursement 12 / 08 / 2007
	City New York State NY Zip Code 10001	Amount of Each Disbursement this Period -43.05
	Purpose of Disbursement Various In-Kind Contributions	001 Category/Type
	Candidate Name	
	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) ▼

See Memo entries

SUBTOTAL of Disbursements This Page (optional)	-43.05
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

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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: B000005

Date of Disbursement

12 / 08 / 2007

Amount of Each Disbursement this Period

-61.94

See Memo entries

B. 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 mileage and food

Candidate Name
Robin Weirauch

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2007
 Primary General
 Other (specify) ▼

State: OH District: 05

Transaction ID: B000011

Date of Disbursement

12 / 08 / 2007

Amount of Each Disbursement this Period

104.99

[MEMO ITEM]

C. 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: B000006

Date of Disbursement

12 / 09 / 2007

Amount of Each Disbursement this Period

-53.19

See Memo entries

SUBTOTAL of Disbursements This Page (optional) ▶

-115.13

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)

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<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 Action Fund Inc. PAC

A.	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]

B.	Full Name (Last, First, Middle Initial) Planned Parenthood Affiliates of Ohio Inc	Transaction ID: B000007 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 Various In-Kind Contributions	001 Category/Type
	Candidate Name	
	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) ▼
		See Memo entries

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)	-278.50
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

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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: B000008 Date of Disbursement 12 / 11 / 2007
	Mailing Address 206 East State Street	Amount of Each Disbursement this Period -313.37
	City Columbus State OH Zip Code 43215	
	Purpose of Disbursement Various In-Kind Contributions 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) ▼
		See Memo entries

B.	Full Name (Last, First, Middle Initial) Katherine Scott	Transaction ID: B000014 Date of Disbursement 12 / 11 / 2007
	Mailing Address 206 East State Street	Amount of Each Disbursement this Period 313.37
	City Columbus State OH Zip Code 43215	
	Purpose of Disbursement In-kind Contribution: staff costs, mileage and food Candidate Name Robin Weirauch	001 Category/Type
	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) First Data Merchant Services	Transaction ID: B207179 Date of Disbursement 12 / 11 / 2007
	Mailing Address P.O. Box 6600	Amount of Each Disbursement this Period 77.87
	City Hagerstown State MD Zip Code 21740	
	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

SUBTOTAL of Disbursements This Page (optional)	-235.50
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)

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<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 Action Fund Inc. PAC

A.

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

Transaction ID: B207180

Date of Disbursement

Mailing Address P.O. Box 6600

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

City Hagerstown State MD Zip Code 21740

Amount of Each Disbursement this Period

21.66

Purpose of Disbursement
Merchant Fee

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2007
 Primary General
 Other (specify) ▼

State: MD District:

Not Applicable

B.

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

Transaction ID: B207181

Date of Disbursement

Mailing Address P.O. Box 53852

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	7

City Phoenix State AZ Zip Code 85072

Amount of Each Disbursement this Period

26.79

Purpose of Disbursement
Merchant Fee

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2007
 Primary General
 Other (specify) ▼

State: AZ District:

Not Applicable

SUBTOTAL of Disbursements This Page (optional) ►

48.45

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

1388.87

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 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

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

Mailing Address 430 S. Capitol Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: DC District:

Disbursement For: 2007
 Primary General
 Other (specify) ▼

Not Applicable

Transaction ID: B202586

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Previously reported on Line 29

B. Full Name (Last, First, Middle Initial)
Robin Weirauch for Congress

Mailing Address P.O. Box 301

City Napoleon State OH Zip Code 43545

Purpose of Disbursement
Contribution

Candidate Name
Robin R Weirauch

Category/
Type

Office Sought: House
 Senate
 President

State: OH District: 05

Disbursement For: 2007
 Primary General
 Other (specify) ▼

Special General

Transaction ID: B206053

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Robin Weirauch for Congress

Mailing Address P.O. Box 301

City Napoleon State OH Zip Code 43545

Purpose of Disbursement
In-Kind Contribution

Candidate Name
Robin Weirauch

Category/
Type

Office Sought: House
 Senate
 President

State: OH District: 05

Disbursement For: 2007
 Primary General
 Other (specify) ▼

Special General

Transaction ID: B000015

Date of Disbursement

/ /

Amount of Each Disbursement this Period

See memo entries for Line 21b, this date.

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 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

A.	Full Name (Last, First, Middle Initial) Robin Weirauch for Congress Mailing Address P.O. Box 301 City Napoleon State OH Zip Code 43545 Purpose of Disbursement In-Kind Contribution 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) ▼ Special General	Transaction ID: B000016 Date of Disbursement 12 / 08 / 2007 Amount of Each Disbursement this Period 104.99 See memo entries for Line 21b, this date.
B.	Full Name (Last, First, Middle Initial) Robin Weirauch for Congress Mailing Address P.O. Box 301 City Napoleon State OH Zip Code 43545 Purpose of Disbursement In-Kind Contribution 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) ▼ Special General	Transaction ID: B000017 Date of Disbursement 12 / 09 / 2007 Amount of Each Disbursement this Period 53.19 See memo entries for Line 21b, this date.
C.	Full Name (Last, First, Middle Initial) Robin Weirauch for Congress Mailing Address P.O. Box 301 City Napoleon State OH Zip Code 43545 Purpose of Disbursement In-Kind Contribution 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) ▼ Special General	Transaction ID: B000018 Date of Disbursement 12 / 10 / 2007 Amount of Each Disbursement this Period 278.50 See memo entries for Line 21b, this date.

SUBTOTAL of Disbursements This Page (optional) ▶

436.68

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)

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<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

A. Full Name (Last, First, Middle Initial) Robin Weirauch for Congress <hr/> Mailing Address P.O. Box 301 <hr/> City Napoleon State OH Zip Code 43545 <hr/> Purpose of Disbursement In-Kind Contribution Candidate Name Robin Weirauch <hr/> 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) ▼ Special General	Transaction ID: B000019 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 7
	Amount of Each Disbursement this Period 313.37
	See memo entries for Line 21b, this date.
	Category/Type 011
B. Full Name (Last, First, Middle Initial) Democratic Congressional Camp. Cmte <hr/> Mailing Address 430 S. Capitol St. SE 2nd Fl. <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> 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	Transaction ID: B207173 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 7
	Amount of Each Disbursement this Period 10000.00
	Category/Type 011
	Not Applicable
C. Full Name (Last, First, Middle Initial) Democratic National Cmte <hr/> Mailing Address 430 S. Capitol Street SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> 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	Transaction ID: B207175 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 7
	Amount of Each Disbursement this Period 14000.00
	Category/Type 011
	Not Applicable

SUBTOTAL of Disbursements This Page (optional) ▶	24313.37
TOTAL This Period (last page this line number only) ▶	(Empty)

**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)

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<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

A.

Full Name (Last, First, Middle Initial)
Democratic Senatorial Campaign Cmte-Fed Acct

Transaction ID: B207174

Date of Disbursement

Mailing Address 120 Maryland Avenue NE

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	7

City State Zip Code
Washington DC 20002

Amount of Each Disbursement this Period

10000.00

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2007
 Primary General
 Other (specify) ▼

State: DC District:

Not Applicable

SUBTOTAL of Disbursements This Page (optional) ►

10000.00

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

36377.39

Image# 28930736353

Form/Schedule: **SA11AI** This amendment is filed to correct an individual contribution on page 8 drawn on a joint account.
Transaction ID:
