

# 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  
Stem Cell Action Fund

ADDRESS (number and street) P.O. Box 40725  
 Check if different than previously reported. (ACC)  
Denver CO 80204

2. **FEC IDENTIFICATION NUMBER** C00380675  
**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 \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2007 through 03 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 Faye Diamond

Signature of Treasurer Electronically Filed by Faye Diamond Date 04 06 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Stem Cell Action Fund

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

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		10573.68
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	10573.68									
(c) Total Receipts (from Line 19) .....	149.54	149.54								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	10723.22	10723.22								
7. Total Disbursements (from Line 31) .....	4749.84	4749.84								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	5973.38	5973.38								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Stem Cell Action Fund

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

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	0.00	0.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	135.00	135.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	135.00	135.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	135.00	135.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	14.54	14.54
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)) .....	149.54	149.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	149.54	149.54

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</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.....	4749.84	4749.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	4749.84	4749.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent 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))..	4749.84	4749.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	4749.84	4749.84

**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) .....	135.00	135.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	135.00	135.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4749.84	4749.84
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4749.84	4749.84

**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)  
Stem Cell Action Fund

Full Name (Last, First, Middle Initial) <b>A. Chase Card Services (First Card)</b>		<b>Transaction ID: D5566</b> Date of Disbursement																					
Mailing Address PO Box 2004		<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>0</td><td>2</td><td></td><td>2</td><td>0</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	0	2		2	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		2	0		2	0	0	7														
City Elgin	State IL	Zip Code 60121-2004	Amount of Each Disbursement this Period																				
Purpose of Disbursement Staff travel - food		Category/ Type	17.84																				
Candidate Name																							
Office Sought:	Disbursement For: 2008																						
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

Full Name (Last, First, Middle Initial) <b>B. NGP Software, Inc.</b>		<b>Transaction ID: D5570</b> Date of Disbursement																					
Mailing Address 5505 Connecticut Avenue, NW PMB 277		<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>0</td><td>3</td><td></td><td>1</td><td>2</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	0	3		1	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	2		2	0	0	7														
City Washington	State DC	Zip Code 20015	Amount of Each Disbursement this Period																				
Purpose of Disbursement Web package fee		Category/ Type	450.00																				
Candidate Name																							
Office Sought:	Disbursement For: 2008																						
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

Full Name (Last, First, Middle Initial) <b>C. Ridder/Braden, Inc.</b>		<b>Transaction ID: D5553</b> Date of Disbursement																					
Mailing Address 1900 Grant St Ste 1170		<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>0</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	0	1		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		0	1		2	0	0	7														
City Denver	State CO	Zip Code 80203-4344	Amount of Each Disbursement this Period																				
Purpose of Disbursement Compliance consulting		Category/ Type	500.00																				
Candidate Name																							
Office Sought:	Disbursement For: 2008																						
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	967.84
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 9

<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)  
Stem Cell Action Fund

Full Name (Last, First, Middle Initial) <b>A. Ridder/Braden, Inc.</b>		<b>Transaction ID: D5563</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 1900 Grant St Ste 1170		Amount of Each Disbursement this Period 750.00
City Denver State CO Zip Code 80203-4344	Purpose of Disbursement Compliance consulting Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ridder/Braden, Inc.</b>		<b>Transaction ID: D5567</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1900 Grant St Ste 1170		Amount of Each Disbursement this Period 750.00
City Denver State CO Zip Code 80203-4344	Purpose of Disbursement Compliance consulting Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Denver Development Group</b>		<b>Transaction ID: D5554</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 7
Mailing Address 1470 Grape St		Amount of Each Disbursement this Period 1516.48
City Denver State CO Zip Code 80222	Purpose of Disbursement Fundraising mail services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3016.48</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 9

<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)  
Stem Cell Action Fund

Full Name (Last, First, Middle Initial) <b>A. Todd Weiss</b>		Transaction ID: D5556 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 7
Mailing Address 6774 Green River Drive Unit H		Amount of Each Disbursement this Period 1516.48
City Littleton State CO Zip Code 80130	Purpose of Disbursement Mail house services Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Chase Card Services (First Card)</b>		Transaction ID: D5559 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 7
Mailing Address PO Box 2004		Amount of Each Disbursement this Period 403.72
City Elgin State IL Zip Code 60121-2004	Purpose of Disbursement Staff travel, food Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Barolo Grill</b>		Transaction ID: D5560 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 7
Mailing Address 3030 E 6th Ave		Amount of Each Disbursement this Period 369.94
City Denver State CO Zip Code 80206	Purpose of Disbursement Food Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	403.72
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

PAGE 9 / 9

<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)  
Stem Cell Action Fund

Full Name (Last, First, Middle Initial) <b>A. Chase Card Services (First Card)</b>		Transaction ID: D5561 Date of Disbursement																					
Mailing Address PO Box 2004		<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>0</td><td>1</td><td>/</td><td>2</td><td>2</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	0	1	/	2	2	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	1	/	2	2	/	2	0	0	7														
City Elgin	State IL	Zip Code 60121-2004	Amount of Each Disbursement this Period																				
Purpose of Disbursement Staff travel		Category/ Type	210.38																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																						

Full Name (Last, First, Middle Initial) <b>B. More Than Cards</b>		Transaction ID: D5562 Date of Disbursement																					
Mailing Address P.O. Box 19424		<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>0</td><td>1</td><td>/</td><td>2</td><td>2</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	0	1	/	2	2	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	1	/	2	2	/	2	0	0	7														
City Boulder	State CO	Zip Code 80308	Amount of Each Disbursement this Period																				
Purpose of Disbursement Cards		Category/ Type	210.38																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]																				
State:	District:																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	210.38
<b>TOTAL</b> This Period (last page this line number only) .....	▶	4598.42