

**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)

434 West 33rd Street

Check if different
than previously
reported. (ACC)

New York

NY

10001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00314617

3. IS THIS
REPORTNEW
(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 (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 3

2 0 1 0

through

1 2

3 1

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Aaron Samulcek

Signature of Treasurer

Electronically Filed by Aaron Samulcek

Date

0 1

3 1

2 0 1 1

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

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

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 22

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

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	159322.60
(b) Cash on Hand at Beginning of Reporting Period	83898.49	
(c) Total Receipts (from Line 19)	39642.77	284107.76
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	123541.26	443430.36
7. Total Disbursements (from Line 31)	62330.20	382219.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	61211.06	61211.06
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**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Planned Parenthood Action Fund Inc. PAC

Report Covering the Period:

From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	25800.00	195488.00
(ii) Unitemized	11416.69	83195.69
(iii) TOTAL (add Lines 11(a)(i) and (ii)	37216.69	278683.69
(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)	37216.69	278683.69
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)	2426.08	5423.93
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.14
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))	39642.77	284107.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	39642.77	284107.76

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

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.....	56330.20	67422.21	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	56330.20	67422.21	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	287578.03	
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	5000.00	
(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	5000.00	
29. Other Disbursements.....	5000.00	22219.06	
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))..	62330.20	382219.30	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	62330.20	382219.30	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	37216.69	278683.69
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37216.69	273683.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	56330.20	67422.21
37. Offsets to Operating Expenditures (from Line 15, page 3)	2426.08	5423.93
38. Net Operating Expenditures (subtract Line 37 from Line 36)	53904.12	61998.28

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

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

FOR LINE NUMBER: PAGE 6 / 22

(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)

Mr. Grant Abert

Mailing Address S7295 Lake Road

City

Hillpoint

State

WI

Zip Code

53937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: A2010-3580862

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Diane Alexander

Mailing Address 8909 Northwest Rockwell Lane

City

Portland

State

OR

Zip Code

97229

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A2010-3580812

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. John P. Anderson

Mailing Address 1323A Lyon Street

City

San Francisco

State

CA

Zip Code

94115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elan Phamacuificutts

Occupation
Scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A2010-3580875

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

5550.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI**

Transaction ID :

Please note that our committee follows all federal regulations, including those found at 11 CFR 104.-7(a) governing the solicitation of contributors. This committee specifically requests all pertinent information from contributors, including employer and occupation; informs contributors that the committee is required by law to report the same; and, makes a follow-up request for omitted information when necessary. The committee thus complies with the best efforts rules.

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

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

FOR LINE NUMBER: PAGE 8 / 22

(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. Carol A Delage

Mailing Address 3000 Shoot Out Court

City

Austin

State

TX

Zip Code

78748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Consultant

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 / 2 7 / 2 0 1 0

Transaction ID: A2010-3580871

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Robert Elgin

Mailing Address 7261 Kingsbury Blvd.

City

University City

State

MO

Zip Code

63130

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A2010-3580908

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Jean Ganguly

Mailing Address 96 Cooper Avenue

City

Upper Montclair

State

NJ

Zip Code

07043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A2010-3577318

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 22

(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. Sue Hessel

Mailing Address 26 Mount Archer Rd

City

Lyme

State

CT

Zip Code

06371

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cast-Away Casting Services

Occupation

Casting Director

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 1 / 2 7 / 2 0 1 0

Transaction ID: A2010-3580860

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Ellen Hurvitz

Mailing Address 66 COLGATE ROAD

City

NEEDHAM

State

MA

Zip Code

02492

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: A2010-3577331

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Ms. Sunita Leeds

Mailing Address 3205 R Street N.W.

City

Washington

State

DC

Zip Code

20007

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 ▼

5000.00

Date of Receipt

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

Transaction ID: A2010-3577326

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

6400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 22

(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. Paula Liang

Mailing Address 767 Lake Ave

City

Greenwich

State

CT

Zip Code

06830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reach Prep

Occupation

Comm and Dev

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 / 2 8 / 2 0 1 0

Transaction ID: A2010-3580835

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Linda Pritzker

Mailing Address 16535 Las Casas Place

City

Pacific Palisades

State

CA

Zip Code

90272

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Psychotherapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: A2010-3577296

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Ms. Carolyn Reed

Mailing Address 702 E Pepperridge Dr.

City

Bloomington

State

IN

Zip Code

47401

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

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

Transaction ID: A2010-3580855

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 11 / 22

(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)

Mrs. Almeda C Riley

Mailing Address 14 Longwood Drive

City

Saratoga Springs

State

NY

Zip Code

12866

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 1 / 2 7 / 2 0 1 0

Transaction ID: A2010-3580863

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. David Smiley

Mailing Address 301 West 108th Street #8A

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barnard College

Occupation
Professor

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 2 / 1 5 / 2 0 1 0

Transaction ID: A2010-3577329

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Kristi Terzian Cumming

Mailing Address 1115 West Old Ranch Road

City

Park City

State

UT

Zip Code

84098

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 ▼

500.00

Date of Receipt

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

Transaction ID: A2010-3580914

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 22

(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)

Mrs. Lou Turner Zellner

Mailing Address 720 Shadow Lake Lane

City

Naples

State

FL

Zip Code

34108

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: A2010-3577327

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Janet Williamson

Mailing Address 1611 Krister Court

City

Saint Louis

State

MO

Zip Code

63131

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: A2010-3580788

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

25800.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 22

(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

New York

State

NY

Zip Code

10001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

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

Aggregate Year-to-Date ▼

3183.16

Date of Receipt

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

Transaction ID: A9312

Amount of Each Receipt this Period

185.31

Reimbursement for Adminis-
trative Expenses**B.**

Full Name (Last, First, Middle Initial)

Planned Parenthood Action Fund Inc.

Mailing Address 434 West 33rd Street

City

New York

State

NY

Zip Code

10001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

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

Aggregate Year-to-Date ▼

5025.80

Date of Receipt

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

Transaction ID: A9313

Amount of Each Receipt this Period

1842.64

Reimbursement for Adminis-
trative Expenses**C.**

Full Name (Last, First, Middle Initial)

Planned Parenthood Action Fund Inc.

Mailing Address 434 West 33rd Street

City

New York

State

NY

Zip Code

10001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

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

Aggregate Year-to-Date ▼

5067.51

Date of Receipt

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

Transaction ID: A9314

Amount of Each Receipt this Period

41.71

Reimbursement for Adminis-
trative Expenses

SUBTOTAL of Receipts This Page (optional)

2069.66

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 / 22

(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

New York

State

NY

Zip Code

10001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☐ General

☒ Other (specify) ▼
Not Applicable

Aggregate Year-to-Date ▼

5382.22

Date of Receipt

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

Transaction ID: A9315

Amount of Each Receipt this Period

122.31

Reimbursement for Adminis-
trative Expenses

B.

Full Name (Last, First, Middle Initial)

Planned Parenthood Action Fund Inc.

Mailing Address 434 West 33rd Street

City

New York

State

NY

Zip Code

10001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☐ General

☒ Other (specify) ▼
Not Applicable

Aggregate Year-to-Date ▼

5382.22

Date of Receipt

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

Transaction ID: A9316

Amount of Each Receipt this Period

192.40

Reimbursement for Adminis-
trative Expenses

C.

Full Name (Last, First, Middle Initial)

Planned Parenthood Action Fund Inc.

Mailing Address 434 West 33rd Street

City

New York

State

NY

Zip Code

10001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☐ General

☒ Other (specify) ▼
Not Applicable

Aggregate Year-to-Date ▼

5402.17

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: A9317

Amount of Each Receipt this Period

19.95

Reimbursement for Adminis-
trative Expenses

SUBTOTAL of Receipts This Page (optional)

334.66

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 / 22

(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

New York

State

NY

Zip Code

10001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

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

Aggregate Year-to-Date ▼

5423.93

Date of Receipt

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

Transaction ID: A9318

Amount of Each Receipt this Period

21.76

Reimbursement for Adminis-
trative Expenses

SUBTOTAL of Receipts This Page (optional)

21.76

TOTAL This Period (last page this line number only)

2426.08

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 16 / 22

<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)
American Express Merchant Services

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement

Merchant Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: AZ

District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B375815

Date of Disbursement

11 / 23 / 2010

Amount of Each Disbursement this Period

185.31

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

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement

Merchant Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: AZ

District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B375825

Date of Disbursement

12 / 01 / 2010

Amount of Each Disbursement this Period

119.10

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

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement

Merchant Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: AZ

District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B375830

Date of Disbursement

12 / 31 / 2010

Amount of Each Disbursement this Period

120.84

SUBTOTAL of Disbursements This Page (optional)

425.25

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 PageFOR LINE NUMBER:
(check only one)

PAGE 17 / 22

<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)

CitiBank F.S.B.

Mailing Address P.O. Box 19748

City
WashingtonState
DCZip Code
20036

Purpose of Disbursement

Merchant Fee

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

State: DC

District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B375817

Date of Disbursement

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

Amount of Each Disbursement this Period

1800.17

B.

Full Name (Last, First, Middle Initial)

American Directions Group Inc

Mailing Address 1350 Connecticut Avenue NW

City
WashingtonState
DCZip Code
20036

Purpose of Disbursement

Payment on Debt; see schedule D

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

State: DC

District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B375814

Date of Disbursement

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

Amount of Each Disbursement this Period

5427.36

C.

Full Name (Last, First, Middle Initial)

CitiBank F.S.B.

Mailing Address P.O. Box 19748

City
WashingtonState
DCZip Code
20036

Purpose of Disbursement

Merchant Fee

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

State: DC

District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B375827

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	6	/	2	0	1	0

Amount of Each Disbursement this Period

192.40

SUBTOTAL of Disbursements This Page (optional)

7419.93

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 PageFOR LINE NUMBER:
(check only one)

PAGE 18 / 22

<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) Democracy Engine LLC	Transaction ID: B374938 Date of Disbursement																				
Mailing Address 2125 14th Street NW Ste 101W	<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>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	4		2	0	1	0												
City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period																				
Purpose of Disbursement Website Maintenance Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable																				
B. Full Name (Last, First, Middle Initial) First Data Merchant Services	Transaction ID: B375818 Date of Disbursement																				
Mailing Address P.O. Box 6600	<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>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	3		2	0	1	0												
City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Fee Candidate Name	<table border="1"> <tr> <td colspan="10">19.95</td> </tr> </table>	19.95																			
19.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2010 <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: B375819 Date of Disbursement																				
Mailing Address P.O. Box 6600	<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>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	3		2	0	1	0												
City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Fee Candidate Name	<table border="1"> <tr> <td colspan="10">21.76</td> </tr> </table>	21.76																			
21.76																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable																				

SUBTOTAL of Disbursements This Page (optional)

1041.71

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 PageFOR LINE NUMBER:
(check only one)

PAGE 19 / 22

<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

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: MD

District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B375828

Date of Disbursement

12 / 07 / 2010

Amount of Each Disbursement this Period

19.95

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

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement

Merchant Fee

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: MD

District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B375829

Date of Disbursement

12 / 15 / 2010

Amount of Each Disbursement this Period

21.76

C. Full Name (Last, First, Middle Initial)
Mack Crounse Group

Mailing Address 2001 N Beauregard Street Ste 420

City Alexandria State VA Zip Code 22311

Purpose of Disbursement

Payment on Debt; see schedule D

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: VA

District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B374939

Date of Disbursement

12 / 14 / 2010

Amount of Each Disbursement this Period

47319.92

SUBTOTAL of Disbursements This Page (optional) ►

47361.63

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

56248.52

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

PAGE 20 / 22

<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)

John Carney for Congress

Mailing Address PO Box 2162

City
WilmingtonState
DEZip Code
19899Purpose of Disbursement
ContributionCandidate Name
John Carney

Category/
Type
Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: DE District: 01

Transaction ID: B369929

Date of Disbursement

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

Amount of Each Disbursement this Period

-1000.00

Voided: Original check da-
ted 10/14/2010**B.**

Full Name (Last, First, Middle Initial)

Stabenow for US Senate

Mailing Address P.O. Box 4945

City
East LansingState
MIZip Code
48826Purpose of Disbursement
ContributionCandidate Name
Debbie Stabenow

Category/
Type
Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District:

Transaction ID: B374821

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	1	0

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

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 21 / 22

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

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NAME OF COMMITTEE (In Full)

Planned Parenthood Action Fund Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Dayton Recount Fund

Mailing Address 800 Minnehaha Ave

City
St Paul

State
MN

Zip Code
55106

Purpose of Disbursement
Non-political

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B375642

Date of Disbursement

MM / DD / YYYY
12 / 30 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 22 / 22

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Planned Parenthood Action Fund Inc. PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
American Directions GroupNature of Debt (Purpose):
Independent Expenditure:
Get out the vote calls

Mailing Address 1350 Connecticut Ave NW Ste 1102

City State ZIP Code
Washington DC 20036

Outstanding Balance Beginning This Period

5427.36

Transaction ID: D374415

Amount Incurred This Period

0.00

Payment This Period

5427.36

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mack Crounse GroupNature of Debt (Purpose):
Independent Expenditure:
Production and postage for
political mail

Mailing Address 2001 N Beauregard Street Ste 420

City State ZIP Code
Alexandria VA 22311

Outstanding Balance Beginning This Period

47319.92

Transaction ID: D374417

Amount Incurred This Period

0.00

Payment This Period

47319.92

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

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

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

0.00