

**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**

CITY

STATE

ZIP CODE

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

07

01

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

Faye Diamond

Signature of Treasurer

Electronically Filed by Faye Diamond

Date

01

30

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

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Stem Cell Action Fund

Report Covering the Period:

From:

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

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		10573.68
(b) Cash on Hand at Beginning of Reporting Period .....	3583.04	
(c) Total Receipts (from Line 19) .....	10109.12	12516.76
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	13692.16	23090.44
7. Total Disbursements (from Line 31) .....	11093.43	20491.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2598.73	2598.73
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
Stem Cell Action Fund

Report Covering the Period:

From:

M M D D Y Y W Y  
0 7 0 1 2 0 0 7

To:

M M D D Y Y W Y  
1 2 3 1 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	1250.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	100.00	235.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	100.00	1485.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	10000.00	11000.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	10100.00	12485.00
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.) .....	9.12	31.76
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)) .....	10109.12	12516.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	10109.12	12516.76

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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.....	11093.43	19491.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	11093.43	19491.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1000.00
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))..	11093.43	20491.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11093.43	20491.71

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	10100.00	12485.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10100.00	12485.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	11093.43	19491.71
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	11093.43	19491.71

# **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 6 / 14

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

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NAME OF COMMITTEE (In Full)

Stem Cell Action Fund

**A.**

Full Name (Last, First, Middle Initial)

Amer. Optometric Assoc. PAC

Mailing Address 1505 Prince Street, #300

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

**C** C00024968

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 0 7

Transaction ID: C18433

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

DeGette for Congress

Mailing Address P.O. Box 61337

City

Denver

State

CO

Zip Code

80206-8337

FEC ID number of contributing  
federal political committee.

**C** C00311639

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C18736

Amount of Each Receipt this Period

5000.00

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

10000.00

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

10000.00

# **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 7 / 14

<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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Ridder/Braden, Inc.</p> <p>Mailing Address 1900 Grant St Ste 1170</p> <p>City Denver State CO Zip Code 80203-4344</p> <p>Purpose of Disbursement Compliance consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID: D5840</b> Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="750.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Ridder/Braden, Inc.</p> <p>Mailing Address 1900 Grant St Ste 1170</p> <p>City Denver State CO Zip Code 80203-4344</p> <p>Purpose of Disbursement Compliance consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID: D5844</b> Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="750.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Ridder/Braden, Inc.</p> <p>Mailing Address 1900 Grant St Ste 1170</p> <p>City Denver State CO Zip Code 80203-4344</p> <p>Purpose of Disbursement Compliance consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID: D5846</b> Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="750.00"/></p>

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

**2250.00**

**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)

PAGE 8 / 14

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Stem Cell Action Fund

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Ridder/Braden, Inc.</p> <hr/> <p>Mailing Address 1900 Grant St Ste 1170</p> <hr/> <p>City Denver State CO Zip Code 80203-4344</p> <hr/> <p>Purpose of Disbursement Compliance consulting</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID: D5854</b>  Date of Disbursement  <div>10 / 01 / 2007</div></p> <hr/> <p>Amount of Each Disbursement this Period  <div>750.00</div></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Ridder/Braden, Inc.</p> <hr/> <p>Mailing Address 1900 Grant St Ste 1170</p> <hr/> <p>City Denver State CO Zip Code 80203-4344</p> <hr/> <p>Purpose of Disbursement Compliance consulting</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID: D5857</b>  Date of Disbursement  <div>11 / 01 / 2007</div></p> <hr/> <p>Amount of Each Disbursement this Period  <div>750.00</div></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Ridder/Braden, Inc.</p> <hr/> <p>Mailing Address 1900 Grant St Ste 1170</p> <hr/> <p>City Denver State CO Zip Code 80203-4344</p> <hr/> <p>Purpose of Disbursement Compliance consulting</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID: D5862</b>  Date of Disbursement  <div>12 / 05 / 2007</div></p> <hr/> <p>Amount of Each Disbursement this Period  <div>750.00</div></p>

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

**2250.00**

**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)

PAGE 9 / 14

<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

**A.**

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

Mailing Address 6201 Powers Ferry Road

City Atlanta State GA Zip Code 30339

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D5841**

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

38.55

**B.**

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

Mailing Address 6201 Powers Ferry Road

City Atlanta State GA Zip Code 30339

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D5845**

Date of Disbursement

08 / 13 / 2007

Amount of Each Disbursement this Period

35.00

**C.**

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

Mailing Address 6201 Powers Ferry Road

City Atlanta State GA Zip Code 30339

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D5848**

Date of Disbursement

09 / 11 / 2007

Amount of Each Disbursement this Period

35.00

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

108.55

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 14

<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

**A.**

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

Mailing Address 6201 Powers Ferry Road

City Atlanta State GA Zip Code 30339

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D5855**

Date of Disbursement

10 / 11 / 2007

Amount of Each Disbursement this Period

35.00

**B.**

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

Mailing Address 6201 Powers Ferry Road

City Atlanta State GA Zip Code 30339

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D5869**

Date of Disbursement

11 / 11 / 2007

Amount of Each Disbursement this Period

35.00

**C.**

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

Mailing Address 6201 Powers Ferry Road

City Atlanta State GA Zip Code 30339

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D5865**

Date of Disbursement

12 / 11 / 2007

Amount of Each Disbursement this Period

35.00

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

105.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 14

<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

<b>A.</b> Full Name (Last, First, Middle Initial) NGP Software, Inc.	<b>Transaction ID:</b> D5843 <b>Date of Disbursement</b>
Mailing Address 5505 Connecticut Ave NW PMB 277	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 3 / 2 0 0 7</div> </div>
City Washington State DC Zip Code 20015-2601	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Web package fees Candidate Name <div>Category/Type</div>	<div>450.00</div>
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>B.</b> Full Name (Last, First, Middle Initial) NGP Software, Inc.	<b>Transaction ID:</b> D5847 <b>Date of Disbursement</b>
Mailing Address 5505 Connecticut Ave NW PMB 277	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 1 / 2 0 0 7</div> </div>
City Washington State DC Zip Code 20015-2601	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Web package fees Candidate Name <div>Category/Type</div>	<div>450.00</div>
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>C.</b> Full Name (Last, First, Middle Initial) NGP Software, Inc.	<b>Transaction ID:</b> D5863 <b>Date of Disbursement</b>
Mailing Address 5505 Connecticut Ave NW PMB 277	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 5 / 2 0 0 7</div> </div>
City Washington State DC Zip Code 20015-2601	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Web package fee Candidate Name <div>Category/Type</div>	<div>450.00</div>
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) ▼	

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

**1350.00**

**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)

PAGE 12 / 14

<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

**A.**

Full Name (Last, First, Middle Initial)  
Blue Screen Strategies

Mailing Address 3127 Lowell Blvd

City State Zip Code  
Denver CO 80211

Purpose of Disbursement  
Fundraising consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D5864**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)  
Chase Card Services (First Card)

Mailing Address PO Box 2004

City State Zip Code  
Elgin IL 60121-2004

Purpose of Disbursement  
Staff travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D5842**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

475.00

**C.**

Full Name (Last, First, Middle Initial)  
Sonnenalp Resort

Mailing Address 20 Vail Road

City State Zip Code  
Vail CO 81657

Purpose of Disbursement  
Event deposit

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D5867**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

475.00

**[MEMO ITEM]**

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

1975.00

**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)

PAGE 13 / 14

<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

**A.** Full Name (Last, First, Middle Initial)  
Chase Card Services (First Card)

Mailing Address PO Box 2004

City Elgin State IL Zip Code 60121-2004

Purpose of Disbursement  
Staff travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5851

Date of Disbursement

09 / 24 / 2007

Amount of Each Disbursement this Period

404.98

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

Mailing Address 1044 North Central Expressway  
Suite 400

City Dallas State TX Zip Code 75231

Purpose of Disbursement  
Accommodations

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5853

Date of Disbursement

09 / 24 / 2007

Amount of Each Disbursement this Period

339.12

[MEMO ITEM]

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

Mailing Address PO Box 2004

City Elgin State IL Zip Code 60121-2004

Purpose of Disbursement  
Staff travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5858

Date of Disbursement

10 / 27 / 2007

Amount of Each Disbursement this Period

1176.24

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

1581.22

**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)

PAGE 14 / 14

<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

<b>A.</b> Full Name (Last, First, Middle Initial) US Airways	<b>Transaction ID:</b> D5860 <b>Date of Disbursement</b>
Mailing Address 2345 Crystal Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 7 / 2 0 0 7</div> </div>
City State Zip Code Arlington VA 22227-0001	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Airline tickets	<div>1018.20</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Diana DeGette	<b>Transaction ID:</b> D5868 <b>Date of Disbursement</b>
Mailing Address 290 Elm Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 1 / 2 0 0 7</div> </div>
City State Zip Code Denver CO 80220-5739	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Staff travel, accomodations	<div>1453.71</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) The Waldorf Astoria	<b>Transaction ID:</b> D5850 <b>Date of Disbursement</b>
Mailing Address 301 Park Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 1 / 2 0 0 7</div> </div>
City State Zip Code New York NY 10022	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Accommodation	<div>1453.71</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>

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

1453.71

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

11073.48