



**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 <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  
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) .....	23498.45	24438.45
(ii) Unitemized .....	121348.45	144588.45
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 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: (check only one)	PAGE 6 / 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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. K. A Achterkirchen		Date of Receipt
	Mailing Address 13055 Via Grimaldi		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 0 9 / 2 0 0 7
	City	State	Zip Code
	Del Mar	CA	92014
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2007-2661946
Name of Employer Retired		Occupation Aerospace Engineering Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	<input type="text"/> 5000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan Askew		Date of Receipt
	Mailing Address 700 Park Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 1 7 / 2 0 0 7
	City	State	Zip Code
	Falls Church	VA	22046
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2007-2662397
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	<input type="text"/> 1000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Bridget B Baird		Date of Receipt
	Mailing Address 28 Old Mill Road The Cameron Baird Foundation		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 1 1 / 2 0 0 7
	City	State	Zip Code
	Quaker Hill	CT	06375
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2007-2662429
Name of Employer Connecticut College		Occupation Math and Comp. Sci. Professor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	<input type="text"/> 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 11000.00
<b>TOTAL</b> 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: (check only one)	PAGE 7 / 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)  
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: PAGE 8 / 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. Ian M Cumming

Mailing Address 165 Huckleberry Drive

City State Zip Code  
Jackson WY 83001

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

Name of Employer Cumming Foundation 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 2 / 2 1 / 2 0 0 7

**Transaction ID:** A2007-2662398

Amount of Each Receipt this Period  
5000.00

Previously reported as contribution from Annette Cumming, but signed by Ian Cumming

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary C Currie

Mailing Address 1401 North Parkway

City State Zip Code  
Midland MI 48640

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

Name of Employer Self Employed Occupation Bookkeeper

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 / 1 9 / 2 0 0 7

**Transaction ID:** A2007-2662178

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Brit d'Arbeloff

Mailing Address 20 Dudley Street

City State Zip Code  
Brookline MA 02445

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 / 0 5 / 2 0 0 7

**Transaction ID:** A2007-2661940

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: PAGE 9 / 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. Mary H Dodge

Mailing Address 65 Linaria Way

City State Zip Code  
Portola Valley CA 94028

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

Name of Employer Information Requested Occupation  
Community Volunteer

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 / 0 6 / 2 0 0 7

**Transaction ID:** A2007-2662052

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Susan Farque

Mailing Address 4 Tallyho Lane

City State Zip Code  
Little Rock AR 72227

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 Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID:** A2007-2662006

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Welcome S Fawcett

Mailing Address 1029 Spaight St. #5A

City State Zip Code  
Madison WI 53703

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 / 3 0 / 2 0 0 7

**Transaction ID:** A2007-2661996

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6100.00**

**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 / 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)  
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: PAGE 11 / 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. Ellen Golombek

Mailing Address 535 W. 23rd Street  
Apt S10Q

City State Zip Code  
New York NY 10011

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

Name of Employer  
Planned Parenthood Fed. of America

Occupation  
VP of External Affairs

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 0 / 2 5 / 2 0 0 7

**Transaction ID:** A2007-2661973

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. David Hayes

Mailing Address 740 Ocean Avenue

City State Zip Code  
New London CT 06320

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

**Transaction ID:** A2007-2661971

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Michael-Ann Herring

Mailing Address 1108 Sandpiper

City State Zip Code  
Palm Desert CA 92260

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

Name of Employer  
Self Employed

Occupation  
Consultant

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 / 3 1 / 2 0 0 7

**Transaction ID:** A2007-2662426

Amount of Each Receipt this Period  
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: (check only one)	PAGE 13 / 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Jonathan D Kaufelt	Date of Receipt MM / DD / YYYY 10 / 25 / 2007
	Mailing Address 351 17th Street	<b>Transaction ID:</b> A2007-2661975
	City State Zip Code Santa Monica CA 90402	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Equity Marketing Inc.	Occupation Former Attorney
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. and Mr Irving J Kern	Date of Receipt MM / DD / YYYY 11 / 05 / 2007
	Mailing Address 1661 Pine St Apt 945	<b>Transaction ID:</b> A2007-2662061
	City State Zip Code San Francisco CA 94109	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. ANNE E KNIGHT	Date of Receipt MM / DD / YYYY 11 / 09 / 2007
	Mailing Address 145 E ELSMERE PLACE	<b>Transaction ID:</b> A2007-2662090
	City State Zip Code SAN ANTONIO TX 78212	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	6000.00
<b>TOTAL</b> 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: (check only one)	PAGE 15 / 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Ruth Lapidus		Date of Receipt
	Mailing Address 23 Delevan Lane		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Harrison	NY	10528
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2007-2661948
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Homemaker			<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="2000.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Dr. Judith H Larosa		Date of Receipt
	Mailing Address 75 Poplar Street Apartment 3F		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Brooklyn	NY	11201
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2007-2662064
Name of Employer Information Requested		Occupation	Amount of Each Receipt this Period
Information Requested			<input type="text" value="450.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="450.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Don B Lichty		Date of Receipt
	Mailing Address 2216 Aha Niu Place		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Honolulu	HI	96821
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2007-2662144
Name of Employer Drug Policy Forum Of Hawaii		Occupation	Amount of Each Receipt this Period
Non-Profit Executive			<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2450.00"/>
<b>TOTAL</b> 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 16 / 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. 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

M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 7

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

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 0 7

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

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

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)  
G. Patrick 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 Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 12 / 11 / 2007

Transaction ID: A2007-2662396

Amount of Each Receipt this Period: 5000.00

Previously reported as contribution from Valerie McCarthy, but signed by G. Patrick McCarthy

**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: (check only one)	PAGE 18 / 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)  
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: 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: Information Requested  
Occupation: Financial Consultant

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 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: Information Requested  
Occupation: Financial svcs partner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 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: PAGE 19 / 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)  
Mr. William B Roe

Mailing Address 112 Wilderness Drive #123

City State Zip Code  
Naples FL 34105

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

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

**Transaction ID:** A2007-2661950

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Margaret B Ruttenberg, M.D.

Mailing Address 8 Holly Road

City State Zip Code  
Waban MA 02468

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

Name of Employer Occupation  
Self-Employed Bd Certified Anesthesiologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

**Transaction ID:** A2007-2661947

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Vicki Sant

Mailing Address 2929 N Street N.W.

City State Zip Code  
Washington DC 20007

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

**Transaction ID:** A2007-2661943

Amount of Each Receipt this Period  
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: (check only one)	PAGE 20 / 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Jonathan T Soros	Date of Receipt MM / DD / YYYY 10 / 15 / 2007
	Mailing Address 70-A Greenwich Avenue PMB 199	<b>Transaction ID:</b> A2007-2661949
	City State Zip Code New York NY 10011	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Susan B Stearns	Date of Receipt MM / DD / YYYY 10 / 05 / 2007
	Mailing Address 7373 Mandarin Drive	<b>Transaction ID:</b> A2007-2661941
	City State Zip Code Boca Raton FL 33433	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 2500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Pam Sutherland	Date of Receipt MM / DD / YYYY 10 / 22 / 2007
	Mailing Address 107 West Cook Street Suite F	<b>Transaction ID:</b> A2007-2661976
	City State Zip Code Springfield IL 62704	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>8000.00</b>
<b>TOTAL</b> 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)

<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. 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 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 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 Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID:** A2007-2661988

Amount of Each Receipt this Period  
450.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>97850.00</b>

**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)

<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 ▼  
2185.51

Date of Receipt

M M / D D / 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  
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  
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)  
 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 ▼ 2413.24

Date of Receipt  
 M M / D D / Y 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 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 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)  
 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 ▼ 2557.97

Date of Receipt  
 M M / D D / Y 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 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 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

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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 ▼  
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)  
 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 ▼ 3109.20

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 7 / 2 0 0 7

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

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

**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	

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

<b>A.</b>	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		<b>Transaction ID:</b> A6506																					
	FEC ID number of contributing federal political committee. <b>C</b>		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																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	21.66
<b>TOTAL</b> 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

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

<b>A.</b>	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		<b>Transaction ID:</b> A6632																			
	Chicago	IL	60680																					
FEC ID number of contributing federal political committee.		<input type="checkbox"/> C C00431445		Amount of Each Receipt this Period																				
Name of Employer		Occupation		<input type="text" value="1837.30"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1837.30"/>		Refund from Fed. Cmte																				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1837.30"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="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)  
 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)  
Bank of New York  
Mailing Address One Wall Street  
City New York State NY Zip Code 10286  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 421.29  
Date of Receipt 10 / 31 / 2007  
Transaction ID: A6459  
Amount of Each Receipt this Period 33.87  
Bank Interest

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

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 455.92  
**TOTAL** This Period (last page this line number only) ..... ► 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

A.	Full Name (Last, First, Middle Initial) Bank of New York	Transaction ID: B202589
	Mailing Address One Wall Street	Date of Disbursement 09 / 12 / 2007
	City New York State NY Zip Code 10286	Amount of Each Disbursement this Period 555.00
	Purpose of Disbursement Admin Expense: Tax Payment Candidate Name	001 Category/ Type
	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

B.	Full Name (Last, First, Middle Initial) First Data Merchant Services	Transaction ID: B202587
	Mailing Address P.O. Box 6600	Date of Disbursement 09 / 17 / 2007
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period 21.66
	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: MD 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) Bank of New York	Transaction ID: B202588
	Mailing Address One Wall Street	Date of Disbursement 09 / 28 / 2007
	City New York State NY Zip Code 10286	Amount of Each Disbursement this Period 171.07
	Purpose of Disbursement Bank Service Charge Candidate Name	001 Category/ Type
	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

**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)

PAGE 31 / 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

A.	Full Name (Last, First, Middle Initial) Citicorp Payment Services Inc.	Transaction ID: B206324 Date of Disbursement 10 / 03 / 2007
	Mailing Address 14000 Citi Cards Way	Amount of Each Disbursement this Period 35.00
	City Jacksonville State FL Zip Code 32258	
	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 Date of Disbursement 10 / 04 / 2007
	Mailing Address 14000 Citi Cards Way	Amount of Each Disbursement this Period 35.00
	City Jacksonville State FL Zip Code 32258	
	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 Date of Disbursement 10 / 10 / 2007
	Mailing Address P.O. Box 6600	Amount of Each Disbursement this Period 88.07
	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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	158.07
<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 32 / 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

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

<b>A.</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	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	001 Category/ Type

<b>B.</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	001 Category/ Type

<b>C.</b> 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	001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	211.51
<b>TOTAL</b> 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

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) 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	Amount of Each Disbursement this Period 77.87
	Purpose of Disbursement Equipment Lease	001 Category/ Type
	Candidate Name	
	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

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	Amount of Each Disbursement this Period 21.66
	Purpose of Disbursement Merchant Fee	001 Category/ Type
	Candidate Name	
	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

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	Amount of Each Disbursement this Period 134.10
	Purpose of Disbursement Merchant Fee	001 Category/ Type
	Candidate Name	
	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

**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 <hr/> Mailing Address 1780 Massachusetts Avenue <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement Advance Payment Candidate Name <hr/> 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 <hr/> Amount of Each Disbursement this Period 82.00 <hr/> 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 <hr/> Mailing Address 206 East State Street <hr/> City Columbus State OH Zip Code 43215 <hr/> Purpose of Disbursement Advance Payment Candidate Name <hr/> 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 <hr/> Amount of Each Disbursement this Period 707.00 <hr/> 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 <hr/> Mailing Address 434 West 33 Street <hr/> City New York State NY Zip Code 10001 <hr/> Purpose of Disbursement Various In-Kind Contributions Candidate Name <hr/> 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 <hr/> Amount of Each Disbursement this Period -127.34 <hr/> 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 Date of Disbursement 12 / 05 / 2007
	Mailing Address 1780 Massachusetts Avenue	Amount of Each Disbursement this Period 81.19
	City Washington State DC Zip Code 20036	
	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	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: OH District: 05	[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Katherine Scott	Transaction ID: B000010 Date of Disbursement 12 / 05 / 2007
	Mailing Address 206 East State Street	Amount of Each Disbursement this Period 46.15
	City Columbus State OH Zip Code 43215	
	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	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: OH District: 05	[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Planned Parenthood Action Fund Inc	Transaction ID: B000004 Date of Disbursement 12 / 08 / 2007
	Mailing Address 434 West 33 Street	Amount of Each Disbursement this Period -43.05
	City New York State NY Zip Code 10001	
	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	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District:	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)

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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) Planned Parenthood Affiliates of Ohio Inc	Transaction ID: B000005 Date of Disbursement 12 / 08 / 2007
	Mailing Address 206 East State Street	Amount of Each Disbursement this Period -61.94
	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: B000011 Date of Disbursement 12 / 08 / 2007
	Mailing Address 206 East State Street	Amount of Each Disbursement this Period 104.99
	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: <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 Affiliates of Ohio Inc	Transaction ID: B000006 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 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>-115.13</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)

<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
	Mailing Address 206 East State Street	Date of Disbursement MM / DD / YYYY 12 / 09 / 2007
	City Columbus State OH Zip Code 43215	Amount of Each Disbursement this Period 53.19
	Purpose of Disbursement In-kind Contribution: staff mileage and food	[MEMO ITEM]
	Candidate Name Robin Weirauch	
	Office Sought: <input checked="" 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) ▼	
	State: OH District: 05	

B.	Full Name (Last, First, Middle Initial) Planned Parenthood Affiliates of Ohio Inc	Transaction ID: B000007
	Mailing Address 206 East State Street	Date of Disbursement MM / DD / YYYY 12 / 10 / 2007
	City Columbus State OH Zip Code 43215	Amount of Each Disbursement this Period -278.50
	Purpose of Disbursement Various In-Kind Contributions	See Memo entries
	Candidate Name	
	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) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Katherine Scott	Transaction ID: B000013
	Mailing Address 206 East State Street	Date of Disbursement MM / DD / YYYY 12 / 10 / 2007
	City Columbus State OH Zip Code 43215	Amount of Each Disbursement this Period 278.50
	Purpose of Disbursement In-kind Contribution: staff costs, mileage and food	[MEMO ITEM]
	Candidate Name Robin Weirauch	
	Office Sought: <input checked="" 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) ▼	
	State: OH District: 05	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>-278.50</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)

<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: B000008

Date of Disbursement

12 / 11 / 2007

Amount of Each Disbursement this Period

-313.37

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 costs, 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: B000014

Date of Disbursement

12 / 11 / 2007

Amount of Each Disbursement this Period

313.37

[MEMO ITEM]

**C.** 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  
Equipment Lease

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: MD District: Not Applicable

Transaction ID: B207179

Date of Disbursement

12 / 11 / 2007

Amount of Each Disbursement this Period

77.87

**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

<b>A.</b> Full Name (Last, First, Middle Initial) First Data Merchant Services <hr/> Mailing Address P.O. Box 6600 <hr/> City Hagerstown State MD Zip Code 21740 <hr/> Purpose of Disbursement Merchant Fee Candidate Name <hr/> 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	Transaction ID: B207180 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 7
	Amount of Each Disbursement this Period 21.66 Category/Type 001
<b>B.</b> Full Name (Last, First, Middle Initial) American Express Merchant Services <hr/> Mailing Address P.O. Box 53852 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement Merchant Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Transaction ID: B207181 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	Amount of Each Disbursement this Period 26.79 Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>48.45</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1388.87</b>

# 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)  
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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Robin Weirauch for Congress</p> <p>Mailing Address P.O. Box 301</p> <p>City Napoleon State OH Zip Code 43545</p> <p>Purpose of Disbursement In-Kind Contribution</p> <p>Candidate Name Robin Weirauch</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 05</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General</p>	<p><b>Transaction ID:</b> B000016</p> <p>Date of Disbursement 12 / 08 / 2007</p> <p>Amount of Each Disbursement this Period 104.99</p> <p>011 Category/ Type</p> <p>See memo entries for Line 21b, this date.</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Robin Weirauch for Congress</p> <p>Mailing Address P.O. Box 301</p> <p>City Napoleon State OH Zip Code 43545</p> <p>Purpose of Disbursement In-Kind Contribution</p> <p>Candidate Name Robin Weirauch</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 05</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General</p>	<p><b>Transaction ID:</b> B000017</p> <p>Date of Disbursement 12 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 53.19</p> <p>011 Category/ Type</p> <p>See memo entries for Line 21b, this date.</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Robin Weirauch for Congress</p> <p>Mailing Address P.O. Box 301</p> <p>City Napoleon State OH Zip Code 43545</p> <p>Purpose of Disbursement In-Kind Contribution</p> <p>Candidate Name Robin Weirauch</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 05</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General</p>	<p><b>Transaction ID:</b> B000018</p> <p>Date of Disbursement 12 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 278.50</p> <p>011 Category/ Type</p> <p>See memo entries for Line 21b, this date.</p>

**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

<b>A.</b> 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 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>B.</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 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
<b>C.</b> 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 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) ..... ▶

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

36377.39
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Image# 28931507697

Form/Schedule: **SA11AI**

This amendment is filed in response to RQ-2 letter dated April 25, 2008 from Silvette Seay. The amended report corrects an individual's contribution (TransactionID A2007-2662396). After further research, the contribution was drawn on a joint account and the contribution is now credited to the signer of the check.

Transaction ID:

\*\*\*\*\*