

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Planned Parenthood Votes

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="367024.11"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="145718.57"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7623.16"/>	<input type="text" value="6130339.46"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="153341.73"/>	<input type="text" value="6497363.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23472.62"/>	<input type="text" value="6367494.46"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="129869.11"/>	<input type="text" value="129869.11"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="10028.04"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Planned Parenthood Votes

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7256.00	5993406.30
(ii) Unitemized	0.00	2046.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7256.00	5995452.62
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	7256.00	5997452.62
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).....	367.16	367.16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	132519.68
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 Transfers (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))..... ▶	7623.16	6130339.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7623.16	6130339.46

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	11968.06	498414.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	11968.06	498414.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	4119.79	4120914.75
25. Coordinated Party Expenditures (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	20146.32
(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	20146.32
29. Other Disbursements	7384.77	1728019.20
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	23472.62	6367494.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23472.62	6367494.46

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7256.00	5997452.62
34. Total Contribution Refunds (from Line 28(d))	0.00	20146.32
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7256.00	5977306.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	11968.06	498414.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	367.16	367.16
38. Net Operating Expenditures (subtract Line 37 from Line 36)	11600.90	498047.03

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

This amendment is being filed to correct the debt totals on Schedule D and update the North Carolina Calendar Year to Date per Election for Office Sought totals on Schedule E. Please update your records accordingly.

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 Votes

A. Planned Parenthood Action Fund
 Full Name (Last, First, Middle Initial)
 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
 Planned Parenthood Action Fund N/A
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 74695.13

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : A2014-3043210
 Amount of Each Receipt this Period
 7256.00
 In-kind contribution: staff time for accounting and FEC compliance

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	7256.00
TOTAL This Period (last page this line number only).....▶	7256.00

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

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

FOR LINE NUMBER: PAGE 8 OF 18
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 Votes

A. Planned Parenthood Action Fund Inc.
Full Name (Last, First, Middle Initial)
Mailing Address 434 West 33rd Street
City New York State NY Zip Code 10001
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2014
 Primary General
 Other (specify) ▼
Not Applicable
Aggregate Year-to-Date ▼
1596.16

Date of Receipt
12 / 15 / 2014
Transaction ID : A2014-13877
Amount of Each Receipt this Period
367.16
Reimbursement for travel expenses

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	367.16
TOTAL This Period (last page this line number only).....▶	367.16

**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 Votes

Full Name (Last, First, Middle Initial)

A. Beehive Research

Mailing Address 617 Pickford Place NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Research

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		16		2014

Transaction ID : B543972

Amount of Each Disbursement this Period

86.06

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Action Fund Inc.

Mailing Address 434 West 33rd Street

City New York State NY Zip Code 10001

Purpose of Disbursement
Payment for debt originally reported on Post-General Rpt. See Schedule D

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		29		2014

Transaction ID : B539884

Amount of Each Disbursement this Period

4525.00

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Action Fund Inc.

Mailing Address 434 West 33rd Street

City New York State NY Zip Code 10001

Purpose of Disbursement
In-kind contribution: staff time for accounting and FEC compliance

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2014

Transaction ID : B543969

Amount of Each Disbursement this Period

7256.00

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

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

11867.06

--

**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 Votes

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address P.O. Box 27025

City Richmond State VA Zip Code 23261

Purpose of Disbursement
Merchant fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

/ /

Transaction ID : B543970

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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 Votes

Full Name (Last, First, Middle Initial)

A. Community Outreach Group LLC

Mailing Address 1110 Vermont Ave N.W. #300

City Washington State DC Zip Code 20005

Purpose of Disbursement
Payment for debt originally reported on Post-General Rpt. See Schedule D

Category/
Type

Candidate Name
PPHS Action Fund

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 16 / 2014

Transaction ID : B540177

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 18
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MackCrouse Group	Nature of Debt (Purpose): Canvass literature
Mailing Address 2001 N. Beauregard St. Ste 420	
City State Zip Code Alexandria VA 22311	

Outstanding Balance Beginning This Period <input type="text" value="3950.00"/>	Transaction ID : D439006	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3950.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Action Fund Inc.	Nature of Debt (Purpose): Staff time for fundraising efforts and non-federal in-kind activity. See line 21b & Schedule E
Mailing Address 434 West 33rd Street	
City State Zip Code New York NY 10001	

Outstanding Balance Beginning This Period <input type="text" value="4562.40"/>	Transaction ID : D539006	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="4562.40"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor FedEx	Nature of Debt (Purpose): Shipping of invitations for fundraiser
Mailing Address 326 7th Avenue	
City State Zip Code New York NY 10001	

Outstanding Balance Beginning This Period <input type="text" value="21.04"/>	Transaction ID : D739009	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="21.04"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3971.04"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 18
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Beehive Research	Nature of Debt (Purpose): Research. See Schedule E
Mailing Address 617 Pickford Place NE	
City State Zip Code Washington DC 20002	

Outstanding Balance Beginning This Period 3342.50	Transaction ID : D739019	
Amount Incurred This Period 0.00	Payment This Period 3342.50	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Community Outreach Group LLC	Nature of Debt (Purpose): Paid canvass - persuasion & GOTV. See Schedule E and line 29
Mailing Address 1110 Vermont Ave N.W. #300	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period 8124.66	Transaction ID : D739020	
Amount Incurred This Period 0.00	Payment This Period 8124.66	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Denver Westword	Nature of Debt (Purpose): Print and online advertising.
Mailing Address PO Box 5970	
City State Zip Code Denver CO 80217	

Outstanding Balance Beginning This Period 2916.00	Transaction ID : D739025	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2916.00

1) SUBTOTALS This Period This Page (optional)..... ▶	2916.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 18
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Health Systems Action Fund	Nature of Debt (Purpose): GOTV phone calls and canvass.
Mailing Address 100 South Boylan Avenue	
City Raleigh State NC Zip Code 27603	

Outstanding Balance Beginning This Period <input type="text" value="3141.00"/>	Transaction ID : D739026	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3141.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3141.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="10028.04"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="10028.04"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ C C00489799
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 16 / 2014	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 221.31	
City Washington	State DC	Zip Code 20005	Transaction ID : B538296
Purpose of Expenditure Payment for independent expenditure originally reported on Post-General Rpt. See Schedule D		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 16 / 2014
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1876421.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 16 / 2014	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 221.31	
City Washington	State DC	Zip Code 20005	Transaction ID : B538297
Purpose of Expenditure Payment for independent expenditure originally reported on Post-General Rpt. See Schedule D		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 16 / 2014
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1876421.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	442.62
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Liz Gustafson
Signature

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
03 / 04 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ C C00489799
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Planned Parenthood Action Fund Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 29 / 2014
Mailing Address 434 West 33rd Street	Amount 18.70
City State Zip Code New York NY 10001	Transaction ID : B538294 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 29 / 2014
Purpose of Expenditure Payment for independent expenditure originally reported on Post-General Rpt. See Schedule D	Category/Type 004
Name of Federal Candidate Thom Tillis	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1876421.52	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Planned Parenthood Action Fund Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 29 / 2014
Mailing Address 434 West 33rd Street	Amount 18.70
City State Zip Code New York NY 10001	Transaction ID : B538295 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 29 / 2014
Purpose of Expenditure Payment for independent expenditure originally reported on Post-General Rpt. See Schedule D	Category/Type 004
Name of Federal Candidate Kay Hagan	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1876421.52	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	37.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	4119.79

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Liz Gustafson
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
03 / 04 / 2015