

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT** ▼Example: If typing, type
over the lines

Planned Parenthood Action Fund Inc. PAC

ADDRESS (number and street)
▼

1780 Massachusetts Ave. NW

☐Check if different
than previously
reported. (ACC)

Washington

DC

20036

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00314617

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☒July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2007

through

06

30

2007

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

Type or Print Name of Treasurer

Norman Greene

Signature of Treasurer

Electronically Filed by Norman Greene

Date

07

31

2007

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

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Planned Parenthood Action Fund Inc. PAC

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		57088.38
(b) Cash on Hand at Beginning of Reporting Period	57088.38	
(c) Total Receipts (from Line 19)	18797.04	18797.04
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	75885.42	75885.42
7. Total Disbursements (from Line 31)	48480.30	48480.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27405.12	27405.12
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Planned Parenthood Action Fund Inc. PAC

Report Covering the Period:

From:

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

To:

M M
0 6D D
3 0Y 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	16300.00	16300.00
(i) Itemized (use Schedule A)	745.00	745.00
(ii) Unitemized	17045.00	17045.00
(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) ➤	17045.00	17045.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	1365.86	1365.86
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	386.18	386.18
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))	18797.04	18797.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18797.04	18797.04

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		51480.30	51480.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		51480.30	51480.30
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		-3000.00	-3000.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		48480.30	48480.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		48480.30	48480.30

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)	17045.00	17045.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17045.00	17045.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	51480.30	51480.30
37. Offsets to Operating Expenditures (from Line 15, page 3)	1365.86	1365.86
38. Net Operating Expenditures (subtract Line 37 from Line 36)	50114.44	50114.44

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

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

FOR LINE NUMBER: PAGE 6 / 23

(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

Full Name (Last, First, Middle Initial)

A. Mr. Robert Bergstein

Mailing Address 3425 Lyle Burn Place

City State Zip Code
 Cincinnati OH 45220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A2007-236678

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Nancy Clack

Mailing Address 10227 Big Rock Road

City State Zip Code
 Silver Spring MD 20901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Planned Parenthood Federa-
tion

Occupation
Interim VP-Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 7

Transaction ID: A2007-1157739

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ms. Annette P 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
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 9 / 2 0 0 7

Transaction ID: A2007-603955

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 23

(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

Full Name (Last, First, Middle Initial)

A. Mr. Brian Feldman

Mailing Address 1101 Edison Garden

City State Zip Code
 Atlanta GA 30324

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
 0 6 / 2 3 / 2 0 0 7

Transaction ID: A2007-1157733

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dian Harrison

Mailing Address 249 Iverness Ct

City State Zip Code
 Oakland CA 94605

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
 0 6 / 2 3 / 2 0 0 7

Transaction ID: A2007-1157741

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jill June

Mailing Address PO Box 4557

City State Zip Code
 Des Moines IA 50305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Planned Parenthood of Gre-
ater Iowa

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 7

Transaction ID: A2007-1157736

Amount of Each Receipt this Period

500.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 23

(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

Full Name (Last, First, Middle Initial)

A. Valerie McCarthy

Mailing Address 79 Romana Drive

City State Zip Code
Hampton Bays NY 11946

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dyna Empire Inc

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: A2007-1157734

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Edward L Pepper

Mailing Address 15 Piper Road K206

City State Zip Code
Scarborough ME 04074

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
0 4 / 2 5 / 2 0 0 7

Transaction ID: A2007-957948

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas V Rapini

Mailing Address 5947 Hopkins Road

City State Zip Code
Mentor OH 44060

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
0 1 / 1 0 / 2 0 0 7

Transaction ID: A2007-236643

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

6300.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 9 / 23

(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) Karen Shepherd Mailing Address 1261 Second Avenue City State Zip Code Salt Lake City UT 84103 FEC ID number of contributing federal political committee. C 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 ▼ <div style="text-align: right;">500.00</div>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 7 Transaction ID: A2007-1157738 Amount of Each Receipt this Period <div style="text-align: right;">500.00</div>
B. Full Name (Last, First, Middle Initial) Steve Trombley Mailing Address 415 Dell Lane City State Zip Code Highland Park IL 60035 FEC ID number of contributing federal political committee. C 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 ▼ <div style="text-align: right;">1000.00</div>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 7 Transaction ID: A2007-1157742 Amount of Each Receipt this Period <div style="text-align: right;">1000.00</div>

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

16300.00

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

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

FOR LINE NUMBER: PAGE 10 / 23

(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 ▼

257.26

Date of Receipt

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

Transaction ID: A5992

Amount of Each Receipt this Period

87.73

Reimbursement for Adminis-
trative 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 ▼

356.79

Date of Receipt

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

Transaction ID: A5994

Amount of Each Receipt this Period

21.66

Reimbursement for Adminis-
trative 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 ▼

356.79

Date of Receipt

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

Transaction ID: A5993

Amount of Each Receipt this Period

77.87

Reimbursement for Adminis-
trative Expenses

SUBTOTAL of Receipts This Page (optional)

187.26

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 23

(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 ▼

427.23

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 9 / 2 0 0 7

Transaction ID: A5996

Amount of Each Receipt this Period

70.44

Reimbursement for Adminis-
trative 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 ▼

505.10

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 5 / 2 0 0 7

Transaction ID: A5997

Amount of Each Receipt this Period

77.87

Reimbursement for Adminis-
trative 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 ▼

526.76

Date of Receipt

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

Transaction ID: A5998

Amount of Each Receipt this Period

21.66

Reimbursement for Adminis-
trative Expenses

SUBTOTAL of Receipts This Page (optional)

169.97

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 23

(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 ▼

623.09

Date of Receipt

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

Transaction ID: A6065

Amount of Each Receipt this Period

35.00

Reimbursement for Adminis-
trative 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 ▼

623.09

Date of Receipt

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

Transaction ID: A6068

Amount of Each Receipt this Period

61.33

Reimbursement for Adminis-
trative 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 ▼

735.96

Date of Receipt

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

Transaction ID: A6066

Amount of Each Receipt this Period

112.87

Reimbursement for Adminis-
trative Expenses

SUBTOTAL of Receipts This Page (optional)

209.20

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 23

(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 ▼

757.62

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 7

Transaction ID: A6067

Amount of Each Receipt this Period

21.66

Reimbursement for Adminis-
trative 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 ▼

893.63

Date of Receipt

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

Transaction ID: A6096

Amount of Each Receipt this Period

136.01

Reimbursement for Adminis-
trative 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 ▼

963.63

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 0 7

Transaction ID: A6097

Amount of Each Receipt this Period

70.00

Reimbursement for Adminis-
trative Expenses

SUBTOTAL of Receipts This Page (optional)

227.67

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 23

(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 ▼

1041.50

Date of Receipt

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

Transaction ID: A6098

Amount of Each Receipt this Period

77.87

Reimbursement for Adminis-
trative 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 ▼

1063.16

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 7

Transaction ID: A6099

Amount of Each Receipt this Period

21.66

Reimbursement for Adminis-
trative 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 ▼

1188.08

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 7

Transaction ID: A6152

Amount of Each Receipt this Period

124.92

Reimbursement for Adminis-
trative Expenses

SUBTOTAL of Receipts This Page (optional)

224.45

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 23

(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 ▼

1266.33

Date of Receipt

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

Transaction ID: A6153

Amount of Each Receipt this Period

78.25

Reimbursement for Adminis-
trative 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 ▼

1344.20

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 7

Transaction ID: A6154

Amount of Each Receipt this Period

77.87

Reimbursement for Adminis-
trative 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 ▼

1365.86

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 7

Transaction ID: A6155

Amount of Each Receipt this Period

21.66

Reimbursement for Adminis-
trative Expenses

SUBTOTAL of Receipts This Page (optional)

177.78

TOTAL This Period (last page this line number only)

1196.33

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

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

FOR LINE NUMBER: PAGE 16 / 23

(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		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 7
Mailing Address One Wall Street		
City	State	Zip Code
New York	NY	10286
FEC ID number of contributing federal political committee.		Transaction ID: A5991
Name of Employer		Amount of Each Receipt this Period 134.03
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 279.40

B. Full Name (Last, First, Middle Initial) Bank of New York		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address One Wall Street		
City	State	Zip Code
New York	NY	10286
FEC ID number of contributing federal political committee.		Transaction ID: A5995
Name of Employer		Amount of Each Receipt this Period 106.75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 386.15

C. Full Name (Last, First, Middle Initial) Bank of New York		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address One Wall Street		
City	State	Zip Code
New York	NY	10286
FEC ID number of contributing federal political committee.		Transaction ID: A6064
Name of Employer		Amount of Each Receipt this Period 0.03
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 386.18

SUBTOTAL of Receipts This Page (optional)

240.81

TOTAL This Period (last page this line number only)

240.81

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 17 / 23

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

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NAME OF COMMITTEE (In Full)

Planned Parenthood Action Fund Inc. PAC

Full Name (Last, First, Middle Initial)

A. CitiBank F.S.B.

Mailing Address P.O. Box 19748

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement

Merchant Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: DC

District:

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B170462

Date of Disbursement

03 / 05 / 2007

Amount of Each Disbursement this Period

70.44

Full Name (Last, First, Middle Initial)

B. Lichtman Trister and Ross PLLC

Mailing Address 1666 Connecticut Ave. NW

City
Washington

State
DC

Zip Code
20009

Purpose of Disbursement

Civil Penalty

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: DC

District:

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B170458

Date of Disbursement

03 / 19 / 2007

Amount of Each Disbursement this Period

50000.00

Full Name (Last, First, Middle Initial)

C. 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

State: MD

District:

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B173587

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

77.87

SUBTOTAL of Disbursements This Page (optional)

50148.31

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 18 / 23

<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

Full Name (Last, First, Middle Initial)

A. 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

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: NY

District:

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B175280

Date of Disbursement

03 / 30 / 2007

Amount of Each Disbursement this Period

61.33

Full Name (Last, First, Middle Initial)

B. First Data Merchant Services

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement

Merchant Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: MD

District:

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B170464

Date of Disbursement

03 / 30 / 2007

Amount of Each Disbursement this Period

21.66

Full Name (Last, First, Middle Initial)

C. CitiBank F.S.B.

Mailing Address P.O. Box 19748

City Washington State DC Zip Code 20036

Purpose of Disbursement

Merchant Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: DC

District:

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B173476

Date of Disbursement

04 / 04 / 2007

Amount of Each Disbursement this Period

70.00

SUBTOTAL of Disbursements This Page (optional)

152.99

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 19 / 23

<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

Full Name (Last, First, Middle Initial)

A. 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

State: MD

District:

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B173477

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

77.87

Full Name (Last, First, Middle Initial)

B. First Data Merchant Services

Mailing Address P.O. Box 6600

City
Hagerstown

State
MD

Zip Code
21740

Purpose of Disbursement
Merchant Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: MD

District:

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B181086

Date of Disbursement

04 / 25 / 2007

Amount of Each Disbursement this Period

21.66

Full Name (Last, First, Middle Initial)

C. 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

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: NY

District:

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B173475

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

136.01

SUBTOTAL of Disbursements This Page (optional)

235.54

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 20 / 23

<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

Full Name (Last, First, Middle Initial)

A. CitiBank F.S.B.

Mailing Address P.O. Box 19748

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement

Merchant Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: DC

District:

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B175262

Date of Disbursement

05 / 03 / 2007

Amount of Each Disbursement this Period

70.00

Full Name (Last, First, Middle Initial)

B. 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

State: MD

District:

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B175263

Date of Disbursement

05 / 10 / 2007

Amount of Each Disbursement this Period

77.87

Full Name (Last, First, Middle Initial)

C. First Data Merchant Services

Mailing Address P.O. Box 6600

City
Hagerstown

State
MD

Zip Code
21740

Purpose of Disbursement

Merchant Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: MD

District:

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B175264

Date of Disbursement

05 / 16 / 2007

Amount of Each Disbursement this Period

21.66

SUBTOTAL of Disbursements This Page (optional) ►

169.53

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 21 / 23

<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

Full Name (Last, First, Middle Initial)

A. 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

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: NY

District:

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B175265

Date of Disbursement

05 / 31 / 2007

Amount of Each Disbursement this Period

124.92

Full Name (Last, First, Middle Initial)

B. CitiBank F.S.B.

Mailing Address P.O. Box 19748

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement
Merchant Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: DC

District:

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B180852

Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

78.25

Full Name (Last, First, Middle Initial)

C. 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

State: MD

District:

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B180853

Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

77.87

SUBTOTAL of Disbursements This Page (optional)

281.04

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 22 / 23

<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

Full Name (Last, First, Middle Initial)

A. First Data Merchant Services

Mailing Address P.O. Box 6600

City
Hagerstown

State
MD

Zip Code
21740

Purpose of Disbursement

Merchant Fee

Candidate Name

001

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State: MD

District:

Disbursement For:

2007

☐ Primary

☐ General

☒ Other (specify) ▼

Not Applicable

Transaction ID: B180854

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

21.66

Full Name (Last, First, Middle Initial)

B. 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

001

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State: NY

District:

Disbursement For:

2007

☐ Primary

☐ General

☒ Other (specify) ▼

Not Applicable

Transaction ID: B180855

Date of Disbursement

06 / 29 / 2007

Amount of Each Disbursement this Period

114.44

SUBTOTAL of Disbursements This Page (optional)

136.10

TOTAL This Period (last page this line number only)

51123.51

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

PAGE 23 / 23

<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

Full Name (Last, First, Middle Initial)

A. Chafee for Senate

Mailing Address P.O. Box 7329

City
WarwickState
RIZip Code
02887Purpose of Disbursement
P-2006 U.S. Senate RICandidate Name
Lincoln ChafeeOffice Sought: ☐ House
☒ Senate
☐ President

State: RI

District:

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B142526

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	7	

Amount of Each Disbursement this Period

-3000.00

011
Category/ Type

Void Check Written 5/02/2-006

SUBTOTAL of Disbursements This Page (optional)

-3000.00

TOTAL This Period (last page this line number only)

-3000.00