

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Planned Parenthood Action Fund Inc. PAC

ADDRESS (number and street) 434 West 33rd Street  
 Check if different than previously reported. (ACC)  
New York NY 10001

2. **FEC IDENTIFICATION NUMBER** 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 04 21 2009 through 06 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Aaron Samulcek

Signature of Treasurer Electronically Filed by Aaron Samulcek Date 07 30 2009

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

**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	4

D	D
2	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		49768.82
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	37245.56									
(c) Total Receipts (from Line 19) .....	21574.63	30195.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	58820.19	79964.07								
7. Total Disbursements (from Line 31) .....	-4190.10	16953.78								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	63010.29	63010.29								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Planned Parenthood Action Fund Inc. PAC

Report Covering the Period: From: 

M	M
0	4

D	D
2	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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) .....	21000.00	28600.00
(ii) Unitemized .....	180.00	588.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	21180.00	29188.00
(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) .....	21180.00	29188.00
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) .....	386.51	957.21
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	8.12	50.04
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)) .....	21574.63	30195.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	21574.63	30195.25

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	309.90	918.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	309.90	918.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-4500.00	16035.69
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))..	-4190.10	16953.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-4190.10	16953.78

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	21180.00	29188.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21180.00	29188.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	309.90	918.09
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	386.51	957.21
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-76.61	-39.12

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 14
	<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	

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) Jennifer Soros	Date of Receipt MM / DD / YYYY 06 / 22 / 2009
	Mailing Address 70-A Greenwich Avenue PMB 199	<b>Transaction ID:</b> A2009-3827369
	City State Zip Code New York NY 10011	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self-Employed Consultant	
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. Jonathan T Allan Soros	Date of Receipt MM / DD / YYYY 06 / 29 / 2009
	Mailing Address 70-A Greenwich Avenue PMB 199	<b>Transaction ID:</b> A2009-3827368
	City State Zip Code New York NY 10011	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Soros Fund Management LLC President and Deputy Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jarrett Barrios	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 12 Zamora Street	<b>Transaction ID:</b> A2009-3830027
	City State Zip Code Jamaica Plain MA 02130	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation BCBS of Mass Foundation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>11000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

A. Form/Schedule : **SA11AI**

Transaction ID :

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 8 / 14</span>
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Elena Marks		Date of Receipt
	Mailing Address 6510 Auden Street		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Houston	TX	77005
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-3830028
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer City of Houston		Occupation Policy Advisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="5000.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kenneth Marks		Date of Receipt
	Mailing Address 6510 Auden Street		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Houston	TX	77005
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-3830029
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Susman Godfrey LLP		Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="5000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="10000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="21000.00"/>



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 14  
(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: 2009  
 Primary  General  
 Other (specify) ▼  
 Not Applicable

Aggregate Year-to-Date ▼  
592.36

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

**Transaction ID: A7729**

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: 2009  
 Primary  General  
 Other (specify) ▼  
 Not Applicable

Aggregate Year-to-Date ▼  
647.31

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

**Transaction ID: A7730**

Amount of Each Receipt this Period  
54.95

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: 2009  
 Primary  General  
 Other (specify) ▼  
 Not Applicable

Aggregate Year-to-Date ▼  
702.73

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

**Transaction ID: A7732**

Amount of Each Receipt this Period  
55.42

Reimbursement for Administrative Expenses

**SUBTOTAL** of Receipts This Page (optional) ..... ► **132.03**

**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 10 / 14
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Planned Parenthood Action Fund Inc.		Date of Receipt
	Mailing Address 434 West 33rd Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 7 / 2 0 0 9
	City	State	Zip Code
	New York	NY	10001
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: A7734</b>
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Not Applicable		Aggregate Year-to-Date ▼	<input type="text"/> 21.66
		<input type="text"/> 802.26	Reimbursement for Administrative Expenses

<b>B.</b>	Full Name (Last, First, Middle Initial) Planned Parenthood Action Fund Inc.		Date of Receipt
	Mailing Address 434 West 33rd Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 7 / 2 0 0 9
	City	State	Zip Code
	New York	NY	10001
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: A7733</b>
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Not Applicable		Aggregate Year-to-Date ▼	<input type="text"/> 77.87
		<input type="text"/> 802.26	Reimbursement for Administrative Expenses

<b>C.</b>	Full Name (Last, First, Middle Initial) Planned Parenthood Action Fund Inc.		Date of Receipt
	Mailing Address 434 West 33rd Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 1 0 / 2 0 0 9
	City	State	Zip Code
	New York	NY	10001
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: A7807</b>
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Not Applicable		Aggregate Year-to-Date ▼	<input type="text"/> 55.42
		<input type="text"/> 857.68	Reimbursement for Administrative Expenses

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 154.95
<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 11 / 14  
(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: 2009  
 Primary  General  
 Other (specify) ▼  
 Not Applicable  
 Aggregate Year-to-Date ▼  
 935.55

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 9  
**Transaction ID: A7808**  
 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: 2009  
 Primary  General  
 Other (specify) ▼  
 Not Applicable  
 Aggregate Year-to-Date ▼  
 957.21

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 3 / 2 0 0 9  
**Transaction ID: A7809**  
 Amount of Each Receipt this Period  
 21.66  
 Reimbursement for Administrative Expenses

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>99.53</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>386.51</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)

<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.  Mailing Address 14000 Citi Cards Way  City Jacksonville State FL Zip Code 32258  Purpose of Disbursement Merchant Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:  Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Transaction ID: B270116 Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2009  Amount of Each Disbursement this Period 55.42  001 Category/ Type
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 Equipment Lease Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:  Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Transaction ID: B268228 Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2009  Amount of Each Disbursement this Period 77.87  001 Category/ Type
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 Merchant Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:  Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Transaction ID: B268229 Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2009  Amount of Each Disbursement this Period 21.66  001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	154.95
<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 13 / 14

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

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NAME OF COMMITTEE (In Full)  
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 Equipment Lease Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Transaction ID: B270117 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 77.87 Category/Type 001
<b>B.</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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Transaction ID: B270118 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 21.66 Category/Type 001

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

99.53

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

254.48

**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

<b>A.</b> Full Name (Last, First, Middle Initial) McNerney for Congress Mailing Address 6520 Village Parkway Second Floor City Dublin State CA Zip Code 94568 Purpose of Disbursement Contribution Candidate Name Jerry McNerney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B237878 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period -2000.00 Voided: Original check dated 10/06/2008
<b>B.</b> Full Name (Last, First, Middle Initial) Republican Mainstreet Partnership PAC Mailing Address 2201 Wisconsin Ave. NW Suite 320 City Washington State DC Zip Code 20007 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Transaction ID: B239415 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period -2500.00 Voided: Original check dated 10/17/2008

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

-4500.00

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

-4500.00