

# 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 08 01 2008 through 08 31 2008

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 Jankie Beharry

Signature of Treasurer Electronically Filed by Jankie Beharry Date 09 19 2008

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

Office Use Only									
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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	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		100486.68
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	130635.28									
(c) Total Receipts (from Line 19) .....	3399.91	176537.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	134035.19	277024.18								
7. Total Disbursements (from Line 31) .....	31712.46	174701.45								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	102322.73	102322.73								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Planned Parenthood Action Fund Inc. PAC

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	2500.00	134015.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	545.00	39383.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	3045.00	173398.00
(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) .....	3045.00	173398.00
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) .....	167.02	1710.74
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	187.89	1428.76
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	3399.91	176537.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3399.91	176537.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<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.....	-779.08	8364.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	-779.08	8364.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32441.54	159286.67
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 .....	50.00	5050.00
(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)) .....	50.00	5050.00
29. Other Disbursements.....	0.00	2000.00
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))..	31712.46	174701.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31712.46	174701.45

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	3045.00	173398.00
34. Total Contribution Refunds (from Line 28(d)) .....	50.00	5050.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2995.00	168348.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	-779.08	8364.78
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	167.02	1710.74
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-946.10	6654.04

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 18	
	(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"/> 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) Ms. Janet Elizabeth Traub		Date of Receipt	
	Mailing Address 1229 Stanyan Street		M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> A2008-1859170
	San Francisco	CA	94117	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		2500.00	
Name of Employer Self-Employed		Occupation		
Investor		Aggregate Year-to-Date ▼		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2500.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 18  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	--	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
Planned Parenthood Action Fund Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)  
Planned Parenthood Action Fund Inc.

Mailing Address 434 West 33rd Street

City State Zip Code  
New York NY 10001

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1548.28

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2008

**Transaction ID: A7131**

Amount of Each Receipt this Period 4.56

Reimbursement for Administrative Expenses

**B.**

Full Name (Last, First, Middle Initial)  
Planned Parenthood Action Fund Inc.

Mailing Address 434 West 33rd Street

City State Zip Code  
New York NY 10001

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1601.01

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2008

**Transaction ID: A7132**

Amount of Each Receipt this Period 52.73

Reimbursement for Administrative Expenses

**C.**

Full Name (Last, First, Middle Initial)  
Planned Parenthood Action Fund Inc.

Mailing Address 434 West 33rd Street

City State Zip Code  
New York NY 10001

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1689.08

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2008

**Transaction ID: A7133**

Amount of Each Receipt this Period 88.07

Reimbursement for Administrative Expenses

**SUBTOTAL** of Receipts This Page (optional) ..... ► **145.36**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 / 18	
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Planned Parenthood Action Fund Inc.		Date of Receipt	
	Mailing Address 434 West 33rd Street		M M / D D / Y Y Y Y 08 / 27 / 2008	
	City	State	Zip Code	<b>Transaction ID:</b> A7134
	New York	NY	10001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	21.66
	Name of Employer		Occupation	Reimbursement for Administrative Expenses
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	1710.74	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	21.66
<b>TOTAL</b> This Period (last page this line number only) .....	167.02



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 18	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" 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) Bank of New York		Date of Receipt
Mailing Address One Wall 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 8 / 3 1 / 2 0 0 8
City	State	Zip Code
New York	NY	10286
FEC ID number of contributing federal political committee.		Transaction ID: A7145
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text"/> 187.89
Occupation		Bank Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 1428.76

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 187.89
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 187.89

**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 10 / 18

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

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NAME OF COMMITTEE (In Full)  
Planned Parenthood Action Fund Inc. PAC

A.	Full Name (Last, First, Middle Initial) Citicorp Payment Services Inc.	Transaction ID: B233758 Date of Disbursement 08 / 05 / 2008
	Mailing Address 14000 Citi Cards Way	Amount of Each Disbursement this Period 52.73
	City Jacksonville State FL Zip Code 32258	
	Purpose of Disbursement Merchant Fees Candidate Name Citicorp Payment Services Inc.	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

B.	Full Name (Last, First, Middle Initial) First Data Merchant Services	Transaction ID: B233759 Date of Disbursement 08 / 11 / 2008
	Mailing Address P.O. Box 6600	Amount of Each Disbursement this Period 88.07
	City Hagerstown State MD Zip Code 21740	
	Purpose of Disbursement Equipment Lease Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

C.	Full Name (Last, First, Middle Initial) First Data Merchant Services	Transaction ID: B233762 Date of Disbursement 08 / 15 / 2008
	Mailing Address P.O. Box 6600	Amount of Each Disbursement this Period 21.66
	City Hagerstown State MD Zip Code 21740	
	Purpose of Disbursement Merchant Fees Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>162.46</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 18

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Planned Parenthood Action Fund Inc. PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Planned Parenthood Action Fund Inc.</p> <p>Mailing Address 434 West 33rd Street</p> <p>City New York State NY Zip Code 10001</p> <p>Purpose of Disbursement In-kind contribution - See Memo Entry</p> <p>Candidate Name Democratic National Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p><b>Transaction ID:</b> B234731 <b>Date of Disbursement:</b> MM / DD / YYYY 08 / 26 / 2008</p> <p>Amount of Each Disbursement this Period -941.54</p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Cecile Richards</p> <p>Mailing Address 434 West 33rd Street</p> <p>City New York State NY Zip Code 10001</p> <p>Purpose of Disbursement In-Kind: Staff Costs</p> <p>Candidate Name Democratic National Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p><b>Transaction ID:</b> B223638 <b>Date of Disbursement:</b> MM / DD / YYYY 08 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 941.54</p> <p>003 Category/ Type</p> <p><b>[MEMO ITEM]</b></p>

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

-941.54

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

-779.08

**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) Giffords for Congress Mailing Address PO Box 12886 City Tucson State AZ Zip Code 85732 Purpose of Disbursement Contribution Candidate Name Gabrielle Giffords Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B226091 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00 Category/Type 011

<b>B.</b> Full Name (Last, First, Middle Initial) Solis for Congress Mailing Address 6380 Wilshire Blvd. #1612 City Los Angeles State CA Zip Code 90048 Purpose of Disbursement Contribution Candidate Name Hilda Solis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B226112 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

<b>C.</b> Full Name (Last, First, Middle Initial) Diana Degette for Congress Inc. Mailing Address P.O. Box 61337 City Denver State CO Zip Code 80206 Purpose of Disbursement Contribution Candidate Name Diana L DeGette Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B226088 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

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

4000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Planned Parenthood Action Fund Inc. PAC

A.	Full Name (Last, First, Middle Initial) Nancy Boyda for Congress	Transaction ID: B226110 Date of Disbursement
	Mailing Address PO Box 1474	<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City Topeka State KS Zip Code 66601	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Nancy E Boyda	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Donna Edwards for Congress	Transaction ID: B226084 Date of Disbursement
	Mailing Address P.O. Box 441153	<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City Fort Washington State MD Zip Code 20749	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name Donna Edwards	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Schauer for Congress	Transaction ID: B226111 Date of Disbursement
	Mailing Address PO Box 100	<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City Battle Creek State MI Zip Code 49016	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Mark H Schauer	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Planned Parenthood Action Fund Inc. PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Madia for U.S. Congress</p> <p>Mailing Address PO Box 2459</p> <p>City Maple Grove State MN Zip Code 55311</p> <p>Purpose of Disbursement Contribution Candidate Name Ashwin Madia</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B226107 <b>Date of Disbursement</b> 08 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jeanne Shaheen for Senate</p> <p>Mailing Address P.O. Box 1510</p> <p>City Manchester State NH Zip Code 03105</p> <p>Purpose of Disbursement Contribution Candidate Name Jeanne Shaheen</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B226095 <b>Date of Disbursement</b> 08 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Gillibrand for Congress</p> <p>Mailing Address P.O. Box 15734</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution Candidate Name Kirsten E Gillibrand</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B226092 <b>Date of Disbursement</b> 08 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

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

5500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Planned Parenthood Action Fund Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
Stephanie Tubbs Jones for US Congress

Mailing Address 3729 Silsby Rd

City State Zip Code  
University Heights OH 44118

Purpose of Disbursement  
Contribution

Candidate Name  
Stephanie Tubbs Jones

Office Sought:  House  
 Senate  
 President

State: OH District: 11

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: B226113

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
Jeff Merkley for Oregon

Mailing Address P.O. Box 29136

City State Zip Code  
Portland OR 97296

Purpose of Disbursement  
Contribution

Candidate Name  
Jeff Merkley

Office Sought:  House  
 Senate  
 President

State: OR District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: B226098

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**C.** Full Name (Last, First, Middle Initial)  
Kurt Schrader for Congress

Mailing Address 205 N Main Street

City State Zip Code  
Oregon City OR 97045

Purpose of Disbursement  
Contribution

Candidate Name  
Kurt Schrader

Office Sought:  House  
 Senate  
 President

State: OR District: 05

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: B226103

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Planned Parenthood Action Fund Inc. PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Sestak for Congress</p> <p>Mailing Address P.O. Box 16</p> <p>City Media State PA Zip Code 04112</p> <p>Purpose of Disbursement Contribution Candidate Name Joe Sestak</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B226100 <b>Date of Disbursement</b> 08 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Camp. Cmte</p> <p>Mailing Address 430 S. Capitol St. SE 2nd Fl.</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p><b>Transaction ID:</b> B226087 <b>Date of Disbursement</b> 08 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 10000.00</p> <p>011 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) DNC SrvcS Corporation/Dem. National Cmte</p> <p>Mailing Address 430 S. Capitol Street S.E.</p> <p>City Washingt State DC Zip Code 20003</p> <p>Purpose of Disbursement In-Kind Contribution Candidate Name Democratic National Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p><b>Transaction ID:</b> B234728 <b>Date of Disbursement</b> 08 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 941.54</p> <p>011 Category/Type</p> <p>Staff Costs for Convention Speech</p>

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

11941.54

**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)

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

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NAME OF COMMITTEE (In Full)  
Planned Parenthood Action Fund Inc. PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Darcy Burner for Congress Mailing Address P.O. Box 1090 City Carnation State WA Zip Code 98014 Purpose of Disbursement Contribution Candidate Name Darcy Burner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B226085 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 3000.00 Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Moore for Congress Mailing Address PO Box 16646 City Milwaukee State WI Zip Code 53216 Purpose of Disbursement Contribution Candidate Name Gwendolynne Moore Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B226109 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

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

4000.00

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

32441.54

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.