CORRECTION AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 ACCOUNT # 000	055458	2 PAGE # 1 of 10)
3 COMMITTEE NAME	Planned Parenthood of North Texa	s Action Fund PAC	OFFICE USE ONLY
4 TREASURER NAME	FIRST MI Jennings, Cary	LAST	Date Received
5 ORIGINAL REPORT	January 15 R	unoff	
TYPE	July 15 10	Oth day after campaign easurer termination	Date Hand-delivered or Date Postmarked
	30th day before election D	issolution Report	
	8th day before election O	ther (specify)April 5	Receipt # Amount
6 ORIGINAL PERIOD	Month Day Year	Month Day Year	Legal Totals
COVERED	02/26/2008 THRO	O3/25/2008	Date Processed
			Date Imaged
intend to withhold information errors were made in good clarification from legal compension of the clarification errors were inadvertent becaus accounting principles. PF	ectly related to the election or defeat of a sation and I did not intend to mislead misstad faith and were not made to intentionally vunsel PPNTPAC will file a corrected reportication received from legal counsel regardictookkeeping oversights and were not made of good-faith misunderstandings in the a PNTPAC will file corrected reports that coran additional contribution from Ms. Margan	ate or otherwise fail to fully disclose the f violate the laws and rules applicable to that. In As to the complaint concerning the difference between administrative to to intentionally violate the rules applicate pplication of Title 15's reporting requirent rectly reflect the total political contribution	rinancial activities of PPNTPAC. Any hese filings. After receiving this the reported Contribution Balances of expenses and political expenses any able to these filings. Also errors may nents as viewed against general ons maintained for each reporting
8 AFFIDAVIT		I swear, or affirm, under penalty report is true and correct. Check ONLY if applicable:	
	X	I swear, or affirm, that I am filing this 14th business day after the date I le filed is inaccurate or incomplete. I somission in the report as originally file.	earned that the report as originally swear, or affirm, that any error or
AFFIX NOTARY STAMP / S	EAL ABOVE	Kathryn Allen Signature of Ca	mpaign Treasurer
Sworn to and subscribed	before me by	· ·	day of
to certify which, witness r	my hand and seal of office.		,,
Signature of officer administering oat	th Printed name of officer a	dministering oath Title of o	fficer administering oath
Remen	nber To Attach Any Part Of Needed To Report A	The Campaign Finance And Explain Corrections	Report Form

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instruction (GUIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00055458	2 PAGE # 2 of 10
3 COMMITTEE NAME			OFFICE HOF ONLY
Planned Parenthood of	f North Texas Action Fund PAC		OFFICE USE ONLY
			Date Received
4 COMMITTEE	ADDRESS / PO BOX; APT/SUITE #; CITY;	STATE ZIP CODE	
ADDRESS	Abbricooff o box, Al fronte #, Offi,	OTATE ZII OODE	
	7424 Greenville Ave. Ste. 209 Dallas, TX 75231		
Change of Address	Dallas, 17 75251		
			Date Hand-delivered or Date Postmarked
5 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount
TREASURER	Cary		
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Jennings	001117	Date Imaged
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
TREASURER'S STREET ADDRESS	7424 Greenville Ave. Ste. 209		
(Residence or business)	Dallas, TX 75231		
7 CAMPAIGN	STREET OR PO BOX; APT / SUITE #;	CITY; STATE;	ZIP CODE
TREASURER'S MAILING ADDRESS	7424 Greenville Ave. Ste. 209 Dallas, TX 75231		
	Banas, 17, 70201		
Change of Address			
O CAMPAION	AREA CODE PHONE NUMBER	EXTENSION	
8 CAMPAIGN TREASURER	ANEA GODE THONE NOWIDEN	EXTENSION	
PHONE	(214) 363-2004		
9 REPORT TYPE			
IIFL		y after campaign	Dissolution
	(Enter date below) treasure	er ternination	(attach PAC-DR)
10 MONTHLY			
REPORT FILING	January 5 X April 5	July 5	October 5
DEADLINE	February 5 May 5	August 5	November 5
	March 5 June 5	September 5	December 5
		_	_
11 PERIOD	Month Day V		Month Day V
COVERED	Month Day Year		Month Day Year
	02/26/2008	THROUGH	03/25/2008
	GO TO PAGE 2	!	

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12	COMMITTEE Plan	ned Parenthood of	North Texas Action Fund PAC	ACCOUN 000554	
13	COMMITTEE ACTIVITY	1. Candidates	A. Supported		
	(Attach lists on	(identify by name or, if applicable, classify by party)	B. Opposed		
	plain paper to complete this report if	2. Measures	A. Supported		
	necessary.)	(describe by date and location of election and nature of issue)	B. Opposed		
		3. Officeholders Assisted			
		(identify by name or, if applicable, classify by party)			
14	CONTRIBUTION TOTALS	PLEDGES, LO	CAL CONTRIBUTIONS OF \$10 OR LESS (OTHER THAN ANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED ESS IF QUALIFIED FOR HIGHER THRESHOLD)	\$	0.00
		☐ Check h	ere if this report qualifies for the higher itemization threshold		
			TICAL CONTRIBUTIONS I PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	17,075.00
	EXPENDITURE TOTALS	3. TOTAL POLITI	CAL EXPENDITURES OF \$10 OR LESS, UNLESS ITEMIZED	\$	0.00
		4. TOTAL POLI	TICAL EXPENDITURES	\$	1,504.75
	CONTRIBUTION BALANCE		CAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PRING PERIOD	\$	30,172.90
	OUTSTANDING LOAN TOTALS		IPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE THE REPORTING PERIOD	\$	0.00
15	AFFIDAVIT		I swear, or affirm, under penalty of perpresent is true and correct and includes a reported by me under Title 15, Election	all information re	
			Kathryn Allen		
			Signature of Campai	gn Treasurer	
AFI	FIX NOTARY STAMP / SEA	L ABOVE		-	
Sw	vorn to and subscribed	d before me, by the sa	id	this the	day
		-			
OT.	,20	, to certify w	hich, witness my hand and seal of office.		
-5	Signature of officer admin	istering oath	Printed name of officer administering oath Title of	officer administeri	ng oath

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/6	6 Report: 4/10
2	FILER NAME	Planned Parenthood of North Texas Action Fund	PAC	3 ACCOUNT# 00055458	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Aberly, Naomi (Ms.)	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/06/2008	6 Contributor address; City; State; Zip Code		\$5,000.00	
		Dallas, TX 75205			I
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup homemaker	eation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/05/2008	Contributor address; City; State; Zip Code		\$50.00	
		Dallas, TX 75219			I
				(If travel outside of	Texas, complete Schedule T)
	Principal occup homemaker	eation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Bane, Marla (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/19/2008	Contributor address; City; State; Zip Code		\$50.00	
		Dallas, TX 75248		(If travel outside of	Texas, complete Schedule T)
	Principal occup Media consul	ation / Job title (See Instructions) tant	Employer (See In ABC radio	structions)	
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/07/2008	Contributor address; City; State; Zip Code Dallas, TX 75223		\$2,000.00	
		Dallas, TX 75225		(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete schedule 1)
	community vo				
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/07/2008	Contributor address; City; State; Zip Code		\$25.00] [
		Fort Worth, TX 76116			I
				(If travel outside of	Texas, complete Schedule T)
	Principal occup homemaker	ation / Job title (See Instructions)	Employer (See In	structions)	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/6	6 Report: 5/10
2	FILER NAME	Planned Parenthood of North Texas Action Fund	PAC	3 ACCOUNT # 00055458	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Carvey, Frank (Mr.)	:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/10/2008	6 Contributor address; City; State; Zip Code		\$200.00	
		Fort Worth, TX 76109			
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup retired	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/10/2008	Contributor address; City; State; Zip Code		\$250.00	
		Dallas, TX 75225			I
				,	Texas, complete Schedule T)
	Principal occup homemaker	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor uut-of-state PAC (ID# Culver, Lezlie (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/13/2008	Contributor address; City; State; Zip Code		\$100.00]
		Fort Worth, TX 76109		(If travel outside of	Texas, complete Schedule T)
	Principal occup homemaker	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor U out-of-state PAC (ID# DeMoss, Margaret (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/14/2008	Contributor address; City; State; Zip Code		\$500.00	
		Fort Worth, TX 76109			
	B			<u> </u>	Texas, complete Schedule T)
	community vo	ation / Job title (See Instructions) llunteer	Employer (See In	structions)	
	Date	Full name of contributor uut-of-state PAC (ID# Diffley, Lisa (Ms.)		Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/12/2008	Contributor address; City; State; Zip Code		\$250.00	[[
		Fort Worth, TX 76107			I
				(If travel outside of	Texas, complete Schedule T)
	Principal occup homemaker	ation / Job title (See Instructions)	Employer (See In	structions)	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/6	6 Report: 6/10
2	FILER NAME	Planned Parenthood of North Texas Action Fund	PAC	3 ACCOUNT # 00055458	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Dunning, Sally (Ms.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/17/2008	6 Contributor address; City; State; Zip Code		\$1,000.00	
		Dallas, TX 75220			l
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup community vo	ation / Job title (See Instructions) Dlunteer	10 Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/11/2008	Contributor address; City; State; Zip Code		\$500.00	
		Dallas, TX 75230			I
				(If travel outside of	Texas, complete Schedule T)
	Principal occup business won	ation / Job title (See Instructions) nan	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/17/2008	Contributor address; City; State; Zip Code		\$250.00	I I
		Dallas, TX 75220		(If travel outside of	Texas, complete Schedule T)
	Principal occup homemaker	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor uut-of-state PAC (ID# Fried, Monica (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/13/2008	Contributor address; City; State; Zip Code		\$200.00	
		Dallas, TX 75220			_
		1		,	Texas, complete Schedule T)
	homemaker	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor uut-of-state PAC (ID# Garcia, Sally (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/14/2008	Contributor address; City; State; Zip Code		\$100.00	
		Dallas, TX 75206			I
					Texas, complete Schedule T)
	Principal occup Community V	ation / Job title (See Instructions) colunteer	Employer (See In:	structions)	

SCHEDULE A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/6	6 Report: 7/10
2	FILER NAME	Planned Parenthood of North Texas Action Fund	PAC	3 ACCOUNT # 00055458	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Greenman, Judie (Ms.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/12/2008	6 Contributor address; City; State; Zip Code		\$100.00	
		Fort Worth, TX 76116			
					Texas, complete Schedule T)
9	Principal occup homemaker	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor uut-of-state PAC (ID# Jennings, Cary (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/12/2008	Contributor address; City; State; Zip Code		\$500.00	
		Fort Worth, TX 76112			
				,	Texas, complete Schedule T)
	Principal occup attorney	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor uut-of-state PAC (ID# Johnson, Linda (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/17/2008	Contributor address; City; State; Zip Code		\$100.00	
		Fort Worth, TX 76109		(If travel outside of	Texas, complete Schedule T)
	Principal occup business won	ation / Job title (See Instructions) nan	Employer (See In		
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/19/2008	Contributor address; City; State; Zip Code Dallas, TX 75205		\$100.00	
		Dailed, 17/10200		/// hand a sate that of	· · · · · · · · · · · · · · · · · · ·
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
	community vo	olunteer			
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/10/2008	Contributor address; City; State; Zip Code		\$1,000.00	
		Dallas, TX 75209			I
				(If travel outside of	Texas, complete Schedule T)
	Principal occup homemaker	ation / Job title (See Instructions)	Employer (See In	structions)	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/6	6 Report: 8/10
2	FILER NAME	Planned Parenthood of North Texas Action Fund	PAC	3 ACCOUNT # 00055458	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Lemak, Eleanor (Ms.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/10/2008	6 Contributor address; City; State; Zip Code		\$100.00	
		Dallas, TX 75205			
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup homemaker	eation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor uut-of-state PAC (ID# Lowenberg, Julie (Ms.)	£)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/11/2008	Contributor address; City; State; Zip Code		\$250.00]
		Dallas, TX 75209			I
				(If travel outside of	Texas, complete Schedule T)
	Principal occup homemaker	eation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/14/2008	Contributor address; City; State; Zip Code		\$500.00	
		Dallas, TX 75225		// hand and the of	I
	Detectors	ather / Jah Bila (Oca Instructions)	F(O	,	Texas, complete Schedule T)
	community vo	ation / Job title (See Instructions) Dlunteer	Employer (See In	structions)	
	Date	Full name of contributor Massingill, G. Sealy (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/20/2008	Contributor address; City; State; Zip Code Fort Worth, TX 76109		\$250.00	
		Tott Worth, TX 70109		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	-	remain, complete constant ()
	medical docto		Employer (See in	sii delions)	
	Date	Full name of contributor uut-of-state PAC (ID# McGarr, Janie (Ms.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/11/2008	Contributor address; City; State; Zip Code		\$500.00	
		Dallas, TX 75220			I
				(If travel outside of	Texas, complete Schedule T)
		ation / Job title (See Instructions)	Employer (See In	structions)	
	community vo	piunteer			

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/6	6 Report: 9/10
2	FILER NAME	Planned Parenthood of North Texas Action Fund	PAC	3 ACCOUNT# 00055458	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# McManemin, Megan (Ms.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/13/2008	6 Contributor address; City; State; Zip Code		\$2,000.00	
		Dallas, TX 75229			I
					Texas, complete Schedule T)
9	Principal occup homemaker	ation / Job title (See Instructions)	10 Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/18/2008	Contributor address; City; State; Zip Code		\$1,000.00	l I
		Dallas, TX 75205			I
			- · · · · · · · · · · · · · · · · · · ·		Texas, complete Schedule T)
	foundation pro	ation / Job title (See Instructions) ogram officer	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/20/2008	Contributor address; City; State; Zip Code Fort Worth, TX 76107-2634		\$100.00	! !
		Tott Worth, 17/70107-2004		(If travel outside of	Texas, complete Schedule T)
	Principal occup Health Care (ation / Job title (See Instructions) Consultant	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/10/2008	Contributor address; City; State; Zip Code		\$100.00]
		Dallas, TX 75205			l
	D :		F 1 (0 1	,	Texas, complete Schedule T)
	homemaker	ation / Job title (See Instructions)	Employer (See In:	structions)	

POLITICAL EXPENDITURES

Texas Ethics Commission

SCHEDULE F

(FOR FORMS GPAC AND MPAC)

.75
.75
••
.00
••