

# 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** 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 07 01 2005 through 12 31 2005

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 Chris Korsmo  
Signature of Treasurer Electronically Filed by Chris Korsmo Date 06 12 2006

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

**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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		1059.60
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period .....	3099.14									
(c) Total Receipts (from Line 19) .....	60697.07	66449.85								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	63796.21	67509.45								
7. Total Disbursements (from Line 31) .....	17888.29	21601.53								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	45907.92	45907.92								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	.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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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	26400.00	26400.00
(i) Itemized (use Schedule A) .....	32060.00	35270.00
(ii) Unitemized .....	58460.00	61670.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	.00	.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	58460.00	61670.00
12. Transfers From Affiliated/Other Party Committees .....	.00	.00
13. All Loans Received .....	.00	.00
14. Loan Repayments Received .....	.00	.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	2141.07	4683.85
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	.00	.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	96.00	96.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	.00	.00
(b) Levin Funds (from Schedule H5) .....	.00	.00
(c) Total Transfer (add 18(a) and 18(b)).	.00	.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	60697.07	66449.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	60697.07	66449.85

**DETAILED SUMMARY PAGE**

of Disbursements

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)		
(i) Federal Share.....	.00	.00
(ii) Non-Federal Share.....	.00	.00
(b) Other Federal Operating Expenditures.....	3888.29	6601.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	3888.29	6601.53
22. Transfers to Affiliated/Other Party Committees.....	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	15000.00
24. Independent Expenditure (use Schedule E) .....	.00	.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	.00	.00
26. Loan Repayments Made.....	.00	.00
27. Loans Made.....	.00	.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	.00	.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	.00	.00
29. Other Disbursements.....	.00	.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	.00	.00
(ii) "Levin" Share .....	.00	.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	.00	.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	.00	.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	17888.29	21601.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	17888.29	21601.53

**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) .....	58460.00	61670.00
34. Total Contribution Refunds (from Line 28(d)) .....	.00	.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	58460.00	61670.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3888.29	6601.53
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	2141.07	4683.85
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1747.22	1917.68

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 43
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Vivian Asche		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 1 / 2 0 0 5	
Mailing Address 36 Laurel Hill Drive		<b>Transaction ID:</b> A2005-2392018	
City State Zip Code Montague MA 01054	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer None	Occupation Housewife		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Anne P Ayer		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 5	
Mailing Address One Hilltop Drive		<b>Transaction ID:</b> A2005-2392182	
City State Zip Code Wenham MA 01984	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Edgar Bailey		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5	
Mailing Address PO Box 2994		<b>Transaction ID:</b> A2005-2392157	
City State Zip Code Homer AK 99603	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer U.S. Fish & Wildlife	Occupation Biologist / Retired		
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) ..... ▶	2300.00
<b>TOTAL</b> 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: (check only one)	PAGE 7 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
Dr. J Gordan Bateman

Mailing Address 5809 East Corso Di Napoli

City State Zip Code  
Long Beach CA 90803

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 0 5

**Transaction ID:** A2005-2392219

Amount of Each Receipt this Period  
225.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Anne Searle Bent

Mailing Address 361 Moffett Road

City State Zip Code  
Lake Bluff IL 60044

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 Y  
1 1 / 3 0 / 2 0 0 5

**Transaction ID:** A2005-2391998

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Karen L Black

Mailing Address 275 Meadow Tree Farm Road

City State Zip Code  
Saunderstown RI 02874

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  
1 1 / 3 0 / 2 0 0 5

**Transaction ID:** A2005-2392166

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1725.00

**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: (check only one)	PAGE 8 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
Mr. John Swinton Brown, Jr.

Mailing Address 12803 Topper Lane

City State Zip Code  
Manchaca TX 78652

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

Name of Employer Self Employed Occupation Investor: Oil and Natural Gas

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: A2005-2392284

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Kenneth Carpenter

Mailing Address 6201 Rockwell Street

City State Zip Code  
Oakland CA 94618

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

Name of Employer Univ of California Occupation Retired Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: A2005-2392095

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Linda M Cevalco

Mailing Address 7308 Hooking Road

City State Zip Code  
McLean VA 22101

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

Name of Employer U.S. Government Occupation Retired Computer Systems Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 5

Transaction ID: A2005-2392230

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> 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: (check only one)	PAGE 9 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
Ms. Patience M Chamberlin

Mailing Address 54 Newfields Road

City Exeter State NH Zip Code 03833

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

**Transaction ID:** A2005-2392067

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Shirley W Cooper

Mailing Address 2423 Bonnywood Lane

City Dallas State TX Zip Code 75233

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 0 / 2 0 0 5

**Transaction ID:** A2005-2391990

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth F Cork

Mailing Address 506 Blue Mountain Rd

City Santa Rosa Beach State FL Zip Code 32459

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

Name of Employer Self Occupation Artist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 5

**Transaction ID:** A2005-2392060

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>950.00</b>
<b>TOTAL</b> 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 10 / 43
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Betty Crooks		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 5	
Mailing Address 1451 Spruce St Apt 323		<b>Transaction ID:</b> A2005-2392063	
City State Zip Code Florence OR 97439		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Annette P Cumming		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 5	
Mailing Address 165 Huckleberry Drive		<b>Transaction ID:</b> A2005-2025700	
City State Zip Code Jackson WY 83001		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Cumming Foundation Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Marianne Davis		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 5	
Mailing Address 165 East 72nd Street Apt. 16-A		<b>Transaction ID:</b> A2005-2391980	
City State Zip Code New York NY 10021		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5600.00
<b>TOTAL</b> 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: (check only one)	PAGE 11 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
Ms. Gloria Duckor

Mailing Address 688 Oak Ln

City State Zip Code  
Sonoma CA 95476

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  
MM / DD / YYYY  
11 / 28 / 2005

**Transaction ID:** A2005-2392093

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Peter K Edberg

Mailing Address 1669 Fairmount Blvd

City State Zip Code  
Eugene OR 97403

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

Name of Employer Apple Computer Inc. Occupation Software Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2005

**Transaction ID:** A2005-2391967

Amount of Each Receipt this Period  
260.00

**C.** Full Name (Last, First, Middle Initial)  
Wass Family Community Trust

Mailing Address 4450 Lakeside Drive #375

City State Zip Code  
Burbank CA 91505

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 ▼ 565.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2005

**Transaction ID:** A2005-2392237

Amount of Each Receipt this Period  
565.00

Contribution refunded January 23, 2006

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1325.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 12 / 43
	<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

Full Name (Last, First, Middle Initial) <b>A. Ms. Elizabeth Ferguson</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5	
Mailing Address 12319 Forest School Rd		<b>Transaction ID: A2005-2392301</b>	
City State Zip Code Louisville KY 40223		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Information requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Jeanette R Foster</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 5	
Mailing Address 6209 Mineral Point Rd Apt 1100		<b>Transaction ID: A2005-2392088</b>	
City State Zip Code Madison WI 53705		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Retired Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Kurt Gottfried</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5	
Mailing Address 1016 Cayuga Heights Road		<b>Transaction ID: A2005-2391976</b>	
City State Zip Code Ithaca NY 14850		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Retired Speech Pathologist Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1550.00
<b>TOTAL</b> 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: (check only one)	PAGE 13 / 43
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Suzanne Gouvernet		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5	
Mailing Address 61 Pelham Road		<b>Transaction ID:</b> A2005-2392315	
City State Zip Code Rochester NY 14610	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer None	Occupation None		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Melinda G Hardin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 5	
Mailing Address 7 Wharf St		<b>Transaction ID:</b> A2005-2392352	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Christine Junkins		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 5	
Mailing Address 10780 Amenda Road		<b>Transaction ID:</b> A2005-2392027	
City State Zip Code Mazomanie WI 53560	Amount of Each Receipt this Period 240.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1490.00
<b>TOTAL</b> 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: (check only one)	PAGE 14 / 43
	<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

Full Name (Last, First, Middle Initial) <b>A. Ms. Julilly Kohler</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5	
Mailing Address 1674 North Marshall Street		<b>Transaction ID: A2005-2392096</b>	
City State Zip Code Milwaukee WI 53202		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Information requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Adrienne J Kols</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 11101 Falls Road		<b>Transaction ID: A2005-2392168</b>	
City State Zip Code Lutherville MD 21093		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Writer Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Martha Kranjc</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5	
Mailing Address 806 Archie Dr		<b>Transaction ID: A2005-2392006</b>	
City State Zip Code McDonough GA 30252		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> 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: (check only one)	PAGE 15 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
Ms. Kathleen M Malloy

Mailing Address 2291 Valley Road

City State Zip Code  
Jamison PA 18929

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 5

**Transaction ID:** A2005-2391943

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Kelly McGinnis

Mailing Address 888 Ashford Avenue

City State Zip Code  
San Juan PR 00907

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  
1 1 / 2 8 / 2 0 0 5

**Transaction ID:** A2005-2392358

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Justine Miner

Mailing Address 1650 Shrader Street

City State Zip Code  
San Francisco CA 94117

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 ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 5

**Transaction ID:** A2005-2392306

Amount of Each Receipt this Period  
225.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1725.00
<b>TOTAL</b> 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: (check only one)	PAGE 16 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
Mrs. Susann E Molnar

Mailing Address 249 E. Elfin Green

City State Zip Code  
Port Hueneme CA 93041

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 ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 5

**Transaction ID:** A2005-2555623

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Kathleen A Moloney

Mailing Address 498 West End Avenue #12C

City State Zip Code  
New York NY 10024

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 Y  
1 1 / 3 0 / 2 0 0 5

**Transaction ID:** A2005-2392086

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lisa Oppenheim

Mailing Address 600 South Dearborn Street #1116

City State Zip Code  
Chicago IL 60605

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

**Transaction ID:** A2005-2392100

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1150.00
<b>TOTAL</b> 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: (check only one)	PAGE 17 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
Georgene K Pasarell

Mailing Address P. O. Box 11908

City State Zip Code  
San Juan PR 00922

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  
1 1 / 2 8 / 2 0 0 5

**Transaction ID:** A2005-2392108

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard G Peterson

Mailing Address 1158 5th Avenue #9A

City State Zip Code  
New York NY 10029

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 5

**Transaction ID:** A2005-2391970

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Phelps

Mailing Address 17238 10th Avenue N.W.

City State Zip Code  
Shoreline WA 98177

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

**Transaction ID:** A2005-2392211

Amount of Each Receipt this Period  
260.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1660.00
<b>TOTAL</b> 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: (check only one)	PAGE 18 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
John R Rowland

Mailing Address R Farm 1530 New Stock Road

City State Zip Code  
Weaverville NC 28787

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 Y  
1 1 / 3 0 / 2 0 0 5

**Transaction ID:** A2005-2392130

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Victoria W. Samuels

Mailing Address 1825 North Orleans Street

City State Zip Code  
Chicago IL 60614

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 ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 5

**Transaction ID:** A2005-2555657

Amount of Each Receipt this Period  
275.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. David A Schwartz

Mailing Address 2175 Cowper Street

City State Zip Code  
Palo Alto CA 94301

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

**Transaction ID:** A2005-2392259

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1275.00
<b>TOTAL</b> 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: (check only one)	PAGE 19 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Anne F Skinner		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5
Mailing Address 57 Woodlawn Dr		<b>Transaction ID:</b> A2005-2555649
City State Zip Code Williamstown MA 01267	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Nancy B Soulette		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 1 Woods End Road		<b>Transaction ID:</b> A2005-2555644
City State Zip Code Lincoln MA 01773	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Information requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Jennifer K Stoos		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5
Mailing Address 2104 West 53rd Street		<b>Transaction ID:</b> A2005-2392051
City State Zip Code Minneapolis MN 55419	Amount of Each Receipt this Period 450.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MN Conf United Church of Christ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Pastor Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	950.00
<b>TOTAL</b> 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 20 / 43
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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)  
Mrs. August G Swanson

Mailing Address 3146H Portage Bay PI E

City State Zip Code  
Seattle WA 98102

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 5

Transaction ID: A2005-2392192

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Jane Umanoff

Mailing Address 164 West 79th Street # 8-C

City State Zip Code  
New York NY 10024

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 Y  
1 1 / 0 7 / 2 0 0 5

Transaction ID: A2005-2392112

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Allan Van Fleet

Mailing Address 2928 1st City Tower

City State Zip Code  
Houston TX 77002

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 Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: A2005-2392079

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> 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 21 / 43
	(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)  
Mr. Alvin Von Auw

Mailing Address 73 Pearl Street

City State Zip Code  
Middletown CT 06457

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 ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 5

**Transaction ID:** A2005-2392035

Amount of Each Receipt this Period  
450.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Maxine Zinder

Mailing Address 218 Harbor Road

City State Zip Code  
Sands Point NY 11050

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 Y  
1 2 / 0 7 / 2 0 0 5

**Transaction ID:** A2005-2555637

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	950.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	26400.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 43
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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

Full Name (Last, First, Middle Initial) <b>A.</b> Planned Parenthood Action Fund Inc.		Date of Receipt M M / D D / Y Y Y Y 07 / 22 / 2005
Mailing Address 434 West 33rd Street		<b>Transaction ID: A4822</b>
City State Zip Code New York NY 10001	Amount of Each Receipt this Period 357.49	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2900.27	Reimbursement for Bank Fees

Full Name (Last, First, Middle Initial) <b>B.</b> Planned Parenthood Action Fund Inc.		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2005
Mailing Address 434 West 33rd Street		<b>Transaction ID: A4867</b>
City State Zip Code New York NY 10001	Amount of Each Receipt this Period 365.45	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3265.72	Reimbursement for Bank Fees

Full Name (Last, First, Middle Initial) <b>C.</b> Planned Parenthood Action Fund Inc.		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005
Mailing Address 434 West 33rd Street		<b>Transaction ID: A4869</b>
City State Zip Code New York NY 10001	Amount of Each Receipt this Period 169.72	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3710.38	Reimbursement for Bank Fees

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	892.66
<b>TOTAL</b> 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: (check only one)	PAGE 23 / 43
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Planned Parenthood Action Fund Inc.		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005	
Mailing Address 434 West 33rd Street		<b>Transaction ID: A4868</b>	
City State Zip Code New York NY 10001	Amount of Each Receipt this Period 274.94		
FEC ID number of contributing federal political committee. <b>C</b>	Reimbursement for Bank Fees		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 3710.38		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Planned Parenthood Action Fund Inc.		Date of Receipt M M / D D / Y Y Y Y 10 / 05 / 2005	
Mailing Address 434 West 33rd Street		<b>Transaction ID: A4942</b>	
City State Zip Code New York NY 10001	Amount of Each Receipt this Period 293.80		
FEC ID number of contributing federal political committee. <b>C</b>	Reimbursement for Bank Fees		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 4004.18		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Planned Parenthood Action Fund Inc.		Date of Receipt M M / D D / Y Y Y Y 10 / 12 / 2005	
Mailing Address 434 West 33rd Street		<b>Transaction ID: A4939</b>	
City State Zip Code New York NY 10001	Amount of Each Receipt this Period 70.00		
FEC ID number of contributing federal political committee. <b>C</b>	Reimbursement for Bank Fees		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 4074.18		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	638.74
<b>TOTAL</b> 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: (check only one)	PAGE 24 / 43
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Planned Parenthood Action Fund Inc.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 5
Mailing Address 434 West 33rd Street		<b>Transaction ID: A4940</b>
City State Zip Code New York NY 10001	Amount of Each Receipt this Period 88.25	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4162.43	Reimbursement for Bank Fees

Full Name (Last, First, Middle Initial) <b>B.</b> Planned Parenthood Action Fund Inc.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 5
Mailing Address 434 West 33rd Street		<b>Transaction ID: A4941</b>
City State Zip Code New York NY 10001	Amount of Each Receipt this Period 21.67	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4184.10	Reimbursement for Bank Fees

Full Name (Last, First, Middle Initial) <b>C.</b> Planned Parenthood Action Fund Inc.		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 434 West 33rd Street		<b>Transaction ID: A5191</b>
City State Zip Code New York NY 10001	Amount of Each Receipt this Period 70.20	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4524.91	Reimbursement for Bank Fees

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	180.12
<b>TOTAL</b> 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: (check only one)	PAGE 25 / 43
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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

Full Name (Last, First, Middle Initial) <b>A.</b> Planned Parenthood Action Fund Inc.		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 434 West 33rd Street		<b>Transaction ID:</b> A5193
City State Zip Code New York NY 10001	Amount of Each Receipt this Period 270.61	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4524.91	Reimbursement for Bank Fees

Full Name (Last, First, Middle Initial) <b>B.</b> Planned Parenthood Action Fund Inc.		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 434 West 33rd Street		<b>Transaction ID:</b> A5192
City State Zip Code New York NY 10001	Amount of Each Receipt this Period 78.05	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4602.96	Reimbursement for Bank Fees

Full Name (Last, First, Middle Initial) <b>C.</b> Planned Parenthood Action Fund Inc.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 5
Mailing Address 434 West 33rd Street		<b>Transaction ID:</b> A5221
City State Zip Code New York NY 10001	Amount of Each Receipt this Period 59.23	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4662.19	Reimbursement for Bank Fees

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	407.89
<b>TOTAL</b> 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 26 / 43	
	(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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4683.85

Date of Receipt

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

Transaction ID: A5222

Amount of Each Receipt this Period

21.66
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Reimbursement for Bank Fees

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	21.66
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2141.07

**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 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) <b>A. Citicorp Payment Services Inc.</b>		<b>Transaction ID: B122094</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 5
Mailing Address 14000 Citi Cards Way		Amount of Each Disbursement this Period 35.00
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: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	001 Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Citicorp Payment Services Inc.</b>		<b>Transaction ID: B122095</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 5
Mailing Address 14000 Citi Cards Way		Amount of Each Disbursement this Period 35.00
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: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	001 Category/ Type

Full Name (Last, First, Middle Initial) <b>C. First Data Merchant Services</b>		<b>Transaction ID: B122096</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 5
Mailing Address P.O. Box 6600		Amount of Each Disbursement this Period 78.05
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: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	148.05
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 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. First Data Merchant Services</b> Full Name (Last, First, Middle Initial) 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: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		<b>Transaction ID: B122097</b> Date of Disbursement 07 / 15 / 2005 Amount of Each Disbursement this Period 19.99 001 Category/ Type
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<b>B. First Data Merchant Services</b> Full Name (Last, First, Middle Initial) 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: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		<b>Transaction ID: B122098</b> Date of Disbursement 07 / 15 / 2005 Amount of Each Disbursement this Period 1.68 001 Category/ Type
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<b>C. Bank of New York</b> Full Name (Last, First, Middle Initial) Mailing Address One Wall Street City New York State NY Zip Code 10286 Purpose of Disbursement Bank Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		<b>Transaction ID: B122099</b> Date of Disbursement 07 / 29 / 2005 Amount of Each Disbursement this Period 273.78 001 Category/ Type
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**SUBTOTAL** of Disbursements This Page (optional) ..... ► 295.45

**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 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) <b>A. Citicorp Payment Services Inc.</b>		<b>Transaction ID: B124288</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 5	
Mailing Address 14000 Citi Cards Way		Amount of Each Disbursement this Period 35.00	
City Jacksonville State FL Zip Code 32258	Purpose of Disbursement Merchant Fee Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

Full Name (Last, First, Middle Initial) <b>B. Citicorp Payment Services Inc.</b>		<b>Transaction ID: B124289</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 5	
Mailing Address 14000 Citi Cards Way		Amount of Each Disbursement this Period 35.00	
City Jacksonville State FL Zip Code 32258	Purpose of Disbursement Merchant Fee Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

Full Name (Last, First, Middle Initial) <b>C. First Data Merchant Services</b>		<b>Transaction ID: B124290</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 5	
Mailing Address P.O. Box 6600		Amount of Each Disbursement this Period 78.05	
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: MD District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	148.05
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 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. First Data Merchant Services</b> Full Name (Last, First, Middle Initial) 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: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		<b>Transaction ID: B124291</b> Date of Disbursement 08 / 17 / 2005 Amount of Each Disbursement this Period 19.99 001 Category/ Type
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<b>B. First Data Merchant Services</b> Full Name (Last, First, Middle Initial) 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: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		<b>Transaction ID: B124292</b> Date of Disbursement 08 / 17 / 2005 Amount of Each Disbursement this Period 1.68 001 Category/ Type
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<b>C. Bank of New York</b> Full Name (Last, First, Middle Initial) Mailing Address One Wall Street City New York State NY Zip Code 10286 Purpose of Disbursement Bank Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		<b>Transaction ID: B124293</b> Date of Disbursement 08 / 31 / 2005 Amount of Each Disbursement this Period 274.94 001 Category/ Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>296.61</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)

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<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) <b>A. Citicorp Payment Services Inc.</b>		<b>Transaction ID: B124300</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 5
Mailing Address 14000 Citi Cards Way		Amount of Each Disbursement this Period 35.00
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: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	001 Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Citicorp Payment Services Inc.</b>		<b>Transaction ID: B124301</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 5
Mailing Address 14000 Citi Cards Way		Amount of Each Disbursement this Period 35.00
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: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	001 Category/ Type

Full Name (Last, First, Middle Initial) <b>C. First Data Merchant Services</b>		<b>Transaction ID: B124302</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 5
Mailing Address P.O. Box 6600		Amount of Each Disbursement this Period 78.05
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: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	148.05
<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)

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<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) <b>A. Bank of New York</b>		<b>Transaction ID:</b> B124286
Mailing Address One Wall Street		Date of Disbursement MM / DD / YYYY 09 / 15 / 2005
City New York	State NY	Zip Code 10286
Purpose of Disbursement Admin expen-Tax Payment	Candidate Name	Amount of Each Disbursement this Period 224.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/ Type 001
State: NY District:	Not Applicable	

Full Name (Last, First, Middle Initial) <b>B. First Data Merchant Services</b>		<b>Transaction ID:</b> B124303
Mailing Address P.O. Box 6600		Date of Disbursement MM / DD / YYYY 09 / 15 / 2005
City Hagerstown	State MD	Zip Code 21740
Purpose of Disbursement Merchant Fee	Candidate Name	Amount of Each Disbursement this Period 19.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/ Type 001
State: MD District:	Not Applicable	

Full Name (Last, First, Middle Initial) <b>C. First Data Merchant Services</b>		<b>Transaction ID:</b> B124304
Mailing Address P.O. Box 6600		Date of Disbursement MM / DD / YYYY 09 / 15 / 2005
City Hagerstown	State MD	Zip Code 21740
Purpose of Disbursement Merchant Fee	Candidate Name	Amount of Each Disbursement this Period 1.68
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/ Type 001
State: MD District:	Not Applicable	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>245.67</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)

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<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

Full Name (Last, First, Middle Initial) <b>A. Bank of New York</b>		<b>Transaction ID:</b> B124305 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2005
Mailing Address One Wall Street		Amount of Each Disbursement this Period 293.80
City New York State NY Zip Code 10286	Purpose of Disbursement Bank Service Charge Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	001 Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Citicorp Payment Services Inc.</b>		<b>Transaction ID:</b> B126346 Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2005
Mailing Address 14000 Citi Cards Way		Amount of Each Disbursement this Period 35.00
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: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	001 Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Citicorp Payment Services Inc.</b>		<b>Transaction ID:</b> B126347 Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2005
Mailing Address 14000 Citi Cards Way		Amount of Each Disbursement this Period 35.00
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: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	363.80
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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

Full Name (Last, First, Middle Initial) <b>A. First Data Merchant Services</b>		<b>Transaction ID:</b> B126350 Date of Disbursement 10 / 11 / 2005
Mailing Address P.O. Box 6600		Amount of Each Disbursement this Period 88.25
City Hagerstown State MD Zip Code 21740	Purpose of Disbursement Equipment Lease Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

Full Name (Last, First, Middle Initial) <b>B. First Data Merchant Services</b>		<b>Transaction ID:</b> B126349 Date of Disbursement 10 / 17 / 2005
Mailing Address P.O. Box 6600		Amount of Each Disbursement this Period 1.68
City Hagerstown State MD Zip Code 21740	Purpose of Disbursement Merchant Fee Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

Full Name (Last, First, Middle Initial) <b>C. First Data Merchant Services</b>		<b>Transaction ID:</b> B126348 Date of Disbursement 10 / 17 / 2005
Mailing Address P.O. Box 6600		Amount of Each Disbursement this Period 19.99
City Hagerstown State MD Zip Code 21740	Purpose of Disbursement Merchant Fee Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	109.92
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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

Full Name (Last, First, Middle Initial) <b>A. Bank of New York</b>		<b>Transaction ID: B126351</b> Date of Disbursement
Mailing Address One Wall Street		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City New York	State NY	Zip Code 10286
Purpose of Disbursement Bank Service Charge	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: NY District:	Not Applicable	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>B. Citicorp Payment Services Inc.</b>		<b>Transaction ID: B132247</b> Date of Disbursement
Mailing Address 14000 Citi Cards Way		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City Jacksonville	State FL	Zip Code 32258
Purpose of Disbursement Merchant Fee	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: FL District:	Not Applicable	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>C. Citicorp Payment Services Inc.</b>		<b>Transaction ID: B132248</b> Date of Disbursement
Mailing Address 14000 Citi Cards Way		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City Jacksonville	State FL	Zip Code 32258
Purpose of Disbursement Merchant Fee	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: FL District:	Not Applicable	

Amount of Each Disbursement this Period

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="340.81"/>
<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)

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<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. First Data Merchant Services</b> Full Name (Last, First, Middle Initial) 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: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		<b>Transaction ID: B132249</b> Date of Disbursement 11 / 10 / 2005 Amount of Each Disbursement this Period 78.05 001 Category/ Type
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<b>B. First Data Merchant Services</b> Full Name (Last, First, Middle Initial) 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: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		<b>Transaction ID: B132250</b> Date of Disbursement 11 / 16 / 2005 Amount of Each Disbursement this Period 19.99 001 Category/ Type
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<b>C. First Data Merchant Services</b> Full Name (Last, First, Middle Initial) 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: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		<b>Transaction ID: B132251</b> Date of Disbursement 11 / 16 / 2005 Amount of Each Disbursement this Period 1.67 001 Category/ Type
--	--	---

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>99.71</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)

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<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) <b>A. Bank of New York</b>		<b>Transaction ID: B132252</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5
Mailing Address One Wall Street		Amount of Each Disbursement this Period 59.23
City New York State NY Zip Code 10286	Purpose of Disbursement Bank Service Charge Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	001 Category/Type

Full Name (Last, First, Middle Initial) <b>B. Citicorp Payment Services Inc.</b>		<b>Transaction ID: B132451</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 14000 Citi Cards Way		Amount of Each Disbursement this Period 240.60
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: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	001 Category/Type

Full Name (Last, First, Middle Initial) <b>C. Citicorp Payment Services Inc.</b>		<b>Transaction ID: B132452</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 14000 Citi Cards Way		Amount of Each Disbursement this Period 35.00
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: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	001 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	334.83
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 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) <b>A. Planned Parenthood Action Fund Inc.</b>		<b>Transaction ID:</b> B132455 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 5
Mailing Address 434 West 33rd Street		Amount of Each Disbursement this Period 1246.71
City New York State NY Zip Code 10001	Purpose of Disbursement Admin expense reimbursement Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

Full Name (Last, First, Middle Initial) <b>B. First Data Merchant Services</b>		<b>Transaction ID:</b> B132447 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address P.O. Box 6600		Amount of Each Disbursement this Period 78.05
City Hagerstown State MD Zip Code 21740	Purpose of Disbursement Equipment Lease Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

Full Name (Last, First, Middle Initial) <b>C. First Data Merchant Services</b>		<b>Transaction ID:</b> B132448 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address P.O. Box 6600		Amount of Each Disbursement this Period 19.99
City Hagerstown State MD Zip Code 21740	Purpose of Disbursement Merchant Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1344.75
<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)

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<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)  
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: 2005  
 Primary  General  
 Other (specify) ▼  
Not Applicable

Transaction ID: B132450  
Date of Disbursement

12 / 15 / 2005

Amount of Each Disbursement this Period

1.67

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

1.67

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

3877.37

**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

Full Name (Last, First, Middle Initial) <b>A. Voters for Choice PAC</b>		<b>Transaction ID:</b> B122083 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 5
Mailing Address 1730 Rhode Island Ave. NW Room 712		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20036	Purpose of Disbursement Fed Multi-cand. PAC Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

Full Name (Last, First, Middle Initial) <b>B. Stabenow for US Senate</b>		<b>Transaction ID:</b> B123251 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 5
Mailing Address 122 Maryland Ave. NE		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20002	Purpose of Disbursement P-2006 U.S. Senate MI Candidate Name Debbie Stabenow Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Tim Bishop for Congress</b>		<b>Transaction ID:</b> B123252 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 5
Mailing Address P.O. Box 437		Amount of Each Disbursement this Period 500.00
City Farmingville State NY Zip Code 11738	Purpose of Disbursement P-2006 U.S. House 01 NY Candidate Name Tim Bishop Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



**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

Full Name (Last, First, Middle Initial) <b>A. Russ Carnahan for Congress Cmte</b>		<b>Transaction ID: B132240</b> Date of Disbursement 12 / 21 / 2005
Mailing Address 7370 Manchester Rd. Suite 20		Amount of Each Disbursement this Period 500.00
City St. Louis State MO Zip Code 63103	011 Category/ Type	
Purpose of Disbursement P-2006 U.S. House 03 MO		
Candidate Name Russ Carnahan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Russ Carnahan for Congress Cmte</b>		<b>Transaction ID: B132241</b> Date of Disbursement 12 / 21 / 2005
Mailing Address 7370 Manchester Rd. Suite 20		Amount of Each Disbursement this Period 500.00
City St. Louis State MO Zip Code 63103	011 Category/ Type	
Purpose of Disbursement Debt Retirement 2004 U.S. House 03 MO		
Candidate Name Russ Carnahan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Ret General	

Full Name (Last, First, Middle Initial) <b>C. Lois Murphy for Congress</b>		<b>Transaction ID: B132238</b> Date of Disbursement 12 / 21 / 2005
Mailing Address P.O. Box 312		Amount of Each Disbursement this Period 2000.00
City Narbeth State PA Zip Code 19072	011 Category/ Type	
Purpose of Disbursement P-2006 U.S. House 6 PA		
Candidate Name Lois Murphy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 6	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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)

<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) <b>A. Melissa Bean for Congress</b>		<b>Transaction ID: B132239</b> Date of Disbursement 12 / 21 / 2005	
Mailing Address PO Box 3068		Amount of Each Disbursement this Period 1000.00	
City Barrington	State IL	Zip Code 60011	
Purpose of Disbursement P-2006 U.S. House 08 IL		011 Category/ Type	
Candidate Name Melissa Bean			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL District: 08			

Full Name (Last, First, Middle Initial) <b>B. Washington State Democratic Central Cmte.</b>		<b>Transaction ID: B132242</b> Date of Disbursement 12 / 21 / 2005	
Mailing Address PO Box 4027		Amount of Each Disbursement this Period 5000.00	
City Seattle	State WA	Zip Code 98194	
Purpose of Disbursement State Party Cmte-Fed Acct. WA		011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: WA District:	Not Applicable		

Full Name (Last, First, Middle Initial) <b>C. Lofgren for Congress</b>		<b>Transaction ID: B81441</b> Date of Disbursement 12 / 30 / 2005	
Mailing Address 50 W. San Fernando Ste. 350		Amount of Each Disbursement this Period -1000.00	
City San Jose	State CA	Zip Code 95113	
Purpose of Disbursement G-2004 U.S. House 16 CA		011 Category/ Type	
Candidate Name Zoe Lofgren			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 16	Check Voided - Orig. reported on 2004 Oct. Monthly Report		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	14000.00

Image# 26940185103

Form/Schedule: SA11A1

Transaction ID:

This report is being amended to expand the employer information deemed inadequate in the RQ-2 letter sent to this committee on May 10, 2006. This is the only change being made to this report (see page 19). Please update your records accordingly.

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