

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 Washington DC 20036

2. FEC IDENTIFICATION NUMBER C00314617 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12G) (d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 01 2005 through 06 30 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 Norman Greene

Signature of Treasurer Electronically Filed by Norman Greene Date 04 12 2007

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

**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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	6

D	D
3	0

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		5180.52
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period	5180.52									
(c) Total Receipts (from Line 19)	5752.78	5752.78								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	10933.30	10933.30								
7. Total Disbursements (from Line 31)	3713.24	3713.24								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7220.06	7220.06								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	6

D	D
3	0

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	0.00	0.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	3210.00	3210.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3210.00	3210.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	3210.00	3210.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	2542.78	2542.78
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	5752.78	5752.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5752.78	5752.78

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2713.24	2713.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2713.24	2713.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3713.24	3713.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	3713.24	3713.24

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)	3210.00	3210.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3210.00	3210.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2713.24	2713.24
37. Offsets to Operating Expenditures (from Line 15, page 3)	2542.78	2542.78
38. Net Operating Expenditures (subtract Line 37 from Line 36)	170.46	170.46

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 / 21
	<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	

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) A. Planned Parenthood Action Fund Inc.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 5
Mailing Address 434 West 33rd Street		Transaction ID: A4756
City State Zip Code New York NY 10001	Amount of Each Receipt this Period 578.14	
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 ▼ 578.14	Reimbursement for Bank Fees

Full Name (Last, First, Middle Initial) B. Planned Parenthood Action Fund Inc.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 5
Mailing Address 434 West 33rd Street		Transaction ID: A4757
City State Zip Code New York NY 10001	Amount of Each Receipt this Period 90.66	
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 ▼ 668.80	Reimbursement for Bank Fees

Full Name (Last, First, Middle Initial) C. Planned Parenthood Action Fund Inc.		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 5
Mailing Address 434 West 33rd Street		Transaction ID: A4758
City State Zip Code New York NY 10001	Amount of Each Receipt this Period 43.00	
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 ▼ 711.80	Reimbursement for Bank Fees

SUBTOTAL of Receipts This Page (optional) ▶	711.80
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 7 / 21
	<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) A. Planned Parenthood Action Fund Inc.		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 5
Mailing Address 434 West 33rd Street		Transaction ID: A4759
City State Zip Code New York NY 10001	Amount of Each Receipt this Period 441.27	
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 ▼ 1153.07	Reimbursement for Bank Fees

Full Name (Last, First, Middle Initial) B. Planned Parenthood Action Fund Inc.		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 5
Mailing Address 434 West 33rd Street		Transaction ID: A4760
City State Zip Code New York NY 10001	Amount of Each Receipt this Period 383.98	
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 ▼ 1537.05	Reimbursement for Bank Fees

Full Name (Last, First, Middle Initial) C. Planned Parenthood Action Fund Inc.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 5
Mailing Address 434 West 33rd Street		Transaction ID: A4762
City State Zip Code New York NY 10001	Amount of Each Receipt this Period 71.72	
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 ▼ 1608.77	Reimbursement for Bank Fees

SUBTOTAL of Receipts This Page (optional) ▶	896.97
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 21
	<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) A. Planned Parenthood Action Fund Inc.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 5
Mailing Address 434 West 33rd Street		Transaction ID: A4761
City State Zip Code New York NY 10001	Amount of Each Receipt this Period 254.47	
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 ▼ 1863.24	Reimbursement for Bank Fees

Full Name (Last, First, Middle Initial) B. Planned Parenthood Action Fund Inc.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5
Mailing Address 434 West 33rd Street		Transaction ID: A4764
City State Zip Code New York NY 10001	Amount of Each Receipt this Period 327.52	
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 ▼ 2190.76	Reimbursement for Bank Fees

Full Name (Last, First, Middle Initial) C. Planned Parenthood Action Fund Inc.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5
Mailing Address 434 West 33rd Street		Transaction ID: A4763
City State Zip Code New York NY 10001	Amount of Each Receipt this Period 352.02	
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 ▼ 2542.78	Reimbursement for Bank Fees

SUBTOTAL of Receipts This Page (optional) ▶	934.01
TOTAL This Period (last page this line number only) ▶	2542.78

**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) A. Citicorp Payment Services Inc.		Transaction ID: B119117 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 5	
Mailing Address 14000 Citi Cards Way		Amount of Each Disbursement this Period 104.04	
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. Citicorp Payment Services Inc.		Transaction ID: B119118 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 5	
Mailing Address 14000 Citi Cards Way		Amount of Each Disbursement this Period 25.00	
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) C. First Data Merchant Services		Transaction ID: B119143 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 5	
Mailing Address P.O. Box 6600		Amount of Each Disbursement this Period 81.26	
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		

SUBTOTAL of Disbursements This Page (optional) ▶	210.30
TOTAL 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) A. First Data Merchant Services		Transaction ID: B119131 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 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	
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
Category/Type: 001		

Full Name (Last, First, Middle Initial) B. First Data Merchant Services		Transaction ID: B119132 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 5
Mailing Address P.O. Box 6600		Amount of Each Disbursement this Period 1.73
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
Category/Type: 001		

Full Name (Last, First, Middle Initial) C. Bank of New York		Transaction ID: B119106 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 5
Mailing Address One Wall Street		Amount of Each Disbursement this Period 289.26
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
Category/Type: 001		

SUBTOTAL of Disbursements This Page (optional) ▶	310.98
TOTAL 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) A. Citicorp Payment Services Inc.		Transaction ID: B119119 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 5
Mailing Address 14000 Citi Cards Way		Amount of Each Disbursement this Period 59.95
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. Citicorp Payment Services Inc.		Transaction ID: B119120 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 5
Mailing Address 14000 Citi Cards Way		Amount of Each Disbursement this Period 25.20
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) C. Bank of New York		Transaction ID: B119107 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 5
Mailing Address One Wall Street		Amount of Each Disbursement this Period 271.50
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

SUBTOTAL of Disbursements This Page (optional) ▶	356.65
TOTAL 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) A. First Data Merchant Services		Transaction ID: B119144 Date of Disbursement 02 / 10 / 2005
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
Category/Type: 001		

Full Name (Last, First, Middle Initial) B. First Data Merchant Services		Transaction ID: B119133 Date of Disbursement 02 / 16 / 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	
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
Category/Type: 001		

Full Name (Last, First, Middle Initial) C. First Data Merchant Services		Transaction ID: B119134 Date of Disbursement 02 / 16 / 2005
Mailing Address P.O. Box 6600		Amount of Each Disbursement this Period 1.73
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
Category/Type: 001		

SUBTOTAL of Disbursements This Page (optional)	99.77
TOTAL 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) A. Citicorp Payment Services Inc.		Transaction ID: B119122 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 5	
Mailing Address 14000 Citi Cards Way		Amount of Each Disbursement this Period 25.00	
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. Citicorp Payment Services Inc.		Transaction ID: B119121 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 5	
Mailing Address 14000 Citi Cards Way		Amount of Each Disbursement this Period 25.00	
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) C. First Data Merchant Services		Transaction ID: B119145 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 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		

SUBTOTAL of Disbursements This Page (optional) ▶	128.05
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

A. First Data Merchant Services 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		Transaction ID: B119135 Date of Disbursement 03 / 16 / 2005 Amount of Each Disbursement this Period 19.99 001 Category/ Type
--	--	--

B. First Data Merchant Services 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		Transaction ID: B119136 Date of Disbursement 03 / 16 / 2005 Amount of Each Disbursement this Period 1.73 001 Category/ Type
--	--	---

C. Bank of New York 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		Transaction ID: B119108 Date of Disbursement 03 / 31 / 2005 Amount of Each Disbursement this Period 254.47 001 Category/ Type
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SUBTOTAL of Disbursements This Page (optional) ▶

276.19

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) A. Citicorp Payment Services Inc.		Transaction ID: B119123 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 5	
Mailing Address 14000 Citi Cards Way		Amount of Each Disbursement this Period 25.00	
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. Citicorp Payment Services Inc.		Transaction ID: B119124 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 5	
Mailing Address 14000 Citi Cards Way		Amount of Each Disbursement this Period 25.00	
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) C. First Data Merchant Services		Transaction ID: B119146 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 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	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		

SUBTOTAL of Disbursements This Page (optional) ▶	128.05
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. First Data Merchant Services		Transaction ID: B119138 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 5
Mailing Address P.O. Box 6600		Amount of Each Disbursement this Period 1.73
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	Category/Type 001

Full Name (Last, First, Middle Initial) B. First Data Merchant Services		Transaction ID: B119137 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 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	
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	Category/Type 001

Full Name (Last, First, Middle Initial) C. Bank of New York		Transaction ID: B119109 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address One Wall Street		Amount of Each Disbursement this Period 255.80
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	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	277.52
TOTAL 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) A. Citicorp Payment Services Inc.		Transaction ID: B119125 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 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. Citicorp Payment Services Inc.		Transaction ID: B119126 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 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) C. First Data Merchant Services		Transaction ID: B119147 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 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	
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

SUBTOTAL of Disbursements This Page (optional) ▶	148.05
TOTAL 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

<p>A. First Data Merchant Services</p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 6600</p>		<p>Transaction ID: B119139 Date of Disbursement 05 / 17 / 2005</p>
<p>City Hagerstown State MD Zip Code 21740</p>	<p>Purpose of Disbursement Merchant Fee Candidate Name</p>	<p>Amount of Each Disbursement this Period 19.99</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:</p>	<p>Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p>001 Category/Type</p>

<p>B. First Data Merchant Services</p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 6600</p>		<p>Transaction ID: B119140 Date of Disbursement 05 / 17 / 2005</p>
<p>City Hagerstown State MD Zip Code 21740</p>	<p>Purpose of Disbursement Merchant Fee Candidate Name</p>	<p>Amount of Each Disbursement this Period 1.73</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:</p>	<p>Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p>001 Category/Type</p>

<p>C. Bank of New York</p> <p>Full Name (Last, First, Middle Initial) Mailing Address One Wall Street</p>		<p>Transaction ID: B119111 Date of Disbursement 05 / 31 / 2005</p>
<p>City New York State NY Zip Code 10286</p>	<p>Purpose of Disbursement Bank Service Charge Candidate Name</p>	<p>Amount of Each Disbursement this Period 260.30</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:</p>	<p>Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

282.02

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) A. Citicorp Payment Services Inc.		Transaction ID: B119127 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 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. Citicorp Payment Services Inc.		Transaction ID: B119128 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 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) C. First Data Merchant Services		Transaction ID: B119148 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 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		

SUBTOTAL of Disbursements This Page (optional) ▶	148.05
TOTAL 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) A. First Data Merchant Services		Transaction ID: B119141 Date of Disbursement 06 / 15 / 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	
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
Category/Type: 001		

Full Name (Last, First, Middle Initial) B. First Data Merchant Services		Transaction ID: B119142 Date of Disbursement 06 / 15 / 2005
Mailing Address P.O. Box 6600		Amount of Each Disbursement this Period 1.73
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
Category/Type: 001		

Full Name (Last, First, Middle Initial) C. Bank of New York		Transaction ID: B119112 Date of Disbursement 06 / 30 / 2005
Mailing Address One Wall Street		Amount of Each Disbursement this Period 265.77
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
Category/Type: 001		

SUBTOTAL of Disbursements This Page (optional)	287.49
TOTAL This Period (last page this line number only)	2653.12

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Women's Leadership Forum/DNC

Mailing Address 430 S. Capitol Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
O-2005 National Party Cmte-Fed Acct US

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2005
 Primary General
 Other (specify) ▼

State: DC District:

Not Applicable

Transaction ID: B118429

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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