SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
Planned Parenthood Action Fund, Inc. Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Friends of Lois Capps P.O. Box 23940 Santa Barbara, CA 93121	(CA-22) campaign contribution YTD: 5,000.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/28/98	4,950.00
B. Friends of Maurice Hinchey 503 Capitol Court, NE Suite 100 Washington, DC 20002	(NY-26) campaign contribution YTD: 9,500.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/28/98	4,950.00
C. Planned Parenthood Blue Ride Action Fund 2708 Liberty Road, NW Roanoke, VA 24012	reimbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify) in-kind contribution to Boucher for Congres	9/28/98	200.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 10,100.00

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

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