

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of Individual, Organization, or Corporation Planned Parenthood Action Fund Inc.		
Address (number and street) <input type="checkbox"/> check if different than previously reported		
City, State, and ZIP Code		
2.	Corporate filers only	Is the filer a registered non-profit organization? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Individual filers only	EMPLOYER OCCUPATION
		3. FEC Identification Number C90006471

4. TYPE OF REPORT

(a) April 15 Quarterly Report 12-Day day report preceding election.
 July 15 Quarterly Report Type of Election: General Date of Election: 11/05/2002 State: _____
 October 15 Quarterly Report Date of Election: _____ State: _____
 January 31 Year End Report 30-Day report following the General Election
 July 31 Mid-Year Report

(b) Is this Report an amendment? YES NO

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002 PAGE 246 OF 279

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount
Convia 11621 N MoPac Expressway 200 Austin TX 78758	Voter Guide functionality	20021014		0.00

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
H PA 06						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) \$ _____

9. TOTAL INDEPENDENT EXPENDITURES (itemize on Form 57) \$ _____

Under penalty of perjury, I certify that independent expenditures reported hereon were not made with cooperation or prior consent of any individual in violation of the prohibition on solicitation of a candidate or a candidate's agent or authorized committee in addition to the independent expenditures reported hereon made by a corporation, trust or other contributor that is a qualified federal corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM _____ SIGNATURE (multi-page filers: sign page 1 only) _____ DATE _____

NO: If Submission made, complete or incomplete information may suggest the person signing this report to the penalties of 2 U.S.C. 437g