

# 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 02 01 2006 through 02 28 2006

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 03 17 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	2

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		45907.92
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	64298.08									
(c) Total Receipts (from Line 19) .....	4388.27	24425.98								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	68686.35	70333.90								
7. Total Disbursements (from Line 31) .....	258.60	1906.15								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	68427.75	68427.75								
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	2

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	6

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	3150.00	19100.00
(i) Itemized (use Schedule A) .....	1014.00	4459.00
(ii) Unitemized .....	4164.00	23559.00
(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) .....	4164.00	23559.00
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) .....	78.05	611.76
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	.00	.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	146.22	255.22
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)) .....	4388.27	24425.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4388.27	24425.98

**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.....	258.60	1341.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	258.60	1341.15
22. Transfers to Affiliated/Other Party Committees.....	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	.00	.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	565.00
(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	565.00
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))..	258.60	1906.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	258.60	1906.15

**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) .....	4164.00	23559.00
34. Total Contribution Refunds (from Line 28(d)) .....	.00	565.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4164.00	22994.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	258.60	1341.15
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	78.05	611.76
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	180.55	729.39

**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 / 11
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
Ms. Ann M Elliott

Mailing Address 47 Bagy Wrinkle Cove

City Warren State RI Zip Code 02885

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  
02 / 09 / 2006

Transaction ID: A2006-248814

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Janice N Hays

Mailing Address 4835 Stanton Road

City Colorado Springs State CO Zip Code 80918

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

Name of Employer Retired Occupation English Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 01 / 2006

Transaction ID: A2006-248804

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ross Millikan

Mailing Address 812 Laurelwood Drive

City San Mateo State CA Zip Code 94403

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

Name of Employer Space Systems/Loral Occupation Engineer/Atty

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 06 / 2006

Transaction ID: A2006-248811

Amount of Each Receipt this Period  
2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2650.00
<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 / 11
	<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. Dawn S Rawls

Mailing Address 1087 Klish Way

City State Zip Code  
Del Mar CA 92014

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

Name of Employer Information Requested Occupation  
Editor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2006

Transaction ID: A2006-248806

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Janice N Hays

Mailing Address 4835 Stanton Road

City State Zip Code  
Colorado Springs CO 80918

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

Name of Employer Retired Occupation  
English Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2006

Transaction ID: A2006-116513

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
Updated contributor info obtained via best efforts per 11CFR§104.7-orig date 1/3/06 on Feb Monthly

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Anne F Skinner

Mailing Address 57 Woodlawn Dr

City State Zip Code  
Williamstown MA 01267

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

Name of Employer Williams College Occupation  
Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2006

Transaction ID: A2005-2555649

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
Updated contributor info obtained via best efforts per 11CFR§104.7-orig date 12/19/05 on 2005 Yr End

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

**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:		PAGE 8 / 11	
	(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)  
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 Self Occupation  
Self Artist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	7	/	2	0	0	6

Transaction ID: A2005-2555657

Amount of Each Receipt this Period  
275.00

**[MEMO ITEM]**  
 Updated contributor info  
 obtained via best efforts  
 per 11CFR§104.7-orig date  
 12/22/05 on 2005 Yr End

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	3150.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 11	
	(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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
611.76

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	6	/	2	0	0	6

Transaction ID: A5287

Amount of Each Receipt this Period  
78.05

Reimbursement for Bank Fees

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	78.05
<b>TOTAL</b> This Period (last page this line number only) .....	▶	78.05

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 11	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" 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)  
Bank of New York

Mailing Address One Wall Street

City State Zip Code  
New York NY 10286

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.22

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 6

Transaction ID: A5286

Amount of Each Receipt this Period  
146.22

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	146.22
<b>TOTAL</b> This Period (last page this line number only) .....	▶	146.22

**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)

PAGE 11 / 11

<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: B137390</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6	
Mailing Address 14000 Citi Cards Way		Amount of Each Disbursement this Period 117.95	
City Jacksonville State FL Zip Code 32258	Purpose of Disbursement Merchant Fee Candidate Name Category/Type 001	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:			

Full Name (Last, First, Middle Initial) <b>B. Citicorp Payment Services Inc.</b>		<b>Transaction ID: B137391</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6	
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 Category/Type 001	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:			

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

152.95

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

152.95