

**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)

**A. Lara for New Mexico**

Mailing Address P.O. Box 2326

City Carlsbad State NM Zip Code 88221

Purpose of Disbursement  
Contribution

011

Candidate Name

**Roxanne Lara**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NM District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	4

**Transaction ID : B509015**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Tim Bishop for Congress**

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement  
Contribution

011

Candidate Name

**Tim Bishop**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	4

**Transaction ID : B508993**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. Recchia for Congress**

Mailing Address 172 Gravesend Neck Road

City Brooklyn State NY Zip Code 11223

Purpose of Disbursement  
Contribution

011

Candidate Name

**Domenic Recchia**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	4

**Transaction ID : B508990**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

1	0	0	0	0	0	0	0	0	0
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