REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

10/24/2002 14 : 26

1. Name of Individual, Organization, or Corporation
Planned Parenthood Action Fund Inc.

Address (number and street) ☐ check if different than previously reported
810 Seventh Avenue

City, State, and ZIP Code
New York NY 10019

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☒

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 1 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
Planned Parenthood Action Fund of San Diego and Riverside Counties 1075 Camino Del Rio South San Diego CA 92108			10/07/2002	10000.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide fundsfor ality	9/14/2002	2.84	X		Jim Sykes S AK
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide fundsfor ality	9/14/2002	2.84	X		Susan Parker S AL

8. TOTAL CONTRIBUTIONS (itemize on Form 56)	$	0.00
9. TOTAL INDEPENDENT EXPENDITURES (itemize on Form 57)	$	1482.68

Under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of law with respect to the reporting of independent expenditures and that to the best of my knowledge and belief it is true, correct and complete. If this independent expenditure report is filed by a corporation, I am a duly authorized officer of the corporation. If this report is filed by a qualified nonprofit corporation, I am authorized to file this report on behalf of the corporation and the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

David Williams

SIGNATURE (multi-page filers: sign page 1 only)

DATE
10/24/2002

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For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530 Local 202-694-1100

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ 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
☐ October 15 Quarterly Report
☐ January 31 Year End Report ☐ 30-Day report following the General Election
☐ July 31 Mid-Year Report

Type of Election	Date of Election	State
General	11/05/2002	

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H AZ 03						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only 〉 Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only 〉 EMPLOYER OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
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☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H AZ 05						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only: Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only: EMPLOYER | OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
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☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 4 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H AZ 07						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only: Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only: **EMPLOYER** OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 5 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H CA 01						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified to act in corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

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Planned Parenthood Action Fund Inc.

Address (number and street) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
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Type of Election	Date of Election	State
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	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 6 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H CA 03						

8. TOTAL CONTRIBUTIONS (itemize on Form 56)	$
9. TOTAL INDEPENDENT EXPENDITURES (itemize on Form 57)	$

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, correct and complete to the best of my knowledge and belief. I further certify that this independent expenditure has been made independently of, and not in cooperation, consultation or concert with, or at the request or suggestion of, any candidate or any authorized committee or agent thereof. In addition, if this independent expenditure has been made by the corporation listed in item 1, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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FEC FORM 5

(5/2002)

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C90006471

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Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H CA 05						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert, with, or at the request or suggestion of a candidate, or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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FEC FORM 5

(5/2002)

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Address (number and street) ☐ check if different than previously reported

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Individual filers only — EMPLOYER OCCUPATION

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C90005471

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- ☐ April 15 Quarterly Report
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- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 8 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H CA 07						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure has been made without any cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, and that it is not made in concert or cooperation with or at the request or suggestion of any candidate or any authorized committee or agent of such candidate. If this independent expenditure has been made with cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, or with the agreement with, or at the request or suggestion of, any candidate or any authorized committee or agent of such candidate, I further certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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(5/2002)

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City, State, and ZIP Code

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Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
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- ☒ 12-Day day report preceding election.
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Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 9 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H CA 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure has been made without any cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, and that it is not made in concert or cooperation with or at the request or suggestion of any candidate or any authorized committee or agent of such candidate. If this independent expenditure has been made with cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, or with the agreement with, or at the request or suggestion of, any candidate or any authorized committee or agent of such candidate, I further certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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FEC FORM 5

(5/2002)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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1. Name of Individual, Organization, or Corporation
Planned Parenthood Action Fund Inc.

Address (number and street) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — **EMPLOYER** OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
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Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 10 OF 279

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Full Name,Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date(Month, Day,Year)	Amount
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H CA 11						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530 Local 202-694-1100

Any information reported herein may not be copied for sale or use by any person for the purpose of soliciting contributions or for any other commercial purpose, except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 11 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H CA 13						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure has been made independently of, and not in cooperation, consultation or concert with, or at the request or suggestion of, any candidate or any authorized committee or agent thereof. In addition, if this independent expenditure has been made by a corporation (including a qualified nonprofit corporation) or a labor organization, it is not made from prohibited funds.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 12 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H CA 15						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure has been made without any cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, and that it is not made in concert or cooperation with or at the request or suggestion of any candidate or any authorized committee or agent of such candidate. If this independent expenditure has been made with cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 13 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H CA 17						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made not in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:
FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 14 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H CA 20						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 15 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H CA 25						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure has been made without any cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, and that it is not made in concert or cooperation with or at the request or suggestion of any candidate or any authorized committee or agent of such candidate. If this independent expenditure has been made with cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, or with the agreement with, or at the request or suggestion of, any candidate or any authorized committee or agent of such candidate, I further certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free (800) 424-9530 Local (202) 694-1100

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 16 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H CA 27						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of law with respect to the solicitation or acceptance of contributions by candidates, their agents or authorized committees. In addition, if this independent expenditure report is filed by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number

C90005471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 17 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide fun-ctionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H CA 28						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 18 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H CA 31						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure is not made in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if this independent expenditure is reported on Form 5 and the corporation is a qualified nonprofit corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

- ☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 19 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H CA 33						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified to act independently under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H CA 36						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530 Local 202-694-1100

Any information reported herein may not be copied for sale or use by any person for the purpose of soliciting contributions or for any other commercial purpose, except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:

FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 21 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H CA 37						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein [illegible] the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified [illegible] under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — **EMPLOYER** OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 22 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H CA 39						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert, with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only ⟩ Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only ⟩ **EMPLOYER** OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H CA 47						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:

FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 24 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H CA 53						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number

C90006471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

- ☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:

FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H CO 01						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

[illegible]

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 26 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H CO 04						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, correct and complete to the best of my knowledge and belief. I further certify that this independent expenditure is not made in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if this independent expenditure is reported by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free (800) 424-9530 Local (202) 694-1100

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 27 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H CO 07						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure has been made without any cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, and that it is not made in concert or cooperation with or at the request or suggestion of any candidate or any authorized committee or agent of such candidate. If this independent expenditure has been made with cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, or with the agreement with, or at the request or suggestion of, any candidate or any authorized committee or agent of such candidate, I further certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — **EMPLOYER** — **OCCUPATION**

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 28 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H CT 02						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only 〉 Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only 〉 EMPLOYER OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H CT 03						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

- ☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:

FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 30 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H CT 05						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

9. TOTAL INDEPENDENT EXPENDITURES (Itemize on Form 57) $

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert, with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ 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
☐ October 15 Quarterly Report
☐ January 31 Year End Report ☐ 30-Day report following the General Election
☐ July 31 Mid-Year Report

Type of Election	Date of Election	State
General	11/05/2002	

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H FL 06						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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

For further information contact: Federal Election Commission, 999 E Street, NW, Washington, DC 20463. Toll Free 800-424-9530 Local 202-694-1100

Any information reported herein may not be copied for sale or use by any person for the purpose of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 32 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H FL 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate, or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified to act independently under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

- ☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:
FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H FL 17						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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Washington, DC 20463
Toll Free 800-424-9530 Local 202-694-1100

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H FL 18						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2 Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — **EMPLOYER** — **OCCUPATION**

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 35 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H FL 22						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified for exemption under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number

C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:

FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H FL 23						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified for an exemption under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 37 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H FL 25						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure has been made without any cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, and that it is not made in concert or cooperation with or at the request or suggestion of any candidate or any authorized committee or agent of such candidate. If this independent expenditure has been made with cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, or with the agreement with, or at the request or suggestion of, any candidate or any authorized committee or agent of such candidate, I further certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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To file by mail, send to:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free (800) 424-9530 Local (202) 694-1100

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only 〉 Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only 〉 EMPLOYER OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 38 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H GA 05						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate, or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 39 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H GR 11						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure is not made in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if this independent expenditure is reported on behalf of a corporation, I certify that the corporation is not a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only 〉 Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only 〉 **EMPLOYER** OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 40 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H GA 13						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 41 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H HI 01						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of law with respect to the solicitation of contributions or expenditures by candidates, their agents or authorized committees. In addition, if this independent expenditure report is filed by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free (800) 424-9530 Local 202-694-1100

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 42 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H IA 04						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure has been made without any cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, and that it is not made in concert or cooperation with or at the request or suggestion of any candidate or any authorized committee or agent of such candidate. If this independent expenditure has been made with cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, a detailed description of the cooperation or consultation is attached. In addition, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? [X] YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

[X] 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 43 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
S ID						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert, with, or at the request or suggestion of a candidate, or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified to act independently under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only 〉 Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only 〉 **EMPLOYER** OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H IL 01						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — **EMPLOYER** OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H IL 04						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — **EMPLOYER** **OCCUPATION**

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 46 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H IL 07						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 47 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H IL 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only 〉 Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only 〉 EMPLOYER OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
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☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 48 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H IL 10						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report ☒ 12-Day day report preceding election.
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report ☐ 30-Day report following the General Election
☐ July 31 Mid-Year Report

Type of Election	Date of Election	State
General	11/05/2002	

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:
FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 49 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H IL 17						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified to act in corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
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- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 50 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H IN 02						

8. TOTAL CONTRIBUTIONS (Itemize on Form 56)	$	
9. TOTAL INDEPENDENT EXPENDITURES (Itemize on Form 57)	$	

Under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, complete and correct to the best of my knowledge and belief. I further certify that I have not authorized or solicited any person or political committee to make any expenditure on behalf of any candidate in connection with which I am filing this report.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 51 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H IN 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56)	$	
9. TOTAL INDEPENDENT EXPENDITURES (itemize on Form 57)	$	

...under penalty of perjury, I certify that this Independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that I have not coordinated this expenditure with the candidate, the candidate's agent or authorized committee in addition, if this Independent expenditure report is filed by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free (800) 424-9530 Local (202) 694-1100

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number

C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H KS 03						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 53 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H KY 03						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

[illegible]

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H LA 02						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 55 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H MA 01						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure has been made independently of, and not in cooperation, consultation or concert with, or at the request or suggestion of, any candidate or any authorized committee or agent thereof. In addition, if this independent expenditure has been made by a corporation (including a qualified nonprofit corporation) or a labor organization, it is not made from prohibited funds.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free (800) 424-9530 Local (202) 694-1100

Any information copied from reports filed with the Commission may be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose, except for news, research or public interest activities. Any misuse or illegal use may be subject to civil or criminal penalties. Contributors may not be solicited at their residences.

FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 56 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H MA 04						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure has been made without cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, and that it is not made in concert or cooperation with or at the request or suggestion of any candidate or any authorized committee or agent of such candidate. If this independent expenditure has been made with cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, a detailed description of the cooperation, consultation or concert, must be attached.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 57 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H MA 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, complete and correct to the best of my knowledge and belief. I further certify that I am not prohibited from making independent expenditures by 2 U.S.C. 441e and that this report is not made in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or any agent or authorized committee of such candidate. If this independent expenditure report is made by a corporation (including a qualified nonprofit corporation) or a labor organization, I am a duly authorized officer or agent of the corporation or labor organization.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — **EMPLOYER** OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 58 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H MA 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ 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

☐ October 15 Quarterly Report

☐ January 31 Year End Report ☐ 30-Day report following the General Election

☐ July 31 Mid-Year Report

Type of Election	Date of Election	State
General	11/05/2002	

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 59 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H MO 03						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 60 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H MD 05						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure is not made in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if this independent expenditure is reported by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 61 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H MD 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this report has not been prepared in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or the candidate's agent or authorized committee. In addition, if this independent expenditure report is filed by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free (800) 424-9530 Local (202) 694-1100

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
S ME						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 63 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
S ME 02						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only 〉 Is the filer a registered non-profit organization ? ☒ YES ☐ 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
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 64 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H MI 02						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only: Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only: EMPLOYER OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 65 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H MI 07						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate, or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified for exemption under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

- ☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 66 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H MI 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified for exemption under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 67 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H MI 11						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, correct and complete to the best of my knowledge and belief. I further certify that this independent expenditure has been made without cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, and that it is not made in concert or cooperation with or at the request or suggestion of any candidate or any authorized committee or agent of such candidate. If this independent expenditure has been made with cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, or with the express prior consent of any candidate, or any authorized committee or agent of such candidate, a statement describing the circumstances, persons and dates of such cooperation or consultation or prior consent is attached. I am aware that any willful false statement or representation in this report may subject me to criminal penalties under 2 U.S.C. 437g. If this report is filed by a corporation, I am authorized to sign this report on behalf of the corporation. If this report is filed by a qualified nonprofit corporation, I am authorized to sign this report on behalf of the corporation and the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 68 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H MI 12						

8. TOTAL CONTRIBUTIONS (itemize on Form 56)	$	
9. TOTAL INDEPENDENT EXPENDITURES (itemize on Form 57)	$	

Under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, complete and correct to the best of my knowledge and belief. I further certify that I have not authorized or solicited any person or political committee to make any expenditure on behalf of any candidate in connection with which I am filing this report.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 69 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H MI 14						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified to act independently under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 70 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
S MN						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, complete and correct to the best of my knowledge and belief. I further certify that this report is not the result of any prearrangement or coordination with a candidate or a candidate's agent or authorized committee. In addition, if this independent expenditure report is filed by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

- ☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H MN 03						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530 Local 202-694-1100

Any information reported herein may not be copied for sale or use by any person for the purpose of soliciting contributions or for any other commercial purpose, except that the name and address of any political committee may be used to solicit contributions from that committee.

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ 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
☐ October 15 Quarterly Report
☐ January 31 Year End Report ☐ 30-Day report following the General Election
☐ July 31 Mid-Year Report

Type of Election	Date of Election	State
General	11/05/2002	

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 72 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Oppose	Name and Office Sought (District,State) of Federal Candidate
H MN 04						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified to act in accordance with the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER | OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 73 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H MN 05						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

[illegible]

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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For further information contact: Federal Election Commission [illegible] Washington, DC [illegible] Toll Free [illegible] Local [illegible]

Any information reported herein may not be copied for sale or use by any person for the purpose of soliciting contributions or for any commercial purpose [illegible]

FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — **EMPLOYER** OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:

FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 74 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H MO 01						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation [illegible] or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified [illegible] under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — **EMPLOYER** OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 75 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H MO 06						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only: Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only: EMPLOYER OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H MS 02						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — **EMPLOYER** OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 77 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
S MT						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 78 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H NC 01						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure has been made without any cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, and that it is not made in concert or cooperation with or at the request or suggestion of any candidate or any authorized committee or agent of such candidate. If this independent expenditure has been made with cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

- ☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H NC 05						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H NC 12						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified to act in corporate... under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H NH 01						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530 Local 202-694-1100

Any information reported herein may not be copied for sale or use by any person for the purpose of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:

FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
S NH						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER | OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 83 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H NJ 01						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert, with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 84 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H NJ 04						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this report has not been prepared in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or the candidate's agent or authorized committee. In addition, if this independent expenditure report is filed by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 85 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H NJ 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 86 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H NJ 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation I certify the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ 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
☐ October 15 Quarterly Report
☐ January 31 Year End Report ☐ 30-Day report following the General Election
☐ July 31 Mid-Year Report

Type of Election	Date of Election	State
General	11/05/2002	

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 87 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H NJ 11						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 88 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H NJ 13						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate, or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified as an exempt corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 89 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H NM 01						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this report is not made in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or the candidate's agent or authorized committee. In addition, if this independent expenditure report is made by a corporation, I certify that the corporation is not a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number

C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 90 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H NV 01						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified [illegible] under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 91 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H NV 03						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure is not made in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if this independent expenditure is reported on behalf of a corporation (including a nonprofit corporation), labor organization or political committee, I certify that the corporation, labor organization or political committee is not a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free (800) 424-9530 Local (202) 694-1100

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number

C90005471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:

FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 92 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H NY 02						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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For further information contact:
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999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530 Local 202-694-1100

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 93 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H NY 04						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, complete and correct to the best of my knowledge and belief. I further certify that this report is not prepared in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or the candidate's agent or authorized committee. In addition, if this independent expenditure report is filed by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number

C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H NY 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — **EMPLOYER** OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 95 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H NY 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:

FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H NY 10						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ 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

☐ October 15 Quarterly Report

Type of Election	Date of Election	State
General	11/05/2002	

☐ January 31 Year End Report ☐ 30-Day report following the General Election

Date of Election	State

☐ 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 97 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H NY 12						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified [illegible] under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 98 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H NY 15						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 99 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H NY 17						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, complete and correct to the best of my knowledge and belief. I further certify that this independent expenditure is not made in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if this independent expenditure is reported by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:

FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 100 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H NY 18						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

[illegible] request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a [illegible]

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

NOTE: [illegible] U.S.C. 437g

[illegible]
Federal Election Commission
[illegible] E Street, NW
Washington, DC [illegible]
Toll Free [illegible] Local [illegible]

[illegible]

FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only 〉 Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only 〉 **EMPLOYER** OCCUPATION

3. FEC Identification Number

C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H NY 24						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number

C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 102 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H NY 25						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified to make independent expenditures under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 103 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H NY 28						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure has been made without any cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, and that it is not made in concert or cooperation with or at the request or suggestion of any candidate or any authorized committee or agent of such candidate. If this independent expenditure has been made with cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, a detailed description of the cooperation or consultation is attached. In addition, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free (800) 424-9530 Local (202) 694-1100

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 104 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H OH 03						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only 〉 Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only 〉 **EMPLOYER** OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a)
☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:

FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 105 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H OH 11						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 106 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H OK 01						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this Independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this report has not been prepared in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or the candidate's agent or authorized committee. In addition, if this Independent expenditure report is filed by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H OK 05						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 108 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H OR 02						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2 Corporate filers only: Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only: **EMPLOYER** OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

- ☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 109 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H OR 04						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified for an exemption under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 110 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
S OR						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — **EMPLOYER** — **OCCUPATION**

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H PA 02						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 112 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H PA 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56)	$	
9. TOTAL INDEPENDENT EXPENDITURES (itemize on Form 57)	$	

Under penalty of perjury, I certify that this Independent expenditure report has been prepared in accordance with the provisions of law and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this Independent expenditure has been made without any cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, and that it is not made in concert or cooperation with or at the request or suggestion of any candidate or any authorized committee or agent of such candidate. If this Independent expenditure has been made with cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free (800) 424-9530 Local (202) 694-1100

Any information copied from reports filed with the Commission 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. Any such use may be subject to civil penalties.

FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:

FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H PA 10						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made not in cooperation, consultation or concert with or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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

For further information contact:
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Washington, DC 20463
Toll Free 800-424-9530 Local 202-694-1100

Any information reported herein may not be copied for sale or use by any person for the purpose of soliciting contributions or for any other commercial purpose, except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:

FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H PA 15						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

[illegible]

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

NOTE: [illegible]

[illegible]

FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 115 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H PA 19						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, correct and complete to the best of my knowledge and belief. I further certify that this independent expenditure is not made in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or the candidate's agent or authorized committee. In addition, if this independent expenditure is reported by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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Washington, DC 20463
Toll Free (800) 424-9530 Local (202) 694-1100

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 116 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
S RI						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of law and that to the best of my knowledge and belief it is true, correct and complete. In addition, if this independent expenditure report is filed by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only 〉 Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only 〉 EMPLOYER OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

- ☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 117 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H 50 01						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 118 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H TN 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H TX 05						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 120 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H TX 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, complete and correct to the best of my knowledge and belief. I further certify that I am not prohibited from making independent expenditures by 2 U.S.C. 441e and that this report is not made in cooperation, consultation or concert with, or at the request or suggestion of, a candidate, his agents or an authorized committee of such candidate. If this independent expenditure is reported by a corporation, I am a duly authorized officer or agent of the corporation. If this independent expenditure is reported by a qualified nonprofit corporation, I am authorized to make this report on behalf of the corporation and the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 121 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H TX 18						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of law with respect to the solicitation or acceptance of contributions by candidates, their agents or authorized committees. In addition, if this independent expenditure report is filed by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 122 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H TX 21						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this report is not the result of any request by or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if this independent expenditure report is filed by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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To file by mail, send to:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free (800) 424-9530 Local (202) 694-1100

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2 Corporate filers only 〉 Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only 〉 EMPLOYER OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H TX 23						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert, with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 124 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H TX 25						

8. TOTAL CONTRIBUTIONS (itemize on Form 56)	$	
9. TOTAL INDEPENDENT EXPENDITURES (itemize on Form 57)	$	

Under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, complete and correct to the best of my knowledge and belief. I further certify that I have not authorized the making of any independent expenditure that is the subject of this report in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if this independent expenditure report is filed by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H TX 26						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:

FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H TX 28						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 127 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H TX 31						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, correct and complete to the best of my knowledge and belief. I further certify that this independent expenditure has been made independently of, and not in cooperation, consultation or concert with, or at the request or suggestion of, any candidate or any authorized committee or agent thereof. If this independent expenditure has been made by a corporation (including a qualified nonprofit corporation) or a labor organization, I am a duly authorized officer, director or agent of the corporation or labor organization.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H UT 02						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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Address (number and street) ☐ check if different than previously reported

City, State, and ZIP Code

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Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
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- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 129 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H VA 05						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure has been made without any cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, and that it is not made in concert or cooperation with or at the request or suggestion of any candidate or any authorized committee or agent of such candidate. If this independent expenditure has been made with cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, or with the agreement with, or at the request or suggestion of, any candidate or any authorized committee or agent of such candidate, I further certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only 〉 Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only 〉 EMPLOYER OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H VT 01						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

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REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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City, State, and ZIP Code

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Individual filers only 〉 EMPLOYER OCCUPATION

3. FEC Identification Number
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(a)
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Type of Election	Date of Election	State
General	11/05/2002	

- ☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 131 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H WA 01						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified [illegible] under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
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☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H WA 02						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 133 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H WA 04						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530 Local 202-694-1100

Any information reported herein may not be copied for sale or use by any person for the purpose of soliciting contributions or for any other commercial purpose, except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 134 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H WA 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56)	$	
9. TOTAL INDEPENDENT EXPENDITURES (itemize on Form 57)	$	

Under penalty of perjury, I certify that this Independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, complete and correct to the best of my knowledge and belief. I further certify that this report is not made in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or any agent or authorized committee of such candidate. If this Independent expenditure report is made on behalf of a corporation (including a qualified nonprofit corporation), I am authorized to sign this report on behalf of the corporation.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 135 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H WA 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure has been made independently of, and not in cooperation, consultation or concert with, or at the request or suggestion of, any candidate or any authorized committee or agent thereof. In addition, if this independent expenditure has been made by a corporation (including a qualified nonprofit corporation) or a labor organization, it is not made directly or indirectly from the treasury of any corporation organized by authority of any law of Congress, or from the treasury of any labor organization, and is not made in cooperation, consultation or concert with, or at the request or suggestion of, any officer or any agent or representative thereof of any such corporation or labor organization.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 136 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H WI 02						

8. TOTAL CONTRIBUTIONS (itemize on Form 56)	$	
9. TOTAL INDEPENDENT EXPENDITURES (itemize on Form 57)	$	

Under penalty of perjury, I certify that this Independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, complete and correct to the best of my knowledge and belief. I further certify that this report is not prepared in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or the candidate's agent or authorized committee. In addition, if this Independent expenditure report is filed by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide functionality	20021014		5.00

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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H WV 02						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — **EMPLOYER** OCCUPATION

3. FEC Identification Number C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
S AK						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

[illegible]

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
S AL						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — **EMPLOYER** OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 140 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H AL 04						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in [illegible] with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified [illegible] under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
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☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 141 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H AL 02						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only: Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only: EMPLOYER | OCCUPATION

3. FEC Identification Number
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(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
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Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 142 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H AR 03						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate, or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified for exempt status under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
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Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 143 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H AZ 01						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, complete and correct to the best of my knowledge and belief. I further certify that this report has not been prepared in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or the candidate's agent or authorized committee. In addition, if this independent expenditure report is filed by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free (800) 424-9530 Local (202) 694-1100

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number

C90005471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report ☒ 12-Day day report preceding election.

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report ☐ 30-Day report following the General Election

☐ July 31 Mid-Year Report

Type of Election	Date of Election	State
General	11/05/2002	

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H AZ 02						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only 〉 Is the filer a registered non-profit organization ? ☒ YES ☐ 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

☐ October 15 Quarterly Report

☐ January 31 Year End Report ☐ 30-Day report following the General Election

☐ July 31 Mid-Year Report

Type of Election	Date of Election	State
General	11/05/2002	

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H AZ 06						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made not in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified [illegible] under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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Federal Election Commission
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Washington, DC 20463
Toll Free 800-424-9530 Local 202-694-1100

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 146 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H CA 28						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, complete and correct to the best of my knowledge and belief. I further certify that this independent expenditure is not made in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if this independent expenditure is reported on behalf of a corporation (including a nonprofit corporation), a labor organization or a political committee, I certify that the corporation, labor organization or political committee is not a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — **EMPLOYER** OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 147 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H CA 18						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

9. TOTAL INDEPENDENT EXPENDITURES (Itemize on Form 57) $

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 148 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H CA 02						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure has been made without any cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, and that it is not made in concert or cooperation with or at the request or suggestion of any candidate or any authorized committee or agent of such candidate. If this independent expenditure has been made with cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 149 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H CA 36						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made not in cooperation, consultation or concert, with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

- ☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 150 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H CA 48						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified for exempt corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 151 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H CA 50						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

[illegible]

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 152 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H CA 05						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 153 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H CA 40						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of law with respect to the solicitation or acceptance of contributions by candidates, their agents or authorized committees. In addition, if this independent expenditure report is filed by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free (800) 424-9530 Local 202-694-1100

Any information copied from reports filed with the Commission 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 that committee.

FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only 〉 Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only 〉 **EMPLOYER** **OCCUPATION**

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H CA 41						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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Washington, DC 20463
Toll Free 800-424-9530 Local 202-694-1100

Any information reported herein may not be copied for sale or use by any person for the purpose of soliciting contributions or for any other commercial purpose, except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 155 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H CA 48						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared without consultation or coordination with or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if this independent expenditure report is filed by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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999 E Street, NW
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Toll Free (800) 424-9530 Local 202-694-1100

Any information copied from reports filed with the Commission may not be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose, except for news, research and public interest activities. Any solicitation or business activity using information obtained from the Commission must include a statement stating that the committee is not authorized by any candidate and that the solicitation is not approved by any candidate.

FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 156 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H CA 44						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure has been made without any cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, and that it is not made in concert or cooperation with or at the request or suggestion of any candidate or any authorized committee or agent of such candidate. If this independent expenditure has been made with cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 157 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H CA 15						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 158 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H CO 07						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure is not made in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or the candidate's agent or authorized committee. In addition, if this independent expenditure is reported by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ 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
☐ October 15 Quarterly Report
☐ January 31 Year End Report ☐ 30-Day report following the General Election
☐ July 31 Mid-Year Report

Type of Election	Date of Election	State
General	11/05/2002	

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:

FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 159 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H CO 05						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 160 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H CO 06						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified for exemption under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only: Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only: EMPLOYER OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 161 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H FL 22						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER | OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a)
☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 162 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H FL 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 163 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H FL 24						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, complete and correct to the best of my knowledge and belief. I further certify that I have not authorized or requested any other person to make or report any independent expenditure on behalf of any candidate or political committee with respect to the election to which this report relates, and that I am not aware of any independent expenditure made on behalf of such candidate or political committee which is required to be reported but has not been reported by another person.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free (800) 424-9530 Local (202) 694-1100

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — **EMPLOYER** OCCUPATION

3. FEC Identification Number

C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 164 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H FL 18						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified to act independently under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 165 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H FL 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert, with, or at the request or suggestion of a candidate, or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 166 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H FL 10						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure has been made without any cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, and that it is not made in concert or cooperation with or at the request or suggestion of any candidate or any authorized committee or agent of such candidate. If this independent expenditure has been made with cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, a detailed description of the cooperation or consultation is attached. In addition, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 167 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H FL 07						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this report is not prepared in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or the candidate's agent or authorized committee. In addition, if this independent expenditure report is prepared by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

- ☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:

FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 168 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H GA 13						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate, or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 169 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H GA 04						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, correct and complete to the best of my knowledge and belief. I further certify that this independent expenditure has been made without cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, and that it is not made in concert or cooperation with or at the request or suggestion of any candidate or any authorized committee or agent of such candidate. If this independent expenditure has been made with cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, or with the express prior consent of any candidate, or any authorized committee or agent of such candidate, a statement describing the circumstances, persons and dates of such cooperation or consultation or prior consent is attached. I am aware that any willful false statement or representation in this report may subject me to criminal penalties under 2 U.S.C. 437g.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

- ☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 170 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
S GA						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only 〉 Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only 〉 EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report ☒ 12-Day day report preceding election.

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

Type of Election	Date of Election	State
General	11/05/2002	

☐ January 31 Year End Report ☐ 30-Day report following the General Election

Date of Election	State

☐ 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 171 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H GA 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 172 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H GA 01						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 173 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H IA 05						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of law with respect to the solicitation or suggestion of contributions by the candidate's agent or authorized committee. In addition, if this independent expenditure report is filed by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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To file by telephone, contact the Federal Election Commission, 999 E Street, NW, Washington, DC 20463, Toll Free (800) 424-9530, Local 202-694-1100

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only 〉 Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only 〉 EMPLOYER OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H IA 04						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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Washington, DC 20463
Toll Free 800-424-9530 Local 202-694-1100

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
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☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 175 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H ID 01						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert, with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 176 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H IL 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 177 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H IL 18						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, complete and correct to the best of my knowledge and belief. I further certify that this independent expenditure has been made without cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, and that it is not made in concert or cooperation with or at the request or suggestion of any candidate or any authorized committee or agent of such candidate. If this independent expenditure has been made with cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, or with the agreement with, or at the request or suggestion of, any candidate or any authorized committee or agent of such candidate, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 178 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H IL 12						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury, I certify that this Independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, complete and correct to the best of my knowledge and belief. I further certify that this report is not made in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or any agent or authorized committee of such candidate, and that no person authorized to raise or spend money on behalf of such candidate was given a reasonable opportunity to review and comment on the contents of this report before it was filed with the Commission.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 179 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H IL 03						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure has been made without any cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, and that it is not made in concert or cooperation with or at the request or suggestion of any candidate or any authorized committee or agent of such candidate. If this independent expenditure has been made with cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, a detailed description of the cooperation or consultation is attached. In addition, I certify that this report has been prepared in accordance with the corporation's qualified nonprofit corporation status under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
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- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 180 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H IL 11						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of law with respect to the solicitation or acceptance of contributions by candidates, their agents or authorized committees. In addition, if this independent expenditure report is filed by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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(5/2002)

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1. Name of Individual, Organization, or Corporation
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Address (number and street) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
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☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 181 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H IL 15						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate, or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 182 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H IN 04						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

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Address (number and street) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only: Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only: EMPLOYER — OCCUPATION

3. FEC Identification Number
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4. TYPE OF REPORT

(a)
☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H IN 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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Washington, DC 20463
Toll Free 800-424-9530 Local 202-694-1100

Any information reported herein may not be copied for sale or use by any person for the purpose of soliciting contributions or for any other commercial purpose, except that the name and address of any political committee may be used to solicit contributions from that committee.

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

- ☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 184 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H IN 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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

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Federal Election Commission
999 E Street, NW
Washington, DC 20463
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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 185 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H IN 03						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

9. TOTAL INDEPENDENT EXPENDITURES (Itemize on Form 57) $

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate, or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number

C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H KS 04						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified to make independent expenditures under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 187 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H KS 01						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of law with respect to the solicitation of contributions or expenditures by candidates, their agents or authorized committees. In addition, if this independent expenditure report is filed by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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Federal Election Commission
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Washington, DC 20463
Toll Free (800) 424-9530 Local 202-694-1100

Any information copied from reports filed with the Commission may not be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose, except for news, research and public interest activities. Any solicitation or business activity using information obtained from the Commission is prohibited.

FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H KS 01						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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
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Address (number and street) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 189 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H KY 03						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ 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
☐ October 15 Quarterly Report
☐ January 31 Year End Report ☐ 30-Day report following the General Election
☐ July 31 Mid-Year Report

Type of Election	Date of Election	State
General	11/05/2002	

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 190 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H KY 02						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consent of, in concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified for an exemption under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ 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

☐ October 15 Quarterly Report

☐ January 31 Year End Report ☐ 30-Day report following the General Election

☐ July 31 Mid-Year Report

Type of Election	Date of Election	State
General	11/05/2002	

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H KY 05						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 192 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H KY 02						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, complete and correct to the best of my knowledge and belief. I further certify that this independent expenditure is not made in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if this independent expenditure is reported on behalf of a corporation (including a nonprofit corporation), a labor organization or a qualified nonprofit corporation, I certify that the corporation, labor organization or qualified nonprofit corporation is not prohibited from making independent expenditures under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 193 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H LA 01						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure has been made without any cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, and that it is not made in concert or cooperation with or at the request or suggestion of any candidate or any authorized committee or agent of such candidate. If this independent expenditure has been made with cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, or with the agreement with, or at the request or suggestion of, any candidate or any authorized committee or agent of such candidate, I further certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ 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

☐ October 15 Quarterly Report

☐ January 31 Year End Report ☐ 30-Day report following the General Election

☐ July 31 Mid-Year Report

Type of Election	Date of Election	State
General	11/05/2002	

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 194 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
S LA						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530 Local 202-694-1100

Any information reported herein may not be copied for sale or use by any person for the purpose of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 195 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H LA 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, complete and correct to the best of my knowledge and belief. I further certify that this independent expenditure is not made in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if this independent expenditure is reported by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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Washington, DC 20463
Toll Free (800) 424-9530 Local 202-694-1100

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — **EMPLOYER** OCCUPATION

3. FEC Identification Number

C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:

FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
S LA						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate, or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

- ☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 197 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H MO 06						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate, candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 198 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H MI 01						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

[illegible]

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

[illegible]

[illegible]
Federal Election Commission
999 E Street, NW
Washington, DC 20463
[illegible]

[illegible]

FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 199 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H MI 02						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

- ☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 200 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H MI 07						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only: Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only: EMPLOYER | OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

- ☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:

FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 201 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H MI 10						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified to act independently under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 202 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H MI 11						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 203 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H MI 16						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number

C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:

FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 204 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
S MN						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number C90005471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 205 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H MN 02						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

9. TOTAL INDEPENDENT EXPENDITURES (Itemize on Form 57) $

Under penalty of perjury I certify that the independent expenditures reported herein were made not in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified to act in corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530 Local 202-694-1100

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H MN 07						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 207 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H MO 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 208 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H MD 04						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, complete and correct to the best of my knowledge and belief. I further certify that this independent expenditure is not made in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if this independent expenditure is reported on behalf of a corporation (including a nonprofit corporation), a labor organization or a qualified nonprofit corporation, I certify that the corporation, labor organization or qualified nonprofit corporation is not prohibited from making independent expenditures under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number

C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H MO 02						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only 〉 Is the filer a registered non-profit organization ? ☒ YES ☐ 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

☐ October 15 Quarterly Report

☐ January 31 Year End Report ☐ 30-Day report following the General Election

☐ July 31 Mid-Year Report

Type of Election	Date of Election	State
General	11/05/2002	

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 210 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide fun-ctionality	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H MS 03						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 211 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H MS 03						

8. TOTAL CONTRIBUTIONS (Itemize on Form 56)	$	
9. TOTAL INDEPENDENT EXPENDITURES (Itemize on Form 57)	$	

Under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, complete and correct to the best of my knowledge and belief. I further certify that I have not authorized or solicited any person or political committee to make any expenditure on behalf of any candidate in connection with which I am filing this report.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:
FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 212 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	Voter Guide fun-ctionality	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H MS 04						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
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☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 213 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H NC 12						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER | OCCUPATION

3. FEC Identification Number

C90005471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H NC 10						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate, or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified to act independently under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 215 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H NC 07						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this Independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that I have not coordinated this expenditure with, and that it was not made at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if this Independent expenditure report is filed by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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

To file by mail, send to:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free (800) 424-9530 Local (202) 694-1100

Any information copied from reports filed with the Commission 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 that committee.

FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 216 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H NC 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, correct and complete to the best of my knowledge and belief. I further certify that this independent expenditure has been made totally independently of, and not in cooperation, consultation or concert with, or at the request or suggestion of, any candidate or any authorized committee or agent thereof. In addition, if this independent expenditure has been made by a corporation (including a qualified nonprofit corporation) or a labor organization, it is not made from prohibited funds.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only ⟩ Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only ⟩ **EMPLOYER** OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H NC 03						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 218 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H NE 03						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified for exemption under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 219 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H NE 02						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, correct and complete to the best of my knowledge and belief. I further certify that this independent expenditure is not made in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if this independent expenditure is reported by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a)
☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:

FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
S NE						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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Address (number and street) ☐ check if different than previously reported

City, State, and ZIP Code

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Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
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Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 221 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H NJ 05						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, complete and correct to the best of my knowledge and belief. I further certify that this independent expenditure has not been made in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if this independent expenditure has been made by a corporation (including a qualified nonprofit corporation) or a labor organization, it is not made from prohibited funds.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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FEC FORM 5

(5/2002)

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

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Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

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(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
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Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 222 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H NJ 03						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, complete and correct to the best of my knowledge and belief. I further certify that this independent expenditure is not made in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if this independent expenditure is reported on behalf of a corporation (including a nonprofit corporation), a labor organization or a political committee, I certify that the corporation, labor organization or political committee is not a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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FEC FORM 5

(5/2002)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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1. Name of Individual, Organization, or Corporation

Planned Parenthood Action Fund Inc.

Address (number and street) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number

C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

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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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H NJ 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate, or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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

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Address (number and street) ☐ check if different than previously reported

City, State, and ZIP Code

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Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90006471

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☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
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☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:

FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 224 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H NM 01						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

[illegible]

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

NOTE: [illegible]

[illegible]
Federal Election Commission
999 E Street, NW
Washington, DC 20463
[illegible]

Any information reported herein [illegible]

FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
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General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 225 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H NV 03						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure is not made in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if this independent expenditure is reported on Form 5 and the corporation is a qualified nonprofit corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free (800) 424-9530 Local 202-694-1100

Any information copied from 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 that committee.

FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER | OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H NY 20						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H NY 26						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530 Local 202-694-1100

Any information reported herein may not be copied for sale or use by any person for the purpose of soliciting contributions or for any other commercial purpose, except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ 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
☐ October 15 Quarterly Report
☐ January 31 Year End Report ☐ 30-Day report following the General Election
☐ July 31 Mid-Year Report

Type of Election	Date of Election	State
General	11/05/2002	

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H NY 23						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — **EMPLOYER** OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 229 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H NY 01						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number

C90005471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:

FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 230 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H OH 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — **EMPLOYER** OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 231 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H OH 02						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified to act in that capacity under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 232 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H OH 10						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530 Local 202-694-1100

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 233 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H OH 18						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure has been made independently of, and not in cooperation, consultation or concert with, or at the request or suggestion of, any candidate or any authorized committee or agent of such candidate. If this independent expenditure has been made by a corporation (including a qualified nonprofit corporation) or a labor organization, I certify that the corporation or labor organization is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number C90005471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 234 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H OH 07						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — **EMPLOYER** OCCUPATION

3. FEC Identification Number

C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 235 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H OH 03						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530 Local 202-694-1100

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 236 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H OK 03						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure is not made in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if this independent expenditure is reported on behalf of a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

- ☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:
FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 237 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H OK 05						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consultation with, or at the request or suggestion of any candidate or any candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — **EMPLOYER** OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:

FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H OR 05						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified for exempt corporation status under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only 〉 Is the filer a registered non-profit organization ? ☒ YES ☐ 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

☐ October 15 Quarterly Report

Type of Election	Date of Election	State
General	11/05/2002	

☐ January 31 Year End Report ☐ 30-Day report following the General Election

Date of Election	State

☐ 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 239 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
S OR						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 240 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H PA 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of law and that to the best of my knowledge and belief it is true, correct and complete. I further certify that I have not made this independent expenditure with the cooperation or consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if this independent expenditure report is filed by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number

C90006471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

- ☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H PA 14						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H PA 17						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number

C90006471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

- ☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:

FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 243 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H PA 12						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
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- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 244 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H PA 10						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure is not made in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if this independent expenditure is reported on behalf of a corporation, I certify that the corporation is not a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 245 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H PA 07						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure has been made without any cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, and that it is not made in concert or cooperation with or at the request or suggestion of any candidate or any authorized committee or agent of such candidate. If this independent expenditure has been made with cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, or with the agreement with, or at the request or suggestion of, any candidate or any authorized committee or agent of such candidate, I further certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H PA 05						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, correct and complete to the best of my knowledge and belief. I further certify that this independent expenditure is not made in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if this independent expenditure is reported by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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To file by telephone, contact the Federal Election Commission, 999 E Street, NW, Washington, DC 20463, Toll Free (800) 424-9530, Local 202-694-1100

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only 〉 Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only 〉 **EMPLOYER** OCCUPATION

3. FEC Identification Number C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 247 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H RI 02						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
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☐ January 31 Year End Report
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☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 248 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H SC 01						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

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REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

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Address (number and street) ☐ check if different than previously reported

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Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
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- ☐ July 31 Mid-Year Report
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Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H SC 02						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

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Address (number and street) ☐ check if different than previously reported

City, State, and ZIP Code

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Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

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Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H 50 01						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

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FEC FORM 5

(5/2002)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

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Type of Election	Date of Election	State
General	11/05/2002	

- ☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 251 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H TN 02						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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Individual filers only — EMPLOYER — OCCUPATION

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☐ October 15 Quarterly Report
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Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 252 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H TN 02						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
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- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 253 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H TN 01						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, correct and complete to the best of my knowledge and belief. I further certify that this independent expenditure has been made without any cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, and that it is not made in concert or cooperation with or at the request or suggestion of any candidate or any authorized committee or agent of such candidate. If this independent expenditure has been made with cooperation or consultation with any candidate, or any authorized committee or agent of such candidate, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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FEC FORM 5

(5/2002)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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Address (number and street) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

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☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
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☐ July 31 Mid-Year Report

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Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:

FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 254 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H TN 03						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

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Individual filers only — EMPLOYER — OCCUPATION

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Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 255 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H TX 25						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

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(5/2002)

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

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Planned Parenthood Action Fund Inc.

Address (number and street) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number

C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H TX 27						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

9. TOTAL INDEPENDENT EXPENDITURES (Itemize on Form 57) $

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530 Local 202-694-1100

Any information reported herein may not be copied for sale or use by any person for the purpose of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ 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
☐ October 15 Quarterly Report
☐ January 31 Year End Report ☐ 30-Day report following the General Election
☐ July 31 Mid-Year Report

Type of Election	Date of Election	State
General	11/05/2002	

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 257 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
S TX						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 258 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H TX 10						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, correct and complete to the best of my knowledge and belief. I further certify that I have not authorized or requested any other person to make or report any independent expenditure on behalf of any candidate or political committee with respect to the election to which this report relates, and that I am not aware of any independent expenditure made on behalf of such candidate or political committee which is required to be reported but has not been reported by another person.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 259 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H TX 17						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 260 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H TX 03						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, correct and complete to the best of my knowledge and belief. I further certify that this independent expenditure has been made independently of, and not in cooperation, consultation or concert with, or at the request or suggestion of, any candidate or any authorized committee or agent of such candidate. In addition, if this independent expenditure has been made by a corporation (including a qualified nonprofit corporation) or a labor organization, it is not made from prohibited funds.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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To file by mail, send to:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free (800) 424-9530 Local (202) 694-1100

Any information copied from 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. Any use of information derived from reports and statements for the purpose of soliciting contributions or for commercial purposes is prohibited by law.

FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 261 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H TX 32						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, a candidate, or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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Washington, DC 20463
Toll Free 800-424-9530 Local 202-694-1100

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — **EMPLOYER** OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:

FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 262 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H TX 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only: Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only: **EMPLOYER** OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

- ☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H TX 18						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified to be an exempt corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER / OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 264 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H TX 22						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 265 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H TX 13						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that it is true, complete and correct to the best of my knowledge and belief. I further certify that this independent expenditure is not made in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if this independent expenditure is reported on behalf of a corporation (including a nonprofit corporation), labor organization or political committee, I certify that the corporation, labor organization or political committee is not a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

- ☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H VA 05						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530 Local 202-694-1100

Any information reported herein may not be copied for sale or use by any person for the purpose of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only 〉 Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only 〉 **EMPLOYER** OCCUPATION

3. FEC Identification Number

C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:

FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 267 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H VA 02						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that [illegible] independent expenditures reported herein were not made [illegible] request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified [illegible] under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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For further information contact:

Federal Election Commission

999 E Street, NW

Washington, DC 20463

Toll Free [illegible] Local 202-694-1100

Any information reported herein may not be copied for sale or use by any person for the purpose of soliciting contributions or for any other commercial purpose, except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 268 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
S VA						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate, or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — **EMPLOYER** — OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

- ☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 269 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H VA 10						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period:
FROM: 10/01/2002 THROUGH: 10/16/2002

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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H WA 05						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER | OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 271 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H WA 04						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only: Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only: **EMPLOYER** OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 272 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H WI 01						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were made without cooperation or prior consultation with, or in concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — EMPLOYER | OCCUPATION

3. FEC Identification Number
C90006471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

- ☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 273 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H WI 02						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530 Local 202-694-1100

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER — OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 274 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H WI 05						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this independent expenditure is not made in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if this independent expenditure is reported on Form 5 and the corporation is a qualified nonprofit corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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To file by mail or hand delivery:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free (800) 424-9530 Local (202) 694-1100

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FEC FORM 5

(5/2002)

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ 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

☐ October 15 Quarterly Report

☐ January 31 Year End Report ☐ 30-Day report following the General Election

☐ July 31 Mid-Year Report

Type of Election	Date of Election	State
General	11/05/2002	

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 275 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H WI 08						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

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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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization ? ☒ YES ☐ NO

Individual filers only — **EMPLOYER** OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report

☒ 12-Day day report preceding election.

Type of Election	Date of Election	State
General	11/05/2002	

☐ 30-Day report following the General Election

Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

PAGE 276 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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District,State) of Federal Candidate
H WV 03						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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

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) ☐ check if different than previously reported

City, State, and ZIP Code

2. Corporate filers only — Is the filer a registered non-profit organization? ☒ YES ☐ NO

Individual filers only — EMPLOYER OCCUPATION

3. FEC Identification Number
C90005471

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report
- ☒ 12-Day day report preceding election.
- ☐ 30-Day report following the General Election

Type of Election	Date of Election	State
General	11/05/2002	
	Date of Election	State

(b) Is this Report an amendment? YES ☐ NO ☐

5. Covering period: FROM: 10/01/2002 THROUGH: 10/16/2002

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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
Convio 11921 N MoPac Expressway 200 Austin TX 78759	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: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
H WY 01						

8. TOTAL CONTRIBUTIONS (itemize on Form 56) $

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

...under penalty of perjury, I certify that this independent expenditure report has been prepared in accordance with the provisions of 2 U.S.C. 434(c) and 11 C.F.R. 109.10 and that to the best of my knowledge and belief it is true, correct and complete. I further certify that this report has not been prepared in cooperation, consultation or concert with, or at the request or suggestion of, a candidate or the candidate's agent or authorized committee. In addition, if this independent expenditure report is filed by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only)

DATE

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

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free (800) 424-9530 Local 202-694-1100

Any information copied from reports filed with the Commission 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 that committee.

FEC FORM 5

(5/2002)

Form/Schedule: F5N
Transaction ID:

The Fund acknowledges the requirement to file its Form 5 electronically, but as the Electronic Division staff of the Commission have informed us that they have yet to complete the ability to accurately receive the electronic version, we are submitting both a paper copy and the electronic file on diskette until we are able to upload these reports via the Internet. There are several troubles extant in the form which cause data correctly entered in the text file to appear inaccurately in the graphic report as completed through FECPrint.

Form/Schedule: F5N
Transaction ID: Line 2

The Fund has treated the question, Is the filer a registered non-profit organization?, as identical to the question on the current FEC Form 5 (revised May 2002), is the filer a qualified nonprofit corporation?, and answered Yes. The Fund is in fact a qualified nonprofit corporation per 11 CFR 114.10.

Form/Schedule: F5N
Transaction ID: Line 4

Please note that the Fund correctly identifies this report as our original filing (denoted by F5N) for the 12 Day Pre-General reporting period (denoted by 12G), but FECPrint software indicates that the filing is an amendment.

Form/Schedule: F5N
Transaction ID:

Commission staff assured us that the requirement for notarizing the Form 5 no longer exists, so no information appears in these fields on Page 1 of the report. This should be rectified when the Commission makes available the most recent Form 5 (revised May 2002) in the FECFile4 software.