

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

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

<b>1. Name of Individual, Organization, or Corporation</b> <b>Planned Parenthood Action Fund Inc.</b>		
Address (number and street) <input type="checkbox"/> check if different than previously reported		
City, State, and ZIP Code		
<b>2.</b>	<b>Corporate filers only</b>	Is the filer a registered non-profit organization? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	<b>Individual filers only</b>	<b>EMPLOYER</b> <span style="margin-left: 100px;"><b>OCCUPATION</b></span>
		<b>3. FEC Identification Number</b> C90006471

**4. TYPE OF REPORT**

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

(b) Is this Report an amendment? YES  NO

**5. Covering period:** FROM: 10/01/2002 THROUGH: 10/16/2002 PAGE 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
Convia 11621 N MoPac Expressway 200 Austin TX 78758	Voter Guide functionality	20021014		\$ .00

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

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

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

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

Under penalty of perjury, I certify that independent expenditures reported hereon were not made with cooperation or prior consent of any individual in violation of the election or campaign of a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported hereon were made by a corporation, then I am the corporation's qualified principal officer or officer under the Commission's regulations.

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

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