

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
Planned Parenthood Action Fund Inc. PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <p><b>A. Enterprise Car Rental</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Enterprise Car Rental</p> <p>Mailing Address 1600 Airline Hwy</p> <p>City Kenner State LA Zip Code 70062</p> <p>Purpose of Disbursement In-Kind: Travel Costs</p> <p>Candidate Name Karen Carter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 2</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Runoff General</p> |  | <p><b>Transaction ID: B1F</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="48.67"/></p> <p><b>[MEMO ITEM]</b></p> |
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| <p><b>B. Doubletree New Orleans</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Doubletree New Orleans</p> <p>Mailing Address 300 Canal Street</p> <p>City New Orleans State LA Zip Code 70130</p> <p>Purpose of Disbursement In-Kind: Staff Lodging</p> <p>Candidate Name Karen Carter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 2</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Runoff General</p> |  | <p><b>Transaction ID: B1G</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="144.06"/></p> <p><b>[MEMO ITEM]</b></p> |
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| <p><b>C. Planned Parenthood Action Fund Inc.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Planned Parenthood Action Fund Inc.</p> <p>Mailing Address 434 West 33 Street</p> <p>City New York State NY Zip Code 10001</p> <p>Purpose of Disbursement Advance Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> |  | <p><b>Transaction ID: B2</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1110.00"/></p> <p>Advance Payment for in-kind contributions and other activities. See drawdown and memo entries</p> |
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|                                                                         |                                             |
|-------------------------------------------------------------------------|---------------------------------------------|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="1110.00"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text"/></p>                 |