

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) <input type="checkbox"/> check if different than previously reported		
City, State, and ZIP Code		
2. Corporate filers only	Is the filer a registered non-profit organization? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 30-Day report following the General Election
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid-Year Report

Type of Election	Date of Election	State

(b) Is this Report an amendment? YES NO

5. Covering period: FROM: 07/01/2002 THROUGH: 09/30/2002

PAGE 55	OF 91
---------	-------

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount
				.00

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms 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	
Global Crossing Telecommunications PO Box 741276 Cincinnati OH 45274	E-mail Distribution	07/01/2002	20.00	X		Nita Lowey H NY 18
Global Crossing Telecommunications PO Box 741276 Cincinnati OH 45274	E-mail Distribution	07/01/2002	20.00	X		Benjamin Gilman 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 person whose name appears on this report has authorized me to make this report on his or her behalf, or that the person or organization has authorized me to make this report on its behalf, or that the person or organization has authorized me to make this report on its behalf, or that the person or organization has authorized me to make this report on its behalf, or that the person or organization has authorized me to make this report on its behalf.

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

NO: If Submission method, e-mail or incomplete information may suggest the person signing this report to the penalties of 2 U.S.C. 437g