

REPORT OF INDEPENDENT EXPENDITURES 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 of Santa Barbara, Ventura & San Luis Obispo  
 Address (number and street)  Check if different than previously reported  
519 Garden Street, Santa Barbara, CA 93101  
 City, State and ZIP Code

2. Corporate filers only: Is the filer a qualified nonprofit corporation?  Yes  No  
 Individual filers only: NAME OF EMPLOYER OCCUPATION  
 3. Identification number: 95202

4. TYPE OF REPORT (check appropriate boxes):  
 (a)  April 15 Quarterly Report  12-Day Report preceding the 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  
 (b) Is this Report an amendment? Yes  No

Type of Election: General Date of Election: 11/05/02

5. COVERING PERIOD: FROM 0/1/02 THROUGH 1/05/02 PAGE 1 OF 1

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

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

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

Filer Name, Mailing Address and ZIP Code of Payer	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
See Attached						

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... \$ 371.46  
 9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... \$ 371.46

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 a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM: Michael Schmiedtchen  
 SIGNATURE (multi-page filers: sign page 1 only): [Signature] DATE: 12-9-02

FEC Form 5  
 Report of Independent Expenditures Made & Contributions Received

Filer: Planned Parenthood Action FUND of Santa Barbara, Ventura, & San Luis  
 Obispo Counties, Inc

7. Independent Expenditures Made:

Full name & address & ZIP code of payee	Purpose of expenditure	Amount	Support	Oppose	Name & Office Sought
Terris & Barnes 400 Montgomery St San Francisco, CA 91104	State Mailer	\$337.43	X		CD 23
Printing Impressions 526 Laguna Street Santa Barbara, CA 93101	Newsletter insert (portion)	\$ 7.91	X		CD 23
SB Mailworks 400 Case Place Goleta, CA 93117	Newsletter mailing cost (portion)	\$ 6.12	X		CD 23

OFFICE OF THE CLERK  
COUNTY OF SANTA BARBARA

State of California

County of Santa Barbara

on 12/19/02 before me, Susan Alvarado Notary Public  
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared Michael Schmidschen  
NAME(S) OF SIGNER(S)

personally known to me - OR -  proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

[Signature]  
SIGNATURE OF NOTARY

**OPTIONAL SECTION**  
**CAPACITY CLAIMED BY SIGNER**

Though state does not require the Notary to fill in the data below, doing so may prove valuable to persons relying on the document.

- INDIVIDUAL
- CORPORATE OFFICER(S)  
TITLE(S) \_\_\_\_\_
- PARTNER(S)  LIMITED  GENERAL
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER: \_\_\_\_\_

**SIGNER IS REPRESENTING:**  
NAME OF PERSON(S) OR ENTITY(IES)

\_\_\_\_\_  
\_\_\_\_\_

**OPTIONAL SECTION**

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:

TITLE OR TYPE OF DOCUMENT: \_\_\_\_\_

NUMBER OF PAGES: \_\_\_\_\_ DATE OF DOCUMENT: \_\_\_\_\_


Though the data requested here is not required by law, it could prevent fraudulent reattachment of this form.

SIGNER(S) OTHER THAN NAMED ABOVE: \_\_\_\_\_

Federal Election Commission

### ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 12-10-07
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input checked="" type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt 12-20-07
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	12-20-07 DATE PREPARED