

# FEC FORM 5

10/16/2004 11:53

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

|  |                  |  |                               |                  |            |  |  |  |
|--|------------------|--|-------------------------------|------------------|------------|--|--|--|
| 1. (a) Name of Individual, Organization or Corporation<br>The Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo   |                  | 3. FEC Identification Number<br><br><b>C</b> C00006701 |                               |                  |            |  |  |  |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br>518 Garden Street  |                  |  |                               |                  |            |  |  |  |
| (c) City, State and ZIP Code<br>Santa Barbara CA 93117   |                  |  |                               |                  |            |  |  |  |
| 2. <b>Corporate filers only</b><br>Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |                  |  |                               |                  |            |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 5px;"><b>Individual filers only</b></td> <td style="width:55%; padding: 5px;">Name of Employer</td> <td style="width:30%; padding: 5px;">Occupation</td> </tr> <tr> <td colspan="3" style="height: 100px;"> </td> </tr> </table>   |                  |  | <b>Individual filers only</b> | Name of Employer | Occupation |  |  |  |
| <b>Individual filers only</b>  | Name of Employer | Occupation   |                               |                  |            |  |  |  |
|  |                  |  |                               |                  |            |  |  |  |
| 4. TYPE OF REPORT (check appropriate boxes):<br><br>(a) <input type="checkbox"/> April 15 Quarterly Report <input checked="" type="checkbox"/> 24-Hour Notice <input type="checkbox"/> 48-Hour Notice<br><input type="checkbox"/> July 15 Quarterly Report<br><input type="checkbox"/> October Quarterly Report <span style="margin-left: 100px;">12-Day Report preceding the election</span><br><span style="margin-left: 300px;">Type of Election</span> <span style="margin-left: 50px;">Date of Election</span> <span style="margin-left: 50px;">State</span><br><input type="checkbox"/> January 31 Year-End Report<br><input type="checkbox"/> 30-Day Report following the General Election<br><span style="margin-left: 500px;">Date of Election</span> <span style="margin-left: 50px;">State</span><br><br>(b) Is this Report an amendment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                  |  |                               |                  |            |  |  |  |
| 5. COVERING PERIOD: FROM <span style="margin-left: 20px;">M / D / Y</span> 10 / 14 / 2004<br><span style="margin-left: 150px;">THROUGH</span><br><span style="margin-left: 200px;">M / D / Y</span>  |                  |  |                               |                  |            |  |  |  |
| 6. TOTAL CONTRIBUTIONS .....   |                  | 0.00   |                               |                  |            |  |  |  |
| 7. TOTAL INDEPENDENT EXPENDITURES.....   |                  | 0.00   |                               |                  |            |  |  |  |

This report is required to be filed by independent expenditure committees that have not made a contribution or provided a contribution to a candidate or a candidate's agent, a political committee or a political party committee or its agent. In addition, this report must be filed if independent expenditures reported herein were made by a corporation, if the corporation is a qualified nonprofit corporation under the Commission's regulations.

|   |                  |             |
|---|------------------|-------------|
| <b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b> | <b>SIGNATURE</b> | <b>DATE</b> |
| Cheryl Rollings                                     | _____            | 10/16/2004  |

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, 889 E Street N.W., Washington, D.C. 20483 Toll Free 800-424-9630, Local 202-694-1100