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2009 JAN 23 PM 2: 25

January 27, 2009

VIA UPS

Federal Election Commission
999 E. Street, N.W.
Washington, DC 20463

**Re: PLANNED PARENTHOOD ACTION FUND OF SANTA
BARBARA, VENTURA AND SAN LUIS OBISPO COUNTIES
FEC NO. C90006701**

Greetings:

Enclosed for filing is an original plus two copies of the following for the
above-referenced party:

Form: FEC Form 5
Period: 10/01/2008 - 12/31/2008

**Please endorse a copy of the report as acknowledgment of your
receipt** and return it to our office in the envelope provided.

Sincerely,

OLSON, HAGEL & FISHBURN LLP

Dawn E. Huck

DAWN E. HUCK, Paralegal

Enclosures

FEC5: 24390.01

Lance H. Olson

Bruce J. Hagel

Diane M. Fishburn

Elizabeth L. Gade

Deborah B. Caplan

N. Eugene Hill

Richard C. Miodich

Richard R. Rios

Rebecca J. Olson

William B. Tunick

FEC FORM 5

RECEIVED
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REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

PM 2:25

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

1. (a) Name of Individual, Organization or Corporation Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties		3. FEC Identification Number C 9 0 0 0 6 7 0 1
(b) Address (number and street) : check if different than previously reported 518 Garden Street		
(c) City, State and ZIP Code Santa Barbara, CA 93101		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report
- 24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

1 0 0 1 2 0 0 8
 THROUGH
 1 2 3 1 2 0 0 8

6. TOTAL CONTRIBUTIONS 0 0

7. TOTAL INDEPENDENT EXPENDITURES , 9 1 4 . 3 8

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. 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

Christine Lyon

SIGNATURE

DATE

1/21/09

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, 998 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

29039993387

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties

Full Name (Last, First, Middle Initial) of Payee San Luis Obispo New Times		Date 1 0 3 0 2 0 0 8
Mailing Address 1010 Marsh Street		Amount , 1 7 7 . 2 0
City San Luis Obispo, CA	State 93401	
Purpose of Expenditure Newspaper Ad	Category/ Type 0 0 4	Office Sought: House _____ Senate _____ <input checked="" type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 1 4 . 0 9		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Santa Maria Sun		Date 1 0 3 0 2 0 0 8
Mailing Address 3130 Skyway Drive, Suite 603		Amount , 5 9 . 7 6
City Santa Maria, CA	State 93455	
Purpose of Expenditure Newspaper Ad	Category/ Type 0 0 4	Office Sought: House _____ Senate _____ <input checked="" type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 1 4 . 0 9		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Santa Barbara Independent		Date 1 0 3 0 2 0 0 8
Mailing Address 122 W. Figueroa		Amount , 9 7 . 8 0
City Santa Barbara, CA	State 93101	
Purpose of Expenditure Newspaper Ad	Category/ Type 0 0 4	Office Sought: House _____ Senate _____ <input checked="" type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 1 4 . 0 9		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	, 3 3 4 . 7 6
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	, , . 0 0
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	, , .

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties

Full Name (Last, First, Middle Initial) of Payee Ventura County Reporter		Date 1 0 3 0 2 0 0 8
Mailing Address 50 S. De Lacey Avenue, Suite 200		Amount , 1 4 2, 5 0
City Pasadena, CA	State Zip Code 91105	
Purpose of Expenditure Newspaper Ad	Category/Type 0 0 4	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 1 4 0 9		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee San Luis Obispo New Times		Date 1 0 3 0 2 0 0 8
Mailing Address 1010 Marsh Street		Amount , 1 7 7, 2 0
City San Luis Obispo, CA	State Zip Code 93401	
Purpose of Expenditure Newspaper Ad	Category/Type 0 0 4	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>CA</u> District: <u>23</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Lois Capps		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4 0 0 2 9		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Santa Maria Sun		Date 1 0 3 0 2 0 0 8
Mailing Address 3130 Skyway Drive, Suite 603		Amount , 5 7 2, 7
City Santa Maria, CA	State Zip Code 93455	
Purpose of Expenditure Newspaper Ad	Category/Type 0 0 4	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>CA</u> District: <u>23</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Lois Capps		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4 0 0 2 9		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	3 7 6 9 7
(b) SUBTOTAL of Unitemized Independent Expenditures.....	0 0
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties

Full Name (Last, First, Middle Initial) of Payee Santa Barbara Independent		Date 1 0 3 0 2 0 0 8
Mailing Address 122 W. Figueroa		Amount 8 1 5 0
City Santa Barbara, CA	State CA	
Purpose of Expenditure Newspaper Ad	Category/ Type 0 0 4	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23
Name of Federal Candidate Supported or Opposed by Expenditure: Lois Capps		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4 0 0 2 9		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Ventura County Reporter		Date 1 0 3 0 2 0 0 8
Mailing Address 50 S. De Lacey Avenue, Suite 200		Amount 4 7 5 0
City Pasadena, CA	State CA	
Purpose of Expenditure Newspaper Ad	Category/ Type 0 0 4	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23
Name of Federal Candidate Supported or Opposed by Expenditure: Lois Capps		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4 0 0 2 9		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties		Date 1 0 0 1 2 0 0 8
Mailing Address 518 Garden Street		Amount 4 7 5 0
City Santa Barbara, CA	State CA	
Purpose of Expenditure Printing & Postage	Category/ Type 0 0 4	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 1 4 0 9		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	, 1 6 4 2 7
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	, 0 0
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	, ,

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties		Date 1 0 0 1 2 0 0 8
Mailing Address 518 Garden Street		Amount 3 5 2 6
City Santa Barbara, CA	State CA	
Purpose of Expenditure Printing & Postage	Category/Type 0 0 4	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23
Name of Federal Candidate Supported or Opposed by Expenditure: Lois Capps		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4 0 0 2 9		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties		Date 1 0 1 3 2 0 0 8
Mailing Address 518 Garden Street		Amount 1 5 6
City Santa Barbara, CA	State CA	
Purpose of Expenditure E-Mail Messages	Category/Type 0 0 6	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 1 4 0 9		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties		Date 1 0 1 3 2 0 0 8
Mailing Address 518 Garden Street		Amount 1 5 6
City Santa Barbara, CA	State CA	
Purpose of Expenditure E-Mail Messages	Category/Type 0 0 6	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23
Name of Federal Candidate Supported or Opposed by Expenditure: Lois Capps		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4 0 0 2 9		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	3 8 3 8
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	0 0
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	9 1 4 3 8

29039993391

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

29039993392

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Delivery Confirmation™ or Signature Confirmation™ Label	<input type="checkbox"/>

<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>1/27/09</i>
	Next Business Day Delivery <input type="checkbox"/>

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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<i>Jms</i> PREPARER	<i>1/28/09</i> DATE PREPARED
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