

RECEIVED
FED MAIL
OPERATIONS CENTER

2003 FEB 11 P 3 19

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 states does not require the Notary to fill in the data below, doing so may prove invaluable 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)

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

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

OPTIONAL SECTION
TITLE OR TYPE OF DOCUMENT _____
NUMBER OF PAGES _____ DATE OF DOCUMENT _____
SIGNER(S) OTHER THAN NAMED ABOVE _____

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED
FEC MAIL
OPERATIONS CENTER
Ventura & San Luis Obispo
Counties, CA
2003 FEB 11 P 3:09

1. Name of individual, organization or corporation
Planned Parenthood Action FUND of Santa Barbara
Address (number and street) check if different than previously reported
119 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
952029

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 State: CA

5. COVERING PERIOD: FROM 0/17/02 THROUGH 11/05/02 PAGE 1 OF 2

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

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 (County, State) of Federal Candidate
				Support	Oppose	
See Attached						

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ 371.66

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ 371.66

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 Schmidschen
SIGNATURE (multi-page filers: sign page 1 only): [Signature]
DATE: 12-9-02

NOTE: Submission of false, erroneous or incomplete information may subject the person filing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:
Federal Election Commission
550 E Street, N.W.
Washington, D.C. 20463
Tel: Free 800-426-6830 Local 202-694-1100

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

SUSAN D. ALVARADO
Commission # 1242271
Notary Public - California
Santa Barbara County
My Comm. Expires Dec 16, 2003

FEC FORM 5

5/002

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	\$357.43	X		CD 23
Printing Impressions 526 Laguna Street Santa Barbara, CA 93101	Newsletter insert (portion)	\$ 7.91	X		CD 23
SB Mailworks 400 Casa Place Goleta, CA 93117	Newsletter mailing cost (portion)	\$ 6.12	X		CD 23

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) 12/10/02
<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 type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>ja</i> PREPARED	2/12/03 DATE PREPARED