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FEC FORM 5

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 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) <input type="checkbox"/> 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

04 / **01** / **2008**
 THROUGH
06 / **30** / **2008**

6. TOTAL CONTRIBUTIONS

0

7. TOTAL INDEPENDENT EXPENDITURES

5 5 5 0 6

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

SIGNATURE

DATE

Christine Lyon

7/21/08

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

28039800495

**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 Maria Sun | | Date 05 / 29 / 2008 |
| Mailing Address 3130 Skyway Drive, Suite 603 | | Amount 9960 |
| City Santa Maria | State CA | Zip Code 93455 |
| Purpose of Expenditure Newspaper Ad | Category/Type | Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> President |
| 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 50920 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |

| | | |
|--|--------------------|--|
| Full Name (Last, First, Middle Initial) of Payee San Luis Obispo New Times | | Date 05 / 29 / 2008 |
| Mailing Address 1010 Marsh Street | | Amount 17720 |
| City San Luis Obispo | State CA | Zip Code 93401 |
| Purpose of Expenditure Newspaper Ad | Category/Type | Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> President |
| 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 50920 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |

| | | |
|--|--------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Santa Barbara Independent | | Date 05 / 29 / 2008 |
| Mailing Address 122 West Figueroa | | Amount 14800 |
| City Santa Barbara | State CA | Zip Code 93101 |
| Purpose of Expenditure Newspaper Ad | Category/Type | Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> President |
| 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 50920 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 42480 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | |

28039800496

**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 05 / 29 / 2008 |
| Mailing Address 50 S. De Lacey Avenue, Suite 200 | | Amount 8440 |
| City Pasadena | State CA | Zip Code 91105 |
| Purpose of Expenditure Newspaper Ad | Category/Type | 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 50920 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |

| | | |
|--|---------------|---|
| Full Name (Last, First, Middle Initial) of Payee | | Date |
| Mailing Address | | Amount |
| City | State | Zip Code |
| Purpose of Expenditure | Category/Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |

| | | |
|--|---------------|---|
| Full Name (Last, First, Middle Initial) of Payee | | Date |
| Mailing Address | | Amount |
| City | State | Zip Code |
| Purpose of Expenditure | Category/Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |

| | |
|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 50920 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | 4586 |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | 55506 |

28039800497

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark


Overnight Delivery Service (Specify): *UPS* Shipping Date
7/22/08
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


 PREPARER
 (3/2005)

7/23/08
 DATE PREPARED

28039800498