

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 Obispo

2002 OCT 29 4:42 PM Inc

1. Name of individual, organization or corporation
Planned Parenthood Action FUND of Santa Barbara, Inc.
 Address (number and street) check if different than previously reported
518 Garden Street, Santa Barbara, CA 93101
 City, State and ZIP Code

2. Corporate filers only: Is this filer a qualified nonprofit corporation? Yes No
 Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number

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	Date of Election	State
General	11/5/02	CA
	Date of Election	State

5. COVERING PERIOD: FROM 10/1/02 THROUGH 10/16/02 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	Person or Entity 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) \$ 1,965.58

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ 1,965.58

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 Schmidtchen

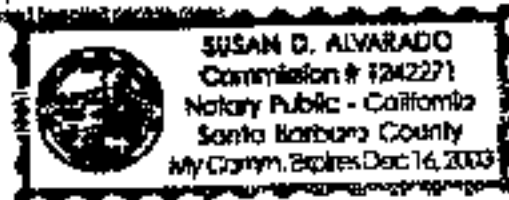
SIGNATURE (multi-page filers: sign page 1 only): [Signature] DATE: 10-15-02

NOTE: Substitution of filer, sponsor or independent expenditure only subject to the person signing this report for purposes of 2 U.S.C. 437g.

For further information, contact:
 Federal Election Commission
 200 E Street, N.W.
 Washington, D.C. 20400
 Toll-Free 888-464-6530 FAX 202-694-7100

Any information reported herein may not be copied for sale or use by any person for the purpose of advising 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.

FEC FORM 5



**FEC FORM 5
REPORT OF INDEPENDENT EXPENDITURES MADE & CONTRIBUTIONS RECEIVED**

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

Period Covered: October 1, 2002 - October 15, 2003

7. INDEPENDENT EXPENDITURES MADE

FULL NAME & ADDRESS & ZIP CODE OF PAYEE	PURPOSE OF EXPENDITURE	AMOUNT	SUPPORT	OPPOSE	NAME & OFFICE SOUGHT
VENTURA COUNTY STAR 5250 BALSTON VENTURA, CA 93003	NEWSPAPER ADVERTISEMENT	\$180.52	X		LOIS CAPPS CD 23
SANTABARBARA NEWSPRESS PO BOX 1359 SANTA BARBARA, CA 93101	NEWSPAPER ADVERTISEMENT	\$66.64	X		LOIS CAPPS CD 23
SANTA BARBARA INDEPENDENT 1221 STATE STREET SANTA BARBARA, CA 93101	NEWSPAPER ADVERTISEMENT	\$86.32	X		LOIS CAPPS CD 23
NEW TIMES 305 FIGUERA STREET SAN LUIS OBISPO, CA 935401	NEWSPAPER ADVERTISEMENT	\$215.82		X	LOIS CAPPS CD 23
DAILY NEXUS PO BOX 13402 UCCN SANTA BARBARA, CA 93107	NEWSPAPER ADVERTISEMENT	\$36.80		X	LOIS CAPPS CD 23
GOLETA VALLEY VOICE 5786 HOLLISTER AVE GOLETA, CA 93117	NEWSPAPER ADVERTISEMENT	\$71.68		X	LOIS CAPPS CD 23
PRECISION COMMUNICATIONS, INC 8601 GEORGIA AVENUE SUITE 806 SILVER SPRING, MD 20910	VOTER ID	\$1337.80	X		LOIS CAPPS CD 23

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

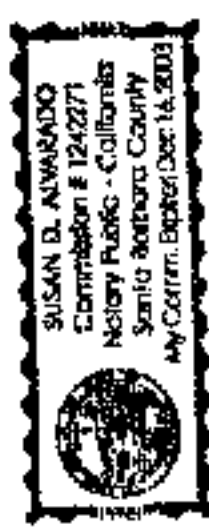
No. 5180

State of California
County of Santa Barbara

On 10-15-03 before me, Susan Alvarado - Notary Public
DATE NAME, TITLE OF OFFICER - E.G., JANE DOE, NOTARY PUBLIC

personally appeared Michael Schmittleh
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 these boxes are not required by law, they may be used to provide additional information to persons relying on the document.

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

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

OPTIONAL SECTION

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 instrument.

TITLE OR TYPE OF DOCUMENT _____ DATE OF DOCUMENT _____


NUMBER OF PAGES _____

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) 10/15/02
<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	
 PREPARER	10/21/02 DATE PREPARED

2002-10-21 11:23 AM