

SECRET
 FEDERAL ELECTION COMMISSION
 OFFICE OF THE CLERK
 11/13/04

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 <i>Focus on the Family Action</i>		3. FEC Identification Number <i>C90008186</i>
(b) Address (number and street) <input type="checkbox"/> Check if different than previously reported <i>6555 Explorer Drive</i>		
(c) City, State and ZIP Code <i>Colorado Springs, CO 80920</i>		
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) <input type="checkbox"/> April 15 Quarterly Report <input type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> October 15 Quarterly Report <input type="checkbox"/> January 31 Year-End Report	<input type="checkbox"/> 24-Hour Notice <input type="checkbox"/> 48-Hour Notice <input type="checkbox"/> 12-Day Report preceding the election Type of Election _____ Date of Election _____ State _____ <input checked="" type="checkbox"/> 30-Day Report following the General Election Date of Election <i>11/02/04</i> State <i>FL</i>
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b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM *10 18 2004*
 THROUGH *11 22 2004*

6. TOTAL CONTRIBUTIONS *0.00*

7. TOTAL INDEPENDENT EXPENDITURES *14,747.60*

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 <i>Mark Buzetta</i>	SIGNATURE <i>Mark Buzetta</i>	DATE <i>1/28/05</i>
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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, 999 E Street, N.W., Washington, D.C. 20463 Toll Free (800-424-9630), Local 522-624-1100

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

PAGE **2** OF **4**

Any information supplied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF PAYER (in Full)
Focus on the Family Action

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: **C**

Name of Employer Occupation

Date of Receipt

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: **C**

Name of Employer Occupation

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: **C**

Name of Employer Occupation

Date of Receipt

Amount of Each Receipt this Period

D. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: **C**

Name of Employer Occupation

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶ **0.00**

TOTAL This Period (next page carry total to Line 5) ▶ **0.00**

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3 OF 4
FOR LINE 7 OF FORM 5

NAME OF FILER (in Full)
Focus on the Family Action

Full Name (Last, First, Middle Initial) of Payee <i>Focus on the Family Action staff expenses</i>		Date <i>10 18 2004</i>
Mailing Address <i>6855 Explorer Drive</i>		Amount <i>1,186.53</i>
City <i>Colorado Springs</i>	State <i>CO</i>	Zip Code <i>80920</i>
Purpose of Expenditure <i>Salary</i>	Category/Type <i>001</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <i>MEL MARTINEZ</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>1,141,747.61</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <i>Focus on the Family</i>		Date <i>10 18 2004</i>
Mailing Address <i>6855 Explorer Drive</i>		Amount <i>2,251,754</i>
City <i>Colorado Springs</i>	State <i>CO</i>	Zip Code <i>80920</i>
Purpose of Expenditure <i>rental of mailing list</i>	Category/Type <i>004</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <i>MEL MARTINEZ</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>1,141,747.61</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <i>CEIVED</i>		Date <i>10 18 2004</i>
Mailing Address <i>3500 Rockmont Drive</i>		Amount <i>25,163.60</i>
City <i>Denver</i>	State <i>CO</i>	Zip Code <i>80202-1040</i>
Purpose of Expenditure <i>printing</i>	Category/Type <i>004</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <i>MEL MARTINEZ</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>1,141,747.61</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of itemized independent expenditures	<i>49,067.67</i>
(b) SUBTOTAL of Unitemized Independent Expenditures	<i>0.00</i>
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 4 OF 4
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)
FOLLOWS ON THE FAMILY ACTION

Full Name (Last, First, Middle Initial) of Payee <i>U.S. Post Office</i>		Date <i>10 18 2004</i>
Mailing Address <i>8585 Criterion Drive</i>		Amount <i>65,307.09</i>
City <i>Colorado Springs,</i>	State <i>CO</i>	Zip Code <i>80920</i>
Purpose of Expenditure <i>POSTAGE</i>	Category/Type <i>004</i>	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>FL</i> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <i>PAUL MARTINEZ</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>14,747.61</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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	<i>65,307.09</i>
(b) SUBTOTAL of Unitemized Independent Expenditures	<i>0.00</i>
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	<i>65,307.09</i>

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>1-28-05</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input checked="" type="checkbox"/> Received from Senate Public Records Office	Date of Receipt <i>2-7-05</i>
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>[Signature]</i> PREPARER	<i>2-7-05</i> DATE PREPARED