

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>		7. FEC Identification Number <i>090008186</i>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>8155 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) April 15 Quarterly Report 24-Hour Notice 48-Hour Notice

July 15 Quarterly Report 12-Day Report preceding the election 30-Day Report following the General Election

October 15 Quarterly Report

January 31 Year-End Report

(b) Is this Report an amendment? Yes No

Type of Election: _____ Date of Election: _____ State: _____

Date of Election: *11/02/04* State: *SC*

5. COVERING PERIOD: FROM *7/6/04* TO *11/22/04*

THROUGH *11/22/04*

6. TOTAL CONTRIBUTIONS *0.00*

7. TOTAL INDEPENDENT EXPENDITURES *59,045.03*

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: *Mark Buzzetta* SIGNATURE: *[Signature]* DATE: *1/28/05*

NOTE: Submission of false, erroneous or incomplete information may subject the person signing the report to the penalties of 2 U.S.C. 8437r.

For further information, contact:
Federal Election Commission, 469 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-7100

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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

Any information copied 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 FILER (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 (last page carry total to Line 5) 0.00

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

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>8655 Explorer Drive</i>		Amount <i>1,000.50</i>
City <i>Colorado Springs</i>	State <i>CO</i>	
Purpose of Expenditure <i>SALARY</i>	Category/Type <i>1001</i>	Office Sought: <input type="checkbox"/> House State: <i>SC</i> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure <i>Jim DeMint</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>59,045.03</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>8605 Explorer Drive</i>		Amount <i>9,738.40</i>
City <i>Colorado Springs</i>	State <i>CO</i>	
Purpose of Expenditure <i>rental of mailing list</i>	Category/Type <i>004</i>	Office Sought: <input type="checkbox"/> House State: <i>SC</i> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure <i>Jim DeMint</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>59,045.03</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>13,555.30</i>
City <i>Denver</i>	State <i>CO</i>	
Purpose of Expenditure <i>printing</i>	Category/Type <i>004</i>	Office Sought: <input type="checkbox"/> House State: <i>SC</i> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure <i>Jim DeMint</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>59,045.03</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	<i>24,294.20</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**

NAME OF FILER (or Filer)
Focus on the Family Action

Full Name (Last, First, Middle Initial) of Payee
U.S. Post Office Date *10 18 2004*

Mailing Address
8585 Criterion Drive Amount *34,750.83*

City State Zip Code
Colorado Springs CO 80920

Purpose of Expenditure
postage Category Type *004* Office Sought: House State: *SC*
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure
Jim DeMint Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought *59,045.03* Disbursement For: Primary General
 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: House State: _____
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure
Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General
 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: House State: _____
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure
Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General
 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: House State: _____
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure
Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	<i>34,750.83</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>34,750.83</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>VPS</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>AT</i> PREPARER	<i>2-7-05</i> DATE PREPARED