

SECRETARY OF THE SENATE  
04 DEC -8 AM 9:45

# FEC FORM 5

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

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
PUBLIC DISCLOSURE  
DIVISION  
2008 DEC -8 P 2:25

1. (a) Name of Individual, Organization or Corporation <b>Focus on the Family Action</b>		3. FEC Identification Number <b>C 90008186</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>8655 Explorer Drive</b>		
(c) City, State and ZIP Code <b>Colorado Springs, CO 80920</b>		
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. ▼  
 October 15 Quarterly Report  30-Day Report following the General Election. ▼  
 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: **FL**

5. COVERING PERIOD: FROM **10/1/04** THROUGH **11/22/04**

6. TOTAL CONTRIBUTIONS..... **0.00**

7. TOTAL INDEPENDENT EXPENDITURES..... **117,460.36**

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: **12/02/04**

(NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 5437g.)

For further information, contact:  
 Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-426-9530, Local 202-694-1100

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

PAGE OF  
2 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

Month Day Year

Amount of Each Receipt This Period

Amount

**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

Month Day Year

Amount of Each Receipt This Period

Amount

**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

Month Day Year

Amount of Each Receipt This Period

Amount

**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

Month Day Year

Amount of Each Receipt This Period

Amount

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page carry total to Line 6) .....

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 10 18 2004
Mailing Address <i>8655 Explorer Drive</i>		Amount 1,186.53
City <i>Colorado Springs,</i>	State <i>CO</i>	Zip Code <i>80920</i>
Purpose of Expenditure <i>salary</i>	Category/Type <i>0.01</i>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <i>FL</i> District: _____
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>1,174,603.6</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 10 18 2004
Mailing Address <i>8605 Explorer Drive</i>		Amount 2,580.314
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>0.04</i>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <i>FL</i> District: _____
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>1,174,603.6</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>CERVED</i>		Date 10 18 2004
Mailing Address <i>3500 Rockmont Drive</i>		Amount 2,516.360
City <i>Denver,</i>	State <i>CO</i>	Zip Code <i>80202-1040</i>
Purpose of Expenditure <i>printing</i>	Category/Type <i>0.04</i>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <i>FL</i> District: _____
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>1,174,603.6</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<i>52,153.27</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)  
*Focus 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>5585 Criterion Drive</i>		Amount <i>65307.09</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 type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <i>FL</i> District: _____
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>117460.36</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>65307.09</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>117460.36</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 checked="" type="checkbox"/> USPS Priority Mail	Postmarked 12/2/04
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JAL</i> PREPARER	12/8/04 DATE PREPARED

SECRETARY OF THE SENATE

04 DEC -8 AM 9:45

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
PUBLIC DISCLOSURE  
DIVISION  
2004 DEC 8  
25

1. (a) Name of Individual, Organization or Corporation  
**Focus on the Family Action**

(b) Address (number and street)  check if different than previously reported  
**6655 Explorer Drive**

(c) City, State and ZIP Code  
**Colorado Springs, CO 80920**

2. Corporate filers only  
Is the filer a qualified nonprofit corporation?  Yes  No

Individual filers only  
Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

3. FEC Identification Number  
**C90008P06**

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  
 October 15 Quarterly Report  30-Day Report following the General Election  
 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 **OK**

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

6. TOTAL CONTRIBUTIONS..... **0.00**

7. TOTAL INDEPENDENT EXPENDITURES..... **32,863.62**

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: **12/02/04**

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 800-424-8830. Local 202-694-1100

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

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.  \_\_\_\_\_

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.  \_\_\_\_\_

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.  \_\_\_\_\_

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.  \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Date of Receipt  /  /

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page carry total to Line B) .....

**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 10 / 18 / 2004
Mailing Address <i>8655 Explorer Drive</i>		Amount <i>855.26</i>
City <i>Colorado Springs,</i>	State <i>CO</i>	
Purpose of Expenditure <i>salary</i>	Category/Type <i>001</i>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <i>OK</i> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Tom Coburn</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>3,286,362</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 10 / 18 / 2004
Mailing Address <i>8605 Explorer Drive</i>		Amount <i>6,451.04</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 <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <i>OK</i> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Tom Coburn</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>3,286,362</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>Cervco</i>		Date 10 / 18 / 2004
Mailing Address <i>3500 Rockmont Drive</i>		Amount <i>7,151.98</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 <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <i>OK</i> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Tom Coburn</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>3,286,362</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<i>14,458.28</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)  
*Focus 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>18,405.34</i>
City <i>Colorado Springs,</i>	State <i>CO</i>	Zip Code <i>80920</i>
Purpose of Expenditure <i>postage</i>	Category/Type <i>0.04</i>	Office Sought: <input type="checkbox"/> House State: <i>OK</i> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Tam Coburn</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>32,863.62</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 State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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>18,405.34</i>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<i>0.00</i>
(c) TOTAL Independent Expenditures .....	<i>32,863.62</i>

(carry total from last page forward to Line 7)

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 checked="" type="checkbox"/> USPS Priority Mail	Postmarked 12/2/04
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JAL</i> PREPARER	12/8/04 DATE PREPARED

SECRETARY OF THE SENATE  
04 DEC -8 AM 9:45

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
PUBLIC DISCLOSURE  
DIVISION  
2008 DEC -8

1. (a) Name of Individual, Organization or Corporation <i>Focus on the Family Action</i>		3. FEC Identification Number <b>C90008186</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>6655 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		S
Individual filers only Name of Employer _____ Occupation _____		

4. TYPE OF REPORT (check appropriate boxes):

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 24-Hour Notice	<input type="checkbox"/> 48-Hour Notice	
<input type="checkbox"/> July 15 Quarterly Report	<input type="checkbox"/> 12-Day Report preceding the election. ▼		Type of Election _____ Date of Election _____ State _____
<input type="checkbox"/> October 15 Quarterly Report	<input checked="" type="checkbox"/> 30-Day Report following the General Election. ▼		Date of Election <u>11/02/04</u> State <u>SD</u>
<input type="checkbox"/> January 31 Year-End Report			

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 ..... 4,724.97

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 Buzzetta</i>	SIGNATURE <i>[Signature]</i>	DATE <i>12/2/04</i>
--	---------------------------------	------------------------

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, 989 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9630, Local 202-694-1100

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

PAGE OF  
2 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 6) .....

[ ] 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 10 / 18 / 2004
Mailing Address <i>8655 Explorer Drive</i>		Amount 900.48
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 checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <i>SD</i> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <i>John Thune</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>47,249.7</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 10 / 18 / 2004
Mailing Address <i>8605 Explorer Drive</i>		Amount 820.71
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 checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <i>SD</i> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <i>John Thune</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>47,249.7</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>Cerved</i>		Date 10 / 18 / 2004
Mailing Address <i>3500 Rockmont Drive</i>		Amount 820.71
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 checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>SD</i> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <i>John Thune</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>47,249.7</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<i>2541.90</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 3

NAME OF FILER (in Full)  
*Focus 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>2,183.07</i>
City <i>Colorado Springs,</i>	State <i>CO</i>	Zip Code <i>80920</i>
Purpose of Expenditure <i>postage</i>	Category/Type <i>0.0.4</i>	Office Sought: <input type="checkbox"/> House State: <i>SD</i> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>John Thune</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>4,724.97</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 State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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>2,183.07</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>4,724.97</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 checked="" type="checkbox"/> USPS Priority Mail	Postmarked 12/2/04
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*QAD*  
 PREPARER

12/8/04  
 DATE PREPARED

SECRETARY OF THE SENATE

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

DEC 9 9:45

2008 DEC -8 P

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
PUBLIC DISCLOSURE  
DIVISION

1. (a) Name of Individual, Organization or Corporation  
**Focus on the Family Action**

(b) Address (number and street)  check if different than previously reported  
**Bless Explorer Drive**

(c) City, State and ZIP Code  
**Colorado Springs, CO 80920**

2. Corporate filers only  
Is the filer a qualified nonprofit corporation?  Yes  No

Individual filers only  
Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

3. FEC Identification Number  
**C90008786**

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. ▼

October 15 Quarterly Report  30-Day Report following the General Election. ▼

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 **10** **18** **2004** THROUGH **11** **22** **2004**

6. TOTAL CONTRIBUTIONS ..... **0.00**

7. TOTAL INDEPENDENT EXPENDITURES ..... **6,204.16**

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: **12/2/04**

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 5437g.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-6600, Local 202-694-1100



**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

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:  \_\_\_\_\_

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:  \_\_\_\_\_

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:  \_\_\_\_\_

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:  \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Date of Receipt:  /  /

Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (next page carry total to Line 5) .....

**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>8655 Explorer Drive</i>		Amount <i>1,000.50</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 checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <i>SC</i> District: _____
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>6,200,141.6</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>8655 Explorer Drive</i>		Amount <i>12,707.53</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 checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <i>SC</i> District: _____
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>6,200,141.6</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>Cerved</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>	
Zip Code <i>80202</i>		
Purpose of Expenditure <i>printing</i>	Category/Type <i>004</i>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <i>SC</i> District: _____
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>6,200,141.6</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	<i>27,263.33</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)  
*Focus 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>34,750.83</i>
City <i>Colorado Springs, CO</i>	State <i>CO</i>	Zip Code <i>80920</i>
Purpose of Expenditure <i>postage</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>62,014.16</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 State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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>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>62,014.16</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 checked="" type="checkbox"/> USPS Priority Mail	Postmarked 12/2/04
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*PAU*  
 PREPARER

(5/2004)

12/8/04  
 DATE PREPARED