

# 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 San Diego / Riverside**

(b) Address (number and street)  checked if different than previously reported  
**1075 Camino del Rio S.**

(c) City, State and ZIP Code  
**San Diego, CA 92108**

3. FEC Identification Number  
**C**

2. Corporate filers only: Is this filer a qualified nonprofit corporation?  Yes  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. \*  
Type of Election \_\_\_\_\_ Date of Election \_\_\_\_\_ State \_\_\_\_\_

October 15 Quarterly Report  30-Day Report following the General Election. \*  
Date of Election \_\_\_\_\_ State \_\_\_\_\_

January 31 Year-End Report

(b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM **10/28/2003** THROUGH **10/28/2004**

6. TOTAL CONTRIBUTIONS **0**

7. TOTAL INDEPENDENT EXPENDITURES **6,656.20**

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 Corporation's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM: **Amy Dehart**

SIGNATURE: *Amy Dehart* DATE: **10/28/04**

NOTE: Submission of false, incomplete or incomplete information may subject the person signing this report to the penalties of 18 U.S.C. §1373.

For further information, contact:  
Federal Election Commission, 599 D Street, N.W., Washington, D.C. 20043 T-8 Free 1-800-424-9540, Local 202-464-1100

FE326743 FPF

FEC Form 545e 2/2003

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 2 OF 3  
FORM LINE 7 OF FORM 5

NAME OF FILER (in Full)  
**Planned Parenthood Action Fund of San Diego & Riverside**

Full Name (Last, First, Middle Initial) of Payee <b>Terris Barnes Walters</b>		Date <b>10/28/2004</b>
Mailing Address <b>Montgomery</b>		Amount <b>1,005.90</b>
City <b>San Francisco</b>	State Zip Code <b>CA</b>	
Purpose of Expenditure <b>voter guide</b>	Category Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure <b>John Kerry</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-to-Date Per Election for Office Sought <b>1,750.08</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Terris Barnes Walters</b>		Date <b>10/28/2004</b>
Mailing Address <b>Montgomery</b>		Amount <b>1,005.90</b>
City <b>San Francisco</b>	State Zip Code <b>CA</b>	
Purpose of Expenditure <b>voter guide</b>	Category Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure <b>Barbara Boxer</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-to-Date Per Election for Office Sought <b>1,750.09</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Terris Barnes Walters</b>		Date <b>10/28/2004</b>
Mailing Address <b>Montgomery</b>		Amount <b>1,005.90</b>
City <b>San Francisco</b>	State Zip Code <b>CA</b>	
Purpose of Expenditure <b>voter guide</b>	Category Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure <b>Louis Vanderberg</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-to-Date Per Election for Office Sought <b>1,337.24</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	<b>3,017.70</b>
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>994.02</b>
(c) TOTAL Independent Expenditures (carry total from last page forward to line 7)	<b>4,011.72</b>

SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 3  
FOR LINE 7 OF FORM 5

NAME OF FEER (in full)  
Planned Parenthood Action Fund of San Diego + Riverside

Full Name (Last, First, Middle Initial) of Payor Terris Barnes Walters		Date 10/28/2004
Mailing Address Montgomery		Amount 1,005.90
City San Francisco, CA	State CA	Zip Code 94114
Purpose of Expenditure voter guide	Category Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure Kevin Akin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1,337.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payor Terris Barnes Walters		Date 10/28/2004
Mailing Address Montgomery		Amount 1,005.90
City San Francisco, CA	State CA	Zip Code 94114
Purpose of Expenditure voter guide	Category Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure Mike Byron		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1,337.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payor		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
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	2,011.80
(b) SUBTOTAL of Unitemized Independent Expenditures	662.68
(c) TOTAL Independent Expenditures (Carry total from last page forward to Line 7)	2,674.48

FEIN001202

FEC Schedule 5-E (Rev. 02/07)

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 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 checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A  
 PREPARER  
 (5/2004)

N/A  
 DATE PREPARED