

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 FOCUS ON THE FAMILY ACTION		3. FEC Identification Number C C90008186
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 8655 Explorer Drive		
(c) City, State and ZIP Code Colorado Springs CO 80920		
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

October Quarterly Report

January 31 Year-End Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

M	M
1	0

 /

D	D
2	8

 /

Y	Y	Y	Y
2	0	0	8

THROUGH

M	M
1	0

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	0	8

6. TOTAL CONTRIBUTIONS	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">24000.00</td></tr></table>	24000.00
24000.00		
7. TOTAL INDEPENDENT EXPENDITURES.....	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">62846.80</td></tr></table>	62846.80
62846.80		

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a 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	SIGNATURE	DATE
Mrs. Sonja Kristine Swiatkiewicz	_____	10/30/2008

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 800-424-9530, 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)

unitemized contributions

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Mailing Address
8655 Explorer Drive

Transaction ID: F56.000001

City State Zip Code
Colorado Springs CO 80920

Amount of Each Receipt this Period

24000.00

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

SUBTOTAL of Receipts This Page (optional)

24000.00

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

24000.00

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

FOCUS ON THE FAMILY ACTION

Full Name (Last, First, Middle Initial) of Payee
Focus on the Family

Date

/ /

Mailing Address
8605 Explorer Drive

Amount

40356.00

City State Zip Code
Colorado Springs CO 80920

Purpose of Expenditure
Radio Broadcast - 2008 Issues Update

Category/
Type

Office Sought: House State: _____
 Senate
 Presidential District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
John Sidney McCain

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
Focus on the Family

Date

/ /

Mailing Address
8605 Explorer Drive

Amount

22490.80

City State Zip Code
Colorado Springs CO 80920

Purpose of Expenditure
Radio Broadcast - October Issues Update

Category/
Type

Office Sought: House State: _____
 Senate
 Presidential District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Barack Hussein Obama

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

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)