

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**OPTIONAL SECTION**

**CAPACITY CLAIMED BY SIGNER**

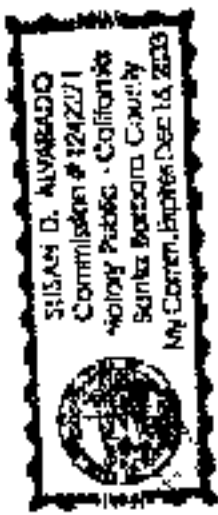
Though estates cases not require the notary to fill in the data below, doing so may prove invaluable to persons relying on the document.

- INDIVIDUAL
- CORPORATE OFFICER(S)
- PARTNER(S)  LIMITED  GENERAL
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER: \_\_\_\_\_

**SIGNER IS REPRESENTING:**  
NAME OF PERSON(S) OR ENTITY(ES)

State of California  
 County of Santa Barbara  
01/21/12 before me, Susan Alvarado Notary Public  
DATE NAME, TITLE OF OFFICER - E.G., JANE DOE, NOTARY PUBLIC  
 personally appeared Michael Schmidtschen  
NAME(S) OF SIGNER(S)

personally known to me - OR -  proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

*[Signature]*  
 SIGNATURE OF NOTARY

**OPTIONAL SECTION**

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT.

TITLE OR TYPE OF DOCUMENT \_\_\_\_\_  
 NUMBER OF PAGES \_\_\_\_\_ DATE OF DOCUMENT \_\_\_\_\_  
 SIGNER(S) OTHER THAN NAMED ABOVE \_\_\_\_\_

Though this date requested need is not required by law, it could prevent litigation with respect to the term.

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

RECEIVED  
FEDERAL  
OPERATIONS CENTER  
Ventura & San Luis Obispo  
Counties, In  
NOV DEC 17 A 10:01

1. Name of individual, organization or corporation  
Planned Parenthood Action FUND of Santa Barbara  
 Address (number and street)  check if different than previously reported  
518 Garden Street, Santa Barbara, CA 93101  
 City, State and ZIP Code

2. Corporate filers only: Is the filer a qualified nonprofit corporation?  Yes  No  
 Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number  
952029

4. TYPE OF REPORT (check appropriate boxes):  
 April 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  26-Day Report following the General Election.  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report  
 (b) Is this report an amendment? Yes  No

Type of Election	Date of Election	State
General	11/05/02	CA
	Date of Election	State

5. COVERING PERIOD: FROM 11/17/02 THROUGH 11/05/02 PAGE 1 OF 1

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payer	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (Name, State) of Political Candidate
				Support	Oppose	
See Attached						

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... 0 371.46

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... 0 371.46

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the authorization of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures described 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: Michael Schmittchen SIGNATURE (multi-page filers: sign page 1 only): [Signature] DATE: 12-9-02

NOTE: Submission of this form, in whole or in part, constitutes authorization of the person signing this report to the provisions of 2 U.S.C. 437g.

For further information, contact:  
 Federal Election Commission  
 999 E Street, N.W.  
 Washington, D.C. 20543  
 Toll Free 800-424-9623 (Toll 202-694-1100)

Any information reported herein may not be used for sale or use by any person for the purpose of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used for the purpose of soliciting contributions from that committee.

FEC FORM 3

SUSAN D. ALVARADO  
 Commission # 1242271  
 Notary Public - California  
 Santa Barbara County  
 My Comm. Expires Dec 16, 2003

## FEC Form 5

## Report of Independent Expenditures Made &amp; Contributions Received

Filer: Planned Parenthood Action FUND of Santa Barbara, Ventura, & San Luis  
Obispo Counties, Inc

## 7. Independent Expenditures Made:

Full name & address & ZIP code of payee	Purpose of expenditure	Amount	Support	Oppose	Name & Office Sought
Terris & Barnes 400 Montgomery St San Francisco, CA 91104	State Mailer	\$357.43	X		CD 23
Printing Impressions 526 Laguna Street Santa Barbara, CA 93101	Newsletter insert (portion)	\$ 7.91	X		CD 23
SB Mailworks 400 Casa Place Goleta, CA 93117	Newsletter mailing cost (portion)	\$ 6.12	X		CD 23

2025 RELEASE UNDER E.O. 14176

Federal Election Commission

### ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has 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"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 12-10-02
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JS</i> PREPARER	12-17-02 DATE PREPARED

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