

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
Counties, Inc
2002 OCT 28 P 12:44

1. Name of individual, organization or corporation
Planned Parenthood Action FUND of Santa Barbara, Ventura & San Diego Counties, Inc
 Address (number and street) Check if different than previously reported
518 Garden Street, Santa Barbara, CA 93104
 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

4. TYPE OF REPORT (check appropriate boxes):
 (a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report 30-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	11/5/02	CA

5. COVERING PERIOD: FROM 10/1/02 THROUGH 10/16/02 PAGE 1 OF 2

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 Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (State) of Political Candidate
				Support	Oppose	
See attached						

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$1,965.58

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$1,965.58

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior contract 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 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: Michael Schmüdtchen

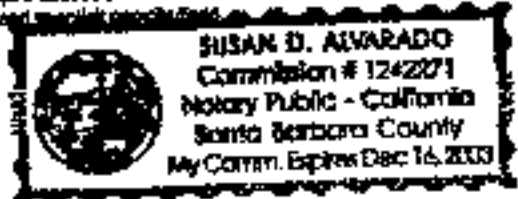
SIGNATURE (multi-page filers: sign page 1 only): [Signature] DATE: 10-15-02

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
 660 E. Street, N.W.
 Washington, D.C. 20543
 Toll Free 800-424-9530 Local 202-696-1100

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

FEC FORM 5

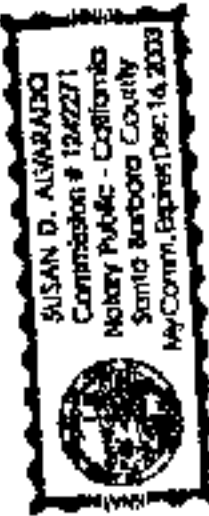


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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California
 County of Santa Barbara
 On 10-15-08 before me, Susan Alvarado - Notary Public
DATE NAME, TITLE OF OFFICER - E.G., CLERK OF SUPERIOR COURT
 personally appeared Michael Schmidtheken
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.

[Handwritten Signature]
SIGNATURE OF NOTARY

OPTIONAL SECTION

CAPACITY CLAIMED BY SIGNER

Though estate laws 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): _____

OPTIONAL SECTION

TITLE OR TYPE OF DOCUMENT _____

NUMBER OF PAGES _____ DATE OF DOCUMENT _____

SIGNER(S) OTHER THAN NAMED ABOVE _____

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

Though the data requested here is not required by law, it could prevent fraudulent reattachment of this form.

FEC FORM 5
REPORT OF INDEPENDENT EXPENDITURES MADE & CONTRIBUTIONS RECEIVED

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

Period Covered: October 1, 2002 - October 16, 2003

7. INDEPENDENT EXPENDITURES MADE

FULL NAME & ADDRESS & ZIP CODE OF PAYEE	PURPOSE OF EXPENDITURE	AMOUNT	SUPPORT	OPPOSE	NAME & OFFICE SIGHT
VENTURA COUNTY STAR 5250 RALSTON VENTURA, CA 93003	NEWSPAPER ADVERTISEMENT	\$180.52	X		LOIS CAPPS CD 23
SANTABARBARA NEWSPRESS PO BOX 1359 SANTA BARBARA, CA 93101	NEWSPAPER ADVERTISEMENT	\$66.64	X		LOIS CAPPS CD 23
SANTA BARBARA INDEPENDENT 1221 STATE STREET SANTA BARBARA, CA 93101	NEWSPAPER ADVERTISEMENT	\$56.32		X	LOIS CAPPS CD 23
NEW TIMES 505 FIGUERA STREET SAN LUIS OBISPO, CA 935401	NEWSPAPER ADVERTISEMENT	\$215.82		X	LOIS CAPPS CD 23
DAILY MENU PO BOX 13402 UOEN SANTA BARBARA, CA 93107	NEWSPAPER ADVERTISEMENT	\$35.80		X	LOIS CAPPS CD 23
COLETA VALLEY VOICE 5736 HOLLISTER AVE COLETA, CA 93117	NEWSPAPER ADVERTISEMENT	\$71.58		X	LOIS CAPPS CD 23
PRECISION COMMUNICATIONS, INC 3601 GEORGIA AVENUE SUITE 806 SILVER SPRING, MD 20910	VOYER ID	\$1337.80		X	LOIS CAPPS CD 23

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) <i>10-15-02</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input checked="" type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt <i>10-28-02</i>
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked <hr/> and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>[Signature]</i>	<i>10-28-02</i>
PREPARER	DATE PREPARED