

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

(b) Address (number and street) Check if different than previously reported:
8155 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: _____

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 preceding the General Election. Date of Election: _____ State: _____

January 31 Year-End Report

(b) Is the Report an amendment? Yes No

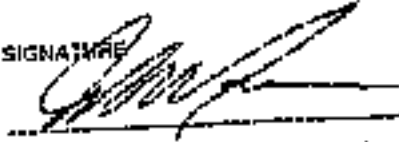
5. COVERING PERIOD: FROM **10/18/2004** THROUGH **10/16/2004**

6. TOTAL CONTRIBUTIONS: **0.00**

7. TOTAL INDEPENDENT EXPENDITURES: **32,863.2**

Under penalty of perjury, I certify that the independent expenditures reported herein were not made in connection, consultation, or concert with, or at the request or suggestion of, any candidate or individual connected or agent of office, 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: **Thomas R. Mason**

SIGNATURE: 

DATE: **10/20/04**

NOTE: Submission of false, misleading or incomplete information may subject the person signing this report to the penalties of 18 U.S.C. 1497a.

For further information, contact:
Federal Election Commission, 200 E Street, N.W., Washington, D.C. 20543 Tel: Free 800-424-9699, Local 202-591-1100

SCHEDULE 5-A
ITEMIZED RECEIPTS

PAGE 2 OF 4

Any information copied from such Receipts 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

Month Day Year

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

Month Day Year

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

Month Day Year

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

Month Day Year

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (next page carry over to Line 6)

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
Focus on the Family Action staff expenses

Date
10/18/2004

Mailing Address
8155 Explorer Drive

Amount
855.20

City State Zip Code
Colorado Springs CO 80920

Purpose of Expenditure
Salary

Category Type
001

Office Sought: House Senate President
State: OK District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Tom Coburn

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
32,863.62

Disbursement For: Primary General
 Other (specify) _____

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

Date
10/18/2004

Mailing Address
8155 Explorer Drive

Amount
6451.04

City State Zip Code
Colorado Springs CO 80920

Purpose of Expenditure
rental of mailing list

Category Type
004

Office Sought: House Senate President
State: OK District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Tom Coburn

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
32,863.62

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
CERVED

Date
10/18/2004

Mailing Address
3500 Rockmont Drive

Amount
7151.98

City State Zip Code
Denver CO 80202-1040

Purpose of Expenditure
printing

Category Type
004

Office Sought: House Senate President
State: OK District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Tom Coburn

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
32,863.62

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of itemized independent expenditures	14458.28
(b) SUBTOTAL of unitemized independent expenditures	
(c) TOTAL independent expenditures (carry over 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 PAYER OR PAID

Focus on the Family Action

Full Name (Last, First, Middle Initial) of Payer

U.S. Post Office

Date

10/18/2004

Mailing Address

8585 Criterion Drive

Amount

1840534

City

Colorado Springs

State

CO

Zip Code

80920

Purpose of Expenditure

POSTAGE

Category Type

204

Office Sought

House

State

Senate

District

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

TOM COBURN

Disbursement For

Primary

General

Other (specify)

Calendar Year-To-Date Per Election or Office Sought

3286362

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category Type

Office Sought

House

State

Senate

District

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Disbursement For

Primary

General

Other (specify)

Calendar Year-To-Date Per Election or Office Sought

Full Name (Last, First, Middle Initial) of Payer

Date

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category Type

Office Sought

House

State

Senate

District

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Disbursement For

Primary

General

Other (specify)

Calendar Year-To-Date Per Election or Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

1840534

(b) SUBTOTAL of Unitemized Independent Expenditures

3286362

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

REC Schedule 5-E (Rev. 04/2003)

**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
<p>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.</p>	
N/A PREPARER (5/2004)	N/A DATE PREPARED