

# 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 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

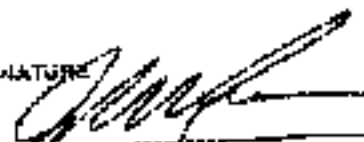
(b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM    THROUGH

6. TOTAL CONTRIBUTIONS .....

7. TOTAL INDEPENDENT EXPENDITURES .....

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 of a House of Representatives 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: 10/18/04

NOTE: Submission of false, fraudulent or incomplete information may subject the person filing this report to the penalties of 18 U.S.C. § 420a.

For further information, contact:  
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463. Toll Free 1-800-431-6888, Local 202/694-1100

SCHEDULE 5-A  
ITEMIZED RECEIPTS

PAGE 2 OF 4

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)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

Name of Employer

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

Name of Employer

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

Name of Employer

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

D. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

Name of Employer

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

SUBTOTAL of Receipts This Page (add line 4)

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

SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 4  
FOR LINE 7 OF FORM 3

NAME OF PAYER (in Full)  
Focus on the Family Action

PAYEE Name (Last, First, Middle Initial of Payee)  
Focus on the Family Action staff expenses  
Date: 10/18/2004

Mailing Address  
8655 Explorer Drive  
Amount: 18653

City: Colorado Springs, State: CO, Zip Code: 80920

Purpose of Expenditure: Salary  
Category Type: 001  
Office Sought:  House,  Senate,  President, State: FL, District: \_\_\_\_\_

Name of Federal Candidate Supported or Opposed by Expenditure:  
Mel Martinez  
Check One:  Support,  Oppose

Calendar Year-To-Date Per Election for Office Sought: 1746036  
Disbursement For:  Primary,  General,  Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payer:  
Focus on the Family  
Date: 10/18/2004

Mailing Address  
8655 Explorer Drive  
Amount: 2580314

City: Colorado Springs, State: CO, Zip Code: 80920

Purpose of Expenditure: rental of mailing list  
Category Type: 004  
Office Sought:  House,  Senate,  President, State: FL, District: \_\_\_\_\_

Name of Federal Candidate Supported or Opposed by Expenditure:  
Mel Martinez  
Check One:  Support,  Oppose

Calendar Year-To-Date Per Election for Office Sought: 1746036  
Disbursement For:  Primary,  General,  Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payer:  
Carneco  
Date: 10/18/2004

Mailing Address  
3500 Rockmont Drive  
Amount: 2516340

City: Denver, State: CO, Zip Code: 80202-1040

Purpose of Expenditure: printing  
Category Type: 004  
Office Sought:  House,  Senate,  President, State: FL, District: \_\_\_\_\_

Name of Federal Candidate Supported or Opposed by Expenditure:  
Mel Martinez  
Check One:  Support,  Oppose

Calendar Year-To-Date Per Election for Office Sought: 1746036  
Disbursement For:  Primary,  General,  Other (specify) \_\_\_\_\_

(A) SUBTOTAL of Itemized Independent Expenditures: 5215327

(B) SUBTOTAL of Unitemized Independent Expenditures

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

FORM 3300-PF

SEE Schedule 5-E (Rev. 10/2003)

PAGE 4 OF 4  
FOR LINE 7 OF FORM 3

SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (or Filer)  
*Focus on the Family Action*

Full Name (Last, First, Middle Initial) of Payee  
*U.S. Post Office* Date *10 15 2004*

Mailing Address  
*8585 Crittium Drive* Amount *65307.09*

City State Zip Code  
*Colorado Springs, CO 80920*

Purpose of Expenditure Category Type  
*postage* *004* Office Sought:  House  Senate  President  Support  Oppose

Name of Federal Candidate Supported or Opposed by Expenditure  
*Mel Martinez* Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

Calendar Year-To-Date Fed Election for Office Sought  
*117460.36*

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

Mailing Address  
Amount

City State Zip Code

Purpose of Expenditure Category Type  
Office Sought:  House  Senate  President  Support  Oppose

Name of Federal Candidate Supported or Opposed by Expenditure  
Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

Calendar Year-To-Date Fed Election for Office Sought

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

Mailing Address  
Amount

City State Zip Code

Purpose of Expenditure Category Type  
Office Sought:  House  Senate  President  Support  Oppose

Name of Federal Candidate Supported or Opposed by Expenditure  
Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

Calendar Year-To-Date Fed Election for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures	<i>65307.09</i>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures (Copy total from last page forward to Line 7)	<i>117460.36</i>

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
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<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
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<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