

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 Planned Parenthood Action Fund of the Pacific Southwest		3. FEC Identification Number C C90011412
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1075 Camino Del Rio South		
(c) City, State and ZIP Code San Diego CA 92108		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input 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
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

M M	/	D D	/	Y Y Y Y
10	/	18	/	2012

THROUGH

M M	/	D D	/	Y Y Y Y
11	/	02	/	2012

6. TOTAL CONTRIBUTIONS **0.00**

7. TOTAL INDEPENDENT EXPENDITURES **19895.00**

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 or agent of either, 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	SIGNATURE	DATE
Amy Denhart	<i>Amy Denhart</i>	11/01/2012

[Electronically Filed]

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-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Planned Parenthood Action Fund of the Pacific Southwest

Full Name (Last, First, Middle Initial) of Payee Mack Crouse Group		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 2001 N Beauregard Street		Amount 6616.67
City Alexandria	State VA	
Zip Code 22311	Transaction ID : EDT:EALC:98	
Purpose of Expenditure Mailer	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 52 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Peters		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 48354.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Mack Crouse Group		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 2001 N Beauregard Street		Amount 13233.33
City Alexandria	State VA	
Zip Code 22311	Transaction ID : EDT:EALC:99	
Purpose of Expenditure Mailer	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 52 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Brian Bilbray		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 48354.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood Action Fund of the Pacific Southwest		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1075 Camino Del Rio South		Amount 15.00
City San Diego	State CA	
Zip Code 92108	Transaction ID : EDT:EALC:100	
Purpose of Expenditure Staff Time for Mailer	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 52 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Peters		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 48354.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	19865.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	
(carry total from last page forward to Line 7)		

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)
Planned Parenthood Action Fund of the Pacific Southwest

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood Action Fund of the Pacific Southwest		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1075 Camino Del Rio South		Amount 30.00 Transaction ID : EDT:EALC:101
City San Diego	State CA	
Zip Code 92108	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 52 <input type="checkbox"/> President
Purpose of Expenditure Staff Time for Mailer		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Brian Bilbray		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 48354.40		

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Zip Code	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Zip Code	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	30.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	19895.00
(carry total from last page forward to Line 7)		