

FEC FORM 5

RECEIVED

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED: 54

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

FEC MAIL CENTER

1. (a) Name of Individual, Organization or Corporation Planned Parenthood of San Diego and Riverside Counties Action Fund		3. FEC Identification Number C
(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 checked="" 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

07 01 2010

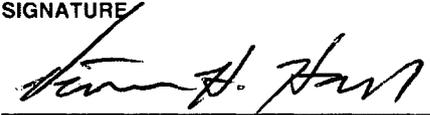
THROUGH

09 30 2010

6. TOTAL CONTRIBUTIONS 0,00

7. TOTAL INDEPENDENT EXPENDITURES 94,99

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
Vince Hall		10-15-10

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 of San Diego and Riverside Counties Action Fund

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood of San Diego and Riverside Counties Action Fund		Date MM / DD / YYYY 08 / 20 / 2010
Mailing Address 1075 Camino Del Rio South		Amount 74.75
City San Diego	State CA	
Purpose of Expenditure E-Mail Newsletter	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barbara Boxer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 164.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood of San Diego and Riverside Counties Action Fund		Date MM / DD / YYYY 09 / 30 / 2010
Mailing Address 1075 Camino Del Rio South		Amount 3.37
City San Diego	State CA	
Purpose of Expenditure Electronic Voter Guide	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barbara Boxer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 164.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood of San Diego and Riverside Counties Action Fund		Date MM / DD / YYYY 09 / 30 / 2010
Mailing Address 1075 Camino Del Rio South		Amount 3.37
City San Diego	State CA	
Purpose of Expenditure Electronic Voter Guide	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 44
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Hedrick		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 89.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	81.49
(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 of San Diego and Riverside Counties Action Fund

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood of San Diego and Riverside Counties Action Fund		Date M M / D D / Y Y Y Y 09 30 2010
Mailing Address 1075 Camino Del Rio South		Amount 3.37
City San Diego	State CA	
Purpose of Expenditure Electronic Voter Guide	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 45 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Steve Pougnet		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 89.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood of San Diego and Riverside Counties Action Fund		Date M M / D D / Y Y Y Y 09 30 2010
Mailing Address 1075 Camino Del Rio South		Amount 3.37
City San Diego	State CA	
Purpose of Expenditure Electronic Voter Guide	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 50 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Francine Busby		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 89.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood of San Diego and Riverside Counties Action Fund		Date M M / D D / Y Y Y Y 09 30 2010
Mailing Address 1075 Camino Del Rio South		Amount 3.38
City San Diego	State CA	
Purpose of Expenditure Electronic Voter Guide	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 51 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Filner		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 89.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	10.12
(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 of San Diego and Riverside Counties Action Fund

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood of San Diego and Riverside Counties Action Fund	Date MM / DD / YYYY 09 / 30 / 2010
Mailing Address 1075 Camino Del Rio South	Amount 3.38
City State Zip Code San Diego , CA 92108	

Purpose of Expenditure Electronic Voter Guide	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 53 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Susan Davis		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 89,63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee	Date MM / DD / YYYY
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee	Date MM / DD / YYYY
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	3.38
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	94.99

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10/18/2010</i>
<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™ or Signature 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
Next Business Day Delivery <input type="checkbox"/>	
<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 type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JB</i> PREPARER	<i>10/18/2010</i> DATE PREPARED