

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

RECEIVED  
2011 FEB - 1 AM 10:07  
FEC MAIL CENTER

1. (a) Name of Individual, Organization or Corporation Planned Parenthood Orange and San Bernardino Counties Action Fund		3. FEC Identification Number  C C90012139
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 700 S. Tustin Avenue		
(c) City, State and ZIP Code  Orange, CA 92866		
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

10 01 2010

THROUGH

12 31 2010

6. TOTAL CONTRIBUTIONS .....

0.00

7. TOTAL INDEPENDENT EXPENDITURES .....

3,327.53

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

JoA Dunn

SIGNATURE

DATE

1/28/11

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 800-424-9630, Local 202-694-1100

**SCHEDULE 5-E**

**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Planned Parenthood Orange and San Bernardino Counties Action Fund

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood of Orange and San Bernardino Counties	Date MM / DD / YYYY 10 / 23 / 2010
Mailing Address 700 S. Tustin Street	Amount 1,052.78
City State Zip Code Orange, CA 92866	

Purpose of Expenditure Phonebank Costs	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47
Name of Federal Candidate Supported or Opposed by Expenditure: Loretta Sanchez		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2,586.41		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 Orange and San Bernardino Counties	Date MM / DD / YYYY 10 / 25 / 2010
Mailing Address 700 S. Tustin Street	Amount 13.83
City State Zip Code Orange, CA 92866	

Purpose of Expenditure Staff Services for Postcard	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47
Name of Federal Candidate Supported or Opposed by Expenditure: Loretta Sanchez		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2,586.41		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 Orange and San Bernardino Counties	Date MM / DD / YYYY 10 / 25 / 2010
Mailing Address 700 S. Tustin Street	Amount 30.40
City State Zip Code Orange, CA 92866	

Purpose of Expenditure List Purchase for Postcard	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47
Name of Federal Candidate Supported or Opposed by Expenditure: Loretta Sanchez		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2,586.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....	1,097.01
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)	

11030562310

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
 Planned Parenthood Orange and San Bernardino Counties Action Fund

Full Name (Last, First, Middle Initial) of Payee San Bernardino Post Office		Date 10 / 25 / 2010
Mailing Address 1900 W. Redlands Blvd.		Amount 202.67
City San Bernardino	State CA	
Purpose of Expenditure Postage for Postcard	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 47 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Loretta Sanchez		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2,586.41		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 Urbe Printing		Date 10 / 25 / 2010
Mailing Address 2900 Adams Street, Suite A-20		Amount 99.68
City Riverside	State CA	
Purpose of Expenditure Postcard Printing	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 47 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Loretta Sanchez		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2,586.41		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 Urbe Printing		Date 10 / 25 / 2010
Mailing Address 2900 Adams Street, Suite A-20		Amount 41.17
City Riverside	State CA	
Purpose of Expenditure Mailhouse Cost for Postcard	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 47 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Loretta Sanchez		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2,586.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....	343.52
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)	

11030502311

**SCHEDULE 5-E**

**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Planned Parenthood Orange and San Bernardino Counties Action Fund

Full Name (Last, First, Middle Initial) of Payee  
Planned Parenthood of Orange and San Bernardino  
Counties Action Fund

Date

M M / D D / Y Y Y Y  
10 / 27 / 2010

Mailing Address

700 S. Tustin Street

Amount

City State Zip Code

Orange, CA 92866

30.40

Purpose of Expenditure

Category/  
Type 004

Office Sought:  House State: CA  
 Senate District: \_\_\_\_\_  
 President

List Purchase for Voter Guide

Name of Federal Candidate Supported or Opposed by Expenditure:

Barbara Boxer

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 370.55

Disbursement For:  Primary  General 10  
 Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee  
Planned Parenthood of Orange and San Bernardino Counties Action Fund

Date

M M / D D / Y Y Y Y  
10 / 27 / 2010

Mailing Address

700 S. Tustin Street

Amount

City State Zip Code

Orange, CA 92866

30.40

Purpose of Expenditure

Category/  
Type 004

Office Sought:  House State: CA  
 Senate District: 47  
 President

List Purchase for Voter Guide

Name of Federal Candidate Supported or Opposed by Expenditure:

Loretta Sanchez

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 2,586.41

Disbursement For:  Primary  General 10  
 Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee  
Planned Parenthood of Orange and San Bernardino Counties Action Fund

Date

M M / D D / Y Y Y Y  
10 / 27 / 2010

Mailing Address

700 S. Tustin Street

Amount

City State Zip Code

Orange, CA 92866

30.40

Purpose of Expenditure

Category/  
Type 004

Office Sought:  House State: CA  
 Senate District: 48  
 President

List Purchase for Voter Guide

Name of Federal Candidate Supported or Opposed by Expenditure:

Beth Krom

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 370.57

Disbursement For:  Primary  General 10  
 Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....

91.20

(b) SUBTOTAL of Unitemized Independent Expenditures .....

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

11030562312

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Planned Parenthood Orange and San Bernardino Counties Action Fund

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood of Orange and San Bernardino Counties Action Fund		Date MM / DD / YYYY 10 / 27 / 2010
Mailing Address 700 S. Tustin Street		Amount 73.67
City Orange, CA	State Zip Code CA 92866	
Purpose of Expenditure Staff Services for Voter Guide	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
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 370.55		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 Orange and San Bernardino Counties Action Fund		Date MM / DD / YYYY 10 / 27 / 2010
Mailing Address 700 S. Tustin Street		Amount 73.67
City Orange, CA	State Zip Code CA 92866	
Purpose of Expenditure Staff Services for Voter Guide	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 47 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Loretta Sanchez		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2,586.41		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 Orange and San Bernardino Counties Action Fund		Date MM / DD / YYYY 10 / 27 / 2010
Mailing Address 700 S. Tustin Street		Amount 73.67
City Orange, CA	State Zip Code CA 92866	
Purpose of Expenditure Staff Services for Voter Guide	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 48 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Beth Krom		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 370.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....	221.01
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)	

11030562313

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Planned Parenthood Orange and San Bernardino Counties Action Fund

Full Name (Last, First, Middle Initial) of Payee San Bernardino Post Office		Date MM / DD / YYYY 10 / 27 / 2010
Mailing Address 1900 W. Redlands Blvd.		Amount 113.32
City San Bernardino	State CA	
Zip Code 92403		
Purpose of Expenditure Postage for Voter Guide	Category/Type 004	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
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 370.55		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 San Bernardino Post Office		Date MM / DD / YYYY 10 / 27 / 2010
Mailing Address 1900 W. Redlands Blvd.		Amount 113.32
City San Bernardino	State CA	
Zip Code 92403		
Purpose of Expenditure Postage for Voter Guide	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 47 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Loretta Sanchez		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2,586.41		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 San Bernardino Post Office		Date MM / DD / YYYY 10 / 27 / 2010
Mailing Address 1900 W. Redlands Blvd.		Amount 113.33
City San Bernardino	State CA	
Zip Code 92403		
Purpose of Expenditure Postage for Voter Guide	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 49 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Beth Krom		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 370.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....	339.97
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	
(carry total from last page forward to Line 7)	

1103056231A

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Planned Parenthood Orange and San Bernardino Counties Action Fund

Full Name (Last, First, Middle Initial) of Payee Urbe Printing		Date 10 27 2010
Mailing Address 2900 Adams Street, Suite A-20		Amount 153.16
City Riverside	State CA	
Zip Code 92504		
Purpose of Expenditure Mailhouse Costs for 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 370.55		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 Urbe Printing		Date 10 27 2010
Mailing Address 2900 Adams Street, Suite A-20		Amount 153.17
City Riverside	State CA	
Zip Code 92504		
Purpose of Expenditure Mailhouse Costs for Voter Guide	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47
Name of Federal Candidate Supported or Opposed by Expenditure: Loretta Sanchez		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2,586.41		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 Urbe Printing		Date 10 27 2010
Mailing Address 2900 Adams Street, Suite A-20		Amount 153.17
City Riverside	State CA	
Zip Code 92504		
Purpose of Expenditure Mailhouse Costs for Voter Guide	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48
Name of Federal Candidate Supported or Opposed by Expenditure: Beth Krom		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 370.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	459.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	
(carry total from last page forward to Line 7)	

11030562315

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Planned Parenthood Orange and San Bernardino Counties Action Fund

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood of Orange and San Bernardino Counties		Date MM / DD / YYYY 10 / 30 / 2010
Mailing Address 700 S. Tustin Street		Amount 775.32
City Orange	State CA	
Purpose of Expenditure Phonebank Costs	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47
Name of Federal Candidate Supported or Opposed by Expenditure: Loretta Sanchez		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2,586.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
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
Mailing Address		Amount
City	State	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
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 .....	775.32
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)	3,327.53

11030562316



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.

11030562317

<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™ 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 checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>ups</i>	Shipping Date <i>1/31/11</i>
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>Amw</i> PREPARER	<i>2/1/11</i> DATE PREPARED