

**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 ADVOCATES MAR MONTE	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1605 The Alameda	
(c) City, State and ZIP Code San Jose CA 95126	
3. FEC Identification Number <b>C</b> C90007311	
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Individual filers only</b>	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
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM 

M	M
1	0

 / 

D	D
2	4

 / 

Y	Y	Y	Y
2	0	0	8

THROUGH

M	M
1	0

 / 

D	D
2	4

 / 

Y	Y	Y	Y
2	0	0	8

6. TOTAL CONTRIBUTIONS .....

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

22055.80

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a 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

Deborah Ortiz

10/24/2008

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**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

PLANNED PARENTHOOD ADVOCATES MAR MONTE

Full Name (Last, First, Middle Initial) of Payee  
JPM&M, Inc.

Date

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Mailing Address

921 11th Street, Suite 619

Amount

21455.00

City

Sacramento

State

CA

Zip Code

95814

Purpose of Expenditure

Mailer

Category/  
Type

Office Sought:

☒ House

State: CA

House

☐ Senate☐ President

District: 04

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Tom McClintock

Disbursement For:  
2008☐ Primary☒ General☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

45015.00

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

Planned Parenthood Mar Monte

Date

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Mailing Address

1605 The Alameda

Amount

300.80

City

San Jose

State

CA

Zip Code

95126

Purpose of Expenditure

Staff Services For Mailer

Category/  
Type

Office Sought:

☒ House

State: CA

House

☐ Senate☐ President

District: 04

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Tom McClintock

Disbursement For:  
2008☐ Primary☒ General☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

45015.00

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

Planned Parenthood Mar Monte

Date

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Mailing Address

1605 The Alameda

Amount

300.00

City

San Jose

State

CA

Zip Code

95126

Purpose of Expenditure

E-Mail Messages

Category/  
Type

Office Sought:

☐ House

State: \_\_\_\_\_

Presidential

☐ Senate☒ President

District: \_\_\_\_\_

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Barack Obama

Disbursement For:  
2008☐ Primary☒ General☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

2400.00

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

22055.80

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

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

22055.80