

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 | | 3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C90007311</div> |
| (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 | | |
| 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 ☒ 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 7

 /

Y Y Y Y
2 0 0 8

THROUGH

M M
1 0

 /

D D
2 7

 /

Y Y Y Y
2 0 0 8

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

19887.40

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

10/28/2008

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 | 7 | | 2 | 0 | 0 | 8 |

Mailing Address
921 11th Street, Suite 619

Amount

19586.60

City
SacramentoState
CAZip Code
95814Purpose of Expenditure
MailerCategory/
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 McClintockCalendar Year-To-Date Per Election
for Office Sought

64902.40

Disbursement For:
2008☐

Primary

☒

General

☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Planned Parenthood Mar Monte

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 7 | | 2 | 0 | 0 | 8 |

Mailing Address
1605 The Alameda

Amount

300.80

City
San JoseState
CAZip Code
95126Purpose of Expenditure
Staff Services For MailerCategory/
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 McClintockCalendar Year-To-Date Per Election
for Office Sought

64902.40

Disbursement For:
2008☐

Primary

☒

General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

19887.40

(b) SUBTOTAL of Unitemized Independent Expenditures

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

19887.40