

# 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 <b>Planned Parenthood Advocates Mar Monte</b>		3. FEC Identification Number  <div> <div>C</div> <div>C90007311</div> </div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1605 The Alameda		
(c) City, State and ZIP Code  <div> <div>San Jose</div> <div>CA</div> <div>95126</div> </div>		
2.	<b>Corporate filers only</b>  Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Individual filers only</b> <div> <div>Name of Employer</div> <div>Occupation</div> </div>	

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 /  21 /  2012

THROUGH

10 /  24 /  2012

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6. TOTAL CONTRIBUTIONS .....

7. TOTAL INDEPENDENT EXPENDITURES .....

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 \_\_\_\_\_

*[Electronically Filed]*

Liz Figueroa

Liz Figueroa

10/26/2012

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**PAGE 2 OF 8  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Planned Parenthood Advocates Mar Monte

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood Advocates Mar Monte		Date MM / DD / YYYY 10 / 21 / 2012	
Mailing Address 1605 The Alameda		Amount 167.57	
City San Jose	State CA	Zip Code 95126	
Purpose of Expenditure Phone Banking		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6486.65		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 Advocates Mar Monte		Date MM / DD / YYYY 10 / 21 / 2012	
Mailing Address 1605 The Alameda		Amount 153.37	
City San Jose	State CA	Zip Code 95126	
Purpose of Expenditure Phone Banking		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13
Name of Federal Candidate Supported or Opposed by Expenditure: Pete Stark		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2453.35		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 Advocates Mar Monte		Date MM / DD / YYYY 10 / 21 / 2012	
Mailing Address 1605 The Alameda		Amount 167.57	
City San Jose	State CA	Zip Code 95126	
Purpose of Expenditure Phone Banking		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6486.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

488.51

(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**PAGE 3 OF 8  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Planned Parenthood Advocates Mar Monte

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood Advocates Mar Monte		Date MM / DD / YYYY 10 / 21 / 2012	
Mailing Address 1605 The Alameda		Amount 58.19	
City San Jose	State CA	Zip Code 95126	
Purpose of Expenditure Phone Banking		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ami Bera		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2452.61		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 Advocates Mar Monte		Date MM / DD / YYYY 10 / 21 / 2012	
Mailing Address 1605 The Alameda		Amount 58.18	
City San Jose	State CA	Zip Code 95126	
Purpose of Expenditure Phone Banking		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Dan Lungren		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2452.61		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 Advocates Mar Monte		Date MM / DD / YYYY 10 / 22 / 2012	
Mailing Address 1605 The Alameda		Amount 130.19	
City San Jose	State CA	Zip Code 95126	
Purpose of Expenditure Phone Banking		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Pete Stark		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2453.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

246.56

(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**PAGE 4 OF 8  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Planned Parenthood Advocates Mar Monte

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood Advocates Mar Monte		Date MM / DD / YYYY 10 / 22 / 2012	
Mailing Address 1605 The Alameda		Amount 330.04	
City San Jose	State CA	Zip Code 95126	Transaction ID : EDT:EALC:89
Purpose of Expenditure Phone Banking	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6486.65		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 Advocates Mar Monte		Date MM / DD / YYYY 10 / 22 / 2012	
Mailing Address 1605 The Alameda		Amount 106.04	
City San Jose	State CA	Zip Code 95126	Transaction ID : EDT:EALC:80
Purpose of Expenditure Phone Banking	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6486.65		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 Advocates Mar Monte		Date MM / DD / YYYY 10 / 22 / 2012	
Mailing Address 1605 The Alameda		Amount 25.97	
City San Jose	State CA	Zip Code 95126	Transaction ID : EDT:EALC:104
Purpose of Expenditure Phone Banking	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Ami Bera		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2452.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

462.05

(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**PAGE 5 OF 8  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Planned Parenthood Advocates Mar Monte

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood Advocates Mar Monte		Date MM / DD / YYYY 10 / 22 / 2012	
Mailing Address 1605 The Alameda		Amount 25.98	
City San Jose	State CA	Zip Code 95126	
Purpose of Expenditure Phone Banking		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Dan Lungren		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2452.61		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 Advocates Mar Monte		Date MM / DD / YYYY 10 / 23 / 2012	
Mailing Address 1605 The Alameda		Amount 217.63	
City San Jose	State CA	Zip Code 95126	
Purpose of Expenditure Phone Banking		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Pete Stark		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2453.35		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 Advocates Mar Monte		Date MM / DD / YYYY 10 / 23 / 2012	
Mailing Address 1605 The Alameda		Amount 288.25	
City San Jose	State CA	Zip Code 95126	
Purpose of Expenditure Phone Banking		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6486.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

531.86

(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**PAGE 6 OF 8  
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NAME OF FILER (In Full)

Planned Parenthood Advocates Mar Monte

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood Advocates Mar Monte		Date MM / DD / YYYY 10 / 23 / 2012	
Mailing Address 1605 The Alameda		Amount 288.25	
City San Jose	State CA	Zip Code 95126	
Purpose of Expenditure Phone Banking		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6486.65		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 Advocates Mar Monte		Date MM / DD / YYYY 10 / 23 / 2012	
Mailing Address 1605 The Alameda		Amount 130.62	
City San Jose	State CA	Zip Code 95126	
Purpose of Expenditure Phone Banking		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ami Bera		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2452.61		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 Advocates Mar Monte		Date MM / DD / YYYY 10 / 23 / 2012	
Mailing Address 1605 The Alameda		Amount 130.62	
City San Jose	State CA	Zip Code 95126	
Purpose of Expenditure Phone Banking		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Dan Lungren		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2452.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

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

549.49

(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**PAGE 7 OF 8  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Planned Parenthood Advocates Mar Monte

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood Advocates Mar Monte		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 1605 The Alameda		Amount 132.75	
City San Jose	State CA	Zip Code 95126	
Purpose of Expenditure Phone Banking		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Pete Stark		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2453.35		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 Advocates Mar Monte		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 1605 The Alameda		Amount 91.67	
City San Jose	State CA	Zip Code 95126	
Purpose of Expenditure Phone Banking		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ami Bera		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2452.61		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 Advocates Mar Monte		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 1605 The Alameda		Amount 91.67	
City San Jose	State CA	Zip Code 95126	
Purpose of Expenditure Phone Banking		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Dan Lungren		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2452.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

316.09

(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**PAGE 8 OF 8  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Planned Parenthood Advocates Mar Monte

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood Advocates Mar Monte		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 1605 The Alameda		Amount 206.98	
City San Jose	State CA	Zip Code 95126	
Purpose of Expenditure Phone Banking		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6486.65		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 Advocates Mar Monte		Date MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 1605 The Alameda		Amount 206.97	
City San Jose	State CA	Zip Code 95126	
Purpose of Expenditure Phone Banking		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6486.65		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		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
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) _____	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶ 413.95			
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶			
<b>(c) TOTAL</b> Independent Expenditures ..... ▶ 3008.51 (carry total from last page forward to Line 7)			