

# 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 style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>C</b> 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  <div style="display: flex; justify-content: space-between;"> <span>San Jose</span> <span>CA</span> <span>95128</span> </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>  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

 /  / 

THROUGH

 /  / 

6. TOTAL CONTRIBUTIONS .....	.00
7. TOTAL INDEPENDENT EXPENDITURES .....	1556.69

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

10/20/2012

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 3  
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 / 18 / 2012	
Mailing Address 1605 The Alameda		Amount 305.87	
City San Jose	State CA	Zip Code 95128	Transaction ID : F57.000001
Purpose of Expenditure Staff Time for 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 1645.99		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 / 18 / 2012	
Mailing Address 1605 The Alameda		Amount 305.88	
City San Jose	State CA	Zip Code 95126	Transaction ID : F57.000002
Purpose of Expenditure Staff Time for 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 1645.99		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 / 19 / 2012	
Mailing Address 1605 The Alameda		Amount 36.75	
City San Jose	State CA	Zip Code 95126	Transaction ID : F57.000003
Purpose of Expenditure Staff Time for 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 1645.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

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

648.50

(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 3  
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 / 19 / 2012	
Mailing Address 1605 The Alameda		Amount 36.75	
City San Jose	State CA	Zip Code 95126	Transaction ID : F57.000004
Purpose of Expenditure Staff Time for 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 1645.99		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 / 20 / 2012	
Mailing Address 1605 The Alameda		Amount 435.72	
City San Jose	State CA	Zip Code 95126	Transaction ID : F57.000005
Purpose of Expenditure Staff Time for 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 1645.99		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 / 20 / 2012	
Mailing Address 1605 The Alameda		Amount 435.72	
City San Jose	State CA	Zip Code 95126	Transaction ID : F57.000006
Purpose of Expenditure Staff Time for 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 1645.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	908.19
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)	1556.69