

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
Protecting Choice in California, a project of Planned Parenthood Affiliates of California

ADDRESS (number and street) 555 Capitol Mall, Suite 1425
Check if different than previously reported. (ACC) Sacramento CA 95814

2. FEC IDENTIFICATION NUMBER C C00556860
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
(d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 / 01 / 2014 through 09 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Kathleen Cogan

Signature of Treasurer Kathleen Cogan [Electronically Filed] Date 10 / 13 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="105901.09"/>	<input type="text" value="105901.09"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="119870.57"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="212014.74"/>	<input type="text" value="408087.48"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="331885.31"/>	<input type="text" value="513988.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="165275.37"/>	<input type="text" value="241477.54"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="166609.94"/>	<input type="text" value="166609.94"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="74222.53"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	175330.00	225280.00
(ii) Unitemized	0.00	435.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	175330.00	225715.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	36351.00	162186.09
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	211681.00	387901.09
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	333.74	20186.39
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	212014.74	408087.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	212014.74	408087.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	100581.29	173295.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	100581.29	173295.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	37578.12	37578.12
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	27115.96	30603.94
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	165275.37	241477.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	165275.37	241477.54

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	211681.00	387901.09
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	211681.00	387901.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	100581.29	173295.48
37. Offsets to Operating Expenditures (from Line 15, page 3).....	333.74	20186.39
38. Net Operating Expenditures (subtract Line 37 from Line 36)	100247.55	153109.09

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)
A. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento	State CA	Zip Code 95814
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
221321.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	11	/	2014

Transaction ID : INCA102

Amount of Each Receipt this Period

30000.00

Full Name (Last, First, Middle Initial)
B. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento	State CA	Zip Code 95814
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
221321.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09	/	08	/	2014

Transaction ID : INCA154

Amount of Each Receipt this Period

50000.00

Full Name (Last, First, Middle Initial)
C. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento	State CA	Zip Code 95814
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
221321.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09	/	18	/	2014

Transaction ID : INCA232

Amount of Each Receipt this Period

65000.00

SUBTOTAL of Receipts This Page (optional).....▶	145000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 52
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)
A. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento	State CA	Zip Code 95814
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
221321.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : INCA256

Amount of Each Receipt this Period

30330.00

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

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Full Name (Last, First, Middle Initial)
C.

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

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SUBTOTAL of Receipts This Page (optional).....▶	30330.00
TOTAL This Period (last page this line number only).....▶	175330.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)
A. Planned Parenthood Advocacy Project Los Angeles County Action Fund
 Mailing Address 555 Capitol Mall, Suite 1425
 City State Zip Code
 Sacramento CA 95814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 43209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2014
Transaction ID : INCA228
 Amount of Each Receipt this Period
 23189.00

Full Name (Last, First, Middle Initial)
B. Planned Parenthood Advocacy Project Los Angeles County Action Fund
 Mailing Address 555 Capitol Mall, Suite 1425
 City State Zip Code
 Sacramento CA 95814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 43209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2014
Transaction ID : INCA255
 Amount of Each Receipt this Period
 3162.00

Full Name (Last, First, Middle Initial)
C. Planned Parenthood of Orange and San Bernardino Counties Community Action Fund PAC
 Mailing Address 555 Capitol Mall, Suite 1425
 City State Zip Code
 Sacramento CA 95814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 23652.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2014
Transaction ID : INCA226
 Amount of Each Receipt this Period
 10000.00

SUBTOTAL of Receipts This Page (optional).....▶	36351.00
TOTAL This Period (last page this line number only).....▶	36351.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 52
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)
A. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento	State CA	Zip Code 95814
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
221321.39

Date of Receipt
MM / DD / YYYY
08 / 04 / 2014

Transaction ID : INCA101

Amount of Each Receipt this Period
333.74

Refund of Electoral Service Contract Expense

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	333.74
TOTAL This Period (last page this line number only).....▶	333.74

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. AMS Communications, Inc.

Mailing Address 500 Sansome Street, Suite 404

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Door Hangers Non Federal Expense

006

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 12 / 2014

Transaction ID : EXPB222

Amount of Each Disbursement this Period

3900.00

Full Name (Last, First, Middle Initial)

B. AMS Communications, Inc.

Mailing Address 500 Sansome Street, Suite 404

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Mailer

24A

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2014

Transaction ID : EXPB279

Amount of Each Disbursement this Period

5055.00

Full Name (Last, First, Middle Initial)

C. AMS Communications, Inc.

Mailing Address 500 Sansome Street, Suite 404

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Mailer

24E

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2014

Transaction ID : EXPB277

Amount of Each Disbursement this Period

10110.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

19065.00

TOTAL This Period (last page this line number only)..... ▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : EXPB279

Payment for independent expenditure disseminated in subsequent period

Form/Schedule: SB21B

Transaction ID: EXPB277

Payment for independent expenditure disseminated in subsequent period

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. AMS Communications, Inc.

Mailing Address 500 Sansome Street, Suite 404

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Mailers Non Federal Expense

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	4

Transaction ID : EXPB395

Amount of Each Disbursement this Period

1	4	3	1	5	.	0	0
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Full Name (Last, First, Middle Initial)

B. Blueprint Interactive

Mailing Address 1155 Connecticut Avenue, NW
Suite 601

City Washington State DC Zip Code 20036

Purpose of Disbursement
Online Ads

24A

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	4

Transaction ID : EXPB155

Amount of Each Disbursement this Period

6	0	0	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

C. Blueprint Interactive

Mailing Address 1155 Connecticut Avenue, NW
Suite 601

City Washington State DC Zip Code 20036

Purpose of Disbursement
Online Ads

24E

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	4

Transaction ID : EXPB157

Amount of Each Disbursement this Period

6	0	0	0	0	.	0	0
---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

2	6	3	1	5	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

2	6	3	1	5	.	0	0
---	---	---	---	---	---	---	---

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : EXPB155

Payment made in current period for independent expenditure disseminated in subsequent period

Form/Schedule: SB21B

Transaction ID: EXPB157

Payment made in current period for independent expenditure disseminated in subsequent period

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Blueprint Interactive

Mailing Address 1155 Connecticut Avenue, NW
Suite 601

City Washington State DC Zip Code 20036

Purpose of Disbursement
Online Advertisements - Non Federal Expense

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB210

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Lake Research Partners, Inc.

Mailing Address 1726 M Street, NW, Suite 100

City Washington State DC Zip Code 20036

Purpose of Disbursement
Polling; Costs to be reimbursed by Planned Parenthood Action Fund Pacific Southwest

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB258

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Lake Research Partners, Inc.

Mailing Address 1726 M Street, NW, Suite 100

City Washington State DC Zip Code 20036

Purpose of Disbursement
Polling Non Federal Expense

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB220

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Lake Research Partners, Inc.

Mailing Address 1726 M Street, NW, Suite 100

City Washington State DC Zip Code 20036

Purpose of Disbursement
Polling; Costs to be reimbursed by Planned Parenthood Action Fund Pacific Southwest
Candidate Name

005
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : EXPB260

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Action Fund

Mailing Address 1110 Vermont Avenue, NW, Suite 300

City Washington State DC Zip Code 20005

Purpose of Disbursement
Mobile Voter Guide Non Federal Expense
Candidate Name

004
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : EXPB231

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Travel Expenses Non Federal Expense
Candidate Name

002
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : EXPB91

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Fundraising Expenses Non Federal Expense

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2014

Transaction ID : EXPB92

Amount of Each Disbursement this Period

943.78

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Salaries Non Federal Expense

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2014

Transaction ID : EXPB93

Amount of Each Disbursement this Period

441.82

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Electoral Service Contract Expense Non Federal Expense

007

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2014

Transaction ID : EXPB94

Amount of Each Disbursement this Period

333.74

SUBTOTAL of Disbursements This Page (optional)..... ▶

1719.34

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Campaign Consulting for Electoral Activities Non Federal Expense

001
Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2014

Transaction ID : EXPB95

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Staff Time, Office Expenses, Travel, and Campaign Consulting for Field Program Non Federal Expense

007
Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2014

Transaction ID : EXPB98

Amount of Each Disbursement this Period

434.90

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Meeting Expense for Electoral Activities Non Federal Expense

001
Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2014

Transaction ID : EXPB96

Amount of Each Disbursement this Period

135.10

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

820.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Staff Time, Office Expenses, Travel, and Campaign Consulting for Field
~~Program Non Federal Expense~~
Candidate Name

007
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2014

Transaction ID : EXPB99

Amount of Each Disbursement this Period

192.00

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Staff Time, Office Expenses, Travel, and Campaign Consulting for Field
~~Program Non Federal Expense~~
Candidate Name

007
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2014

Transaction ID : EXPB97

Amount of Each Disbursement this Period

1875.55

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Staff Time, Office Expenses, Travel, and Campaign Consulting for Field
~~Program Non Federal Expense~~
Candidate Name

007
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2014

Transaction ID : EXPB100

Amount of Each Disbursement this Period

1096.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5163.55

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Campaign Consulting for Field Program Non Federal Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2014

Transaction ID : EXPB223

Amount of Each Disbursement this Period

1962.90

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Campaign Consulting & Office Expenses for Field Program Non Federal Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2014

Transaction ID : EXPB224

Amount of Each Disbursement this Period

696.34

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Office Expenses for Field Program Non Federal Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : EXPB213

Amount of Each Disbursement this Period

113.59

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2772.83

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Supplies for Field Program Non Federal Expense

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : EXPB212

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Office Materials Field Program Non Federal Expense

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : EXPB214

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Staff Time for Field Program Non Federal Expense

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : EXPB216

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

Mailing Address 555 Capitol Mall, Suite 510

Transaction ID : EXPB217

City Sacramento State CA Zip Code 95814

Amount of Each Disbursement this Period

1	3	7	5	0
---	---	---	---	---

Purpose of Disbursement
Staff Time for Field Program Non Federal Expense

001
Category/ Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Affiliates of California

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

Mailing Address 555 Capitol Mall, Suite 510

Transaction ID : EXPB218

City Sacramento State CA Zip Code 95814

Amount of Each Disbursement this Period

2	0	0	1	3	6
---	---	---	---	---	---

Purpose of Disbursement
Consulting & Office Expenses for Field Program Non Federal Expense

001
Category/ Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

C. Political Data, Inc.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	1	4

Mailing Address P.O. Box 59570

Transaction ID : EXPB234

City Norwalk State CA Zip Code 90652

Amount of Each Disbursement this Period

3	7	5	0	0
---	---	---	---	---

Purpose of Disbursement
Data File Non Federal Expenses

005
Category/ Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

7	8	8	8	6
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Political Data, Inc.

Mailing Address P.O. Box 59570

City Norwalk State CA Zip Code 90652

Purpose of Disbursement
Data File Non Federal Expenses

005

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	1	4

Transaction ID : EXPB233

Amount of Each Disbursement this Period

3	2	7	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Political Data, Inc.

Mailing Address P.O. Box 59570

City Norwalk State CA Zip Code 90652

Purpose of Disbursement
Data File Non Federal Expense

005

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	4

Transaction ID : EXPB219

Amount of Each Disbursement this Period

7	5	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Wagaman Strategies

Mailing Address 886 Metal Lane

City West Sacramento State CA Zip Code 95691

Purpose of Disbursement
Campaign Consulting; 8/1 - 8/31 Non Federal Expense

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	4

Transaction ID : EXPB225

Amount of Each Disbursement this Period

1	0	9	.	3	7	5
---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

8	9	2	.	0	7	5
---	---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

8	9	2	.	0	7	5
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. James Wisley

Mailing Address 1570 Prospect Avenue

City Hermosa Beach State CA Zip Code 90254

Purpose of Disbursement
Campaign Consulting for Field Program Non Federal Expense

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : EXPB221

Amount of Each Disbursement this Period

312.50

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

312.50

TOTAL This Period (last page this line number only)..... ▶

100581.29

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Lake Research Partners, Inc.

Mailing Address 1726 M Street, NW, Suite 100

City Washington State DC Zip Code 20036

Purpose of Disbursement
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific
Southwest (ID #C00011412)
Candidate Name

012
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : EXPB165

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Lake Research Partners, Inc.

Mailing Address 1726 M Street, NW, Suite 100

City Washington State DC Zip Code 20036

Purpose of Disbursement
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific
Southwest (ID #C00011412)
Candidate Name

012
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : EXPB169

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID
#C00007311)
Candidate Name

012
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : EXPB188

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific
Southwest (ID #C00011412)
Candidate Name

012

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2014

Transaction ID : EXPB190

Amount of Each Disbursement this Period

26.92

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific
Southwest (ID #C00011412)
Candidate Name

012

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2014

Transaction ID : EXPB245

Amount of Each Disbursement this Period

458.45

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID
#C00007311)
Candidate Name

012

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2014

Transaction ID : EXPB247

Amount of Each Disbursement this Period

50.72

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

536.09

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Political Data, Inc.

Mailing Address P.O. Box 59570

City Norwalk State CA Zip Code 90652

Purpose of Disbursement
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C00011412)
Candidate Name

012

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2014

Transaction ID : EXPB134

Amount of Each Disbursement this Period

3750.00

Full Name (Last, First, Middle Initial)

B. Political Data, Inc.

Mailing Address P.O. Box 59570

City Norwalk State CA Zip Code 90652

Purpose of Disbursement
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C00011412)
Candidate Name

012

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2014

Transaction ID : EXPB140

Amount of Each Disbursement this Period

327.00

Full Name (Last, First, Middle Initial)

C. Political Data, Inc.

Mailing Address P.O. Box 59570

City Norwalk State CA Zip Code 90652

Purpose of Disbursement
Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID#C00007311)
Candidate Name

012

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2014

Transaction ID : EXPB135

Amount of Each Disbursement this Period

3750.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

7827.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Wagaman Strategies

Mailing Address 886 Metal Lane

City West Sacramento State CA Zip Code 95691

Purpose of Disbursement
Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID #C0007311)
Candidate Name

012
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : EXPB153

Amount of Each Disbursement this Period

312.50

Full Name (Last, First, Middle Initial)

B. James Wisley

Mailing Address 1570 Prospect Avenue

City Hermosa Beach State CA Zip Code 90254

Purpose of Disbursement
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C0011412)
Candidate Name

012
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : EXPB180

Amount of Each Disbursement this Period

541.66

Full Name (Last, First, Middle Initial)

C. James Wisley

Mailing Address 1570 Prospect Avenue

City Hermosa Beach State CA Zip Code 90254

Purpose of Disbursement
Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID #C0007311)
Candidate Name

012
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : EXPB181

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

979.16

27085.96

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 28 OF 52
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AMS Communications, Inc.	Nature of Debt (Purpose): Mailer
Mailing Address 500 Sansome Street, Suite 404	
City State Zip Code San Francisco CA 94111	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD282	
Amount Incurred This Period 15165.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 15165.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lake Research Partners, Inc.	Nature of Debt (Purpose): Polling; 9/1-9/30
Mailing Address 1726 M Street, NW, Suite 100	
City State Zip Code Washington DC 20036	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD108	
Amount Incurred This Period 1533.75	Payment This Period 0.00	Outstanding Balance at Close of This Period 1533.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lake Research Partners, Inc.	Nature of Debt (Purpose): Polling; 9/1-9/30
Mailing Address 1726 M Street, NW, Suite 100	
City State Zip Code Washington DC 20036	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD122	
Amount Incurred This Period 1533.75	Payment This Period 0.00	Outstanding Balance at Close of This Period 1533.75

1) SUBTOTALS This Period This Page (optional)..... ▶	18232.50
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 29 OF 52
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lake Research Partners, Inc.	Nature of Debt (Purpose): Polling; Costs to be reimbursed by Planned Parenthood Action Fund Pacific Southwest
Mailing Address 1726 M Street, NW, Suite 100	
City State Zip Code Washington DC 20036	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD257	
Amount Incurred This Period 6135.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6135.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California	Nature of Debt (Purpose): Research; 9/1 - 9/30
Mailing Address 555 Capitol Mall, Suite 510	
City State Zip Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD295	
Amount Incurred This Period 9396.20	Payment This Period 0.00	Outstanding Balance at Close of This Period 9396.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California	Nature of Debt (Purpose): Staff Time and Travel for Research; 9/1-9/30
Mailing Address 555 Capitol Mall, Suite 510	
City State Zip Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD110	
Amount Incurred This Period 481.47	Payment This Period 0.00	Outstanding Balance at Close of This Period 481.47

1) SUBTOTALS This Period This Page (optional)..... ▶	16012.67
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 30 OF 52
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California	Nature of Debt (Purpose): Internet for Field Office; 9/1-9/30
Mailing Address 555 Capitol Mall, Suite 510	
City State Zip Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD111	
Amount Incurred This Period 62.68	Payment This Period 0.00	Outstanding Balance at Close of This Period 62.68

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California	Nature of Debt (Purpose): Staff Time and Travel for Field Program; 9/1-9/30
Mailing Address 555 Capitol Mall, Suite 510	
City State Zip Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD115	
Amount Incurred This Period 3684.34	Payment This Period 0.00	Outstanding Balance at Close of This Period 3684.34

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California	Nature of Debt (Purpose): Field Expenses for Canvassing Activities; 9/1-9/30
Mailing Address 555 Capitol Mall, Suite 510	
City State Zip Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD118	
Amount Incurred This Period 899.57	Payment This Period 0.00	Outstanding Balance at Close of This Period 899.57

1) SUBTOTALS This Period This Page (optional)..... ▶	4646.59
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 31 OF 52
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California	Nature of Debt (Purpose): Research; 9/1 - 9/30
Mailing Address 555 Capitol Mall, Suite 510	
City State Zip Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD296	
Amount Incurred This Period 9396.20	Payment This Period 0.00	Outstanding Balance at Close of This Period 9396.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California	Nature of Debt (Purpose): Staff Time and Travel for Research; 9/1-9/30
Mailing Address 555 Capitol Mall, Suite 510	
City State Zip Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD123	
Amount Incurred This Period 481.46	Payment This Period 0.00	Outstanding Balance at Close of This Period 481.46

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California	Nature of Debt (Purpose): Staff Time and Travel for Field Program; 9/1-9/30
Mailing Address 555 Capitol Mall, Suite 510	
City State Zip Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD124	
Amount Incurred This Period 3684.34	Payment This Period 0.00	Outstanding Balance at Close of This Period 3684.34

1) SUBTOTALS This Period This Page (optional)..... ▶	13562.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 32 OF 52
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California	Nature of Debt (Purpose): Field Expenses for Canvassing Activities; 9/1-9/30
Mailing Address 555 Capitol Mall, Suite 510	
City State Zip Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD125	
Amount Incurred This Period 899.57	Payment This Period 0.00	Outstanding Balance at Close of This Period 899.57

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California	Nature of Debt (Purpose): Internet for Field Office; 9/1-9/30
Mailing Address 555 Capitol Mall, Suite 510	
City State Zip Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD127	
Amount Incurred This Period 62.69	Payment This Period 0.00	Outstanding Balance at Close of This Period 62.69

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California	Nature of Debt (Purpose): Online Voter Guide
Mailing Address 555 Capitol Mall, Suite 510	
City State Zip Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD262	
Amount Incurred This Period 19.80	Payment This Period 0.00	Outstanding Balance at Close of This Period 19.80

1) SUBTOTALS This Period This Page (optional)..... ▶	982.06
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 33 OF 52
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California	Nature of Debt (Purpose): Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C90011412)
Mailing Address 555 Capitol Mall, Suite 510	
City State Zip Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD339	
Amount Incurred This Period 9877.73	Payment This Period 0.00	Outstanding Balance at Close of This Period 9877.73

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California	Nature of Debt (Purpose): Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C90011412)
Mailing Address 555 Capitol Mall, Suite 510	
City State Zip Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD340	
Amount Incurred This Period 9877.73	Payment This Period 0.00	Outstanding Balance at Close of This Period 9877.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wagaman Strategies	Nature of Debt (Purpose): Campaign Consulting for Field Program; 9/1-9/30
Mailing Address 886 Metal Lane	
City State Zip Code West Sacramento CA 95691	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD117	
Amount Incurred This Period 46.88	Payment This Period 0.00	Outstanding Balance at Close of This Period 46.88

1) SUBTOTALS This Period This Page (optional)..... ▶	19802.34
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 34 OF 52
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wagaman Strategies	Nature of Debt (Purpose): Campaign Consulting for Field Program; 9/1-9/30
Mailing Address 886 Metal Lane	
City State Zip Code West Sacramento CA 95691	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD128	
Amount Incurred This Period 46.87	Payment This Period 0.00	Outstanding Balance at Close of This Period 46.87

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wagaman Strategies	Nature of Debt (Purpose): Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C90011412)
Mailing Address 886 Metal Lane	
City State Zip Code West Sacramento CA 95691	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD333	
Amount Incurred This Period 187.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 187.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wagaman Strategies	Nature of Debt (Purpose): Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID #C90007311)
Mailing Address 886 Metal Lane	
City State Zip Code West Sacramento CA 95691	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD334	
Amount Incurred This Period 62.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 62.50

1) SUBTOTALS This Period This Page (optional)..... ▶	296.87
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 35 OF 52
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wagaman Strategies	Nature of Debt (Purpose): Non Monetary Donation to We Vote Nosotros Votamos (ID #C00527226)
Mailing Address 886 Metal Lane	
City State Zip Code West Sacramento CA 95691	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD405	
Amount Incurred This Period 62.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 62.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor James Wisley	Nature of Debt (Purpose): Campaign Consulting; 9/1-9/30
Mailing Address 1570 Prospect Avenue	
City State Zip Code Hermosa Beach CA 90254	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD116	
Amount Incurred This Period 312.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 312.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor James Wisley	Nature of Debt (Purpose): Campaign Consulting; 9/1-9/30
Mailing Address 1570 Prospect Avenue	
City State Zip Code Hermosa Beach CA 90254	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD129	
Amount Incurred This Period 312.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 312.50

1) SUBTOTALS This Period This Page (optional)..... ▶	687.50
2) TOTALS This Period (last page this line number only)..... ▶	74222.53
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	74222.53

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California	FEC IDENTIFICATION NUMBER ▼ C C00556860
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee AMS Communications, Inc.	Date of Public Distribution/Dissemination 08 / 12 / 2014
Mailing Address 500 Sansome Street, Suite 404	Amount 3900.00
City State Zip Code San Francisco CA 94111	Transaction ID : EDTEALC1 Date of Disbursement or Obligation 08 / 12 / 2014
Purpose of Expenditure Door Hangers	Category/Type 24E
Name of Federal Candidate Julia Brownley	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 70388.47	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify)

Full Name of Payee Burketts	Date of Public Distribution/Dissemination 08 / 01 / 2014
Mailing Address 8520 Younger Creek Drive	Amount 191.65
City State Zip Code Sacramento CA 95828	Transaction ID : PDTE32 Date of Disbursement or Obligation 08 / 01 / 2014
Purpose of Expenditure Office Expenses for Field Program; 8/1 - 8/31	Category/Type 24E
Name of Federal Candidate Julia Brownley	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 70388.47	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	4091.65
(b) SUBTOTAL of Unitemized Independent Expenditures	[Empty Box]
(c) TOTAL Independent Expenditures.....	[Empty Box]

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Kathleen Cogan [Electronically Filed] Date 10 / 13 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00556860 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Lake Research Partners, Inc.		
Mailing Address 1726 M Street, NW, Suite 100		
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Polling; 9/1-9/30	Category/ Type <div style="border: 1px solid black; padding: 2px;">24E</div>	
Name of Federal Candidate Julia Brownley		
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">70388.47</div>		

Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 09 / 01 / 2014 </div>
Amount <div style="border: 1px solid black; padding: 2px;">4776.25</div>
Transaction ID : PDTE13
Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 09 / 01 / 2014 </div>
Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Lake Research Partners, Inc.		
Mailing Address 1726 M Street, NW, Suite 100		
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Polling; 9/1-9/30	Category/ Type <div style="border: 1px solid black; padding: 2px;">24A</div>	
Name of Federal Candidate Jeff Gorell		
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">70388.47</div>		

Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 09 / 01 / 2014 </div>
Amount <div style="border: 1px solid black; padding: 2px;">4776.25</div>
Transaction ID : PDTE24
Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 09 / 01 / 2014 </div>
Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">9552.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> </div>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan
[Electronically Filed]
Date

10 / 13 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Protecting Choice in California, a project of Planned Parenthood
Affiliates of California
FEC IDENTIFICATION NUMBER
C C00556860
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Lake Research Partners, Inc.
MEMO ITEM
Mailing Address 1726 M Street, NW, Suite 100
City Washington State DC Zip Code 20036
Purpose of Expenditure Polling; 9/1-9/30 Category/Type 24E
Name of Federal Candidate Julia Brownley Support Oppose
Office Sought: House District: 26 State: CA
Calendar Year-To-Date Per Election for Office Sought 70388.47
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Lake Research Partners, Inc.
MEMO ITEM
Mailing Address 1726 M Street, NW, Suite 100
City Washington State DC Zip Code 20036
Purpose of Expenditure Polling; 9/1-9/30 Category/Type 24A
Name of Federal Candidate Jeff Gorell Support Oppose
Office Sought: House District: 26 State: CA
Calendar Year-To-Date Per Election for Office Sought 70388.47
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) 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 (if the reporting entity is not a political party committee) any political party committee or its agent.
Kathleen Cogan
[Electronically Filed]
Date 10 / 13 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Protecting Choice in California, a project of Planned Parenthood
Affiliates of California
FEC IDENTIFICATION NUMBER
C C00556860
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Planned Parenthood Affiliates of California
Mailing Address: 555 Capitol Mall, Suite 510
City: Sacramento State: CA Zip Code: 95814
Purpose of Expenditure: Office Expenses for Field Program;7/1 - 7/31
Category/Type: 24E
Date of Public Distribution/Dissemination: 07/22/2014
Amount: 6486.06
Transaction ID: PDTE2
Date of Disbursement or Obligation: 07/22/2014
Name of Federal Candidate: Julia Brownley
Support: [X] Oppose: []
Office Sought: [X] House District: 26 State: CA
Disbursement For: [X] General 2014

Full Name of Payee: Planned Parenthood Affiliates of California
Mailing Address: 555 Capitol Mall, Suite 510
City: Sacramento State: CA Zip Code: 95814
Purpose of Expenditure: Staff Time for Field Program; 7/1 - 7/31
Category/Type: 24E
Date of Public Distribution/Dissemination: 07/22/2014
Amount: 1532.28
Transaction ID: PDTE3
Date of Disbursement or Obligation: 07/22/2014
Name of Federal Candidate: Julia Brownley
Support: [X] Oppose: []
Office Sought: [X] House District: 26 State: CA
Disbursement For: [X] General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 8018.34
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) 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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature: Kathleen Cogan [Electronically Filed] Date: 10/13/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00556860 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 07 / 22 / 2014 </div>						
Mailing Address 555 Capitol Mall, Suite 510	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1179.98 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Sacramento</td> <td>CA</td> <td>95814</td> </tr> </table>	City	State	Zip Code	Sacramento	CA	95814	Transaction ID : PDTE4 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 07 / 22 / 2014 </div>
City	State	Zip Code					
Sacramento	CA	95814					
Purpose of Expenditure Travel for Field Program; 7/1 - 7/31	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>						
Name of Federal Candidate Julia Brownley	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; width: 150px; margin-left: auto;"> 70388.47 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 07 / 22 / 2014 </div>						
Mailing Address 555 Capitol Mall, Suite 510	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 562.50 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Sacramento</td> <td>CA</td> <td>95814</td> </tr> </table>	City	State	Zip Code	Sacramento	CA	95814	Transaction ID : PDTE5 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 07 / 22 / 2014 </div>
City	State	Zip Code					
Sacramento	CA	95814					
Purpose of Expenditure Campaign Consulting for Field Program; 7/1 - 7/31	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>						
Name of Federal Candidate Julia Brownley	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; width: 150px; margin-left: auto;"> 70388.47 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1742.48 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

 Signature

[Electronically Filed] Date

10 / 13 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Protecting Choice in California, a project of Planned Parenthood Affiliates of California
FEC IDENTIFICATION NUMBER
C C00556860
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Planned Parenthood Affiliates of California
Mailing Address 555 Capitol Mall, Suite 510
City Sacramento State CA Zip Code 95814
Purpose of Expenditure Staff Time; 7/22 - 7/31. No candidate exceeds \$200
Category/Type 24E
Date of Public Distribution/Dissemination 07/22/2014
Amount 411.78
Transaction ID : PDTE35
Date of Disbursement or Obligation 07/22/2014
Name of Federal Candidate Multiple candidates Support Oppose
Office Sought: House Senate State:
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Planned Parenthood Affiliates of California
Mailing Address 555 Capitol Mall, Suite 510
City Sacramento State CA Zip Code 95814
Purpose of Expenditure Office Expenses for Field Program;8/1-8/31
Category/Type 24E
Date of Public Distribution/Dissemination 08/01/2014
Amount 4043.65
Transaction ID : PDTE6
Date of Disbursement or Obligation 08/01/2014
Name of Federal Candidate Julia Brownley Support Oppose
Office Sought: House Senate State: CA District: 26
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 4455.43
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) 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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

[Electronically Filed]

Date 10/13/2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER C C00556860
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Planned Parenthood Affiliates of California		
Mailing Address 555 Capitol Mall, Suite 510		
City Sacramento	State CA	Zip Code 95814
Purpose of Expenditure Staff Time for Field Program; 8/1 - 8/31		Category/ Type 24E

Date of Public Distribution/Dissemination 08 / 01 / 2014
Amount 2462.13
Transaction ID : PDTE7
Date of Disbursement or Obligation 08 / 01 / 2014

Name of Federal Candidate Julia Brownley	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 26 State: CA
Calendar Year-To-Date Per Election for Office Sought 70388.47		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Planned Parenthood Affiliates of California		
Mailing Address 555 Capitol Mall, Suite 510		
City Sacramento	State CA	Zip Code 95814
Purpose of Expenditure Travel for Field Program; 8/1 - 8/31		Category/ Type 24E

Date of Public Distribution/Dissemination 08 / 01 / 2014
Amount 1819.00
Transaction ID : PDTE8
Date of Disbursement or Obligation 08 / 01 / 2014

Name of Federal Candidate Julia Brownley	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 26 State: CA
Calendar Year-To-Date Per Election for Office Sought 70388.47		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4281.13
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) 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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan
Signature

[Electronically Filed]

Date **10 / 13 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER C C00556860
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Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 01 / 2014
Mailing Address 555 Capitol Mall, Suite 510		Amount 10.56
City Sacramento	State CA	Zip Code 95814
Purpose of Expenditure Online Voter Guide; 8/16 - 8/31	Category/ Type 24E	Transaction ID : PDTE34 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 01 / 2014
Name of Federal Candidate Julia Brownley	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	70388.47	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Planned Parenthood Affiliates of California [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014
Mailing Address 555 Capitol Mall, Suite 510		Amount 9396.20
City Sacramento	State CA	Zip Code 95814
Purpose of Expenditure Research; 9/1 - 9/30	Category/ Type 24A	Transaction ID : PDTE39 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014
Name of Federal Candidate Jeff Gorell	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	70388.47	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10.56
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) 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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan
Signature

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
10 / 13 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Protecting Choice in California, a project of Planned Parenthood
Affiliates of California
FEC IDENTIFICATION NUMBER
C C00556860
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Planned Parenthood Affiliates of California
MEMO ITEM
Mailing Address 555 Capitol Mall, Suite 510
City Sacramento State CA Zip Code 95814
Purpose of Expenditure Staff Time and Travel for Research; 9/1-9/30
Category/Type 24E

Date of Public Distribution/Dissemination
09 / 01 / 2014
Amount 481.47
Transaction ID : PDTE14
Date of Disbursement or Obligation
09 / 01 / 2014

Name of Federal Candidate
Julia Brownley
Support
Office Sought: House
District: 26
State: CA

Disbursement For: General
2014

Full Name of Payee
Planned Parenthood Affiliates of California
MEMO ITEM
Mailing Address 555 Capitol Mall, Suite 510
City Sacramento State CA Zip Code 95814
Purpose of Expenditure Staff Time and Travel for Field Program; 9/1-9/30
Category/Type 24E

Date of Public Distribution/Dissemination
09 / 01 / 2014
Amount 3884.34
Transaction ID : PDTE15
Date of Disbursement or Obligation
09 / 01 / 2014

Name of Federal Candidate
Julia Brownley
Support
Office Sought: House
District: 26
State: CA

Disbursement For: General
2014

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) 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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan
[Electronically Filed]
Date 10 / 13 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER C C00556860
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Planned Parenthood Affiliates of California [MEMO ITEM]	Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014
Mailing Address 555 Capitol Mall, Suite 510	Amount 62.68
City State Zip Code Sacramento CA 95814	Transaction ID : PDTE17
Purpose of Expenditure Internet for Field Office; 9/1-9/30	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Category/Type 24E	
Name of Federal Candidate Julia Brownley	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 26 State: CA
Calendar Year-To-Date Per Election for Office Sought	70388.47
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Planned Parenthood Affiliates of California [MEMO ITEM]	Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014
Mailing Address 555 Capitol Mall, Suite 510	Amount 899.57
City State Zip Code Sacramento CA 95814	Transaction ID : PDTE20
Purpose of Expenditure Supplies for Field Office; 9/1-9/30	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Category/Type 24E	
Name of Federal Candidate Julia Brownley	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 26 State: CA
Calendar Year-To-Date Per Election for Office Sought	70388.47
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) 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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan
Signature

[Electronically Filed] Date MM / DD / YYYY
10 / 13 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00556860 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Affiliates of California [MEMO ITEM]	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2014 </div>						
Mailing Address 555 Capitol Mall, Suite 510	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 19.80 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Sacramento</td> <td>CA</td> <td>95814</td> </tr> </table>	City	State	Zip Code	Sacramento	CA	95814	Transaction ID : PDTE41 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2014 </div>
City	State	Zip Code					
Sacramento	CA	95814					
Purpose of Expenditure Online Voter Guide; 9/1 - 9/30	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>						
Name of Federal Candidate Julia Brownley	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 70388.47 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee Planned Parenthood Affiliates of California [MEMO ITEM]	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2014 </div>						
Mailing Address 555 Capitol Mall, Suite 510	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 481.46 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Sacramento</td> <td>CA</td> <td>95814</td> </tr> </table>	City	State	Zip Code	Sacramento	CA	95814	Transaction ID : PDTE25 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2014 </div>
City	State	Zip Code					
Sacramento	CA	95814					
Purpose of Expenditure Staff Time and Travel for Research; 9/1-9/30	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24A</div>						
Name of Federal Candidate Jeff Gorell	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 70388.47 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 0.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> </div>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

 Signature

[Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
 10 / 13 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Protecting Choice in California, a project of Planned Parenthood
Affiliates of California
FEC IDENTIFICATION NUMBER
C C00556860
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Planned Parenthood Affiliates of California
MEMO ITEM
Mailing Address
555 Capitol Mall, Suite 510
City State Zip Code
Sacramento CA 95814
Purpose of Expenditure
Staff Time and Travel for Field Program; 9/1-9/30
Category/Type
24A

Date of Public Distribution/Dissemination
09 / 01 / 2014
Amount
3884.34
Transaction ID : PDTE26
Date of Disbursement or Obligation
09 / 01 / 2014

Name of Federal Candidate
Jeff Gorell
Support Oppose
Office Sought: House District: 26
President Senate State: CA
Calendar Year-To-Date
Per Election for Office Sought
70388.47

Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Planned Parenthood Affiliates of California
MEMO ITEM
Mailing Address
555 Capitol Mall, Suite 510
City State Zip Code
Sacramento CA 95814
Purpose of Expenditure
Supplies for Field Office; 9/1-9/30
Category/Type
24A

Date of Public Distribution/Dissemination
09 / 01 / 2014
Amount
899.57
Transaction ID : PDTE27
Date of Disbursement or Obligation
09 / 01 / 2014

Name of Federal Candidate
Jeff Gorell
Support Oppose
Office Sought: House District: 26
President Senate State: CA
Calendar Year-To-Date
Per Election for Office Sought
70388.47

Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) 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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan
[Electronically Filed]
Date 10 / 13 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Protecting Choice in California, a project of Planned Parenthood Affiliates of California

FEC IDENTIFICATION NUMBER
C C00556860

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee
Planned Parenthood Affiliates of California
[MEMO ITEM]

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Expenditure Internet for Field Office; 9/1-9/30 Category/Type 24A

Name of Federal Candidate Jeff Gorell Support Oppose

Calendar Year-To-Date Per Election for Office Sought 70388.47

Date of Public Distribution/Dissemination 09 / 01 / 2014

Amount 62.69

Transaction ID : PDTE29

Date of Disbursement or Obligation 09 / 01 / 2014

Office Sought: House District: 26
 President Senate State: CA

Disbursement For: Primary General 2014 Other (specify) ▶

Full Name of Payee
Planned Parenthood Affiliates of California
[MEMO ITEM]

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Expenditure Research; 9/1 - 9/30 Category/Type 24E

Name of Federal Candidate Julia Brownley Support Oppose

Calendar Year-To-Date Per Election for Office Sought 70388.47

Date of Public Distribution/Dissemination 09 / 01 / 2014

Amount 9396.20

Transaction ID : PDTE40

Date of Disbursement or Obligation 09 / 01 / 2014

Office Sought: House District: 26
 President Senate State: CA

Disbursement For: Primary General 2014 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) 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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

[Electronically Filed]

Date 10 / 13 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California	FEC IDENTIFICATION NUMBER ▼ C C00556860
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Political Data, Inc.	Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014
Mailing Address P.O. Box 59570	Amount 2202.00
City Norwalk State CA Zip Code 90652	Transaction ID : PDTE16 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Purpose of Expenditure Data for Field Program; 9/1-9/30	Category/ Type 24E
Name of Federal Candidate Julia Brownley	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Political Data, Inc.	Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014
Mailing Address P.O. Box 59570	Amount 2202.00
City Norwalk State CA Zip Code 90652	Transaction ID : PDTE28 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Purpose of Expenditure Data for Field Program; 9/1-9/30	Category/ Type 24A
Name of Federal Candidate Jeff Gorell	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4404.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan
[Electronically Filed]
Date

Signature _____ Date MM / DD / YYYY
10 / 13 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Protecting Choice in California, a project of Planned Parenthood
Affiliates of California
FEC IDENTIFICATION NUMBER
C C00556860
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Wagaman Strategies
Mailing Address: 886 Metal Lane
City: West Sacramento, State: CA, Zip Code: 95691
Purpose of Expenditure: Campaign Consulting for Field Program; 8/1 - 8/31
Category/Type: 24E
Date of Public Distribution/Dissemination: 08/01/2014
Amount: 843.75
Transaction ID: PDTE33
Date of Disbursement or Obligation: 08/01/2014
Name of Federal Candidate: Julia Brownley
Support: [X] House, District: 26, State: CA
Disbursement For: [X] General

Full Name of Payee: Wagaman Strategies
[MEMO ITEM]
Mailing Address: 886 Metal Lane
City: West Sacramento, State: CA, Zip Code: 95691
Purpose of Expenditure: Campaign Consulting for Field Program; 9/1-9/30
Category/Type: 24E
Date of Public Distribution/Dissemination: 09/01/2014
Amount: 46.88
Transaction ID: PDTE18
Date of Disbursement or Obligation: 09/01/2014
Name of Federal Candidate: Julia Brownley
Support: [X] House, District: 26, State: CA
Disbursement For: [X] General

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures: 843.75
(b) SUBTOTAL of Unitemized Independent Expenditures:
(c) 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 (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Kathleen Cogan
Date: 10/13/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Protecting Choice in California, a project of Planned Parenthood
Affiliates of California
FEC IDENTIFICATION NUMBER
C C00556860
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Wagaman Strategies
MEMO ITEM
Mailing Address 886 Metal Lane
City West Sacramento State CA Zip Code 95691
Purpose of Expenditure Campaign Consulting for Field Program; 9/1-9/30
Category/Type 24A

Date of Public Distribution/Dissemination
09 / 01 / 2014
Amount 46.87
Transaction ID : PDTE30
Date of Disbursement or Obligation
09 / 01 / 2014

Name of Federal Candidate
Jeff Gorell
Support Oppose
Office Sought: House District: 26
President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 70388.47

Disbursement For: Primary General 2014
Other (specify)

Full Name of Payee
James Wisley
Mailing Address 1570 Prospect Avenue
City Hermosa Beach State CA Zip Code 90254
Purpose of Expenditure Campaign Consulting; 8/1 - 8/31
Category/Type 24E

Date of Public Distribution/Dissemination
08 / 01 / 2014
Amount 145.84
Transaction ID : EDTEALC2
Date of Disbursement or Obligation
08 / 01 / 2014

Name of Federal Candidate
Julia Brownley
Support Oppose
Office Sought: House District: 26
President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 70388.47

Disbursement For: Primary General 2014
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 145.84
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) 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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan
[Electronically Filed]
Date 10 / 13 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Protecting Choice in California, a project of Planned Parenthood
Affiliates of California
FEC IDENTIFICATION NUMBER
C C00556860
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
James Wisley
[MEMO ITEM]
Mailing Address 1570 Prospect Avenue
City Hermosa Beach State CA Zip Code 90254
Purpose of Expenditure Campaign Consulting; 9/1-9/30 Category/Type 24E
Name of Federal Candidate Julia Brownley Support Oppose
Calendar Year-To-Date Per Election for Office Sought 70388.47

Date of Public Distribution/Dissemination 09/01/2014
Amount 312.50
Transaction ID : PDTE19
Date of Disbursement or Obligation 09/01/2014
Office Sought: House District: 26 State: CA
Disbursement For: General 2014

Full Name of Payee
James Wisley
[MEMO ITEM]
Mailing Address 1570 Prospect Avenue
City Hermosa Beach State CA Zip Code 90254
Purpose of Expenditure Campaign Consulting; 9/1-9/30 Category/Type 24A
Name of Federal Candidate Jeff Gorell Support Oppose
Calendar Year-To-Date Per Election for Office Sought 70388.47

Date of Public Distribution/Dissemination 09/01/2014
Amount 312.50
Transaction ID : PDTE31
Date of Disbursement or Obligation 09/01/2014
Office Sought: House District: 26 State: CA
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 37545.68

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan [Electronically Filed] Date 10/13/2014
Signature