Image# 14978386103 PAGE 1 / 52

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	or Other Than An Au	thorized Committe	e		Office Use Only	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typin over the lines.	g, type	12FE4M5		
Protecting Choice in Ca	alifornia, a project of	Planned Parent	hood Aff	iliates of C	alifornia	
			1 1 1 1			
ADDRESS (number and street)	555 Capitol Mall, Suite 142	5				
Check if different						
than previously reported. (ACC)	Sacramento			CA _	95814	
2. FEC IDENTIFICATION NU	MBER ▼ CI	TY▲		STATE 🛦	ZIP CODE	<u> </u>
C C00556860		S THIS X (N	EW N) OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	Report Due On:		May 20 (M5)		Yea	ov 20 (M11) n-Election or Only)
(a) Quarterly Reports:		` ' 📙	` '		(No Yea	n-Election r Only)
April 15 Quarterly Report (Q		7 20 (M4) J	ul 20 (M7)	Oct 2	20 (M10) Jai	n 31 (YE)
July 15 Quarterly Report (Q:	(C) 12-Day	Primary (12P)	L	General (12G) Rui	noff (12R)
Cottober 15 Quarterly Report (Q	Report for the:	Convention (1	(2C)	Special (1	12S)	
January 31 Year-End Report (YI	Floati	on on	D D /	Y Y Y Y Y	in the State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (3	OR) Spe	ecial (30S)
Termination Report (TER)	Electi	on on	D = D /	Y = Y = Y = Y	in the State of	
5. Covering Period 07	01 2014	through	M M 09	30 /	2014	
certify that I have examined thi	s Report and to the best o	f my knowledge and b	elief it is tru	ue, correct and	l complete.	
Type or Print Name of Treasurer	Kathleen Cogan					
Signature of Treasurer Kathle	nen Cogan	[Electronically	Filed] [Date 10		014
NOTE: Submission of false, errone	ous, or incomplete information	on may subject the pers	on signing tl	nis Report to th	e penalties of 2 U.S.	C. §437g.
Office Use Only					FEC FORM Rev. 12/2004	3X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

2014 09 30 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 105901.09 January 1. 2014 (b) Cash on Hand at 119870.57 Beginning of Reporting Period..... 408087.48 212014.74 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 331885.31 513988.57 6(a) and 6(c) for Column B)..... 165275.37 241477.54 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 166609.94 166609.94 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 74222.53 Schedule C and/or Schedule D) 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

R	eport Covering the Period: From: 07	01 2014	To: 09 / 30 / 2014
	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(iii) TOTAL (add	0.00	435.00
	Lines 11(a)(i) and (ii)▶	175330.00	225715.00
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	36351.00	162186.09
12	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	211681.00	387901.09
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	333.74	20186.39
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.)	0.00	0.00
	(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
Operating Expenditures: – (a) Allocated Federal/Non-Federal		Jaichadi Teal-to-Date
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
Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures	07570.40	07570 40
(use Schedule E) Coordinated Party Expenditures	37578.12	37578.12
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(b) Political Party Committees	0.00	3.55
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	27115.96	30603.94
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		7 7
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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	165275.37	241477.54
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

1 20 1 3111 3 1 (1101: 02/2000)		i ago 🐱
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
84. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	211681.00	387901.09
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	100581.29	173295.48
7. Offsets to Operating Expenditures (from Line 15, page 3)	333.74	20186.39
88. 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

FOR I	LINE I	VU	MBER	:	PAGE	6	OF	52
(check	k only							
X 1	11a		11b		11c	12		
1	13		14		15	16		17

Detailed Summary Page 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) Planned Parenthood Affiliates of California Date of Receipt Mailing Address 555 Capitol Mall, Suite 510 2014 City State Zip Code Transaction ID: INCA102 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing 30000.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 221321.39 Other (specify) Full Name (Last, First, Middle Initial) B. Planned Parenthood Affiliates of California Date of Receipt Mailing Address 555 Capitol Mall, Suite 510 09 2014 80 City State Zip Code Transaction ID: INCA154 CA 95814 Sacramento Amount of Each Receipt this Period FEC ID number of contributing 50000.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 221321.39 Other (specify) Full Name (Last, First, Middle Initial) c. Planned Parenthood Affiliates of California Date of Receipt Mailing Address 555 Capitol Mall, Suite 510 2014 09 18 City State Zip Code Transaction ID: INCA232 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing 65000.00 С federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 221321.39 Other (specify) 145000.00 SUBTOTAL of Receipts This Page (optional).....

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	5 7 OF	52
(check on	y one)			
X 11a	11b	11c	12	
13	14	15	16	17

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) Planned Parenthood Affiliates of California Date of Receipt Mailing Address 555 Capitol Mall, Suite 510 2014 23 City State Zip Code Transaction ID: INCA256 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing C 30330.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 221321.39 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)			,	7	30330.00
TOTAL This Period (last page this line number	only)	Ċ		- 1	175330.00

C

Occupation

Aggregate Year-to-Date ▼

FEC ID number of contributing

General

federal political committee.

Other (specify)

Name of Employer

Primary

Receipt For:

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

lmage# 14978386110		
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 X 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project	of Planned Parenthood	d Affiliates of California
Full Name (Last, First, Middle Initial)		

	Protecting Choice in California, a	a project of Planned Parenthood A	Affiliates of California
١.	Full Name (Last, First, Middle Initial) Planned Parenthood Advocacy Project	Date of Receipt	
	Mailing Address 555 Capitol Mall, Suite 1425	7.0.1	09 16 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
	City Sacramento	State Zip Code CA 95814	Transaction ID : INCA228
-		93014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	23189.00
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 43209.00	
3.	Full Name (Last, First, Middle Initial) Planned Parenthood Advocacy Proje	ect Los Angeles County Action Fund	Date of Receipt
	Mailing Address 555 Capitol Mall, Suite 1425		09 25 2014 <u>2014</u>
	City	State Zip Code	Transaction ID : INCA255
-	Sacramento	CA 95814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	3162.00
	Name of Employer	Occupation	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	43209.00	
).	Full Name (Last, First, Middle Initial) Planned Parenthood of Orange and San Berna	ardino Counties Community Action Fund PAC	Date of Receipt
	Mailing Address 555 Capitol Mall, Suite 1425		09 08 2014 _
	City	State Zip Code	Transaction ID : INCA226
	Sacramento	CA 95814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10000.00
	Name of Employer	Occupation	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	99.9	
	Other (specify) ▼	23652.00	
SI	JBTOTAL of Receipts This Page (optional)		36351.00
TC	OTAL This Period (last page this line number o	only)	36351.00

SC ITE

ge# 14978386111		
HEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 OF 52 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
	Statements may not be sold or used by any per e name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	a project of Planned Parenthood	
Full Name (Last, First, Middle Initial) Planned Parenthood Affiliates of Cali	fornia	Date of Receipt
Mailing Address 555 Capitol Mall, Suite 510		08 04 2014
City Sacramento	State Zip Code CA 95814	Transaction ID : INCA101 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	333.74
Name of Employer	Occupation	Refund of Electoral Service Contract Expense
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 221321.39	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing dederal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing dederal political committee.	C	Amount of Each necessit this remod
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

333.74

333.74

SUBTOTAL of Receipts This Page (optional).....

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

В.

SCHEDULE B (FEC Form 3X)			FOR L	INE NUMBER	PAGE 10 OF 52			
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(OILCOIN	only one)				
		Detailed Summary Page		21b 22 27 28a	23 28b	24 25 26 30b		
Λ-	ry information copied from such Reports and Staten	nonte may not be said as us						
or	for commercial purposes, other than using the nam	ne and address of any politi	cal committe	ee to solicit c	ontributions f	rom such committee.		
	NAME OF COMMITTEE (In Full)	<u> </u>						
$ \rangle$	Protecting Choice in California, a p	roject of Planned P	arenthoo	od Affiliat	es of Cal	ifornia		
_	Full Name (Last, First, Middle Initial)							
Α.	AMS Communications, Inc.			Date	of Disbursem			
	Mailing Address 500 Sansome Street, Suite 404			08		2014		
	City	State Zip Code		Tran	saction ID :	FYPR222		
	San Francisco Purpose of Disbursement	CA 94111			isaction ib .	LAI BZZZ		
	Door Hangers Non Federal Expense		006	Amou	nt of Each D	isbursement this Period		
	Candidate Name		Category Type	1/		3900.00		
	Office Sought: House Disbursen	nent For:	Турс		,			
	Senate	Primary General						
		Other (specify) ▼						
_	State: District:							
В	Full Name (Last, First, Middle Initial) AMS Communications, Inc.			Date	of Disbursem	nent		
٥.	AIVIS Communications, inc.			M	M / D D	/		
	Mailing Address 500 Sansome Street, Suite 404			09		2014		
	City San Francisco	State Zip Code CA 94111		Trar	nsaction ID :	EXPB279		
	Purpose of Disbursement	94111		_				
	Mailer		24A	Amou	nt of Each D	isbursement this Period		
	Candidate Name		Category Type	1		5055.00		
	Office Sought: House Disbursen	nent For: 2014			,	,		
		Primary General						
		Other (specify) ▼						
_	State: District:							
C.	Full Name (Last, First, Middle Initial) AMS Communications, Inc.			Date	of Disbursem	nent		
				M	M / D D			
	Mailing Address 500 Sansome Street, Suite 404			09	26	2014		
		State Zip Code		Tran	nsaction ID :	EXPB277		
	San Francisco Purpose of Disbursement	CA 94111						
	Mailer		24E	Ama	nt of Each D	isbursement this Period		
	Candidate Name		Category		nt of Each D	isbursement this Period		
			Type	′	1 40 1	10110.00		
		nent For: 2014				,		
		Other (appoint) —						
	State: President State:	Other (specify) ▼						
Г	Diotriot.							
s	UBTOTAL of Disbursements This Page (optional)					19065.00		
\vdash	<u> </u>			- =				
т	OTAL This Period (last page this line number only)			L	7			

1mage# 14978386113 PAGE 11 / 52

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F 9 @ 5 H9 8 'HC' 5 'F 9 D C F H Z G7 < 98 I @ 'C F' + H9 A = N 5 H = C B

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

S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE							12 OF 52		
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check	k only	one)							
		Detailed Summary Page		21b 27	22 28a	23 28b		24 28c	25 29	26 30b		
۸.	ny information copied from such Reports and Staten	nente may not be cold or	and by any									
or	for commercial purposes, other than using the name	ne and address of any politi	cal committ	tee to	solicit cor	ntribution	s from	such o	commit	tee.		
	NAME OF COMMITTEE (In Full)											
$ \rangle$	Protecting Choice in California, a p	roject of Planned P	arentho	od A	Affiliate	s of C	alifo	rnia				
_	Full Name (Last, First, Middle Initial)											
A.	AMS Communications, Inc.				Date of	Disburs						
	Mailing Address 500 Sansome Street, Suite 404				09	/ D	26		2014	Y		
		State Zip Code			Trans	action ID) · FXF	PB395				
	San Francisco Purpose of Disbursement	CA 94111						2000				
	Mailers Non Federal Expense		004		Amount	t of Each	Disbu	ırsemeı	nt this	Period		
	Candidate Name		Categor	ry/				-	1431	5.00		
	Office Sought: House Disbursen	nent For:	Туре			7	-	7				
		Primary General										
		Other (specify)										
_	State: District:											
В	Full Name (Last, First, Middle Initial) Blueprint Interactive				Date of	Disburs	ement					
					M = M		D /	Υ	Y	Υ		
	Mailing Address 1155 Connecticut Avenue, NW Suite 601				09		09		2014			
	City S Washington	State Zip Code DC 20036			Trans	action II	: EXF	PB155				
	Purpose of Disbursement	20000	_	\dashv								
	Online Ads		24A		Amount of Each Disbursement th			nt this	Period			
	Candidate Name		Category/ Type					600	0.00			
	Office Sought: House Disbursen	nent For: 2014	7.5	\neg								
		Primary General										
	President State: District:	Other (specify) ▼										
_	Full Name (Last, First, Middle Initial)											
C.	Blueprint Interactive				Date of	Disburs	ement					
	Mailing Address 1155 Connecticut Avenue, NW			—	м = м 09	/ D)9 /		2014	Y		
	Suite 601				03		,,,		_0 17			
		State Zip Code DC 20036			Trans	action IE	: EXF	PB157				
	Purpose of Disbursement	DC 20036										
	Online Ads		24E		Amount	t of Each	Disbu	ırsemeı	nt this	Period		
	Candidate Name		Categor	ry/				-	6000	0.00		
	Office Sought: House Disbursen	nent For: 2014	Туре			7	_	7				
		Primary General										
		Other (specify) ▼										
_	State: District:											
,	SUBTOTAL of Disbursements This Page (optional)					-			26315	5.00		
F					-	7	-	1	-			
1	TOTAL This Period (last page this line number only)			•				7				

1mage# 14978386115 PAGE 13 / 52

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

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)		FOR LINE	LINE NUMBER: PAGE 14 OF 52									
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	/ one)									
	Detailed Summary Page		22 23 28b	24 25 26 28c 29 30b								
Any information copied from such Reports and S	tatements may not be cold or :											
or for commercial purposes, other than using the												
NAME OF COMMITTEE (In Full)												
Protecting Choice in California,	a project of Planned F	Parenthood	Affiliates of Cal	ifornia								
Full Name (Last, First, Middle Initial)			5									
A. Blueprint Interactive			Date of Disbursem									
Mailing Address 1155 Connecticut Avenue, NV	V		09 09	2014								
Suite 601												
City Washington	State Zip Code DC 20036		Transaction ID : EXPB210									
Purpose of Disbursement	20030											
Online Advertisements - Non Federal Expense		004	Amount of Each D	isbursement this Period								
Candidate Name		Category/		12000.00								
Office Sought: House Disb	ursement For:	Type		.200.00								
Senate Sought.	Primary General											
President	Other (specify)											
State: District:												
Full Name (Last, First, Middle Initial)			Doto of Dishares	uont.								
B. Lake Research Partners, Inc.			Date of Disbursem	ent / Y Y Y Y Y								
Mailing Address 1726 M Street, NW, Suite 10)		09 10	2014								
City Washington	State Zip Code DC 20036		Transaction ID : EXPB258									
Purpose of Disbursement												
Polling; Costs to be reimbursed by Planned Po	arenthood Action Fund Pacific	005	Amount of Each D	isbursement this Period								
Candidate Name		Category/ Type		682.50								
Office Sought: House Disb	ursement For:	Туре		7								
Senate	Primary General											
President	Other (specify) ▼											
State: District:												
Full Name (Last, First, Middle Initial) C. Lake Research Partners, Inc.			Date of Disbursem	ent								
			M = M / D = D									
Mailing Address 1726 M Street, NW, Suite 100			09 10	2014								
City	State Zip Code		Transaction ID	EVBD220								
Washington	DC 20036		Transaction ID :	EAPB22U								
Purpose of Disbursement Polling Non Federal Expense		005	A	inhome many this B. C. I.								
Candidate Name			Amount of Each D	isbursement this Period								
		Category/ Type		9552.50								
	ursement For:											
Senate President	Primary General Other (specify) ▼											
State: District:	Other (specify)											
SUBTOTAL of Disbursements This Page (optio	nal)		4	22235.00								
		<u> </u>										
TOTAL This Period (last page this line number	only)	•••••••										

S	CHEDULE B (FEC Form 3X)		FOR LINE					LINE NUMBER: PAGE 15 OF 52									
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the) (cl		k only		_	_	_	,						
			Summary Page		X	21b 27	22	,	23 28b		24 28c	25 29		26 30b			
_				<u> </u>			28			<u>_</u>							
	ny information copied from such Reports and Statem for commercial purposes, other than using the name																
\setminus	NAME OF COMMITTEE (In Full)																
	Protecting Choice in California, a p	roject o	f Planned P	aren	thc	od /	Affilia	tes	of Ca	alifo	ornia						
_	Full Name (Last, First, Middle Initial)						_										
Α.	Lake Research Partners, Inc.						Date	of D	isburse	emer		YY	Υ				
	Mailing Address 1726 M Street, NW, Suite 100						0:	9	1	0		2014					
	,	State	Zip Code				Tra	nsac	tion ID) : E)	KPB260	ı					
	Washington Purpose of Disbursement	DC	20036														
	Polling; Costs to be reimbursed by Planned Parenth	ood Action	Fund Pacific	0	005		Amo	unt o	f Each	Disl	ourseme	ent this	nt this Period				
	Candidate Name			Cate Ty	egor ype	ry/	L		,		,	68	2.50				
		nent For: Primary	General														
		Other (spe	cify) 🔻														
_	State: District:																
В.	Full Name (Last, First, Middle Initial) Planned Parenthood Action Fund						Date	of D	isburse	emer	nt						
							M	M		D	/ Y	ΥΥ	Y				
	Mailing Address 1110 Vermont Avenue, NW, Suite	300					09 12 2014										
	,	State DC	Zip Code				Tra	nsac	tion ID) : E	XPB231						
	Washington Purpose of Disbursement	DC	20005														
	Mobile Voter Guide Non Federal Expense			C	004		Amo	unt o	f Each	Disl	ourseme	ent this	Perio	d			
	Candidate Name			Cate	egor ype	ry/		23	5.00								
	Office Sought: House Disbursen	nent For:			71												
		Primary	General														
		Other (spe	cify) ▼														
	State: District:																
C.	Full Name (Last, First, Middle Initial) Planned Parenthood Affiliates of Ca	alifornia	l				Date	of D	isburse	emer	nt						
							M	_	/ D	_	/ Y	ΥΥ	Υ				
	Mailing Address 555 Capitol Mall, Suite 510						0	7	0)7		2014	_				
		State CA	Zip Code				Tra	nsac	tion ID) : E	XPB91						
	Sacramento Purpose of Disbursement	95814															
	Travel Expenses Non Federal Expense			0	002		Δmo	ınt o	f Each	Diel	nurcoma	ent this	Pario	иd			
	Candidate Name			Cate	egor ype	y/	Amo	ant o	Lacii	Disi	Julgerin		0.00				
	Office Sought: House Disbursen	nent For:			,,,				7		,						
	Senate	Primary	General														
	President	Other (spe	cify) ▼														
_	State: District:							_		_			_				
8	SUBTOTAL of Disbursements This Page (optional)					•			-0			1117	7.50				
\vdash						F				,			Ŧ				
1	OTAL This Period (last page this line number only)				•			,		7							

S	CHEDULE B (FEC Form 3X)	FOR LINE					LINE NUMBER: PAGE 16 OF 52									
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the) (k only		_	٦.٥٥		04 5					
			Summary Page		×	21b 27	22 28a	-	23 28b	\vdash	24 28c	25 29	_	26 30b		
Δr	ny information copied from such Reports and Statem	l nents may	not be sold or us	sed by	, anv			nur		of so			ıtions			
	for commercial purposes, other than using the name													,		
\setminus	NAME OF COMMITTEE (In Full)															
$ \rangle$	Protecting Choice in California, a p	roject o	f Planned P	arer	ntho	od /	Affiliate	es c	of Ca	alifo	rnia					
	Full Name (Last, First, Middle Initial)															
A.	Planned Parenthood Affiliates of Ca	alifornia	l				Date of Disbursement									
	Mailing Address 555 Capitol Mall, Suite 510						07	1 /	0.	_	/ Y	2014	Υ			
							O,	_				2011				
		State CA	Zip Code				Tran	sact	ion ID	: EX	PB92					
	Sacramento Purpose of Disbursement	CA	95814													
	Fundraising Expenses Non Federal Expense				003		Amour	nt of	Each	Disb	urseme	ent this	Perio	od		
	Candidate Name			Ca	tegor	y/			-		-	94	3.78	П		
	Office Sought: House Disbursen	ant For:			Type			-	7	-	7	- 34	5.70	_		
		Primary	General													
	President	Other (spe	cify) 🔻													
	State: District:															
В.	Full Name (Last, First, Middle Initial)	- I:f: -					Date of	of Dia	churco	mon	,					
υ.	Planned Parenthood Affiliates of Ca	alliomia					M		SDUI SC			Y	V			
	Mailing Address 555 Capitol Mall, Suite 510						07		1	_	Ĺ	2014				
	City	State	Zip Code				Tran	sact	ion ID	·FX	PB93					
	Sacramento Purpose of Disbursement	CA	95814				Transaction ID : EXPB93									
	Salaries Non Federal Expense				001		Amount of Each Disbursement this P									
	Candidate Name			Ca	tegor	y/			-			44	1 02	\neg		
	000				Type			-	7	-	7	44	1.82	_		
	Office Sought: House Disbursen Senate	nent For: Primary	General													
		Other (spe														
	State: District:															
^	Full Name (Last, First, Middle Initial)						Data	4 D:								
C.	Planned Parenthood Affiliates of Ca	alifornia					Date of	_	sburse			Y	V			
	Mailing Address 555 Capitol Mall, Suite 510						07		2	-	´ L	2014				
	City	State	Zip Code													
	Sacramento	95814				Tran	sact	ion ID	: EX	PB94						
	Purpose of Disbursement Electoral Service Contract Expense Non Federal Ex			007	\neg											
	Candidate Name				007	_	Amour	nt of	Each	Disb	urseme	ent this	Perio	od		
					itegor Type	·y/						33	3.74			
	Office Sought: House Disbursen								,		,					
		Primary	General													
	State: District:	Other (spe	City) \blacktriangledown													
Г	· L						_	-	-	-	-	_		$\overline{}$		
8	SUBTOTAL of Disbursements This Page (optional)					•			7		,	171	9.34			
L	OTAL This Desired (Issues and Issues and Iss							-					٦			
ΙŢ	UIAL This Period (last page this line number only).	This Period (last page this line number only)							7		7					

S	CHEDULE B (FEC Form 3X)			T FOR LINE	NE NUMBER: PAGE 17 OF 52											
	•	Use sepa	arate schedule(s)	FOR LINE I	L NOWELL.											
П	EMIZED DISBURSEMENTS	for each	category of the	X 21b	22	23	24	25 🗀 26								
		Detailed	Summary Page	27	28a	28b	28c	29 20 30b								
_																
	ny information copied from such Reports and Statem															
or	for commercial purposes, other than using the name	ne and add	ress of any politic	al committee to	# 10 SOUCH COMMITTEE TOTAL SUCH COMMITTEE											
/	NAME OF COMMITTEE (In Full)															
$ \rangle$	Protecting Choice in California, a p	roject of	f Planned Pa	arenthood A	Affiliates o	of Califo	ornia									
$oldsymbol{oldsymbol{oldsymbol{oldsymbol{L}}}$																
_	Full Name (Last, First, Middle Initial)															
Α.	Planned Parenthood Affiliates of Ca	alifornia	l		Date of Dis	sbursemer	nt									
					M = M /	D D	/ Y Y	YY								
	Mailing Address 555 Capitol Mall, Suite 510				08 07 2014											
	-															
	•	State	Zip Code		Transaction ID : EXPB95											
	Sacramento	CA	95814													
	Purpose of Disbursement Campaign Consulting for Electoral Activities Non Fe	deral Evan	nse			=:										
		ueiai Expe	1100	001	Amount of	Each Disk	oursement	this Period								
	Candidate Name			Category/				250.00								
				Type		7	7	250.00								
	Office Sought: House Disbursen	nent For:														
		Primary	General													
	President	Other (spe	cify) \blacktriangledown													
_	State: District:															
	Full Name (Last, First, Middle Initial)															
В.	Planned Parenthood Affiliates of C	alifornia	1		Date of Dis	sbursemer	nt									
	The state of the s		=		M = M /	D D	/ Y Y	YY								
	Mailing Address 555 Capitol Mall, Suite 510				08 07 2014											
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5															
	City	State	Zip Code		Transaction ID : EXPB98											
	Sacramento	CA	95814		iransact	וטוו ווט : בּוֹ	APDYÖ									
	Purpose of Disbursement															
	Staff Time, Office Expenses, Travel, and Campaign	Consulting	for Field	007	Amount of	Each Disk	oursement	this Period								
	Candidate Name			Category/				404.00								
				Type		,	,	434.90								
	Office Sought: House Disbursen	nent For:	L													
	Senate	Primary	General													
	President	Other (spe	cify) 🔻													
	State: District:		·													
_	Full Name (Last, First, Middle Initial)															
C	Planned Parenthood Affiliates of Ca	alifornia			Date of Dis	sbursemer	nt									
٠.	i iainieu i aleitiiloou Allillates Ul Ca	amomia	l .		W 21			YY								
	Mailing Address 555 Capitol Mall, Suite 510				08	07	20									
					55	ă,	20									
	City	State	Zip Code													
		CA	95814		Transact	ion ID : EX	(PB96									
	Purpose of Disbursement															
	Meeting Expense for Electoral Activities Non Federa	al Expense		001	Amount of	Each Dick	nurcamant	this Pariod								
	Candidate Name				Amount of Each Disbursement this Period											
				Category/ Type	1			135.10								
	Office Sought: House Disbursen	nent For		туре		7	7									
		Primary	General													
		•														
		Other (spe	ciiy) ▼													
	State: District:															
								920.00								
5	SUBTOTAL of Disbursements This Page (optional)			·····•		7	7	820.00								
Г																
Ιī	TOTAL This Period (last page this line number only)															

S	CHEDULE B (FEC Form 3X)			NUMBER	:		PAG	E 18	OF 52						
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(che	ck only	one)		_	_						
			Summary Page		21b	22	23		24	25	26				
_					27	28a	28		28c	29	30b				
	ny information copied from such Reports and Statem for commercial purposes, other than using the name														
\setminus	NAME OF COMMITTEE (In Full)														
	Protecting Choice in California, a p	roject o	of Planned Pa	arenth	ood	Affiliate	es of	Cali	fornia						
_	Full Name (Last, First, Middle Initial)					_									
Α.	Planned Parenthood Affiliates of Ca	alifornia	a			Date o	of Disbu	rsem	_	YYY	Y				
	Mailing Address 555 Capitol Mall, Suite 510					08		07		2014					
	,	State	Zip Code			Transaction ID : EXPB99									
	Sacramento Purpose of Disbursement	CA	95814												
	Staff Time, Office Expenses, Travel, and Campaign	Consulting	for Field	007		Amoun	t of Ea	ch Di	sbursem	ent this	Period				
	Candidate Name				,		,	219	2.00						
	Office Sought: House Disbursem														
		Primary Other (spe	General												
	State: District:	Other (spe	ecity) 🔻												
_	Full Name (Last, First, Middle Initial)														
В.	•	alifornia	a			Date o	f Disbu		_	- Y - Y					
	Mailing Address 555 Capitol Mall, Suite 510			08 07 2014											
	City S Sacramento	State CA	Zip Code 95814			Transaction ID : EXPB97									
	Purpose of Disbursement	O = = = : : !#: = =	for Field	-	-										
	Staff Time, Office Expenses, Travel, and Campaign	Consulting	for Field	007		Amoun	ent this	Period							
	Candidate Name			Catego Typo			,		,	187	5.55				
	Office Sought: House Disbursen														
		Primary	General												
	President State: District:	Other (spe	ecity) 🔻												
	Full Name (Last, First, Middle Initial)														
C.	Planned Parenthood Affiliates of Ca	alitornia	a			Date o	f Disbu								
	Mailing Address 555 Capitol Mall, Suite 510					08		07	/ Y	2014	Y				
	City	State	Zip Code			_				_					
	Sacramento	CA	95814			Trans	saction	ID :	EXPB10	0					
	Purpose of Disbursement Staff Time, Office Expenses, Travel, and Campaign	Conculting	for Field		-]									
	Program Non Federal Expense	Consuming	TOT I TEIU	007		Amoun	t of Ea	ch Di	sbursem	ent this	Period				
	Candidate Name			Catego Typ						109	6.00				
	Office Sought: House Disbursen	nent For:					,		, ,						
		Primary	General												
		Other (spe	ecify) 🔻												
	State: District:														
5	SUBTOTAL of Disbursements This Page (optional)				•				,	516	3.55				
L															
ΙŢ	OTAL This Period (last page this line number only)		▶												

S	CHEDULE B (FEC Form 3X)			FO	RΙ	INE I	NUMBE	R:			PAG	E 19	OF	52			
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(ch	eck	only	one)	_	7.55	_							
			Summary Page			21b 27	22 288	,	23 28b	_	24 28c	25	F	26 30b			
Λ-	ny information copied from such Reports and Statem	ente mov	not be cold or	ed by a						of c			ution				
	for commercial purposes, other than using the nam																
	NAME OF COMMITTEE (In Full)																
$ \rangle$	Protecting Choice in California, a p	roject o	f Planned P	arenth	no	od A	Affilia	es	of C	alif	ornia						
_	Full Name (Last, First, Middle Initial)						_										
Α.	Planned Parenthood Affiliates of Ca	alifornia ——	1				Date	of D	isburse			YY	■ Y				
	Mailing Address 555 Capitol Mall, Suite 510						09)	()3		2014	_				
		State	Zip Code				Tra	nsac	tion ID) : E	XPB22	3					
	Sacramento Purpose of Disbursement	CA	95814				-										
	Campaign Consulting for Field Program Non Federa	al Expense			Amou	ınt o	f Each	Dis	bursem	ent this	Per	iod					
	Candidate Name			Cate		//		Ξ	-			196	32.90)			
	Office Sought: House Disbursen	nent For:															
		Primary	General														
	State: District:	Other (spe	ecity) 🔻														
_	Full Name (Last, First, Middle Initial)																
В.	•	alifornia	a				Date	of D	isburse	eme							
	Mailing Address 555 Capitol Mall, Suite 510						M = 09	M .	_	03	/ Y	2014	Y				
							2017										
	City S Sacramento	State CA	Zip Code 95814				Tra	nsac	tion IE) : E	XPB22	4					
	Purpose of Disbursement			-	_	\dashv											
	Campaign Consulting & Office Expenses for Field P	rogram No	n Federal	00)1		Amou	ınt o	Each	Dis	bursem	ent this	Per	iod			
	Candidate Name			Cateo		//			45		_400	69	96.34	4			
	Office Sought: House Disbursem	nent For:							,								
		Primary	General														
		Other (spe	ecify) 🔻														
_	State: District:																
C.	Full Name (Last, First, Middle Initial) Planned Parenthood Affiliates of Ca	alifornia	1				Date	of D	isburse	eme	nt						
٠.							M	M	/ D			YY	1 Y	1			
	Mailing Address 555 Capitol Mall, Suite 510						09)		0		2014	_				
	,	State	Zip Code				Tro	neso	tion IF) · =	XPB21	2					
		CA	95814				ııa	iisaC	uon il	, . E	AF DZ I	,					
	Purpose of Disbursement Office Expenses for Field Program Non Federal Exp		00	1		Α			Г.	la come		_	ادما				
	Candidate Name				-		Amol	int o	⊢ach	DIS	bursem	ent this	Per	iod			
				Cated Typ		"						11	3.59)			
	Office Sought: House Disbursen								,								
		Primary	General														
	State: District:	Other (spe	ecify) 🔻														
г	District.																
8	SUBTOTAL of Disbursements This Page (optional)					•			45			277	2.83				
\vdash	<u> </u>				_	F				7	_						
1	OTAL This Period (last page this line number only)				•			7		,		-					

S 17

SCHEDULE B (FEC Form 3X)		EOD LINE	NE NUMBER: PAGE 20 OF 52											
ITEMIZED DISBURSEMENTS	Use separate schedule(s) FOR LINE (check only	E NOMBER.											
I LIVIIZED DISDUNSEIVIEN IS	for each category of the	X 21b	22 23 24 25 2											
	Detailed Summary Page	27	28a 28b 28c 29 3											
Any information copied from such Reports and Stater	nents may not be sold or u	sed by any perso	on for the purpose of soliciting contributions											
or for commercial purposes, other than using the nar														
NAME OF COMMITTEE (In Full)														
$ \; angle$ Protecting Choice in California, a p	roject of Planned P	arenthood	Affiliates of California											
	•													
Full Name (Last, First, Middle Initial)			Date of Dishursomert											
A. Planned Parenthood Affiliates of C	alitornia		Date of Disbursement											
Mailing Address 555 Capitol Mall, Suite 510			09 10 2014											
Maining Addition 500 Capitol Mall, Sulle 510			2017											
City	State Zip Code													
Sacramento	CA 95814		Transaction ID : EXPB212											
Purpose of Disbursement														
Supplies for Field Program Non Federal Expense		001	Amount of Each Disbursement this Period											
Candidate Name		Category/	2234.88											
Office Cought:	mont For	Туре	223.100											
Office Sought: House Disburser Senate	nent For: Primary General													
President	Other (specify)													
State: District:	oor (opcony) ▼													
Full Name (Last, First, Middle Initial)														
B. Planned Parenthood Affiliates of C	alifornia		Date of Disbursement											
			M M / D D / Y Y Y Y											
Mailing Address 555 Capitol Mall, Suite 510			09 10 2014											
,	State Zip Code		Transaction ID : EXPB214											
Sacramento Purpose of Disbursement	CA 95814													
Office Materials Field Program Non Federal Expens	se	001	Amount of Each Disbursement this Period											
Candidate Name														
		Category/ Type	474.26											
Office Sought: House Disburser	ment For:													
Senate	Primary General													
President	Other (specify) ▼													
State: District:														
Full Name (Last, First, Middle Initial)			Data of Dishamous i											
C. Planned Parenthood Affiliates of C	alitornia		Date of Disbursement											
Mailing Address 555 Capitol Mall, Suite 510			09 11 2014											
Maning Address 555 Capitol Mail, Suite 510			2014											
City	State Zip Code		Townselfor ID EVEROLE											
Sacramento	CA 95814		Transaction ID : EXPB216											
Purpose of Disbursement														
Staff Time for Field Program Non Federal Expense		001	Amount of Each Disbursement this Period											
Candidate Name		Category/	1541.82											
Office Cought:	mont For	Туре	1011.02											
Office Sought: House Disburser Senate	ment For: Primary General													
President	Other (specify)													
State: District:	5 (opoony) ▼													
SUBTOTAL of Disbursements This Page (optional)			4250.96											
TOTAL This Period (last page this line number only)														

S	CHEDULE B (FEC Form 3X)		FOR LINE						INE NUMBER: PAGE 21 OF 52							
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	1 ' '	hecl	k only	one)	_	_		,					
			Summary Page		×		22		23		24	25		26		
_						27	288		28b		28c	29		30b		
	ny information copied from such Reports and Statem for commercial purposes, other than using the name													3		
\setminus	NAME OF COMMITTEE (In Full)															
	Protecting Choice in California, a p	roject o	f Planned P	arent	thc	od /	Affiliat	es	of Ca	alif	ornia					
_	Full Name (Last, First, Middle Initial)						Date of Disbursement									
Α.		alifornia	1				Date	of D		emei		YY	Y			
	Mailing Address 555 Capitol Mall, Suite 510						09		1	1	L	2014				
		State	Zip Code				Transaction ID : EXPB217									
	Sacramento Purpose of Disbursement	CA	95814		louo											
	Staff Time for Field Program Non Federal Expense			0	01		Amou	ınt of	f Each	Dis	bursem	ent this	Perio	od		
	Candidate Name			Cate	egor ype	y/		Ξ	,		,	213	7.50			
	Office Sought: House Disbursen	nent For:														
		Primary	General													
	State: District:	Other (spe	ecity) 🔻													
_	Full Name (Last, First, Middle Initial)															
В.	•	alifornia					Date	of D	isburse	emei	nt					
	Flaillied Falerilliood Allillates of Ca	alliOffile	1				M	M		D		Y	V			
	Mailing Address 555 Capitol Mall, Suite 510			09 11												
	City	State	Zip Code				Tra		etion ID : EXPB218							
	Sacramento	CA	95814				ıra	nsac	tion ib	, : E	APDZIO	•				
	Purpose of Disbursement Consulting & Office Expenses for Field Program No	n Federal I	Expense	0	01		Amou	ınt of	f Each	Dis	bursem	ent this	Perio	od		
	Candidate Name			Cate	egor /pe	y/		200	1.36							
	Office Sought: House Disbursen	nent For:		.,	, 60											
	Senate	Primary	General													
	President	Other (spe	ecify) 🔻													
	State: District:															
	Full Name (Last, First, Middle Initial)						. .									
C.	Political Data, Inc.						Date	of D	isburse	emei						
	Mailing Address P.O. Box 59570					-	09	M		5	/ Y	2014	Y			
	Walling Address F.O. Box 59570						00					2014		l		
	City	State	Zip Code				Trai	2020	tion ID	· - E	XPB234					
	Norwalk	90652				IIa	isac	lion ib	· . E.	AF DZ34	•					
	Purpose of Disbursement Data File Non Federal Expenses			٥٢												
	Candidate Name				05	_	Amou	int of	Each	Dis	bursem	ent this	Perio	bc		
	Candidate Name			Cate	egor ype	y/						375	0.00			
	Office Sought: House Disbursen	nent For:		.,	урс				7		7					
	Senate	Primary	General													
	President	Other (spe	ecify) 🔻													
	State: District:															
Г													0.5			
8	SUBTOTAL of Disbursements This Page (optional)					•			7		7	788	8.86			
										-						
1	'OTAL This Period (last page this line number only)								7		7					

S	CHEDULE B (FEC Form 3X)		FOR LIN	INE NUMBER: PAGE 22 OF 52									
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	l (oncour o	,									
		Detailed Summary Page	X 21		23 28b	24 25 28c 29	26 30b						
Γ.													
	ny information copied from such Reports and Statem for commercial purposes, other than using the name												
\setminus	NAME OF COMMITTEE (In Full)												
	Protecting Choice in California, a p	roject of Planned P	arenthoo	d Affiliate:	s of Calif	ornia							
_	Full Name (Last, First, Middle Initial)				Date of Disbursement								
Α.	Political Data, Inc.			Date of	Disburseme	nt							
	Mailing Address P.O. Box 59570			09	05	2014							
	City	State Zip Code		Transaction ID : EXPB233									
	Norwalk	CA 90652		Halisacuoli ID . EAFB233									
	Purpose of Disbursement Data File Non Federal Expenses		005	Amount	of Each Dis	bursement this	Period						
	Candidate Name		Category/			32	27.00						
	Office Sought: House Disbursen	ment For:	Type	_	7	7							
		Primary General											
	President	Other (specify) ▼											
	State: District:												
_	Full Name (Last, First, Middle Initial)												
В.	Political Data, Inc.			Date of	Disburseme								
	Mailing Address P.O. Box 59570			09	10	2014	Y						
	City	State Zip Code											
	Norwalk	CA 90652		Trans	action ID : E	XPB219							
	Purpose of Disbursement Data File Non Federal Expense		005	Amount	of Each Dis	bursement this	Period						
	Candidate Name			Athlount	Of Edoir Bio		Toriou						
			Category/ Type			750	00.00						
	Office Sought: House Disbursen	nent For:											
		Primary General											
		Other (specify) ▼											
_	State: District:												
C	Full Name (Last, First, Middle Initial)			Date of	Disburseme	nt							
٥.	Wagaman Strategies			M M	/ D D	/ Y Y Y	V						
	Mailing Address 886 Metal Lane			09	01	2014							
	City S	State Zip Code		_		VDD005							
	West Sacramento	CA 95691		Irans	action ID : E	XPB225							
	Purpose of Disbursement Campaign Consulting; 8/1 - 8/31 Non Federal Exper	nse	001	1									
	Candidate Name			Amount	of Each Dis	bursement this	Period						
	Canada Name		Category/ Type			109	3.75						
	Office Sought: House Disbursen	nent For:			,								
	Senate	Primary General											
		Other (specify) ▼											
_	State: District:												
8	SUBTOTAL of Disbursements This Page (optional)					892	0.75						
H	3 (1995-97)				7	7	-						
1	OTAL This Period (last page this line number only)			. L.									

S 17

SCHEDULE B (FEC Form 3X)		T FOR LINE	INE NUMBER: PAGE 23 OF 52								
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	IL NOMBETT.								
TILWIZED DISDONSLINENTS	for each category of the	X 21b	22 23 24 25	<u> </u>							
	Detailed Summary Page	27	28a 28b 28c 29	30b							
Any information copied from such Reports and Statem	nents may not be sold or use	ed by any perso	on for the purpose of soliciting contribution	ons							
or for commercial purposes, other than using the name											
NAME OF COMMITTEE (In Full)											
Protecting Choice in California, a p	roject of Planned Pa	arenthood /	d Affiliates of California								
Full Name (Last, First, Middle Initial)			Data of Dishumanast								
A. James Wisley			Date of Disbursement								
Mailing Address 1570 Prospect Avenue			09 10 2014	Y							
maming realises 1070 F 100pcot / Worldo			30 10 2011								
City	State Zip Code		Transaction ID : EXPB221								
Hermosa Beach	CA 90254		ITAIISAGUUII ID . EAPB221								
Purpose of Disbursement Campaign Consulting for Field Program Non Federa	al Expense	004	Assessed of Foods Biolesses and this B	and and							
Candidate Name	II EXPONSO	001	Amount of Each Disbursement this Pe	erioa							
Candidate Name		Category/ Type	312.9	50							
Office Sought: House Disbursen	nent For:	туре									
	Primary General										
President	Other (specify) ▼										
State: District:											
Full Name (Last, First, Middle Initial)											
В.			Date of Disbursement								
Matter Address			M = M / D = D / Y = Y = Y	Y							
Mailing Address											
City	State Zip Code										
•	·										
Purpose of Disbursement											
Candidate Name			Amount of Each Disbursement this Pe	eriod							
Candidate Name		Category/									
Office Sought: House Disbursen	nent For:	Type									
	Primary General										
	Other (specify)										
State: District:											
Full Name (Last, First, Middle Initial)											
C.			Date of Disbursement								
			M M / D D / Y Y Y Y	Y							
Mailing Address											
City	State Zip Code										
	,										
Purpose of Disbursement											
			Amount of Each Disbursement this Pe	eriod							
Candidate Name		Category/		$\neg \neg$							
Office Sought: House Disbursen	nent For:	Туре									
	Primary General										
	Other (specify)										
State: District:	(1										
,				_							
SUBTOTAL of Disbursements This Page (optional)			312.5	50							
		<u> </u>	400704	20							
TOTAL This Period (last page this line number only).			100581.2	29							

S	CHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 24 OF 52						
	EMIZED DISBURSEMENTS	Use separate sched	` '	(check only	IE NOMBEN.						
• •		for each category on Detailed Summary		21b	22 23 24 25 26						
		Detailed Suffilliary	aye	27	28a 28b 28c X 29 30b						
Ar	ny information copied from such Reports and Staten	nents may not be solo	d or used	by any perso	on for the purpose of soliciting contributions						
	for commercial purposes, other than using the nam										
	NAME OF COMMITTEE (In Full)										
$ \; angle$	Protecting Choice in California, a p	roject of Planne	ed Par	enthood A	Affiliates of California						
\angle											
	Full Name (Last, First, Middle Initial)				Data of Dishumanus						
Α.	Lake Research Partners, Inc.				Date of Disbursement						
	Mailing Address 1726 M Street, NW, Suite 100				09 10 2014						
	The modern two to the state of										
	City	State Zip Code	е		Transaction ID : EXPB165						
	Washington	DC 20036			Transaction ID : EXPB 165						
	Purpose of Disbursement Non Monetary Donation to Planned Parenthood Act	on Fund of the Pacific	. [040	Assessed of Foods Biological and this Books I						
	Candidate Name	and of the radille		012	Amount of Each Disbursement this Period						
				Category/ Type	8870.00						
	Office Sought: House Disbursen										
		,	neral								
	State: District:	Other (specify) ▼									
_	Full Name (Last, First, Middle Initial)										
В.					Date of Disbursement						
	Lake Nescardi Faithers, inc.				M M / D D / Y Y Y Y						
	Mailing Address 1726 M Street, NW, Suite 100				09 10 _ 2014 _						
	,	State Zip Code	е		Transaction ID : EXPB169						
	Washington Purpose of Disbursement	DC 20036									
	Non Monetary Donation to Planned Parenthood Act	ion Fund of the Pacific	, [012	Amount of Each Disbursement this Period						
	Candidate Name				7 and and of Each Blobarcomon and Folica						
				Category/ Type	8870.00						
	Office Sought: House Disbursen	nent For:									
	Senate	Primary Ger	neral								
		Other (specify) ▼									
_	State: District:										
_	Full Name (Last, First, Middle Initial)	116			Data of Diahuraamant						
C.	Planned Parenthood Affiliates of Ca	alitornia			Date of Disbursement						
	Mailing Address 555 Capitol Mall, Suite 510				09 11 2014						
	Walling Address 355 Capitol Mail, Suite 310				30 11 2011						
	City	State Zip Code	е		Transaction ID : EXPB188						
		CA 95814			Hallsaction ID . EAFD 100						
	Purpose of Disbursement Non Monetary Donation to Planned Parenthood Adv	ocates Mar Monte (ID		010							
	#C9007311) Candidate Name	(12		012	Amount of Each Disbursement this Period						
	Canadato Namo			Category/ Type	3.71						
	Office Sought: House Disbursen	nent For:		1 3 PC	7						
			neral								
	President	Other (specify) ▼									
_	State: District:										
Γ											
S	UBTOTAL of Disbursements This Page (optional)				17743.71						
Γ											
ΙŢ	OTAL This Period (last page this line number only)										

S 17

S	CHEDULE B (FEC Form 3X)				7P '	INE	VII IN	MBER			T	PAGE	25	OF	52
	EMIZED DISBURSEMENTS		rate schedule(s)	- 1			nly one)								
11			category of the Summary Page	`		21b		22		23	2	4	25		26
		Detailed	Summary Fage			27		28a		28b	2	8c 🔀	29	П	30b
Ar	y information copied from such Reports and Staten	nents may r	not be sold or us	ed by	any	perso	on fo	or the	pur	oose o	of solic	iting co	ontribu	ıtions	
	for commercial purposes, other than using the name														
\setminus	NAME OF COMMITTEE (In Full)														
$ \rangle$	Protecting Choice in California, a p	roject of	Planned Pa	aren	tho	od /	Affi	iliate	es c	of Ca	alifor	nia			
\angle															
	Full Name (Last, First, Middle Initial)						_		(D:						
Α.	Planned Parenthood Affiliates of Ca	alitornia					L	Date o	T DIS	sburse	ment				
	Mailing Address 555 Capitol Mall, Suite 510							09	7	1	D /		2014	Y	
	Maining Address 333 Capitol Mail, Suite 310						09 11 2014								
	City	State	Zip Code					_							
	Sacramento	CA	95814					Trans	sacti	on ID	: EXP	B190			
	Purpose of Disbursement	tion Fund of the Pacific													
	Non Monetary Donation to Planned Parenthood Act	Action Fund of the Pacific 012							t of	Each	Disbu	semen	t this	Period	tt
	Candidate Name			Cate		y/							2	6.92	П.
	Office Sought: House Disbursen	ant Ear		T	ype		ı.	_		7		7			_
		Primary	General												
		Other (spec													
	State: District:	Olifor (opoc	yy) ∀												
	Full Name (Last, First, Middle Initial)														
В.	Planned Parenthood Affiliates of C	alifornia						Date o	f Dis	sburse	ment				
							ı	M = M		D	D /	Y	Y	Υ	
	Mailing Address 555 Capitol Mall, Suite 510							09		2	4	_ 2	2014	_	
	•	State	Zip Code					Trans	sacti	ion ID	: EXP	B245			
	Sacramento Purpose of Disbursement	CA	95814												
	Non Monetary Donation to Planned Parenthood Act	ion Fund of	the Pacific	C)12		Α	Amoun	t of	Each	Disbu	semen	t this	Period	t
	Candidate Name			Cot	200	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ı	-	-	-	_	-	_	_	т.
				Cate Ty	ype	y,				,		,	45	8.45	_
	Office Sought: House Disbursen	nent For:													
	Senate	Primary	General												
		Other (spec	cify) 🔻												
	State: District:														
	Full Name (Last, First, Middle Initial)						_								
C.	Planned Parenthood Affiliates of Ca	alifornia					L	Date o	t Dis	sburse	ment				
	Mailing Address FEE Capital Mall Suita F10							м = м	/	2	D /		2014	Υ	
	Mailing Address 555 Capitol Mall, Suite 510							03		2	4		014	-	
	City	State	Zip Code					_			5 \/ 5	DO 47			
		CA	95814					Irans	sacti	ion ID	: EXP	B247			
	Purpose of Disbursement Non Monetary Donation to Planned Parenthood Adv	vaaataa Mar	Monto (ID		-	\neg									
	_#C90007311)	ocates Mai	Monte (ID	0	12		A	Amoun	t of	Each	Disbu	semen	t this	Period	Ł
	Candidate Name			Cate		y/				-			5	0.72	П
	Office Sought: House	ant Fair		T	ype			_	_	7		7			
	Office Sought: House Disbursen Senate	nent For: Primary	General												
		Other (spec													
	State: District:	Cirioi (opoc	··· J / 🔻												
Г									_		_		_		_
s	UBTOTAL of Disbursements This Page (optional)							_	_		_		530	6.09	
Ě	2 3 32 (-1-310)						Ė	=	+	7	=	1	#	-	=
Ιт	OTAL This Period (last page this line number only)					•									

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 26 OF	52
	EMIZED DISBURSEMENTS	Use separate schedu		FOR LINE I		J <u>L</u>
11	LIVIIZED DISBURSLIVIENTS	for each category of		21b	22 23 24 25	26
		Detailed Summary P	aye	27	28a 28b 28c 🗙 29	30b
	ny information copied from such Reports and Statem					
or	for commercial purposes, other than using the name	e and address of any	political	committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)					
$ \rangle$	Protecting Choice in California, a p	roject of Planne	d Par	enthood A	Affiliates of California	
\angle	Full Name (Last, First, Middle Initial)			i		
Δ	Political Data, Inc.				Date of Disbursement	
	Fullical Data, IIIC.				M M / D D / Y Y Y Y	
	Mailing Address P.O. Box 59570				09 05 2014	
	,	State Zip Code			Transaction ID : EXPB134	
	Norwalk Purpose of Disbursement	CA 90652				
	Non Monetary Donation to Planned Parenthood Act	ion Fund of the Pacific		012	Amount of Each Disbursement this Period	d
	Candidate Name		[
				Category/ Type	3750.00	
	Office Sought: House Disbursen	nent For:				
		Primary Gene	eral			
	President	Other (specify) ▼				
_	State: District:					
P	Full Name (Last, First, Middle Initial)				Data of Dishursament	
D.	Political Data, Inc.				Date of Disbursement	
	Mailing Address P.O. Box 59570				09 05 2014	
	3 1.0. DOX 00010					
	City	State Zip Code			Transaction ID : EXPB140	
	Norwalk	CA 90652			andddin ib . EA Biro	
	Purpose of Disbursement Non Monetary Donation to Planned Parenthood Act	ion Fund of the Pacific		012	Amount of Each Disbursement this Perio	4
	Candidate Name		 		Amount of Lacif Dispulsement this Peno	J
				Category/ Type	327.00	
	Office Sought: House Disbursen	nent For:		.,,,,,		
	Senate	Primary Gene	eral			
		Other (specify) ▼				
	State: District:					
_	Full Name (Last, First, Middle Initial)				Data of Bishu	
Ċ.	Political Data, Inc.				Date of Disbursement	
	Mailing Address P.O. Box 59570				09 05 2014	
					20 30 2017	
	City	State Zip Code			Transaction ID : EXPB135	
		CA 90652			Hallsaction ID . EAF B 133	
	Purpose of Disbursement Non Monetary Donation to Planned Parenthood Adv	ocates Mar Monte	[012		
	(ID#C90007311) Candidate Name		L	012	Amount of Each Disbursement this Perior	d
	Canadato Namo			Category/ Type	3750.00	
	Office Sought: House Disbursen	nent For:		1,400	7	-
		Primary Gene	eral			
	President	Other (specify)				
	State: District:					
S	SUBTOTAL of Disbursements This Page (optional)			·····•	7827.00	
	OTH TIE D. 144					
ΙĨ	OTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 27 OF 52
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b	22 23 28b	24 25 26 28c X 29 30b
Any information copied from such Departs and S	tataments may not be cold or us			
Any information copied from such Reports and S or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full)				
Protecting Choice in California,	a project of Planned Pa	arenthood .	Affiliates of Cal	ifornia
Full Name (Last, First, Middle Initial)				
A. Wagaman Strategies			Date of Disbursem	
Mailing Address 886 Metal Lane			09 08	2014
City	State Zip Code		Transaction ID :	EYDR153
West Sacramento	CA 95691		Transaction iD .	EXFB133
Purpose of Disbursement Non Monetary Donation to Planned Parenthoo #CONO7311)	d Advocates Mar Monte (ID	012	Amount of Each D	isbursement this Period
Candidate Name		Category/		312.50
Office Sought: House Disb	ursement For:	Туре		3.2.33
Senate Sought.	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Bata at Bill	
B. James Wisley			Date of Disbursem	
Mailing Address 1570 Prospect Avenue			09 10	2014
City	State Zip Code		Transaction ID :	FXPR180
Hermosa Beach Purpose of Disbursement	CA 90254			
Non Monetary Donation to Planned Parenthoo	d Action Fund of the Pacific	012	Amount of Each D	isbursement this Period
Candidate Name		Category/		F44.00
		Type		541.66
Office Sought: House Disb	ursement For: Primary General			
President	Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial)				
C. James Wisley			Date of Disbursem	
Mailing Address 1570 Prospect Avenue			09 10	2014
			قتا لتت	
City	State Zip Code		Transaction ID :	EXPB181
Hermosa Beach Purpose of Disbursement	CA 90254			
Non Monetary Donation to Planned Parenthoo #C90007311)	d Advocates Mar Monte (ID	012	Amount of Each D	isbursement this Period
Candidate Name		Category/		125.00
Office Cought:	recoment For:	Туре		120.00
Office Sought: House Disb	ursement For: Primary General			
President	Other (specify)			
State: District:				
·				
SUBTOTAL of Disbursements This Page (option	nal)	················· >		979.16
TOTAL This Pariod (last page this line number	only)			27085.96
TOTAL This Period (last page this line number	Offig)			

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 28 OF
FOR LINE NUMBER:
(check only one)

	9
$\overline{}$	10

52

AME OF COMMITTEE (In Full) Protecting Choice in California, a pro	ject of Planned Parentl	nood Affiliates of California
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
AMS Communications, Inc.		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	Payment This Period	Outstanding Balance at Close of This Period
15165.00		0.00 15165.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
Lake Research Partners, Inc.	or oround.	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		Transaction ID : PAYD108
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1533.75		0.00 1533.75
C. Full Name (Last, First, Middle Initial) of Debtor Lake Research Partners, Inc.	r or Creditor	Nature of Debt (Purpose): Polling; 9/1-9/30
Mailing Address 1726 M Street, NW, Suite 100		
City Washington	State Zip Code DC 20036	
Outstanding Balance Beginning This Period		Transaction ID : PAYD122
0.00 Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount incurred this Period	rayment mis renou	
1533.75		0.00 1533.75
) SUBTOTALS This Period This Page (optional)		18232.50
) TOTALS This Period (last page this line number	only)	>
) TOTAL OUTSTANDING LOANS from Schedule (C (last page only)	
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page	only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR (che

PAGE	29	OF	52
E NUME nly one)	BER:	×	9

NAME OF COMMITTEE (In Full) Protecting Choice in California, a proj	ject of Planned Parenthood A	ffiliates of California
A. Full Name (Last, First, Middle Initial) of Debtor Lake Research Partners, Inc.	or Creditor	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 Washington	Zip Code DC 20036	-
Outstanding Balance Beginning This Period		Transaction ID : PAYD257
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
6135.00	0.00	6135.00
B. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates of		Nature of Debt (Purpose): Research; 9/1 - 9/30
Mailing Address 555 Capitol Mall, Suite 510		
City State Sacramento	Zip Code CA 95814	
Outstanding Balance Beginning This Period		Transaction ID : PAYD295
0.00 Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
9396.20	0.00	9396.20
C. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates of		Nature of Debt (Purpose): Staff Time and Travel for Research; 9/1-9/30
Mailing Address 555 Capitol Mall, Suite 510		
City Sacramento	State Zip Code CA 95814	-
Outstanding Balance Beginning This Period 0.00		Transaction ID : PAYD110
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
481.47	0.00	481.47
SUBTOTALS This Period This Page (optional)	>	16012.67
2) TOTALS This Period (last page this line number of	only)	7
3) TOTAL OUTSTANDING LOANS from Schedule C	C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page only) ▶	

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 30 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

52

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 Nature of Debt (Purpose): Internet for Field Office: 9/1-9/30 Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 State Zip Code CA Sacramento 95814 Transaction ID: PAYD111 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 62.68 62.68 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Staff Time and Travel for Field Program; 9/1-Planned Parenthood Affiliates of California 9/30 Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code Sacramento CA 95814 Outstanding Balance Beginning This Period Transaction ID: PAYD115 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 3684.34 0.00 3684.34 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Field Expenses for Canvassing Activities; 9/1-Planned Parenthood Affiliates of California 9/30 Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code 95814 Sacramento CA Transaction ID: PAYD118 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 899 57 899.57 4646.59 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 31 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

52

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 Nature of Debt (Purpose): Research: 9/1 - 9/30 Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 State Zip Code CA Sacramento 95814 Transaction ID: PAYD296 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 9396.20 9396.20 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Staff Time and Travel for Research; 9/1-9/30 Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code Sacramento CA 95814 Outstanding Balance Beginning This Period Transaction ID: PAYD123 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 481.46 0.00 481.46 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Staff Time and Travel for Field Program; 9/1-Planned Parenthood Affiliates of California 9/30 Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code 95814 Sacramento CA Transaction ID: PAYD124 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3684.34 3684.34 13562.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 32 OF
FOR LINE NUMBER:
(check only one)

	9
$\overline{}$	10

52

NAME OF COMMITTEE (In Full) Protecting Choice in California, a pr	oject of Planned Parenthood	Affiliates of California
A. Full Name (Last, First, Middle Initial) of Debt Planned Parenthood Affiliates		Nature of Debt (Purpose): Field Expenses for Canvassing Activities; 9/1- 9/30
Mailing Address 555 Capitol Mall, Suite 510		
City State Sacramento	Zip Code CA 95814	
Outstanding Balance Beginning This Period		Transaction ID: PAYD125
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
899.57	0.00	899.57
B. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates of		Nature of Debt (Purpose): Internet for Field Office; 9/1-9/30
Flatilled Parellillood Allillates C	o California	
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	Payment This Period	Outstanding Balance at Close of This Period
62.69	0.00	62.69
C. Full Name (Last, First, Middle Initial) of Debt Planned Parenthood Affiliates		Nature of Debt (Purpose): Online Voter Guide
Mailing Address 555 Capitol Mall, Suite 510		_
City Sacramento	State Zip Code CA 95814	
Outstanding Balance Beginning This Period 0.00		Transaction ID : PAYD262
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
19.80	0.00	19.80
1) SUBTOTALS This Period This Page (optional)	>	982.06
2) TOTALS This Period (last page this line number	r only)	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	7 7 7
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)	

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 33
FOR LINE NUMBER: (check only one)

	9
X	10

52

OF

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 Nature of Debt (Purpose): Non Monetary Donation to Planned Planned Parenthood Affiliates of California Parenthood Action Fund of the Pacific Southwest (ID #C90011412) Mailing Address 555 Capitol Mall, Suite 510 State Zip Code CA Sacramento 95814 Transaction ID: PAYD339 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 9877.73 9877.73 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Monetary Donation to Planned Planned Parenthood Affiliates of California Parenthood Action Fund of the Pacific Southwest (ID #C90011412) Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code Sacramento 95814 CA Outstanding Balance Beginning This Period Transaction ID: PAYD340 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 9877.73 0.00 9877.73 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Campaign Consulting for Field Program; 9/1-Wagaman Strategies 9/30 Mailing Address 886 Metal Lane City State Zip Code West Sacramento 95691 CA Transaction ID: PAYD117 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 46 88 46.88 19802.34 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 34 OF
FOR LINE NUMBER:
(check only one)

52

9

X 10

٢	ME OF COMMITTEE (In Full) rotecting Choice in California, a pro	ject of Planned Parenthood	Affiliates of California
	A. Full Name (Last, First, Middle Initial) of Debto Wagaman Strategies	r or Creditor	Nature of Debt (Purpose): Campaign Consulting for Field Program; 9/1- 9/30
	Mailing Address 886 Metal Lane		
	City State West Sacramento	Zip Code CA 95691	
	Outstanding Balance Beginning This Period	33031	Transaction ID : PAYD128
	0.00		
	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	46.87	0.00	46.87
	B. Full Name (Last, First, Middle Initial) of Debtor Wagaman Strategies	or Creditor	Nature of Debt (Purpose): Non Monetary Donation to Planned Parenthood Action Fund of the Pacific
	Mailing Address 886 Metal Lane		Southwest (ID #C90011412)
	City State West Sacramento	Zip Code CA 95691	
	Outstanding Balance Beginning This Period 0.00		Transaction ID : PAYD333
	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	187.50	0.00	187.50
	C. Full Name (Last, First, Middle Initial) of Debto Wagaman Strategies	r or Creditor	Nature of Debt (Purpose): Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID #C90007311)
		r or Creditor	Non Monetary Donation to Planned
	Wagaman Strategies	State Zip Code CA 95691	Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID
	Wagaman Strategies Mailing Address 886 Metal Lane City West Sacramento Outstanding Balance Beginning This Period	State Zip Code	Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID
	Wagaman Strategies Mailing Address 886 Metal Lane City West Sacramento	State Zip Code	Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID #C90007311)
	Wagaman Strategies Mailing Address 886 Metal Lane City West Sacramento Outstanding Balance Beginning This Period 0.00	State Zip Code CA 95691	Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID #C90007311) Transaction ID : PAYD334
1)	Wagaman Strategies Mailing Address 886 Metal Lane City West Sacramento Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period	State Zip Code CA 95691 Payment This Period 0.00	Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID #C90007311) Transaction ID : PAYD334 Outstanding Balance at Close of This Period
	Wagaman Strategies Mailing Address 886 Metal Lane City West Sacramento Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 62.50	State Zip Code CA 95691 Payment This Period 0.00	Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID #C90007311) Transaction ID : PAYD334 Outstanding Balance at Close of This Period 62.50
2)	Wagaman Strategies Mailing Address 886 Metal Lane City West Sacramento Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 62.50 SUBTOTALS This Period This Page (optional)	State Zip Code CA 95691 Payment This Period 0.00	Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID #C90007311) Transaction ID : PAYD334 Outstanding Balance at Close of This Period 62.50

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 35 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

52

ME OF COMMITTEE (In Full) rotecting Choice in California, a p	project of Planned Parenthood	Affiliates of California	
A. Full Name (Last, First, Middle Initial) of De 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		Transaction ID : PAYD405	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
62.50	0.00	62.50	
3. Full Name (Last, First, Middle Initial) of Del	otor or Creditor	Nature of Debt (Purpose):	
James Wisley		Campaign Consulting; 9/1-9/30	
Mailing Address 1570 Prospect Avenue			
City State	Zip Code		
Hermosa Beach	CA 90254		
Outstanding Balance Beginning This Period		Transaction ID : PAYD116	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
312.50	0.00	312.50	
C. Full Name (Last, First, Middle Initial) of De	ehter er Crediter	Nature of Debt (Purpose):	
James Wisley	Stor of Oreator	Campaign Consulting; 9/1-9/30	
Mailing Address 1570 Prospect Avenue			
City	State Zip Code		
Hermosa Beach	CA 90254		
Outstanding Balance Beginning This Period		Transaction ID : PAYD129	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Peri	
312.50	0.00	312.50	
SUBTOTALS This Period This Page (optiona	1)	. 687.50	
TOTALS This Period (last page this line num	,	74222.53	
TOTAL OUTSTANDING LOANS from Schedu		0.00	
	- (7,000 70	
ADD 2) and 3) and carry forward to appropri	ate line of Summary Page (last page only)	74222.53	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	36	OF	52	
FOR I	LINE 24	OF	FORM	ЗХ

				FOR LINE	24 OF FORM 3X		
	NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼						
	Affiliates of California						
Check if 24-hour report 48-hour report New report Amends report filed on							
	Name of Payee		Date	Date of Public Distribution/Dissemination			
	AMS Communications, Inc.			08 12 7 2014			
IVIa	Mailing Address 500 Sansome Street, Suite 404			Amount			
City	State	Zip Code			3900.00		
Sar	n Francisco CA	94111		saction ID : EDTEAL e of Disbursement of			
	pose of Expenditure or Hangers	Category/ Type 24E		08 / 12	2014		
Nar	ne of Federal Candidate	X Support	Office Sou	ight: X House	District: 26		
Jul	ia Brownley	Oppose	Pres	sident Senate	State: CA		
	Calendar Year-To-Date Per Election for Office Sought	70388.47	Disbursem 2014		ary X General		
-				Other (specify) ► _			
	I Name of Payee urketts		Dat	te of Public Distribution	/ Y = Y = Y		
Ма	iling Address 8520 Younger Creek Drive		Am	08 01 nount	2014		
Cit	y State	Zip Code	-		191.65		
	cramento CA	95828		saction ID : PDTE32 te of Disbursement o			
	rpose of Expenditure fice Expenses for Field Program; 8/1 - 8/31	Category/ Type 24E		08 / 01	2014		
Na	me of Federal Candidate	X Support	Office Sou	ıght: X House	District: 26		
Ju	lia Brownley	Oppose	Pres	sident Senate	State: CA		
	Calendar Year-To-Date Per Election for Office Sought	70388.47	Disbursem 2014	nent For: Prima Other (specify) ▶ _	ary X General		
(a) :	SUBTOTAL of Itemized Independent Expenditures		• [4091.65		
(b) \$	SUBTOTAL of Unitemized Independent Expenditures		•				
(c) -	TOTAL Independent Expenditures		•				
with,	er penalty of perjury I certify that the independent expenditures or at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.						
	Kathleen Cogan [Electronically Filed] Date 10 13 2014						
Signature							

PAGE	37	OF	52	
FOR L	INE 24	OF	FORM	ЗХ

	FOR LINE 24 OF FORM 3X					
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
Protecting Choice in California, a project of Planned Parenthood Affiliates of California						
Check if 24-hour report 48-hour report New report Amends report	ort filed on					
Full Name of Payee	Date of Public Distribution/Dissemination					
Lake Research Partners, Inc.	09 / 01 / 2014					
Mailing Address 1726 M Street, NW, Suite 100	Amount					
City State Zip Code	4776.25					
Washington DC 20036	Transaction ID : PDTE13 Date of Disbursement or Obligation					
Purpose of Expenditure Polling; 9/1-9/30 Category/ Type 24E	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Name of Federal Candidate Support	Office Sought: X House District: 26					
Julia Brownley Oppose	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 Lake Research Partners, Inc.	Date of Public Distribution/Dissemination					
Mailing Address 1726 M Street, NW, Suite 100	09 01 2014 Amount					
City State Zip Code	4776.25					
Washington DC 20036	Transaction ID : PDTE24 Date of Disbursement or Obligation					
Purpose of Expenditure Polling; 9/1-9/30 Category/ Type 24A	09 / 01 / 2014					
Name of Federal Candidate Support	Office Sought: X House District: 26					
Jeff Gorell Oppose	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	> 9552.50					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures	•					
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent c party committee) any political party committee or its agent.						
Kathleen Cogan [Electronically Filed] Date	9 10 13 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Signature						

PAGE	38	OF	52
FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X					
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
Protecting Choice in California, a project of Planned Parenthood Affiliates of California						
Check if 24-hour report 48-hour report New report Amends report filed	d on M M / D D / Y Y Y Y Y					
Full Name of Payee	Date of Public Distribution/Dissemination					
Lake Research Partners, Inc. [MEMO ITEM]	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address 1726 M Street, NW, Suite 100	Amount					
City State Zip Code	1533.75					
Washington DC 20036	Transaction ID : UPDTE13 Date of Disbursement or Obligation					
Purpose of Expenditure Polling; 9/1-9/30 Category/ Type 24E	09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Name of Federal Candidate Support Office	ce Sought: X House District: 26					
Julia Brownley Oppose	President Senate State: CA					
Calendar Year-To-Date Per Election for Office Sought Disb						
	Other (specify) -					
Full Name of Payee Lake Research Partners, Inc. [MEMO ITEM]	Date of Public Distribution/Dissemination 09 01 2014					
Mailing Address 1726 M Street, NW, Suite 100	2014					
1720 M Street, NVV, Suite 100	Amount					
City State Zip Code	1533.75					
Washington DC 20036	Transaction ID : UPDTE24 Date of Disbursement or Obligation					
Purpose of Expenditure Polling; 9/1-9/30 Category/ Type 24A	09 / 01 / 2014					
Name of Federal Candidate Support Office	ce Sought: X House District: 26					
Jeff Gorell Oppose	President Senate State: CA					
Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: Primary General 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 m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.						
Date	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Signature						

PAGE	39 LINE 24	OF	52
FOR	LINE 24	OF FO	ORM 3X

	FOR LINE 24 OF FORM 3X				
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER V					
Affiliates of California	C C00556860				
Check if 24-hour report 48-hour report New report Amends report fi	filed on M M M / D D / Y Y Y Y Y				
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination				
	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 555 Capitol Mall, Suite 510	Amount				
City State Zip Code	6486.06				
Sacramento CA 95814	Transaction ID : PDTE2 Date of Disbursement or Obligation				
Purpose of Expenditure Office Expenses for Field Program;7/1 - 7/31 Category/ Type 24E	07 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate Support O	Office Sought: X House District: 26				
Julia Brownley Oppose	President Senate State: CA				
	oisbursement For: Primary X General 014 Other (specify) ▶				
Full Name of Payee	Date of Public Distribution/Dissemination				
Planned Parenthood Affiliates of California	07 22 2014				
Mailing Address 555 Capitol Mall, Suite 510	Amount				
City State Zip Code	1532.28				
Sacramento CA 95814	Transaction ID : PDTE3 Date of Disbursement or Obligation				
Purpose of Expenditure Staff Time for Field Program; 7/1 - 7/31 Category/ Type 24E	07 22 2014				
Name of Federal Candidate Support O	Office Sought: X House District: 26				
Julia Brownley Oppose	President Senate State: CA				
	Disbursement For: Primary				
(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 with, or at the request or suggestion of, any candidate or authorized committee or agent of eigenty committee) any political party committee or its agent.					
Kathleen Cogan [Electronically Filed] Date	10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Signature					

PAGE	40	OF	52 ORM 3X
FOR L	INE 24	OF FO	ORM 3X

					FOR LINE 2	24 OF FORM 3X
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼						ON NUMBER ▼
Affiliates of California					C00556860	
Check if 24-hour report 48-hour report	New rep	ort Amends rep	ort filed on	M = M /	D D /	Y Y Y Y Y
Full Name of Payee Planned Parenthood Affiliates of Califor	nia		Da	te of Public	Distribution	/Dissemination
	ıııa			07 /	22	2014
Mailing Address 555 Capitol Mall, Suite 510			An	nount		
City	State	Zip Code				1179.98
Sacramento	CA	95814		nsaction ID te of Disbu	: PDTE4 rsement or 0	Obligation
Purpose of Expenditure Travel for Field Program; 7/1 - 7/31		Category/ Type 24E		07	22	2014
Name of Federal Candidate		X Support	Office So	ught:	K House	District: 26
Julia Brownley		Oppose	Pre	sident	Senate	State: CA
Calendar Year-To-Date Per Election for Office Sought		70388.47	Disbursen 2014	1	Primary	General
	7			Other (sp	ecify) 🕨	
Full Name of Payee Planned Parenthood Affiliates of Ca	llifornia		Da	M = M /	D D /	/Dissemination
Mailing Address 555 Capitol Mall, Suite 510			An	07 nount	22	2014
City	State	Zip Code	$ \Gamma$			562.50
Sacramento	CA	95814		nsaction ID	: PDTE5	Obligation
Purpose of Expenditure Campaign Consulting for Field Program; 7/1 - 7/31		Category/ Type 24E		07 /	22	2014
Name of Federal Candidate		X Support	Office So	ught:	House	District: 26
Julia Brownley		Oppose	Pre	sident	Senate	State: CA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	70388.47	Disburser 2014	nent For:	Primary	General
(a) SUBTOTAL of Itemized Independent Expenditu	ires		▶			1742.48
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		··· •			
(c) TOTAL Independent Expenditures			··· •			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized					
Kathleen Cogan	[Electron	ically Filed] Date	e 10	13	/ Y Y 201	1 1
Signature						

PAGE	41	OF	52	
FOR I	LINE 24	OF	FORM	ЗХ

		FOR LINE 24 OF FORM 3X				
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼						
Affiliates of California						
Check if 24-hour report 48-hour report	New report Amends report filed	d on				
Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination				
		07 22 2014				
Mailing Address 555 Capitol Mall, Suite 510		Amount				
City St	ate Zip Code	411.78				
Sacramento C	A 95814	Transaction ID : PDTE35 Date of Disbursement or Obligation				
Purpose of Expenditure Staff Time; 7/22 - 7/31. No candidate exceeds \$200	Category/ Type 24E	07				
Name of Federal Candidate	Support Office	ee Sought: House District:				
Multiple candidates	Oppose	President Senate State:				
Calendar Year-To-Date	0.00 Disb	oursement For: Primary X General				
Per Election for Office Sought	0.00	Other (specify) ▶				
Full Name of Payee Planned Parenthood Affiliates of Califor	nia	Date of Public Distribution/Dissemination				
Mailing Address 555 Capitol Mall, Suite 510		08 01 2014				
333 Capitol Mail, Suite 310		Amount				
City	ate Zip Code	4043.65				
Sacramento	CA 95814	Transaction ID : PDTE6 Date of Disbursement or Obligation				
Purpose of Expenditure Office Expenses for Field Program;8/1-8/31	Category/ Type 24E	08 / 01 / 2014				
Name of Federal Candidate	X Support Office	ce Sought: X House District: 26				
Julia Brownley	Oppose	President Senate State: CA				
Calendar Year-To-Date Per Election for Office Sought	70388.47 Dist 201	oursement For: ☐ Primary ☐ General Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures		4455.43				
		7 7 7				
(b) SUBTOTAL of Unitemized Independent Expenditures	•					
(c) TOTAL Independent Expenditures	·····					
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	r authorized committee or agent of either					
Kathleen Cogan	[Electronically Filed] Date	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Signature	_					

PAGE	42	OF	52	
FOR I	LINE 24	OF	FORM	ЗХ

				FOR LINE	24 OF FORM 3X		
	NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼						
	Affiliates of California						
Chec	k if 24-hour report 48-hour report New report A	mends repo		1 = M / D = D /	Y I Y I Y		
F	full Name of Payee Planned Parenthood Affiliates of California			of Public Distribution			
				08 / 01	2014		
I N	Mailing Address 555 Capitol Mall, Suite 510		Amou	ınt			
C	City State Zip Code		—Г.		2462.13		
s	Sacramento CA 95814			oction ID : PDTE7 of Disbursement or	Obligation		
	Purpose of Expenditure Staff Time for Field Program; 8/1 - 8/31 Category Type			08 / 01	2014		
Ν	lame of Federal Candidate	Support	Office Sough	nt: X House	District: 26		
٦	Julia Brownley	Oppose	Presid	ent Senate	State: CA		
	Calendar Year-To-Date Per Election for Office Sought 70388.	47	Disbursemer 2014		y X General		
-				Other (specify) -			
	Full Name of Payee Planned Parenthood Affiliates of California			of Public Distribution 08 01	n/Dissemination 2014		
N	Mailing Address 555 Capitol Mall, Suite 510		Amou		2014		
	City State Zip Code		<u> П</u> П		1819.00		
	Sacramento CA 95814			of Disbursement or	Obligation		
	Purpose of Expenditure Travel for Field Program; 8/1 - 8/31 Category Type			08 01	2014		
١	Name of Federal Candidate	Support	Office Sough	nt: X House	District:26		
Ľ	Julia Brownley	Oppose	Presid	lent Senate	State: CA		
	Calendar Year-To-Date Per Election for Office Sought 70388.	47	Disbursemer 2014	nt For: Primar Other (specify) ▶	y X General		
(a)	SUBTOTAL of Itemized Independent Expenditures		· [4281.13		
(b) SUBTOTAL of Unitemized Independent Expenditures		· [1 7 1 1 7			
(c)	TOTAL Independent Expenditures		.		- A		
wit	der penalty of perjury I certify that the independent expenditures reported high, or at the request or suggestion of, any candidate or authorized committee rty committee) any political party committee or its agent.						
	Kathleen Cogan [Electronically Filed]	Date	10 /	13 / Y Y Y 20	14 Y		
	Signature						

PAGE	43 LINE 24	OF	52
FOR	LINE 24	OF FO	ORM 3X

						FOR LINE 2	24 OF FORM 3X
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood					FEC I	DENTIFICATION	ON NUMBER ▼
Affiliates of California				1	С	C00556860	
Check if 24-hour report 48-hour report	New repo	ort Ame	ends repo	rt filed on	л = м	/ D D /	Y Y Y Y Y
Full Name of Payee Planned Parenthood Affiliates of California							Dissemination
				[08	01	2014
Mailing Address 555 Capitol Mall, Suite 510				Amou	unt		
City	state	Zip Code					10.56
545,4116,116	CA	95814				D: PDTE34 oursement or C	Obligation
Purpose of Expenditure Online Voter Guide; 8/16 - 8/31		Category/ Type	24E		08	01	2014
Name of Federal Candidate		Xs	Support	Office Sough	nt:	X House	District: 26
Julia Brownley		C)ppose	Presid	ent	Senate	State: CA
Calendar Year-To-Date Per Election for Office Sought	1 1 7	70388.47		Disbursemer 2014		Primary	X General
Full Name of Page						pecify)	/D: : ::
Full Name of Payee Planned Parenthood Affiliates of Califor [MEMO ITEM]	rnia				of Publ	/ Distribution/	/Dissemination 2014
Mailing Address 555 Capitol Mall, Suite 510				Amou		01	2017
City S	State	Zip Code		— I .			9396.20
Sacramento	CA	95814				D: PDTE39 oursement or 0	Obligation
Purpose of Expenditure Research; 9/1 - 9/30		Category/ Type	24A		09	01 /	2014
Name of Federal Candidate		S	Support	Office Soug	ht:	X House	District:26
Jeff Gorell		X	Oppose	Presid	lent	Senate	State: CA
Calendar Year-To-Date Per Election for Office Sought		70388.47		Disbursement 2014		Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures				•		1 1 7	10.56
(b) SUBTOTAL of Unitemized Independent Expenditures	s			· -			
(c) TOTAL Independent Expenditures				•			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized						
Kathleen Cogan	[Electroni	cally Filed]	Date	10	13	201	
Signature		_					

PAGE	44	OF	52
FOR I	LINE 24	OF I	FORM 3X

	FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NU				
Affiliates of California	C C00556860			
Check if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay			
Full Name of Payee	Date of Public Distribution/Dissemination			
Planned Parenthood Affiliates of California [MEMO ITEM]	09 01 7 2014			
Mailing Address 555 Capitol Mall, Suite 510	Amount			
City State Zip Code	481.47			
Sacramento CA 95814	Transaction ID : PDTE14 Date of Disbursement or Obligation			
Purpose of Expenditure Staff Time and Travel for Research; 9/1-9/30 Category/ Type 24E	09 01 / 2014			
Name of Federal Candidate Support Office	ee Sought: X House District: 26			
Julia Brownley Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought Disb 2014				
	U Other (specify) ▶			
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination			
[MEMO ITEM] Mailing Address	09 01 2014			
555 Capitol Mall, Suite 510	Amount			
City State Zip Code	3884.34			
Sacramento CA 95814	Transaction ID : PDTE15 Date of Disbursement or Obligation			
Purpose of Expenditure Staff Time and Travel for Field Program; 9/1-9/30 Category/ Type 24E	09 / 01 / 2014			
Name of Federal Candidate Support Office	ce Sought: X House District: 26			
Julia Brownley Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary General 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 m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
Kathleen Cogan [Electronically Filed] Date	10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature				

PAGE	45	OF	52 ORM 3X
FOR I	LINE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planne	FEC IDENTIFICATION NUMBER ▼	
Affiliates of California	C C00556860	
Check if 24-hour report 48-hour report New report	Amends report file	d on Mam / Dab / Yayayay
Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination
[MEMO ITEM]		09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 555 Capitol Mall, Suite 510		Amount
City State Zi	ip Code	62.68
	5814	Transaction ID : PDTE17 Date of Disbursement or Obligation
Purpose of Expenditure Internet for Field Office; 9/1-9/30	Category/ Type 24E	09 / 01 / 2014
Name of Federal Candidate	X Support Office	ce Sought: X House District: 26
Julia Brownley	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	70388.47 Disk 2014	oursement For: Primary X General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Planned Parenthood Affiliates of California		09 01 2014
Mailing Address 555 Capitol Mall, Suite 510		Amount
City State Zi	ip Code	899.57
	95814	Transaction ID : PDTE20 Date of Disbursement or Obligation
Purpose of Expenditure Supplies for Field Office; 9/1-9/30	Category/ Type 24E	09 / 01 / 2014
Name of Federal Candidate	X Support Office	ce Sought: X House District: 26
Julia Brownley	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	70388.47 Disl 201	bursement For: Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	1 1 7 1 1 7 1 1 7
Under penalty of perjury I certify that the independent expenditures re with, or at the request or suggestion of, any candidate or authorized or party committee) any political party committee or its agent.		
Kathleen Cogan [Electronica	ally Filed]	10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	_	

PAGE	46	OF	
FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) Protecting Chains in California a project of Diagnost Department				
Protecting Choice in California, a project of Planned Parenthood Affiliates of California	C C00556860			
Check if 24-hour report 48-hour report New report Amends report file	ed on Man / Dad / Yayayay			
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination			
[MEMO ITEM]	09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 555 Capitol Mall, Suite 510	Amount			
City State Zip Code	19.80			
Sacramento CA 95814	Transaction ID : PDTE41 Date of Disbursement or Obligation			
Purpose of Expenditure Online Voter Guide; 9/1 - 9/30 Category/ Type 24E	09			
Name of Federal Candidate Support Offi	ice Sought: X House District: 26			
Julia Brownley Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought Dis 201				
	Other (specify) ▶			
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination			
[MEMO ITEM] Mailing Address	09 01 2014			
555 Capitol Mall, Suite 510	Amount			
City State Zip Code	481.46			
Sacramento CA 95814	Transaction ID : PDTE25 Date of Disbursement or Obligation			
Purpose of Expenditure Staff Time and Travel for Research; 9/1-9/30 Category/ Type 24A	09 / 01 / 2014			
Name of Federal Candidate Support Off	fice Sought: X House District: 26			
Jeff Gorell Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought Dis 201	sbursement For: Primary			
(a) SUBTOTAL of Itemized Independent Expenditures	0.00			
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7			
(c) TOTAL Independent Expenditures	7 7 7			
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.				
Kathleen Cogan [Electronically Filed] Date	10 13 2014			
Signature				

PAGE	47	OF	=	52	
FOR L	NE 24	OF	FOI	RM	ЗХ

	FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER				
Affiliates of California	C C00556860			
Check if 24-hour report 48-hour report New report Amends report file	d on M M / D D / Y Y Y Y Y			
Full Name of Payee	Date of Public Distribution/Dissemination			
Planned Parenthood Affiliates of California [MEMO ITEM]	09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 555 Capitol Mall, Suite 510	Amount			
City State Zip Code	3884.34			
Sacramento CA 95814	Transaction ID : PDTE26 Date of Disbursement or Obligation			
Purpose of Expenditure Staff Time and Travel for Field Program; 9/1-9/30 Category/ Type 24A	09 / 01 / 2014			
Name of Federal Candidate Support Office	ce Sought: X House District: 26			
Jeff Gorell Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought Disk 2014				
	Other (specify) -			
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination			
[MEMO ITEM] Mailing Address	09 01 2014			
555 Capitol Mall, Suite 510	Amount			
City State Zip Code	899.57			
Sacramento CA 95814	Transaction ID : PDTE27 Date of Disbursement or Obligation			
Purpose of Expenditure Supplies for Field Office; 9/1-9/30 Category/ Type 24A	09 / 01 / 2014			
Name of Federal Candidate Support Office	ce Sought: X House District: 26			
Jeff Gorell Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought Dist 201	bursement For: Primary			
(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 n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.				
Kathleen Cogan [Electronically Filed] Date	10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature				

PAGE	48	OF	52 DRM 3X
FOR L	INE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Pal	renthood	FEC IDENTIFICATION NUMBER ▼
Affiliates of California	Charlood	C C00556860
Check if 24-hour report 48-hour report New report	Amends report filed c	on
Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination
[MEMO ITEM]		09 01 2014
Mailing Address 555 Capitol Mall, Suite 510		Amount
City State Zip Code		62.69
Sacramento CA 95814		Transaction ID : PDTE29 Date of Disbursement or Obligation
Purpose of Expenditure Internet for Field Office; 9/1-9/30 Category Typ		09 01 2014
Name of Federal Candidate	Support Office	Sought: X House District: 26
Jeff Gorell	Oppose p	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 70388.		sement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Planned Parenthood Affiliates of California		Date of Public Distribution/Dissernination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 555 Capitol Mall, Suite 510		Amount
City State Zip Code	,	9396.20
Sacramento CA 95814		Transaction ID : PDTE40 Date of Disbursement or Obligation
Purpose of Expenditure Research; 9/1 - 9/30 Category Typ	y/ 24E	09 01 / 2014
Name of Federal Candidate	Support Office	Sought: House District:26
Julia Brownley	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 70388		sement For:
(a) SUBTOTAL of Itemized Independent Expenditures		0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	1 1 7 1 1 7 1 1 7
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Kathleen Cogan [Electronically Filed]	Date 10	M / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

PAGE	49	OF	= ;	52	
FOR L	INE 24	OF	FOR	М	ЗХ

		FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼			
Affiliates of California		C C00556860	
Check if 24-hour report 48-hour report New rep	ort Amends report file	ed on M M M / D D / Y Y Y Y Y	
Full Name of Payee Political Data, Inc.		Date of Public Distribution/Dissemination	
Mailing Address		09 01 2014	
P.O. Box 59570		Amount	
City State	Zip Code	2202.00	
Norwalk CA	90652	Transaction ID : PDTE16 Date of Disbursement or Obligation	
Purpose of Expenditure Data for Field Program; 9/1-9/30	Category/ Type 24E	09 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	X Support Off	fice Sought: X House District: 26	
Julia Brownley	Oppose	President Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought	70388.47 Dis		
Full Name of Page		Other (specify)	
Full Name of Payee Political Data, Inc.		Date of Public Distribution/Dissemination M	
Mailing Address P.O. Box 59570		09	
City State	Zip Code	2202.00	
Norwalk CA	90652	Transaction ID : PDTE28 Date of Disbursement or Obligation	
Purpose of Expenditure Data for Field Program; 9/1-9/30	Category/ Type 24A	09 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	Support Off	fice Sought: X House District: 26	
Jeff Gorell	Oppose	President Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary	
(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 with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Kathleen Cogan [Electron	ically Filed] Date	10 13 2014	
Signature			

PAGE	50	OF	52
FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER **Text			
Affiliates of California	C C00556860		
Check if 24-hour report 48-hour report New report Amends report file	led on Mam / Dad / Yayayay		
Full Name of Payee Wagaman Strategies	Date of Public Distribution/Dissemination		
Mailing Address	08 01 7 2014		
886 Metal Lane	Amount		
City State Zip Code	843.75		
West Sacramento CA 95691	Transaction ID : PDTE33 Date of Disbursement or Obligation		
Purpose of Expenditure Campaign Consulting for Field Program; 8/1 - 8/31 Category/ Type 24E	08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Support Off	fice Sought: X House District: 26		
Julia Brownley Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought Dis 20:			
	Other (specify)		
Full Name of Payee Wagaman Strategies	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 886 Metal Lane	Amount		
City State Zip Code	46.88		
West Sacramento CA 95691	Transaction ID : PDTE18		
Purpose of Expenditure Category/	Date of Disbursement or Obligation		
Campaign Consulting for Field Program; 9/1-9/30 Type 24E	09 01 2014		
	ffice Sought: House District: 26		
Julia Brownley Oppose	President Senate State: CA		
	sbursement For: Primary X General Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	843.75		
(a) SOBTOTAL OF REINIZED INDEPENDENT Expenditures	043.73		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.			
Kathleen Cogan [Electronically Filed] Date	10 13 2014		
Signature			

PAGE	51	OF	52
FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER **Text			
Affiliates of California C C00556860			
Check if 24-hour report 48-hour report New report Amends report file	d on M M M / D D / Y Y Y Y Y		
Full Name of Payee	Date of Public Distribution/Dissemination		
Wagaman Strategies [MEMO ITEM]	09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 886 Metal Lane	Amount		
City State Zip Code	46.87		
West Sacramento CA 95691	Transaction ID : PDTE30 Date of Disbursement or Obligation		
Purpose of Expenditure Campaign Consulting for Field Program; 9/1-9/30 Category/ Type 24A	09 / 01 / 2014		
Name of Federal Candidate Support Office	ce Sought: X House District: 26		
Jeff Gorell Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought Dist 2014	oursement For: Primary X General Other (specify) ▶		
Full Name of Payee	Date of Public Distribution/Dissemination		
James Wisley	08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1570 Prospect Avenue	Amount		
City State Zip Code	145.84		
Hermosa Beach CA 90254	Transaction ID : EDTEALC2 Date of Disbursement or Obligation		
Purpose of Expenditure Campaign Consulting; 8/1 - 8/31 Category/ Type 24E	08 / 01 / 2014		
Name of Federal Candidate Support Office	ce Sought: X House District: 26		
Julia Brownley Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: Primary General 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 me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.			
Kathleen Cogan [Electronically Filed] □ Date	10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature			

PAGE	52	OF	52 ORM 3X
FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) Protecting Chains in California a project of Planned Parentheed FEC IDENTIFICATION NUMBER ▼			
Protecting Choice in California, a project of Planned Parentho Affiliates of California	C C00556860		
Check if 24-hour report 48-hour report New report Amends r	report filed on		
Full Name of Payee	Date of Public Distribution/Dissemination		
James Wisley _[MEMO ITEM]	09 / 01 / 2014		
Mailing Address 1570 Prospect Avenue	Amount		
City State Zip Code	312.50		
Hermosa Beach CA 90254	Transaction ID : PDTE19 Date of Disbursement or Obligation		
Purpose of Expenditure Campaign Consulting; 9/1-9/30 Category/ Type 2	24E 09 01 2014		
Name of Federal Candidate Suppor	rt Office Sought: X House District: 26		
Julia Brownley Oppose	e 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 [MEMO ITEM] Mailing Address 1570 Prospect Avenue	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City State Zip Code	312.50		
Hermosa Beach CA 90254	Transaction ID : PDTE31 Date of Disbursement or Obligation		
Purpose of Expenditure Campaign Consulting; 9/1-9/30 Category/ Type 2	24A 09 / 01 / 2014		
Name of Federal Candidate Suppor	rt Office Sought: X House District: 26		
Jeff Gorell Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 70388.47	Disbursement For: Primary		
(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 we with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.			
	Date 10 13 2014		
Signature			