PAGE 1 / 11

Image# 201605269017301124

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X Fo	or Other Th	an An Authorized	Committe	ee		Office Use Only	
1. NAME OF TOO COMMITTEE (in full)	YPE OR PRIN		mple: If typii r the lines.	ng, type	12FE4M5		
Protecting Choice in Ca	lifornia, a	project of Planne	ed Paren	thood Affil	liates of Ca	alifornia	
ADDRESS (number and street)	555 Capitol M	fall, Suite 1425					
Check if different than previously reported. (ACC)	Sacramento				CA	95814	
2. FEC IDENTIFICATION NUM	MBER ▼	CITY ▲		S	STATE 🛦	ZIP CODE ▲	
C C00556860		3. IS THIS REPORT	\	NEW (N) OR	AME (A)	ENDED	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b) Monthly Report Due On	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)	<u> </u>	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Sep 2	0 (M8) Nov 20 (M11) (Non-Election Year Only) 0 (M9) Dec 20 (M12) (Non-Election Year Only) 0 (M10) Jan 31 (YE)	
April 15 Quarterly Report (Q1 July 15 Quarterly Report (Q2 October 15 Quarterly Report (Q3	(C) 12- PR Re	Day X E-Election port for the:	Primary (12F	P)	General (1	2G) Runoff (12R)	
January 31 Year-End Report (YE		Election on	06	07	2016	in the State of CA	
July 31 Mid-Year Report (Non-election Year Only) (MY)	РО	ST-Election port for the:	General (300	G)	Runoff (30	R) Special (30S)	
Termination Report (TER)		Election on	M = M /	D D /	Y Y Y Y	in the State of	
5. Covering Period 04	/ D D D 01	2016	through	M M M	/ D D / 18	2016	
I certify that I have examined this	•	-	wledge and I	belief it is true	e, correct and	complete.	
	Type or Print Name of Treasurer Rose OConnor Signature of Treasurer Rose OConnor [Electronically Filed] Date 05 25 2016						
NOTE: Submission of false, erroned	ous, or incomp	lete information may su	bject the pers	son signing thi	is Report to the	penalties of 2 U.S.C. §437g.	
Office Use Only			•			FEC FORM 3X Rev. 12/2004	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

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

2016 05 2016 Report Covering the Period: 18 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 121477.43 January 1. 2016 (b) Cash on Hand at 121477.43 Beginning of Reporting Period..... 14750.00 14750.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 136227.43 136227.43 6(a) and 6(c) for Column B)..... 1468.78 1468.78 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 134758.65 134758.65 (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 511.28 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

utions (other than loans) From: lividuals/Persons Other an Political Committees Itemized (use Schedule A) Unitemized TOTAL (add Lines 11(a)(i) and (ii) litical Party Committees ner Political Committees ch as PACs) al Contributions (add Lines		0.00 0.00 0.00 0.00		0.00 0.00
unitemized (use Schedule A) Unitemized TOTAL (add Lines 11(a)(i) and (ii) Itical Party Committees her Political Committees ch as PACs)		0.00		0.00
Unitemized (use Schedule A) Unitemized TOTAL (add Lines 11(a)(i) and (ii) Itical Party Committees ner Political Committees chas PACs)		0.00		0.00
Unitemized TOTAL (add Lines 11(a)(i) and (ii) litical Party Committees ner Political Committees ch as PACs)		0.00		0.00
TOTAL (add Lines 11(a)(i) and (ii) litical Party Committees ner Political Committees ch as PACs)		0.00		7
Lines 11(a)(i) and (ii) litical Party Committees ner Political Committees ch as PACs)	7			0.00
ner Political Committees ch as PACs)	7	0.00		2.00
ch as PACs)		· ·		0.00
al Contributions (add Lines	7	14750.00	7	14750.00
a)(iii), (b), and (c)) (Carry als to Line 33, page 5)	7	14750.00	7	14750.00
ommittees		0.00		0.00
ns Received		0.00		0.00
=				
epayments Received		0.00	7	0.00
· · · · · · · · · · · · · · · · · · ·		0.00		0.00
	7	0.00		0.00
		0.00		0.00
		0.00		0.00
		0.00		0.00
rs from Non-Federal and Levin Funds	7	0.00		0.00
-Federal Account				
om Schedule H3)		0.00		0.00
n Funds (from Schedule H5)		0.00		0.00
ii i unus (iioiii ooneuule 110)	-	7	7	7
I Transfers (add 18(a) and 18(b))		0.00		0.00
r (r (r r r r r r r r r r r r r r r r	s From Affiliated/Other ommittees	s From Affiliated/Other ommittees	s From Affiliated/Other committees	s From Affiliated/Other ommittees

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
	erating Expenditures: Allocated Federal/Non-Federal	10.001 11110 1 01100	Odiendai Teal-to-Date
(a)	Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b)	Other Federal Operating	7	
()	Expenditures	365.01	365.01
(c)	Total Operating Expenditures		205.04
O T	(add 21(a)(i), (a)(ii), and (b))▶	365.01	365.01
	nsfers to Affiliated/Other Party mmittees	0.00	0.00
3. Cor	ntributions to deral Candidates/Committees		
and	d Other Political Committees	0.00	0.00
	ependent Expenditures	945 72	0.45.72
Coo	e Schedule E)ordinated Party Expenditures	845.72	845.72
(2	U.S.C. §441a(d)) e Schedule F)	0.00	0.00
(40			
6. Loa	an Repayments Made	0.00	0.00
		0.00	0.00
:7. Loa :8. Ref	ans Madefunds 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
(c)	Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
(d)	Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
			200.00
9. Oth	ner Disbursements	258.05	258.05
0. Fed	deral Election Activity (2 U.S.C. §431(20))		
	Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(b)	Federal Election Activity Paid Entirely		
. ,	With Federal Funds	0.00	0.00
(c)	Total Federal Election Activity (add	0.00	200
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
1. Tota	al Disbursements (add Lines 21(c), 22,		
	24, 25, 26, 27, 28(d), 29 and 30(c))	1468.78	1468.78
,		1400.70	100.170
	al Federal Disbursements		
	btract Line 21(a)(ii) and Line 30(a)(ii)		
fror	m Line 31)	1468.78	1468.78

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	14750.00	14750.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14750.00	14750.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	365.01	365.01
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	365.01	365.01

ım	age# 201605269017301129			
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 11 (check only one) 11a 11b X 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	Protecting Choice in California, Full Name (Last, First, Middle Initial)	a project	of Planned Parenthoo	d Affiliates of California
A.	Planned Parenthood Action Fund of t	Date of Receipt		
	Mailing Address 1075 El Camino del Rio Sout			04 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City San Diego	State CA	Zip Code 92108	Transaction ID : INCA725 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		14750.00
	Name of Employer	Occupation	n .	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 14750.00	
В.	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 federal political committee.	С		
	Name of Employer	Occupation	1	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
<u>с</u> .	Full Name (Last, First, Middle Initial)			Date of Receipt
٥.	Mailing Address			M = M / D = D / Y = Y = Y
	City State		Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation	1	Memo Item
	Receipt For: Primary General Other (coccifu)	Aggregate	Year-to-Date ▼	1

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

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

14750.00

14750.00

SCHEDULE B (FEC Form 3X)	Llos conorote cohodula(a)	FOR LINE I		
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c 29 30	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) Protecting Choice in California, a pr				
Full Name (Last, First, Middle Initial)				
Planned Parenthood Affiliates of Ca Mailing Address 555 Capitol Mall, Suite 510	alifornia		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
·				
•	tate Zip Code CA 95814		Transaction ID : EXPB728	
Food & Beverage for Meeting		001	Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	182.51	
President	ent For: Primary General Other (specify)	,,	Memo Item	
State: District: Full Name (Last, First, Middle Initial) Planned Parenthood Affiliates of Ca Mailing Address 555 Capitol Mall, Suite 510	alifornia		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
•	tate Zip Code CA 95814		Transaction ID : EXPB729	
Purpose of Disbursement Food and Beverage for Meeting		001	Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	182.50	
	ent For: Primary General Other (specify) ▼	1,500	Memo Item	
Full Name (Last, First, Middle Initial)			Date of Disbursement	
Mailing Address			M M / D D / Y Y Y Y	
City	tate Zip Code			
Purpose of Disbursement				
Candidate Name		Category/ Type	Amount of Each Disbursement this Period	
	ent For: Primary General Other (specify) ▼		Memo Item	
SUBTOTAL of Disbursements This Page (optional)			365.01	
TOTAL This Period (last page this line number only).		······································	365.01	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-	FOR LINE NUMBER: PAGE 8 OF 11	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
Protecting Choice in California, a p	roject of Planned Pa	arenthood A	Affiliates of California	
Full Name (Last, First, Middle Initial) Planned Parenthood Affiliates of Ca	a life maio		Date of Disbursement	
A. Planned Parenthood Affiliates of Ca	alliomia		M M / D D / Y Y Y Y Y	
Mailing Address 555 Capitol Mall, Suite 510			05 12 2016	
	tate Zip Code CA 95814		Transaction ID : EXPB730	
Sacramento Purpose of Disbursement	CA 95814			
Staff Time for Voter Guide - Non Federal Activity		011	Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	258.05	
Office Sought: House Disbursem	nent For: Primary General	Туре	Memo Item	
	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
3.			Date of Disbursement	
Mailing Address				
City	State Zip Code			
Purpose of Disbursement			Amount of Each Disbursement this Period	
Candidate Name		Category/ Type		
	nent For: Primary General Other (specify)	.,,,,,	Memo Item	
State: District:				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
Mailing Address			M M / D D / Y Y Y Y	
City	State Zip Code			
Purpose of Disbursement				
Candidate Name		Category/ Type	Amount of Each Disbursement this Period	
	nent For: Primary General Other (specify) ▼	,,	Memo Item	
			258.05	
SUBTOTAL of Disbursements This Page (optional)		······•	230.03	
TOTAL This Period (last page this line number only).		·····•	258.05	

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 9
FOR LINE NUMBER: (check only one)

	9
X	10

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): Staff Time & Website for Voter Guide; 4/1 -Planned Parenthood Affiliates of California 5/18 Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code Sacramento 95814 Transaction ID: PAYD734 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 511.28 511.28 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 511.28 1) SUBTOTALS This Period This Page (optional)..... 511.28 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 511.28 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	10	OF	11
FOR	LINE 24	OF	FORM 3X

			FOR LINE 24 OF FORM 3X			
	AME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER The state of the project of Planned Parenthood					
	Affiliates of California					
Check	t if 24-hour report 48-hour report New	report Amends report fi	iled on Man / Dad / Yayayay			
Fu	III Name of Payee Planned Parenthood Affiliates of California	Memo Item	Date of Public Distribution/Dissemination			
	ailing Address		04 29 / 2016			
IVI	555 Capitol Mall, Suite 510		Amount			
Ci	ity State	Zip Code	545.71			
Sa	acramento CA	95814	Transaction ID : PDTE85 Date of Disbursement or Obligation			
	urpose of Expenditure taff Time & Website for Voter Guide; 4/1 - 5/18	Category/ Type 24E	05 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Na	ame of Federal Candidate	X Support Of	ffice Sought: House District:			
Н	illary Clinton	Oppose	President Senate State:			
	Calendar Year-To-Date Per Election for Office Sought		isbursement For: X Primary General			
E.	ull Name of Payee	Memo Item	Other (specify)			
	Planned Parenthood Affiliates of California	_ Memoriem	Date of Public Distribution/Dissemination			
М	lailing Address 555 Capitol Mall, Suite 510		04 29 2016 Amount			
Ci	ity State	Zip Code	26.91			
s	Sacramento CA	95814	Transaction ID : PDTE86 Date of Disbursement or Obligation			
	urpose of Expenditure Staff Time & Website for Voter Guide; 4/1/ - 5/18	Category/ Type 24E	05 / 12 / 2016			
N	ame of Federal Candidate	X Support O	ffice Sought: House District:			
С	Catherine Cortez Masto	Oppose	President Senate State: NV			
	Calendar Year-To-Date Per Election for Office Sought		isbursement For:			
(a)	SUBTOTAL of Itemized Independent Expenditures		572.62			
(b)	SUBTOTAL of Unitemized Independent Expenditures	·····				
(c)	TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •	7 7			
with	der penalty of perjury I certify that the independent expenditun, or at the request or suggestion of, any candidate or authority committee) any political party committee or its agent.					
	Rose OConnor [Elect	tronically Filed]	05 25 2016			
	Signature					

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	11	OF	11	
FOR	LINE 24	OF F	ORM 3X	

		FOR LINE 24 OF FORM 3X				
	IAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼					
	Affiliates of California					
Che	eck 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				
-	Mailing Address	04 29 / 2016				
1	555 Capitol Mall, Suite 510	Amount				
ŀ	City State Zip Code	273.10				
	Sacramento CA 95814	Transaction ID : PDTE87 Date of Disbursement or Obligation				
	Purpose of Expenditure Staff Time for Voter Guide 4/1 - 5/18; no candidate exceeds \$200 Category/ Type 24E	05 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
ı	Name of Federal Candidate Support Office	e Sought: House District:				
	Multiple candidates Oppose	President Senate State:				
	2016	ursement For: Primary General				
L	Per Election for Office Sought 0.00 2016	Other (specify)				
1	Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination				
		04 29 2016				
	Mailing Address 555 Capitol Mall, Suite 510	Amount				
ı	City State Zip Code	511.28				
1	Sacramento CA 95814	Transaction ID : UPDTE86 Date of Disbursement or Obligation				
	Purpose of Expenditure Staff Time & Website for Voter Guide; 4/1/ - 5/18 Category/ Type 24E	05 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
ľ	Name of Federal Candidate Support Office	e Sought: House District:				
	Catherine Cortez Masto Oppose	President State: NV				
	Calendar Year-To-Date Per Election for Office Sought Disb. 2010	oursement For: Primary General Other (specify)				
	a) SUBTOTAL of Itemized Independent Expenditures	273.10				
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7				
(c) TOTAL Independent Expenditures	845.72				
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not movith, 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.					
	Rose OConnor [Electronically Filed] Date	05 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Signature					