

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 555 Capitol Mall, Suite 400
Check if different than previously reported. (ACC) Sacramento CA 95814

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00556860 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [04] / [01] / [2022] through [06] / [30] / [2022]

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

Signature of Treasurer Ragsac, Nikki, , , [Electronically Filed] Date [07] / [13] / [2022]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>		<input type="text" value="126784.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="233457.49"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="0.00"/>	<input type="text" value="106750.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="233457.49"/>	<input type="text" value="233534.15"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="79000.00"/>	<input type="text" value="79076.66"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="154457.49"/>	<input type="text" value="154457.49"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	96250.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	96250.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	10500.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	0.00	106750.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	106750.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	76.66
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	21000.00	21000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	21000.00	21000.00
29. Other Disbursements (Including Non-Federal Donations).....	58000.00	58000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	79000.00	79076.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	79000.00	79076.66

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	96250.00
34. Total Contribution Refunds (from Line 28(d))	21000.00	21000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	- 21000.00	75250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Vote Planned Parenthood Northern CA, a project of Planned Parenthood No. CA Action Fund

Date of Disbursement

Mailing Address 555 Capitol Mall, Suite 400

M M M	/	D D D	/	Y Y Y Y Y
06		16		2022

City
Sacramento

State
CA

Zip Code
95814

FEC Identification Number

Purpose of Disbursement
Refund of contributions received in error in prior reporting periods

010
Category/ Type

C

Transaction ID : EB1327

Amount of Each Disbursement this Period

4800.00

Memo Item

Candidate Name

Vote Planned Parenthood Northern CA, a project of Planned Parenthood No. CA Action Fund

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Vote Planned Parenthood Northern CA, a project of Planned Parenthood No. CA Action Fund

Date of Disbursement

Mailing Address 555 Capitol Mall, Suite 400

M M M	/	D D D	/	Y Y Y Y Y
06		16		2022

City
Sacramento

State
CA

Zip Code
95814

FEC Identification Number

Purpose of Disbursement
Refund of contributions received in error in prior reporting periods

010
Category/ Type

C

Transaction ID : EB1328

Amount of Each Disbursement this Period

16200.00

Memo Item

Candidate Name

Vote Planned Parenthood Northern CA, a project of Planned Parenthood No. CA Action Fund

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y

City

State

Zip Code

FEC Identification Number

Purpose of Disbursement

Category/ Type

C

Amount of Each Disbursement this Period

--

Memo Item

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

21000.00

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

21000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Bonta for Assembly 2022, Mia

Mailing Address 1414 K Street, Suite 250

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Contribution to Non-Federal Committee

011

Candidate Name
Bonta for Assembly 2022, Mia

Category/
Type

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	7		2	0	2	2

FEC Identification Number

C [REDACTED]

Transaction ID : EB1321

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bonta for Attorney General 2022 sponsored by labor organizations, Californians Supporting

Mailing Address 312 Clay Street, Suite 300

City Oakland State CA Zip Code 94607

Purpose of Disbursement
Contribution to Non-Federal Committee

011

Candidate Name
Bonta for Attorney General 2022 sponsored by labor organizations, Californians Supporting

Category/
Type

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

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : EB1319

Amount of Each Disbursement this Period

[REDACTED] 10000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. California Democratic Party

Mailing Address 1830 9th Street

City Sacramento State CA Zip Code 95811

Purpose of Disbursement
Contribution to Non-Federal Committee

011

Candidate Name
California Democratic Party

Category/
Type

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

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : EB1329

Amount of Each Disbursement this Period

[REDACTED] 30000.00

Memo Item

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

[REDACTED] 41000.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Holden for Assembly 2022, Chris

Mailing Address 1017 L Street, #292

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Contribution to Non-Federal Committee

011

Candidate Name
Holden for Assembly 2022, Chris

Category/
Type

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

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2022

FEC Identification Number

C
Transaction ID : EB1322
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Lara for Insurance Commissioner 2022, Californians Supporting Ricardo

Mailing Address 515 South Figueroa Street, Suite 1

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Contribution to Non-Federal Committee

011

Candidate Name
Lara for Insurance Commissioner 2022, Californians Supporting Ricardo

Category/
Type

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

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2022

FEC Identification Number

C
Transaction ID : EB1320
Amount of Each Disbursement this Period
10000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PrivacyPAC: Naral Pro-Choice California

Mailing Address 555 Capitol Mall, Suite 400

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Contribution to Non-Federal Committee

011

Candidate Name
PrivacyPAC: Naral Pro-Choice California

Category/
Type

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

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2022

FEC Identification Number

C
Transaction ID : EB1332
Amount of Each Disbursement this Period
1000.00

Memo Item

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

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

12000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. The California Women's List

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		21		2022

Mailing Address 393 7th Avenue Suite 301

City San Francisco	State CA	Zip Code 94118
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FEC Identification Number

C

Purpose of Disbursement
Contribution to Non-Federal Committee

011
Category/ Type

Transaction ID : EB1331

Amount of Each Disbursement this Period

1000.00

Candidate Name

The California Women's List

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

Memo Item

Full Name (Last, First, Middle Initial)

B. Ting for Assembly 2022, Phil

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		21		2022

Mailing Address 1029 J Street, Suite 380

City Sacramento	State CA	Zip Code 95814
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FEC Identification Number

C

Purpose of Disbursement
Contribution to Non-Federal Committee

011
Category/ Type

Transaction ID : EB1330

Amount of Each Disbursement this Period

2000.00

Candidate Name

Ting for Assembly 2022, Phil

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

Memo Item

Full Name (Last, First, Middle Initial)

C. Weber for CA Assembly 2022

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		17		2022

Mailing Address 1017 L Street, #903

City Sacramento	State CA	Zip Code 95814
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FEC Identification Number

C

Purpose of Disbursement
Contribution to Non-Federal Committee

011
Category/ Type

Transaction ID : EB1323

Amount of Each Disbursement this Period

1000.00

Candidate Name

Weber for CA Assembly 2022

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

Memo Item

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Wilson for Assembly 2022, Lori		Date of Disbursement MM / DD / YYYY 05 / 17 / 2022	
Mailing Address 1017 L Street, #794			
City Sacramento	State CA	Zip Code 95814	
Purpose of Disbursement Contribution to Non-Federal Committee		<input type="text" value="011"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name Wilson for Assembly 2022, Lori		Transaction ID : EB1324	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
State: _____	District: _____	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		<input type="text"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period <input type="text"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		<input type="text"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period <input type="text"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="58000.00"/>