

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Protecting Choice in California 2010, a project of Planned Parenthood Affiliates of CA

ADDRESS (number and street) 555 Capitol Mall, Suite 1425

Check if different than previously reported. (ACC) Sacramento CA 95814

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00488502

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 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on _____ in the State of _____

- (d) 30-Day Post -Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 09 01 2010 through 09 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kathy Kneer

Signature of Treasurer Electronically Filed by Kathy Kneer Date 10 15 2010

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

Office Use Only							
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FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Protecting Choice in California 2010, a project of Planned Parenthood Affiliates
of CA

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="2010"/>		0.00
(b) Cash on Hand at Beginning of Reporting Period	0.00	
(c) Total Receipts (from Line 19)	136069.85	136069.85
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	136069.85	136069.85
7. Total Disbursements (from Line 31)	50569.85	50569.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	85500.00	85500.00
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	51622.81	

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Protecting Choice in California 2010, a project of Planned Parenthood Affiliates of CA

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)	10928.92	10928.92
(ii) Unitemized	140.93	140.93
(iii) TOTAL (add Lines 11(a)(i) and (ii)	11069.85	11069.85
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	125000.00	125000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	136069.85	136069.85
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	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (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))	136069.85	136069.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	136069.85	136069.85

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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 Expenditure (use Schedule E)	6069.85	6069.85
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	34500.00	34500.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	34500.00	34500.00
29. Other Disbursements.....	10000.00	10000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	50569.85	50569.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	50569.85	50569.85

DETAILED SUMMARY PAGE
of Disbursements

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)	136069.85	136069.85
34. Total Contribution Refunds (from Line 28(d))	34500.00	34500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	101569.85	101569.85
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 A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 2010, a project of Planned Parenthood Affiliates of CA

A.

Full Name (Last, First, Middle Initial)

Planned Parenthood Advocacy Project Los Angeles

Mailing Address 400 West 30th Street

City State Zip Code
Los Angeles CA 90007

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

Name of Employer Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

647.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 1 0

Transaction ID: INC.A.62

Amount of Each Receipt this Period

647.00

B.

Full Name (Last, First, Middle Initial)

Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City State Zip Code
Sacramento CA 95814

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

Name of Employer Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5235.04

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: INC.A.60

Amount of Each Receipt this Period

5235.04

C.

Full Name (Last, First, Middle Initial)

Planned Parenthood Shasta-Diablo Action Fund

Mailing Address 2185 Pacheco Blvd.

City State Zip Code
Concord CA 94522

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

Name of Employer Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5046.88

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: INC.A.57

Amount of Each Receipt this Period

46.88

SUBTOTAL of Receipts This Page (optional) ▶

5928.92

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

A. Form/Schedule : **SA11AI**
Transaction ID : **INC.A.62**

In-Kind Contribution; Staff Time & List Rental (9/28/10 - 9/30/10)

B. Form/Schedule : **SA11AI**
Transaction ID : **INC.A.60**

In-Kind Contribution - Staff Time & Other Voter Contact (9/1/10 - 9/30/10)

C. Form/Schedule : **SA11AI**
Transaction ID : **INC.A.57**

In-Kind contribution; Staff Time

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 18	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Protecting Choice in California 2010, a project of Planned Parenthood Affiliates of CA

A.

Full Name (Last, First, Middle Initial) Planned Parenthood Shasta-Diablo Action Fund		Date of Receipt	
Mailing Address 2185 Pacheco Blvd.		M M / D D / Y Y Y Y 09 / 30 / 2010	
City	State	Zip Code	Transaction ID: INC.A.5
Concord	CA	94522	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		5000.00	
Name of Employer	Occupation		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	5046.88		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	10928.92

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

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

FOR LINE NUMBER: PAGE 10 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Protecting Choice in California 2010, a project of Planned Parenthood Affiliates of CA

A. Full Name (Last, First, Middle Initial)
Planned Parenthood Advocacy Project Los Angeles County Action Fund
 Mailing Address 555 Capitol Mall, Suite 1425
 City State Zip Code
 Sacramento CA 95814
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 9 / 2 0 1 0
Transaction ID: INC.A.3
 Amount of Each Receipt this Period
 27500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

B. Full Name (Last, First, Middle Initial)
Planned Parenthood Advocacy Project Los Angeles County Action Fund - Issues Account
 Mailing Address 555 Capitol Mall, Suite 1425
 City State Zip Code
 Sacramento CA 95814
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 9 / 2 0 1 0
Transaction ID: INC.A.4
 Amount of Each Receipt this Period
 22500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 15500.00

C. Full Name (Last, First, Middle Initial)
Planned Parenthood of Orange and San Bernardino Counties Community Action Fund PAC
 Mailing Address 555 Capitol Mall, Suite 1425
 City State Zip Code
 Sacramento CA 95814
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 7 / 2 0 1 0
Transaction ID: INC.A.2
 Amount of Each Receipt this Period
 50000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 50000.00

SUBTOTAL of Receipts This Page (optional) ► **100000.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 18	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Protecting Choice in California 2010, a project of Planned Parenthood Affiliates of CA

A.

Full Name (Last, First, Middle Initial) Women's Political Committee		Date of Receipt
Mailing Address 777 South Figueroa Street, Suite 4		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
City	State	Zip Code
Los Angeles	CA	90017
FEC ID number of contributing federal political committee.		Transaction ID: INC.A.6
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25000.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="25000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="25000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="125000.00"/>

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Protecting Choice in California 2010, a project of Planned Parenthood Affiliates of CA	FEC IDENTIFICATION NUMBER C C00488502
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Planned Parenthood Action Fund of Santa Barbara, Ventura
and San Luis Obispo, Inc.

Mailing Address
518 Garden Street

City Santa Barbara	State CA	Zip Code 93117
-----------------------	-------------	-------------------

Purpose of Expenditure
Staff Time & Other
Voter Contact (9/21/-
10 - 9/30/10)

Category/
Type **24E**

Name of Federal Candidate supported or Opposed by expenditure:
Barbara Boxer

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

Amount
35.51

Transaction ID: EDT.EALC.35

Office Sought: House State: CA
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Calendar Year-To-Date Per Election
for Office Sought **28381.25**

Full Name (Last, First, Middle, Initial) of Payee
Planned Parenthood Advocacy Project Los Angeles

Mailing Address
400 West 30th Street

City Los Angeles	State CA	Zip Code 90007
---------------------	-------------	-------------------

Purpose of Expenditure
Staff Time & List Re-
ntal (9/28/10 - 9/30-
10)

Category/
Type **24E**

Name of Federal Candidate supported or Opposed by expenditure:
Barbara Boxer

Date
M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 1 0

Amount
647.00

Transaction ID: EDT.EALC.30

Office Sought: House State: CA
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Calendar Year-To-Date Per Election
for Office Sought **28381.25**

(a) SUBTOTAL of Itemized Independent Expenditures	682.51
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathy Kneer
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Protecting Choice in California 2010, a project of Planned Parenthood Affiliates of CA	FEC IDENTIFICATION NUMBER C C00488502
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Planned Parenthood Advocates Mar Monte

Mailing Address
1691 The Alameda

City State Zip Code
San Jose CA 95126

Purpose of Expenditure
Voter Contact (9/28/-10 - 9/30/10) Category/Type **24E**

Name of Federal Candidate supported or Opposed by expenditure:
Barbara Boxer

Calendar Year-To-Date Per Election for Office Sought **28381.25**

Date
MM / DD / YYYY
09 / 30 / 2010

Amount
70.56

Transaction ID: EDT.EALC.33

Office Sought: House State: CA
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

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

Mailing Address
555 Capitol Mall, Suite 510

City State Zip Code
Sacramento CA 95814

Purpose of Expenditure
Consulting & Polling for Voter Contact Category/Type **24E**

Name of Federal Candidate supported or Opposed by expenditure:
Barbara Boxer

Calendar Year-To-Date Per Election for Office Sought **28381.25**

Date
MM / DD / YYYY
09 / 30 / 2010

Amount
22311.40

Transaction ID: PDT.E.3

Office Sought: House State: CA
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	70.56
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathy Kneer
Signature

Date MM / DD / YYYY
10 / 15 / 2010

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Protecting Choice in California 2010, a project of Planned Parenthood Affiliates of CA	FEC IDENTIFICATION NUMBER C C00488502
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

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

Mailing Address
555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Purpose of Expenditure Staff Time & Other Voter Contact (9/1/10)	Category/ Type
	24E

Name of Federal Candidate supported or Opposed by expenditure:
Barbara Boxer

Calendar Year-To-Date Per Election for Office Sought	28381.25
---	----------

Date
M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Amount
5235.04

Transaction ID: EDT.EALC.34

Office Sought: House State: CA
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Planned Parenthood of Orange and San Bernardino Counties
Action Fund

Mailing Address
700 S. Tustin Street

City	State	Zip Code
Orange	CA	92866

Purpose of Expenditure Voter Contact	Category/ Type
	24E

Name of Federal Candidate supported or Opposed by expenditure:
Barbara Boxer

Calendar Year-To-Date Per Election for Office Sought	28381.25
---	----------

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

Amount
34.86

Transaction ID: EDT.EALC.32

Office Sought: House State: CA
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	5269.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathy Kneer
Signature

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

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Protecting Choice in California 2010, a project of Planned Parenthood Affiliates of CA			FEC IDENTIFICATION NUMBER ▼ C C00488502		
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee Planned Parenthood Shasta-Diablo Action Fund			Date M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0		
Mailing Address 2185 Pacheco Blvd.			Amount 46.88		
City Concord		State CA	Transaction ID: EDT.EALC.31		
Zip Code 94522		Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure Staff Time		Category/ Type		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
		24E			
Name of Federal Candidate supported or Opposed by expenditure: Barbara Boxer					
Calendar Year-To-Date Per Election for Office Sought			28381.25		

(a) SUBTOTAL of Itemized Independent Expenditures	46.88
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	6069.85
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Kathy Kneer Signature	Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0

**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)

PAGE 16 / 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input 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 2010, a project of Planned Parenthood Affiliates of CA

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Advocacy Project Los Angeles County Action Fund

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Refund of Contribution

010
Category/
Type

Candidate Name
Planned Parenthood Advocacy Project Los Angeles Co-
unity Action Fund

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

State: District:

Transaction ID: EXP.B.19

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

27500.00

B. Planned Parenthood Advocacy Project Los Angeles County Action Fund - Issues Account

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Refund of Contribution

010
Category/
Type

Candidate Name
Planned Parenthood Advocacy Project Los Angeles Co-
unity Action Fund - Issues Account

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

State: District:

Transaction ID: EXP.B.20

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

7000.00

SUBTOTAL of Disbursements This Page (optional) ►

34500.00

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

34500.00

**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)

PAGE 17 / 18

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

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

NAME OF COMMITTEE (In Full)

Protecting Choice in California 2010, a project of Planned Parenthood Affiliates of CA

A.

Full Name (Last, First, Middle Initial)

TeleRoots Technologies, Inc.

Mailing Address 333 Washington Avenue, #100

City State Zip Code
Minneapolis MN 55401

Purpose of Disbursement
State Election Activities

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: EXP.B.12

Date of Disbursement

09 / 28 / 2010

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional) ►

10000.00

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

10000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 18 / 18
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Protecting Choice in California 2010, a project of Planned Parenthood Affiliates of CA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California	Nature of Debt (Purpose): Consulting & Polling for Voter Contact
Mailing Address 555 Capitol Mall, Suite 510	
City State ZIP Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:52	
Amount Incurred This Period 22311.40	Payment This Period 0.00	Outstanding Balance at Close of This Period 22311.40

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California	Nature of Debt (Purpose): State Election Activites
Mailing Address 555 Capitol Mall, Suite 510	
City State ZIP Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:69	
Amount Incurred This Period 22311.41	Payment This Period 0.00	Outstanding Balance at Close of This Period 22311.41

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Political Data Inc.	Nature of Debt (Purpose): State Election Activities
Mailing Address 825 South Victory Blvd.	
City State ZIP Code Burbank CA 91502	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:70	
Amount Incurred This Period 7000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7000.00

1) SUBTOTALS This Period This Page (optional).....	▶	51622.81
2) TOTALS This Period (last page this line number only).....	▶	51622.81
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	51622.81