



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>	<input type="text" value="87190.32"/>	<input type="text" value="87190.32"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="69620.32"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="133025.00"/>	<input type="text" value="154525.00"/>
(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="202645.32"/>	<input type="text" value="241715.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="75861.17"/>	<input type="text" value="114931.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="126784.15"/>	<input type="text" value="126784.15"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="76.66"/>	

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:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	49900.00	51400.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	49900.00	51400.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	83125.00	103125.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	133025.00	154525.00
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	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	133025.00	154525.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	133025.00	154525.00

**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 .....	18492.61	14062.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	18492.61	14062.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	40000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
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).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	57368.56	60868.56
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)) ..	75861.17	114931.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	75861.17	114931.17

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	133025.00	154525.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	133025.00	154525.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	18492.61	14062.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	18492.61	14062.61

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 6 OF 16
<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, a project of Planned Parenthood Affiliates of California**

**A. Pattern Energy Group LP**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1088 Sansome Street

City San Francisco	State CA	Zip Code 94111
-----------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
49900.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		07		2021

**Transaction ID : IA1274**

Amount of Each Receipt this Period  
49900.00

Memo Item

**B.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	49900.00
<b>TOTAL</b> This Period (last page this line number only).....	49900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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**

**A. Planned Parenthood Action Fund of the Pacific Southwest PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1075 El Camino del Rio South

City San Diego	State CA	Zip Code 92108
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
16625.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2021

**Transaction ID : IA1259**

Amount of Each Receipt this Period  
16625.00

Memo Item

**B. Planned Parenthood Advocacy Project Los Angeles County Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 555 Capitol Mall, Suite 400

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

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
14875.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2021

**Transaction ID : IA1255**

Amount of Each Receipt this Period  
14875.00

Memo Item

**C. Planned Parenthood Advocates Pasadena and San Gabriel Valley PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 555 Capitol Mall, Suite 400

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

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2021

**Transaction ID : IA1258**

Amount of Each Receipt this Period  
4375.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	35875.00
<b>TOTAL</b> 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: (check only one)	PAGE 8 OF 16
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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**

**A. Planned Parenthood of Orange and San Bernardino Counties Community Action Fund PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 555 Capitol Mall, Suite 400

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

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
14000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2021

**Transaction ID : IA1252**

Amount of Each Receipt this Period  
14000.00

Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 555 Capitol Mall, Suite 400

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

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2021

**Transaction ID : IA1257**

Amount of Each Receipt this Period  
10500.00

Memo Item

**C. We Vote - Nosotros Votamos - PPAMM**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 400 Capitol Mall, Suite 1545

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

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
22750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2021

**Transaction ID : IA1276**

Amount of Each Receipt this Period  
22750.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	47250.00
<b>TOTAL</b> This Period (last page this line number only).....	83125.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Planned Parenthood Affiliates of California**

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Staff Time for Non-Federal Activity

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : EB1253**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Planned Parenthood Affiliates of California**

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Staff Time for Non-Federal Activity

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : EB1277**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Planned Parenthood Affiliates of California**

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Staff Time for Non-Federal Activity

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : EB1278**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Planned Parenthood Affiliates of California**

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Staff Time for Non-Federal Activity

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : EB1285**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Planned Parenthood Affiliates of California**

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Staff Time for Non-Federal Activity

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : EB1294**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Newsom, Stop the Republican Recall of Governor**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	31	/	2021

Mailing Address 1787 Tribute Road, Suite K

City Sacramento State CA Zip Code 95815

FEC Identification Number

C [REDACTED]

Purpose of Disbursement  
Contribution to Non-Federal Committee

011  
Category/  
Type

**Transaction ID : EB1268**  
Amount of Each Disbursement this Period

[REDACTED] 1000.00

Candidate Name

**Newsom, Stop the Republican Recall of Governor**

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

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. Olson Remcho LLP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	01	/	2021

Mailing Address 555 Capitol Mall, Suite 400

City Sacramento State CA Zip Code 95814

FEC Identification Number

C [REDACTED]

Purpose of Disbursement  
Legal & Reporting Services; Non-Federal In-Kind

011  
Category/  
Type

**Transaction ID : EB1291**  
Amount of Each Disbursement this Period

[REDACTED] 2345.00

Candidate Name

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

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. Planned Parenthood Affiliates of California**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	08	/	2021

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

FEC Identification Number

C [REDACTED]

Purpose of Disbursement  
Non-Federal In-Kind Contribution

011  
Category/  
Type

**Transaction ID : EB1282**  
Amount of Each Disbursement this Period

[REDACTED] 5159.64

Candidate Name

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

Memo Item

State: District:

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

[REDACTED] 8504.64

**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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Planned Parenthood Affiliates of California**

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Non-Federal In-Kind Contribution

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : EB1281**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Planned Parenthood Affiliates of California**

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Non-Federal In-Kind Contribution

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : EB1279**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Planned Parenthood Affiliates of California**

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Non-Federal In-Kind Contribution

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : EB1280**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Planned Parenthood Affiliates of California**

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Non-Federal In-Kind Contribution

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : EB1286**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Planned Parenthood Affiliates of California**

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Non-Federal In-Kind Contribution

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : EB1288**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Planned Parenthood Affiliates of California**

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Non-Federal In-Kind Contribution

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : EB1287**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. PrivacyPAC: Naral Pro-Choice**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		14		2021

Mailing Address 555 Capitol Mall, Suite 400

FEC Identification Number

C
---

**Transaction ID : EB1251**

Amount of Each Disbursement this Period

250.00
--------

Memo Item

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Contribution to Non-Federal Committee

011
Category/ Type

Candidate Name

**PrivacyPAC: Naral Pro-Choice**

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

Full Name (Last, First, Middle Initial)

**B. PrivacyPAC: Naral Pro-Choice**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2021

Mailing Address 555 Capitol Mall, Suite 400

FEC Identification Number

C
---

**Transaction ID : EB1254**

Amount of Each Disbursement this Period

250.00
--------

Memo Item

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Contribution to Non-Federal Committee

011
Category/ Type

Candidate Name

**PrivacyPAC: Naral Pro-Choice**

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

Full Name (Last, First, Middle Initial)

**C. Tim Davis Creative**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		30		2021

Mailing Address 423 Santa Ynez Way

FEC Identification Number

C
---

**Transaction ID : EB1289**

Amount of Each Disbursement this Period

409.90
--------

Memo Item

City Sacramento State CA Zip Code 95816

Purpose of Disbursement  
Non-Federal In-Kind Contribution

011
Category/ Type

Candidate Name

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

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

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

909.90
--------

--

**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

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. Ting for Assembly 2022, Phil**

Mailing Address 1029 J Street, Suite 380

City  
Sacramento

State  
CA

Zip Code  
95814

Purpose of Disbursement  
Contribution to Non-Federal Committee

011

Category/  
Type

Candidate Name

Ting for Assembly 2022, Phil

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 02 / 2021

FEC Identification Number

C [ ]

Transaction ID : EB1260

Amount of Each Disbursement this Period

[ ] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Ting for Assembly 2022, Phil**

Mailing Address 1029 J Street, Suite 380

City  
Sacramento

State  
CA

Zip Code  
95814

Purpose of Disbursement  
Void Check for Non-Federal Committee

011

Category/  
Type

Candidate Name

Ting for Assembly 2022, Phil

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 02 / 2021

FEC Identification Number

C [ ]

Transaction ID : EB1272

Amount of Each Disbursement this Period

[ ] - 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

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

[ ] 0.00

[ ] 57368.56

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 16
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Planned Parenthood Affiliates of California</b>			Nature of Debt (Purpose): Staff Time & Website for Voter Guide; 5/19/16 - 6/30/16
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="1.20"/>	<b>Transaction ID : PD769</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1.20"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Planned Parenthood Affiliates of California</b>			Nature of Debt (Purpose): Staff Time & Website for Voter Guide; 5/19/16 - 6/30/16
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="32.66"/>	<b>Transaction ID : PD770</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="32.66"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Planned Parenthood Affiliates of California</b>			Nature of Debt (Purpose): Website & Voter Guide Various Unitemized Candidates
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="42.80"/>	<b>Transaction ID : PD796</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="42.80"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="76.66"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="76.66"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="76.66"/>