Image# 201806129113672297				06/12/2018 18 : 15
FEC	STATEMENT ORGANIZAT			PAGE 1 / 4
FORM 1	UNGANIZAI			
1. NAME OF	(Check if name	Example: If typing, type		ffice Use Only
COMMITTEE (in full)		over the lines.	12FE4M5	
Protecting Choice in	n California, a project	of Planned Paren	thood Affili	ates of California
	1555 Capitol Mall, Suite 400			
ADDRESS (number and street)				
<ul> <li>(Check if address is changed)</li> </ul>				
	Sacramento	1	CA 958	314
	CITY A		STATE A	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address	info@olsonhagel.com			
is changed)				
	Optional Second E-Mail Addres	S		
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
is changed)				
2. DATE 06 12	2 2018			
3. FEC IDENTIFICATION N		6860		
3. FEG IDENTIFICATION IN	JWIBER			
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined th	nis Statement and to the best of r	ny knowledge and belief it is	s true, correct and	l complete.
Type or Print Name of Treasure	r Ko, Alissa, , ,			
Signature of Treasurer	lissa, , ,	[Electronically Filed]	Date 06	12 / Y Y Y Y 12 2018
NOTE: Submission of false, erron	eous, or incomplete information may ANY CHANGE IN INFORMATION			penalties of 2 U.S.C. §437g.
Office		For further information cor		FEC FORM 1
Use Only		Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	1	(Revised 06/2012)

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FE	EC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE	OF C	OMMITTEE	
Cand	lidate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Completinformation below.)	te the candidate
Name Candio			
Candic Party		on Office Sought: House Senate President	State CA District
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candic			
Party	/ Com	mittee:	
(d)			emocratic, publican, etc.) Party
Politi	cal A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ted organization is
		Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization Trade Association	cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

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

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

None																														
Mailing Address																														
																					L						- [			
						C	CITY	/									S	TAT	E					Z	IP	СО	)DE	Ξ		
Relationship: Conne	ected	Orgar	nizati	on	Affili	ate	d Co	omn	nitte	e	Jo	int F	un	dra	isin	g F	Rep	ores	sen	tati	ve	C	]L	ead	ers	ship	P/	۹C :	Spo	nsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Keys, Lace	∋y, , ,
Full Name	
Mailing Address	555 Capitol Mall, Suite 400
Maining Address	
	Sacramento         CA         95814
Title or Position	CITY STATE ZIP CODE
Custodian of Records	Telephone number     916     442     2952

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Ko, Alissa, , ,
Mailing Address	555 Capitol Mall, Suite 510
	Sacramento         CA         95814         -
	CITY STATE ZIP CODE
Title or Position	Telephone number 916 - 446 5247

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Full Name of Designated	Smith, Crystal, , ,
Agent	
Mailing Address	555 Capitol Mall, Suite 510
	Sacramento         CA         95814
	CITY STATE ZIP CODE
Title or Position	Irer     916     446     5247       Telephone number     916     916     916

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells F	Fargo Bank		
Mailing Address	400 Capitol Mall		
	Sacramento	CA	95814
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE