PAGE 1 / 10

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

Protecting Choice in California, a project of Planned Parenthood Affiliates of California ADDRESS (number and street) September and street Sept		For Other Than An Au	thorized Committee	Office Use Only
ADDRESS (number and street) Check if different than previously reported. (ACC) Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER C C00656880 3. IS THIS REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (O1) July 15 Quarterly Report (O2) Colober 15 Quarterly Report (O2) Quarterly Rep		TYPE OR PRINT ▼		e 12FE4M5
Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER V C C C00556860 3. IS THIS REPORT (N) OR AMENDED (A) TYPE OF REPORT (Choose One) (B) Monthly Report (Choose One) (C) C00556860 (D) Monthly Report (Choose One) (E) Monthly Report (Choose One) (A) Type OF REPORT (D) Monthly Report (Choose One) (A) C C C00556860 (D) Monthly Report (Choose One) (E) Monthly Report (Choose One) (E) Monthly Report (Choose One) (B) May 20 (M5) (May 20 (M6) (May 20 (M5) (May 20 (M5) (May 20 (M6) (May 20 (M5) (May 20 (M6) (May 20 (M5) (May 20 (M5) (May 20 (M5) (May 20 (M6) (May 20 (M5) (May 2	Protecting Choice in C	California, a project of	Planned Parenthood	d Affiliates of California
Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER V C C C00556860 3. IS THIS REPORT (N) OR AMENDED (A) TYPE OF REPORT (Choose One) (B) Monthly Report (Choose One) (C) C00556860 (D) Monthly Report (Choose One) (E) Monthly Report (Choose One) (A) Type OF REPORT (D) Monthly Report (Choose One) (A) C C C00556860 (D) Monthly Report (Choose One) (E) Monthly Report (Choose One) (E) Monthly Report (Choose One) (B) May 20 (M5) (May 20 (M6) (May 20 (M5) (May 20 (M5) (May 20 (M6) (May 20 (M5) (May 20 (M6) (May 20 (M5) (May 20 (M5) (May 20 (M5) (May 20 (M6) (May 20 (M5) (May 2	<u> </u>			
than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER C CO0556860 3. IS THIS NEW (N) OR AMENDED (A) 4. TYPE OF REPORT (b) Monthly Report (Choose One) (C) Co0556860 4. TYPE OF REPORT (b) Monthly Report (Choose One) (C) Monthly Report (Choose One) (A) April 15 (C) Quarterly Reports: April 15 (C) Quarterly Report (Q1) (D) July 15 (Quarterly Report (Q2) (C) 12-Day PRE-Election Report (PE) (D) January 31 (C) 12-Day PRE-Election Report (PE) (D) January 31 (Election on February (12P) (Electronically Filed) (Electronically Filed) (Electronically Filed) (Electronically Filed) (D) (File (Electronically Filed) (Electronically	ADDRESS (number and street)	555 Capitol Mall, Suite 400		
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ C C00556860 3. IS THIS REPORT (N) OR AMENDED (A) 4. TYPE OF REPORT (D) Monthly Report (Choose One) (Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) Dec 20 (M12) Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) Dec 20 (M12) Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) Dec 2	▼ Check if different			
A. TYPE OF REPORT (Choose One) 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) Quarterly Report (Q2) Quarterly Report (Q3) Quarterly Report (Q4) Quarterly Report (Q5) Quarterly Report (Q6) Q5 Q6 Q6 Q6 Q6 Q6 Q6 Q6		Sacramento		CA 95814
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q3) FRE-Election Report for the: Report for the: Report (Non-election Year Only) (MY) Termination Report (TER) Termination Report (TER) Covering Period Termination Report Telection on Telection Telection Telection on Telection	2. FEC IDENTIFICATION N	UMBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
(Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q3) Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q3) Quarterly Report (Q4) Quarterly Report (Q5) Quarterly Report (Q6) Quarterly Report (Q7) Quarterly Report (Q7) Quarterly Report (Q8) Quarterly Report (Q9) Quarterly Q9 Quarterly Q9 Quarterly Q9 Quarterly Q9 Quarterly Q9	C C00556860			
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Townstant Report (Report (PER)) Termination Report (PER) Termination (PER	(Choose One)	Report Due On:		(M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
Ouarterly Report (Q1) July 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Covering Period Termination Report Termination	_	Ap	r 20 (M4) Jul 20 (
July 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Description on Second of the secon		Q1) (c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) General (30G) Report (30R) Report (30R) Report for the: Election on M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Quarterly Report (PRE-Election		
January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Date M M J D D J State of		Q3)		
Report (Non-election Year Only) (MY) Termination Report (TER) Report for the: Election on Report for the: Election on Felocition (TER) Special (30G) Runoff (30R) Special (30S) Runoff (30R) Special (30S) Runoff (30R) Special (30S) Report and to the best of my knowledge and belief it is true, correct and complete. Ragsac, Nikki, , , Ragsac, Nikki, , , [Electronically Filed] NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 3010 Office Ulso FEC FORM 3X	Year-End Report (YE) Electi		iii uic
Termination Report (TER) Election on Election on Election on In the State of O7 01 2020 through 09 30 2020 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 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 3010 Office Lice FEC FORM 3X	Report (Non-election	POST-Election	General (30G)	Runoff (30R) Special (30S)
5. Covering Period 07 01 2020 through 09 30 2020 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 10 15 2020 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 3010		·	on on	iii tiic
Ragsac, Nikki, , , Signature of Treasurer Ragsac, Nikki, , , [Electronically Filed] Date Date Type or Print Name of Treasurer Ragsac, Nikki, , , [Electronically Filed] Date Type or Print Name of Treasurer Ragsac, Nikki, , , [Electronically Filed] Date Type or Print Name of Treasurer Ragsac, Nikki, , , [Electronically Filed] Date Type or Print Name of Treasurer Ragsac, Nikki, , , [Electronically Filed] Date Type or Print Name of Treasurer Ragsac, Nikki, , , [Electronically Filed] Date Type or Print Name of Treasurer Ragsac, Nikki, , , [Electronically Filed] Date Type or Print Name of Treasurer Ragsac, Nikki, , , [Electronically Filed] Date Type or Print Name of Treasurer Ragsac, Nikki, , , [Electronically Filed] Date Type or Print Name of Treasurer Ragsac, Nikki, , , [Electronically Filed] Date Type or Print Name of Treasurer Ragsac, Nikki, , ,	5. Covering Period 0			
Type or Print Name of Treasurer Signature of Treasurer Ragsac, Nikki, , , [Electronically Filed] Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 3010	I certify that I have examined the	nis Report and to the best of	f my knowledge and belief it	t is true, correct and complete.
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 3010	Type or Print Name of Treasure	Ragsac, Nikki, , , er		
Office I FEC FORM 3X	Signature of Treasurer	sac, Nikki, , ,	[Electronically Filed]	
. Illes I FLO FORINI 3A	NOTE: Submission of false, error	neous, or incomplete information	on may subject the person sign	ning this Report to the penalties of 52 U.S.C. § 3010
Only Rev. 03/2016	Use			FEC FORM 3X Rev. 05/2016

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

07 01 2020 09 30 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 63366.73 January 1, 2020 (b) Cash on Hand at 38331.73 Beginning of Reporting Period..... 61045.00 61045.00 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 124411.73 99376.73 6(a) and 6(c) for Column B)..... 3500.00 28535.00 7. Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 95876.73 95876.73 (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 76.66 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. 05/2016)

Write or Type Committee Name

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

01 2020 09 30 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized (iii) TOTAL (add 0.00 0.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 61045.00 61045.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 61045.00 61045.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) (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))....... 61045.00 61045.00 20. Total Federal Receipts 61045.00 61045.00 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	17.20 1.100 1.5.100	Carsinal Tout to puts
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	4 4 4	
Expenditures	0.00	35.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	0.00	35.00
Transfers to Affiliated/Other Party	4 4	
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	500.00	500.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	4 4	7 7 7
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds 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
Other Disbursements (Including	4 4	4 4
Non-Federal Donations)	3000.00	28000.00
Federal Election Activity (52 U.S.C. § 30101(2011	7 7
(a) Allocated Federal Election Activity	20))	
(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
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3500.00	28535.00
Total Federal Disbursements	7 7 7	4 4 4
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	3500.00	28535.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	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)	61045.00	61045.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61045.00	61045.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	35.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	35.00

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

Image# 202010159295193320							
	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 10 (check only one) 11a 11b				
	ly information copied from such Reports and Statements may for commercial purposes, other than using the name and a	, , , , ,	1 1				
\rangle	NAME OF COMMITTEE (In Full) Protecting Choice in California, a project	of Planned Parenthood	d Affiliates of California				
Α.	Full Name of Individual (Last, First, Middle Initial) or Full O Planned Parenthood Action Fund of the Pacific Sou		Date of Receipt				
	Mailing Address 1075 El Camino del Rio South		M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y				

	Protecting Choice in California,	a project o	of Planned Parenthood	d Affiliates of California
Α.	Full Name of Individual (Last, First, Middle Ini Planned Parenthood Action Fund of the	Date of Receipt		
	Mailing Address 1075 El Camino del Rio South	08 14 2020		
	City	State	Zip Code	Transaction ID : INCA1166
	San Diego	CA	92108	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		18883.00
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 18883.00	
В.	Full Name of Individual (Last, First, Middle Ini Planned Parenthood Advocacy Proj Mailing Address 555 Capitol Mall, Suite 400			Date of Receipt
		1	I	08 17 2020
	City	State	Zip Code	Transaction ID : INCA1168
	Sacramento	CA	95814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		16959.00
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	Receipt For:			
	Primary General Other (specify) ▼		16959.00	
С.				Date of Receipt
	Mailing Address 555 Capitol Mall, Suite 400			08 21 2020
	City	State	Zip Code	Transaction ID : INCA1169
	Sacramento	CA	95814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		4517.00
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate \	/ear-to-Date ▼ 4517.00	
S	SUBTOTAL of Receipts This Page (optional)			40359.00
1	FOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR LINE NUMBER: PAGE 7 OF 10						
Use separate schedule(s) for each category of the	(check only one)						
Detailed Summary Page	11a 11b X	11c 12					
,	13 14	15 16 17					
not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.							
of Planned Parenthood Affiliates of California							

Any information copied from such Reports and S or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California						
Full Name of Individual (Last, First, Middle Ini Planned Parenthood Central Coast Action Mailing Address 518 Garden Street City Santa Barbara FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	State Zip Code CA 93101 C Occupation (for Individual) Aggregate Year-to-Date 4407.00	Date of Receipt 08 20 2020 Transaction ID: INCA1170 Amount of Each Receipt this Period 4407.00 Memo Item				
Full Name of Individual (Last, First, Middle Ini Planned Parenthood of Orange and San Bernal Mailing Address 555 Capitol Mall, Suite 1425 City Sacramento FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)		Date of Receipt 08				
Full Name of Individual (Last, First, Middle Ini Mailing Address City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	State Zip Code C Occupation (for Individual) Aggregate Year-to-Date	Date of Receipt Amount of Each Receipt this Period Memo Item				
SUBTOTAL of Receipts This Page (optional)		20686.00				
TOTAL This Period (last page this line number	oniy)	7 7 7				

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 8 OF 10 (check only one)	
			21b 28a	22 X 23 26 27 28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) Protecting Choice in California, a p				
Full Name (Last, First, Middle Initial) Ne Vote - Nosotros Votamos - PP Mailing Address 555 Capitol Mall, Suite 1425	AM			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State	Zip Code		FFO Identification Number
Sacramento Purpose of Disbursement	CA	95814		FEC Identification Number
Candidate Name We Vote - Nosotros Votamos - PPA	AM		O11 Category/ Type	Transaction ID : EXPB1165 Amount of Each Disbursement this Period
Office Sought: House Disbursen	nent For: Primary Other (spec	General ▼		500.00 Memo Item
Full Name (Last, First, Middle Initial) 3.				Date of Disbursement
Mailing Address				
	State	Zip Code		FEC Identification Number
Purpose of Disbursement				C
Candidate Name	Category/ Type			Amount of Each Disbursement this Period
	nent For: Primary Other (spec	General		Memo Item
Full Name (Last, First, Middle Initial)				Date of Disbursement
Mailing Address				M M / D D / Y Y Y Y
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursen Senate President	nent For: Primary Other (spec	General	Туро	None has
State: District:				Memo Item
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)				500.00 500.00

ITEMIZED DISBURSEMENTS	for each	rate schedule(s) category of the Summary Page	FOR LINE (check only 21b 28a	
Any information copied from such Reports and State or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) Protecting Choice in California, a page 1975.	me and addr	ess of any politica	Il committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Erickson for WH City Council 2020 Mailing Address 16633 Ventura Blvd., Suite 1008), John			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Encino Purpose of Disbursement Contribution - Non Federal Candidate Name Erickson for WH City Council 2020 Office Sought: House Disburse Senate President State: District:	O, John The ment For: Primary Other (speci	Zip Code 91436	O11 Category/ Type	FEC Identification Number C Transaction ID: EXPB1171 Amount of Each Disbursement this Period 1000.00 Memo Item
Senate President	State CA	Zip Code 90814 J.	011 Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
State: District: Full Name (Last, First, Middle Initial) C. Wiener for State Senate 2020, Re- Mailing Address 312 Clay Street, Suite 300 City Oakland Purpose of Disbursement Contribution - Non Federal Candidate Name	State CA	Zip Code 94607	011 Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 10 OF 10

FOR LINE NUMBER:
(check only one) 9

x 10

	ME OF COMMITTEE (In Full) rotecting Choice in California, a proje	ect of Pla	nned Parenthood	Affiliates of California	
	A. Full Name (Last, First, Middle Initial) of Debtor of Planned Parenthood Affiliates of Mailing Address 555 Capitol Mall, Suite 510	Nature of Debt (Purpose): Staff Time & Website for Voter Guide; 5/19/16 - 6/30/16			
	City Sacramento	State	Zip Code 95814		
ŀ	Outstanding Balance Beginning This Period	1	30014	Transaction ID : PAYD769	
	1.20				
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period	
	0.00	 	0.00	1.20	
Ī	B. Full Name (Last, First, Middle Initial) of Debtor of			Nature of Debt (Purpose): Staff Time & Website for Voter Guide; 5/19/16	
	Planned Parenthood Affiliates of C	Jailiornia		- 6/30/16	
	Mailing Address 555 Capitol Mall, Suite 510				
	City Sacramento	State CA	Zip Code 95814		
	Outstanding Balance Beginning This Period 32.66	Transaction ID : PAYD770			
	Amount Incurred This Period	Outstanding Balance at Close of This Period			
	0.00		0.00	32.66	
Ì	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California			Nature of Debt (Purpose): Website & Voter Guide Various Unitemized Candidates	
ŀ	Mailing Address 555 Capitol Mall, Suite 510				
	City Sacramento	State CA	Zip Code 95814		
	Outstanding Balance Beginning This Period 42.80	•		Transaction ID : PAYD796	
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	42.80	
4	CURTOTAL C This David This David (antique)			76.66	
1)	1) SUBTOTALS This Period This Page (optional)				
2)	TOTALS This Period (last page this line number or	nly)	>	76.66	
3)	TOTAL OUTSTANDING LOANS from Schedule C	0.00			
۵۱	ADD 2) and 3) and carry forward to appropriate lin	ne of Summa	ry Page (last page only) ▶	76.66	