



**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="2016"/>		121477.43
(b) Cash on Hand at Beginning of Reporting Period.....	134758.65	
(c) Total Receipts (from Line 19) .....	71419.63	86169.63
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	206178.28	207647.06
7. Total Disbursements (from Line 31).....	7727.43	9196.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	198450.85	198450.85
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	3826.68	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	39231.70	39231.70
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	39231.70	39231.70
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	26187.93	40937.93
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	65419.63	80169.63
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.).....	6000.00	6000.00
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)).....▶	71419.63	86169.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	71419.63	86169.63

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	365.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	365.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	1112.81	1958.53
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).....	6614.62	6872.67
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)) ..	7727.43	9196.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7727.43	9196.21

**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) .....	65419.63	80169.63
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	65419.63	80169.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	365.01
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	365.01

**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 17
<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties, Inc

Mailing Address 518 Garden Street

City Santa Barbara	State CA	Zip Code 93101
-----------------------	-------------	-------------------

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 ▼  
2417.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

**Transaction ID : INCA818**

Amount of Each Receipt this Period  
2417.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Planned Parenthood Advocates Mar Monte

Mailing Address 1691 The Alameda

City San Jose	State CA	Zip Code 95126
------------------	-------------	-------------------

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 ▼  
30529.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : INCA827**

Amount of Each Receipt this Period  
30529.78

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Planned Parenthood Advocates Pasadena and San Gabriel Valley

Mailing Address 2333 North Lake Avenue, 2nd Floor

City Altadena	State CA	Zip Code 91001
------------------	-------------	-------------------

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 ▼  
6284.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : INCA828**

Amount of Each Receipt this Period  
6284.92

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	39231.70
<b>TOTAL</b> This Period (last page this line number only).....	39231.70

**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 17
<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 Central Coast Action Fund PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 518 Garden Street

City Santa Barbara	State CA	Zip Code 93101
-----------------------	-------------	-------------------

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 ▼  
1612.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

**Transaction ID : INCA819**

Amount of Each Receipt this Period  
1612.00

Memo Item

**B. 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 1425

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 ▼  
13656.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2016

**Transaction ID : INCA816**

Amount of Each Receipt this Period  
6656.76

Memo Item

**C. 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 1425

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 ▼  
13656.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2016

**Transaction ID : INCA815**

Amount of Each Receipt this Period  
7000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15268.76
<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 17
<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Vote Planned Parenthood Northern CA, a project of Planned Parenthood No. CA Action Fund

Mailing Address 555 Capitol Mall, Suite 1425

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

FEC ID number of contributing federal political committee.

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : INCA814**

Amount of Each Receipt this Period

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Vote Planned Parenthood Northern CA, a project of Planned Parenthood No. CA Action Fund

Mailing Address 555 Capitol Mall, Suite 1425

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

FEC ID number of contributing federal political committee.

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : INCA813**

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.

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="10919.17"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value="26187.93"/>



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

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

FOR LINE NUMBER: PAGE 9 OF 17  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

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 ▼  
 6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2016

**Transaction ID : INCA824**

Amount of Each Receipt this Period  
 6000.00

Memo Item  
 Refund of Payment made in error

**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 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 Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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 - Non Federal Activity

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB841

Amount of Each Disbursement this Period

[REDACTED] 63.84

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 - Non Federal Activity

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB808

Amount of Each Disbursement this Period

[REDACTED] 400.78

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  
Data - Non Federal Activity

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB809

Amount of Each Disbursement this Period

[REDACTED] 6000.00

Memo Item

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

[REDACTED] 6464.62

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

[REDACTED] 6464.62

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 17
	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; 4/1 - 5/18
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period 18.49	<b>Transaction ID : PAYD734</b>	
Amount Incurred This Period 0.00	Payment This Period 18.49	Outstanding Balance at Close of This Period 0.00

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; 4/1 - 5/18
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period 267.29	<b>Transaction ID : PAYD735</b>	
Amount Incurred This Period 0.00	Payment This Period 267.29	Outstanding Balance at Close of This Period 0.00

C. 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 775.87	<b>Transaction ID : PAYD769</b>	
Amount Incurred This Period 0.00	Payment This Period 774.67	Outstanding Balance at Close of This Period 1.20

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1.20
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 17
	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 - Non Federal Activity
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="63.84"/>	<b>Transaction ID : PAYD758</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="63.84"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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="85.02"/>	<b>Transaction ID : PAYD770</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="52.36"/>	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 : PAYD796</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="75.46"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 17
	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): Data; To be allocated in subsequent period	
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD833</b>	
Amount Incurred This Period 468.75	Payment This Period 0.00	Outstanding Balance at Close of This Period 468.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Planned Parenthood Affiliates of California</b>		Nature of Debt (Purpose): Non Monetary Contribution to Planned Parenthood Northern California Action Fund, ID #C90014242	
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD834</b>	
Amount Incurred This Period 449.18	Payment This Period 0.00	Outstanding Balance at Close of This Period 449.18

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Planned Parenthood Affiliates of California</b>		Nature of Debt (Purpose): Non Monetary contribution to We Vote - Nosotros Votomas - PPAMM Committee, ID #C00527226	
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD835</b>	
Amount Incurred This Period 935.47	Payment This Period 0.00	Outstanding Balance at Close of This Period 935.47

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1853.40
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 17
	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): Non Monetary Donation to Planned Parenthood Central Coast Action Fund, ID #C90006701
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD836</b>	
Amount Incurred This Period 156.11	Payment This Period 0.00	Outstanding Balance at Close of This Period 156.11

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Planned Parenthood Affiliates of California</b>			Nature of Debt (Purpose): Non Monetary contribution to Planned Parenthood Advocacy Project of Los Angeles County ID #C90006149
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD837</b>	
Amount Incurred This Period 572.08	Payment This Period 0.00	Outstanding Balance at Close of This Period 572.08

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Planned Parenthood Affiliates of California</b>			Nature of Debt (Purpose): Non Monetary Contribution to Planned Parenthood Pasadena and San Gabriel Valley
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD838</b>	
Amount Incurred This Period 146.29	Payment This Period 0.00	Outstanding Balance at Close of This Period 146.29

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	874.48
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 17
	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): Non Monetary contribution to Planned Parenthood Action Fund of the Pacific Southwest, ID #C900011412
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD839</b>	
Amount Incurred This Period 558.18	Payment This Period 0.00	Outstanding Balance at Close of This Period 558.18

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Planned Parenthood Affiliates of California</b>			Nature of Debt (Purpose): Non Monetary cont. to Planned Parenthood Orange & San Bernardino Counties Action Fund ID #C90012139
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD840</b>	
Amount Incurred This Period 463.96	Payment This Period 0.00	Outstanding Balance at Close of This Period 463.96

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1022.14
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	3826.68
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	3826.68

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

NAME OF COMMITTEE (In Full) <b>Protecting Choice in California, a project of Planned Parenthood Affiliates of California</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24pt; font-weight: bold; margin-right: 5px;">C</span> C00556860                 </div>
---	---

Check if  24-hour report  48-hour report ▶  New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Affiliates of California</b>		Date of Public Distribution/Dissemination <span style="font-size: 12pt;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">04 / 29 / 2016</div>	
Mailing Address 555 Capitol Mall, Suite 510		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">18.49</div>	
City Sacramento	State CA	Zip Code 95814	<b>Transaction ID : PDTE86</b> Date of Disbursement or Obligation <span style="font-size: 12pt;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">07 / 06 / 2016</div>
Purpose of Expenditure Staff Time & Website for Voter Guide; 4/1/ - 5/18		Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>	
Name of Federal Candidate: Masto, Catherine Cortez, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">513.35</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Affiliates of California</b>		Date of Public Distribution/Dissemination <span style="font-size: 12pt;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">04 / 29 / 2016</div>	
Mailing Address 555 Capitol Mall, Suite 510		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">267.29</div>	
City Sacramento	State CA	Zip Code 95814	<b>Transaction ID : PDTE87</b> Date of Disbursement or Obligation <span style="font-size: 12pt;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">07 / 06 / 2016</div>
Purpose of Expenditure Staff Time for Voter Guide 4/1 - 5/18; no candidate exceeds \$200		Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>	
Name of Federal Candidate: candidates, Multiple, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State:	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">0.00</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">285.78</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>

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.

*Sandoval, Ana, , ,* **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016  
 \_\_\_\_\_  
 Signature



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

NAME OF COMMITTEE (In Full) <b>Protecting Choice in California, a project of Planned Parenthood Affiliates of California</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold;">C</span> C00556860                 </div>
---	--

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Affiliates of California</b>			Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 05 / 19 / 2016		
Mailing Address 555 Capitol Mall, Suite 510			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">774.67</div>		
City Sacramento	State CA	Zip Code 95814			
Purpose of Expenditure Staff Time & Website for Voter Guide; 5/19 - 6/30		Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>	Transaction ID : PDTE92 Date of Disbursement or Obligation <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 07 / 13 / 2016		
Name of Federal Candidate: Clinton, Hillary, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">1211.75</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Affiliates of California</b>			Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 05 / 19 / 2016		
Mailing Address 555 Capitol Mall, Suite 510			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">52.36</div>		
City Sacramento	State CA	Zip Code 95814			
Purpose of Expenditure Staff Time & Website for Voter Guide; 5/19 - 6/30		Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>	Transaction ID : PDTE93 Date of Disbursement or Obligation <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 07 / 13 / 2016		
Name of Federal Candidate: Masto, Catherine Cortez, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: NV		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">513.35</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">827.03</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1112.81</div>

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.

Sandoval, Ana, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016

Signature