PAGE 1 / 14

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than An Auti	Torized Committee	Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Protecting Choice in Ca	alifornia, a project of	Planned Parenthood	Affiliates of California
ADDRESS (number and street)	555 Capitol Mall, Suite 400		
Check if different			
than previously reported. (ACC)	Sacramento		CA 95814 – L
2. FEC IDENTIFICATION NU	MBER ▼ CIT	Y.A.	STATE ▲ ZIP CODE ▲
C C00556860		S THIS NEW (N) O	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (N	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M	(Non-Election Year Only)
April 15 Quarterly Report (Q1		20 (M4) Jul 20 (M	
July 15 Quarterly Report (Q2	PRF-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q3	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (YE	Floatio	n on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Electio	n on	in the State of
5. Covering Period 11	27 2018	through 12	
I certify that I have examined this		my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer	Ragsac, Nikki, , ,		
Signature of Treasurer Ragsac	c, Nikki, , ,	[Electronically Filed]	Date 01 29 7 2020
NOTE: Submission of false, errone	ous, or incomplete information	n may subject the person signir	g this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

27 2018 12 31 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 135874.74 January 1, 2018 (b) Cash on Hand at 76259.74 Beginning of Reporting Period..... 0.00 43877.14 Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 179751.88 76259.74 6(a) and 6(c) for Column B)..... 16066.54 119558.68 7. Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 60193.20 60193.20 (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

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#### **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		Calonida Tour to Date
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating  Expenditures	4616.54	56343.99
(c) Total Operating Expenditures		1 1 1 1 1 1 1 1 1
(add 21(a)(i), (a)(ii), and (b))▶	4616.54	56343.99
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees	200	0.00
and Other Political Committees  Independent Expenditures	0.00	0.00
(use Schedule E)Coordinated Party Expenditures	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Ponaymente Made	0.00	4 4 4
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	200	0.00
(b) Political Party Committees(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
(444 2.1100 20(4), (2), 4.14 (0),	0.00	0.00
Other Disbursements (Including Non-Federal Donations)	44450.00	63214.69
Non-i ederal Donations)	11450.00	03214.09
Federal Election Activity (52 U.S.C. § 30101(2	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	4 4 4	- Ap
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))	16066.54	119558.68
Total Federal Disbursements	7 7 7	4 4
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	16066.54	119558.68

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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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)	0.00	41666.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	41666.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4616.54	56343.99
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4616.54	56343.99

#### S 17

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:	PAGE 6 OF 14
ITEMIZED DISBURSEMENTS		parate schedule(s) h category of the	(CILCON OILI)	· — · — -	
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or for commercial purposes, other than using the r					
NAME OF COMMITTEE (In Full)					
Protecting Choice in California, a	project	of Planned P	arenthood	Affiliates of Cal	ifornia
Full Name (Last, First, Middle Initial)				D ( D)	
A. LG Campaigns, LLC		Date of Disbursem	/ Y Y Y Y Y		
Mailing Address 1510 J Street, Suite 210				12 21	2018
City	State	Zip Code		FEC Identification	Number
Sacramento Purpose of Disbursement	CA	95814			
Campaign Consulting - Non Federal			001	C	
Candidate Name				Transaction II	
			Category/ Type	Amount of Each D	isbursement this Period
Office Sought: House Disburs	sement For:		.,,,,		1700.00
Senate	Primary	General		7	7-1-1-4-1-1
President	Other (sp	ecify) ▼		Memo Item	
State: District:					
Full Name (Last, First, Middle Initial)				Date of Disbursem	uont.
B. LG Campaigns, LLC					
Mailing Address 1510 J Street, Suite 210				12 21	2018
To to diction, out to 210					20,0
City	State	Zip Code		FEC Identification	Number
Sacramento	CA	95814			
Purpose of Disbursement Campaign Consulting 001				C	
Candidate Name				Transaction ID	D: EXPB1086 isbursement this Period
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Office Sought: House Disburs	sement For:			1	150.00
Senate	Primary	General			,
President State: District:	Other (sp	ecify)		Memo Item	
Full Name (Last, First, Middle Initial)  C. LG Campaigns, LLC				Date of Disbursem	
Mailing Address 1510 J Street, Suite 210				12 21	2018
City	State	Zip Code		FEC Identification	Number
Sacramento	CA	95814			TAUTIDO
Purpose of Disbursement Campaign Consulting - Non Federal			001	Transaction II	D : EXPB1090
Candidate Name			Category/	Amount of Each D	isbursement this Period
Office Sought: House Disbursement For:					400.00
Senate	Primary	General			7 1 7
President	Other (sp	pecify) ▼		Memo Item	
State: District:				I WICHIO ILEHII	
CURTOTAL of Dishurananta This Board (a ti					2250.00
SUBTOTAL of Disbursements This Page (optiona	)		·····•		2200.00
TOTAL This Period (last page this line number or	nlv)				

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SCHEDULE B (FEC Form 3X)				FOR LI	NE NUMBER:		PAGE 7 OF 14
ITEMIZED DISBURSEMENTS			arate schedule(s) category of the	I ` —	only one)		
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	ny information copied from such Reports and States for commercial purposes, other than using the nar						
	NAME OF COMMITTEE (In Full)						
	Protecting Choice in California, a p	roject of	Planned Pa	arenthoc	d Affiliate	s of Ca	lifornia
^	Full Name (Last, First, Middle Initial)				Data of	Dishursor	mont
A. Planned Parenthood Affiliates of California					M = M	f Disburser	D / Y Y Y Y
	Mailing Address 555 Capitol Mall, Suite 510		1		12	10	2018
	City Sacramento	State CA	Zip Code 95814		FEC Id	entification	Number
	Purpose of Disbursement	- OA	93614				
	Salary			001			
	Candidate Name			Category/			ID: EXPB1066 Disbursement this Period
				Type	7 iiilodii		
		ment For:					138.70
	Senate	Primary	General				
	State: President State:	Other (spec	ony) ▼		Me	mo Item	
_	Full Name (Last, First, Middle Initial)						
В.		:alifornia			Date of	Disburser	ment
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	Mailing Address 555 Capitol Mall, Suite 510				12	10	2018
	,	State	Zip Code		FEC Id	entification	Number
	Sacramento Purpose of Disbursement	CA	95814				
Salary 001							
	Candidate Name			Category/			<b>D : EXPB1068</b> Disbursement this Period
				Type	7 11110 4111		
		ment For:					1013.09
	Senate	Primary	General				
	President State: District:	Other (spec	опу)		Me	mo Item	
_	Full Name (Last, First, Middle Initial)						
C.	•	alifornia				Disburser	
Mailing Address 555 Capitol Mall, Suite 510							
	City	State	Zip Code		EEC Id	entification	Number
	Sacramento	CA	95814			o. itinoation	110.11001
	Purpose of Disbursement Salary			001	C	nsaction	ID : EXPB1070
	Candidate Name			Category/ Type	Amoun	t of Each I	Disbursement this Period
Office Sought: House Disbursement For:				.,,,,			970.39
	Senate	Primary	General			7	4 4
	President	Other (spec	cify) ▼			mo Item	
_	State: District:						
8	SUBTOTAL of Disbursements This Page (optional)						2122.18
I T	<b>OTAL</b> This Period (last page this line number only)	)					

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City	SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:	PAGE 8 OF 14
Detailed Summary Page 28 28 28 28 28 28 28 28 28 28 28 28 28	ITEMIZED DISBURSEMENTS			(orlook orli)	· — ·   —   -	
Any information copied from such Reports and Statements may not be sold or used by any general for the purpose of seliciting contributions or for commercial purposes, other than using the name and audress of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Pitt)  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 Saramento Purpose of Disbursement Travel Expenses - Non Federal  Candidate Name  City Senate Primary Other (specify)  Full Name (Last, First, Middle Initial)  B.  City State:  Disinct:  Full Name (Last, First, Middle Initial)  B.  City State:  Disinct:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Calagopy/ Type  Office Sought:  House Purpose of Disbursement  Candidate Name  City Sanate Primary Other (specify)  Other (specify)  General  Other (specify)  Other (specify)  Type  Office Sought:  House Purpose of Disbursement  Calagopy/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State:  District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State:  District:  Full Name (Last, First, Middle Initial)  C.  Catagopy/ Type  Office Sought:  House Primary Other (specify)  Other (specify)  Other (specify)  Memo Item  FeC Identification Number  C.  Catagopy/ Type  FeC Identification Number  C.  Catagopy/ Type  Office Sought:  House Primary Other (specify)  Other (specify)  Memo Item  Memo Item  Memo Item  Memo Item  Memo Item  Memo Item						
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 State Zip Code Socramento CA 98814  Purpose of Disbursement The Period Other (specify) ▼  State Disbursement The Period Other (specify) ▼  Purpose of Disbursement  Category/ Type  Office Sought: House Disbursement For:  State: District  Full Name (Last, First, Middle Initial)  B. Category/ Type  Office Sought: House Disbursement For:  State: Disbursement  Category/ Type  Office Sought: House Disbursement For:  State: District  Full Name (Last, First, Middle Initial)  C. Category/ Type  Office Sought: House Disbursement For:  State: District  Full Name (Last, First, Middle Initial)  C. Category/ Type  Office Sought: House Disbursement For:  Candidate Name  Office Sought: House Disbursement For:  Sought: House Disbursement For:  Candidate Name  Office Sought: House Disbursement For:  Candidate Name	Any information conied from such Departs and Chair	tomonto ma	u not be cold or			
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 State Zip Code Sacramento CA 95814  Purpose of Disbursement Travel Expenses - Non Federal Candidate Name  Office Sought: House Disbursement For: Senate President Disbursement To Primary General Primary General State: District:  Full Name (Last, First, Middle Initial)  B. Mailing Address  City State Zip Code Primary General State: Disbursement For: Senate President Disbursement For: Mailing Address  City State Zip Code FEC Identification Number CC Amount of Each Disbursement this Period FEC Identification Number CC Amount of Each Disbursement This Period Disbursement For: Senate President Disbursement For: Senate Presi						
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A. Planned Parenthood Affiliates of California  Mailing Address 556 Capitol Mall, Suite 510  City		project	of Planned P	arenthood	Affiliates of Ca	lifornia
Mailing Address 555 Capitol Mail, Suite 510  City Sacramento Purpose of Disbursement Travel Experises - Non Federal Candidate Name  Office Sought:		O = 1:4 = :	_		Data of Disburson	aont
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Office Sought:	Candidate Name					
Senate President Other (specify)    State: District:  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name					7 anount of Lacif L	
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State: District:  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City						
B.  Mailing Address  City  Purpose of Disbursement  Candidate Name  Office Sought: House Primary General  President State: Disbursement  Candidate Name  City  FEC Identification Number  Category/ Type  Amount of Each Disbursement this Period  Date of Disbursement  Category/ Type  Amount of Each Disbursement this Period  Date of Disbursement this Period  FEC Identification Number  Category/ Type  Amount of Each Disbursement this Period  Date of Disbursement this Period  FEC Identification Number  Category/ Type  Date of Disbursement this Period  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  Office Sought: House Disbursement For:  Senate Primary General Primary General  Office Sought: House Disbursement For:  Senate Primary General Other (specify)  Memo Item  Subtotal of Disbursement this Period		Other (sp	респу) ▼		Memo Item	
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Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought:  House Senate President President State:  Disbursement For: Senate Primary General Other (specify)  State:  Substock  Substock  Mailing Address  FEC Identification Number  Category/ Type  Amount of Each Disbursement this Period  Memo Item  194.36		Other (sp	pecify)		Memo Item	
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City State Zip Code FEC Identification Number  Purpose of Disbursement  Candidate Name Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District: Memo Item  SUBTOTAL of Disbursements This Page (optional)	,				Date of Disbursen	nent
City Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary President State: District:  Substract  Substract  Substract  State					M = M / D = D	) / Y Y Y Y Y
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President State: District:  Substate: District: Memo Item	Mailing Address					
Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify)  State: District:  Substruct: Memo Item  194.36	City	State	Zip Code		FEC Identification	Number
Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Substruct: Memo Item  194.36	Purpose of Disbursement				C	
Office Sought: House Disbursement For: Senate Primary General President State: District:  SUBTOTAL of Disbursements This Page (optional)						
Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  Substruct: Memo Item	Category Typ				Amount of Each D	Disbursement this Period
State: District: Other (specify)   SUBTOTAL of Disbursements This Page (optional)						
State: District: Memo Item  SUBTOTAL of Disbursements This Page (optional)						,
SUBTOTAL of Disbursements This Page (optional)		Other (sp	pecify) $\blacktriangledown$		Memo Item	
SOBTOTAL OF DISDUISEMENTS THIS Fage (Optional)	State: DISTRICT:					
	SUBTOTAL of Disbursements This Page (optional	)				194.36
TOTAL This Period (last page this line number only)						4566.54

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S	CHEDULE B (FEC Form 3X)			FOR LINE N	NUMBER: PAGE 9 OF 14
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only	one)
			Summary Page	21b	22 23 26 27 28b 28c <b>v</b> 29 30b
·		<u> </u>		28a	
	ly information copied from such Reports and Staten for commercial purposes, other than using the nam				
۲	NAME OF COMMITTEE (In Full)	and dddn	coo or any pomical		construction from Such Committee.
$ \rangle$	Protecting Choice in California, a p	roject of	Planned Par	renthood A	Affiliates of California
V		roject di	i idililed i di	CHILIOUU F	innates of Camornia
_	Full Name (Last, First, Middle Initial)				
Α.	LG Campaigns, LLC				Date of Disbursement
	Mailing Address 4540   Street Suite 240				12 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1510 J Street, Suite 210				12 21 2010
	City	State	Zip Code		FEC Identification Number
	Sacramento	CA	95814		Le identification Number
	Purpose of Disbursement  Non Monetary donation to Planned Parenthood Acti	ion Fund of t	he Pacific	040	
	Southwest PAC ID #C00688432 Candidate Name		Tie i dollie	012	Transaction ID : EXPB1074
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburser	nent For:		1,400	450.00
	Senate	Primary	General		7 7
	President	Other (spec	sify) ▼		Memo Item
_	State: District:				
D	Full Name (Last, First, Middle Initial)				Data of Dishurasment
B.	LG Campaigns, LLC				Date of Disbursement
	Mailing Address 1510 J Street, Suite 210				12 21 2018
	5 10 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
	,	State	Zip Code		FEC Identification Number
	Sacramento Purpose of Disbursement	CA	95814		
	Non Monetary donation to We Vote - Nosotros Vota	amos - PPAN	им	012	C
	Candidate Name		L	Category/	Transaction ID: EXPB1080  Amount of Each Disbursement this Period
				Type	Amount of Each Biobardement this Ferica
	Office Sought: House Disbursen	nent For:			3000.00
	Senate	Primary	General		
	President State: District:	Other (spec	шу)		Memo Item
_	Full Name (Last, First, Middle Initial)				
C.	LG Campaigns, LLC				Date of Disbursement
					M M / D D / Y Y Y Y
	Mailing Address 1510 J Street, Suite 210				12 21 2018
	City	Stata	Zin Codo		
	City Sacramento	State CA	Zip Code 95814		FEC Identification Number
	Purpose of Disbursement				С
Non Monetary donation to Planned Parenthood Adv Project Los Angeles Co.  Action Fund ID #C00687491					Transaction ID : EXPB1084
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Office Cought: House Dishurson	mont For:		Туре	1333.34
	Office Sought: House Disburser Senate	Primary	General		1000.04
	President	Other (spec			Marra Harra
	State: District:	, , , , ,			Memo Item
Г	<u> </u>				
s	UBTOTAL of Disbursements This Page (optional)			·····•	4783.34
Г					
l I	OTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	chedule(s) FOR LINE NUMBER: PAG		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 28a	22 23 26 27 28b 28c <b>x</b> 29 30b	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) Protecting Choice in California, a pr				
Full Name (Last, First, Middle Initial)				
A. LG Campaigns, LLC  Mailing Address 1510 J Street, Suite 210			Date of Disbursement  12 21 2018	
,	State Zip Code CA 95814		FEC Identification Number	
Non Monetary donation to Planned Parenthood of O	Orange San Bernardino Co	012 Category/	Transaction ID : EXPB1076 Amount of Each Disbursement this Period	
	nent For: Primary General Other (specify) ▼	Type	3000.00 Memo Item	
State: District:			Memo Item	
Full Name (Last, First, Middle Initial)  B. LG Campaigns, LLC  Mailing Address 1510 J Street, Suite 210		Date of Disbursement    M		
,	State Zip Code CA 95814		FEC Identification Number	
Purpose of Disbursement  Non Monetary donation to Planned Parenthood Action Southwest PAC ID #C00688432  Candidate Name	L	012 Category/ Type	Transaction ID : EXPB1082 Amount of Each Disbursement this Period	
	nent For: Primary General Other (specify)		666.66 Memo Item	
State: District:			I Wellio Itelli	
Full Name (Last, First, Middle Initial)  C. LG Campaigns, LLC			Date of Disbursement	
Mailing Address 1510 J Street, Suite 210			12 21 2018	
Sacramento	State Zip Code CA 95814		FEC Identification Number	
Purpose of Disbursement  Non Monetary donation to Planned Parenthood Adv <u>Action Fund ID #C00687491</u> Candidate Name	Project Los Angeles Co.	012 Category/	Transaction ID : EXPB1078 Amount of Each Disbursement this Period	
	nent For:  Primary General  Other (specify)	Type	3000.00 Memo Item	
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).			6666.66	

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 11 OF 14

FOR LINE NUMBER:
(check only one) 9

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NAME OF COMMITTEE (In Full) Protecting Choice in California, a pro	ject of Pla	anned Parenthood	Affiliates of Califo	ornia	
A. Full Name (Last, First, Middle Initial) of Debtor	Nature of Debt (Purp	ose):			
LG Campaigns, LLC	Non Monetary donation to Planned Parenthood Action Fund of the Pacific Southwest PAC.ID #C00688432				
Mailing Address 1510 J Street, Suite 210	,				
City	State	Zip Code			
Sacramento	CA	95814			
Outstanding Balance Beginning This Period			Transaction ID : PA	AYD994	
1116.66					
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance	e at Close of This Period	
0.00		1116.66		0.00	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purp	ose):	
LG Campaigns, LLC			Non Monetary donati	ion to Planned Je San Bernardino Co	
Mailing Address 1510 J Street, Suite 210	Mailing Address 1510 J Street, Suite 210				
City	State	Zip Code			
Sacramento	CA	95814			
Outstanding Balance Beginning This Period			Transaction ID : P	AYD997	
3000.00					
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance	e at Close of This Period	
0.00	· · · ·	3000.00		0.00	
C. Full Name (Last, First, Middle Initial) of Debtor LG Campaigns, LLC	Nature of Debt (Purp Non Monetary donat Votamos - PPAMM ( #C00527226	ion to We Vote - Nosotros			
Mailing Address 1510 J Street, Suite 210					
City Sacramento	State CA	Zip Code 95814			
Outstanding Balance Beginning This Period			Transaction ID : P	AYD1000	
3000.00					
Amount Incurred This Period	Pay	yment This Period	Outstanding Baland	e at Close of This Period	
0.00	1 1 7	3000.00		0.00	
4) 010707110 71: 0 : 17: 0 . ( ): 0				0.00	
1) SUBTOTALS This Period This Page (optional)				0.00	
2) TOTALS This Period (last page this line number	only)	<b>&gt;</b>			
3) TOTAL OUTSTANDING LOANS from Schedule C	C (last page o	nly)			
4) ADD 2) and 3) and carry forward to appropriate I	line of Summa	ary Page (last page only)			

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 12 OF
FOR LINE NUMBER:
(check only one)

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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 Nature of Debt (Purpose): Non Monetary donation to Planned LG Campaigns, LLC Parenthood Adv Project Los Angeles Co. Action Fund, ID #C00687491 Mailing Address 1510 J Street, Suite 210 State Zip Code Sacramento CA 95814 Transaction ID: PAYD1002 Outstanding Balance Beginning This Period 1333.34 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1333.34 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Monetary donation to Planned LG Campaigns, LLC Parenthood Adv Project Los Angeles Co. Action Fund, ID #C00687491 Mailing Address 1510 J Street, Suite 210 City State Zip Code Sacramento 95814 CA Outstanding Balance Beginning This Period Transaction ID: PAYD1003 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 3000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Staff Time & Website for Voter Guide; 5/19/16 Planned Parenthood Affiliates of California - 6/30/16 Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code CA 95814 Sacramento Outstanding Balance Beginning This Period Transaction ID: PAYD769 1.20 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1.20 0.00 1.20 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 13 OF
FOR LINE NUMBER:
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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 Nature of Debt (Purpose): Staff Time & Website for Voter Guide: 5/19/16 Planned Parenthood Affiliates of California - 6/30/16 Mailing Address 555 Capitol Mall, Suite 510 State Zip Code Sacramento CA 95814 **Transaction ID: PAYD770** Outstanding Balance Beginning This Period 32.66 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 32.66 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Website & Voter Guide Various Unitemized Planned Parenthood Affiliates of California Candidates Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code Sacramento 95814 CA Outstanding Balance Beginning This Period Transaction ID: PAYD796 42.80 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 42.80 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Salary Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code CA 95814 Sacramento Outstanding Balance Beginning This Period Transaction ID: PAYD1044 138.70 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 138.70 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 14 OF
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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 Nature of Debt (Purpose): Salary Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 State Zip Code Sacramento CA 95814 Transaction ID: PAYD1064 Outstanding Balance Beginning This Period 970.39 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 970.39 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Salary Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code Sacramento 95814 CA Outstanding Balance Beginning This Period Transaction ID: PAYD1063 1013.09 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1013.09 0.00 0.00 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 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)..... 76.66 2) TOTALS This Period (last page this line number only)...... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... 76.66 ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶