

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation Planned Parenthood Central Coast Action Fund		3. FEC Identification Number C C90006701
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 518 Garden Street		
(c) City, State and ZIP Code Santa Barbara , CA 93101		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
 July 15 Quarterly Report 24-Hour Report
 October 15 Quarterly Report 48-Hour Report
 January 31 Year-End Report

b) Is this Report an amendment? No Yes. It amends the report filed on 10 14 2016

5. COVERING PERIOD:
 FROM 07 01 2016
 THROUGH 09 30 2016

6. TOTAL CONTRIBUTIONS 156.11
 7. TOTAL INDEPENDENT EXPENDITURES 62.42

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 any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Liora Goodman



MAR 03 2017

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530. Local 202-694-1100

2017-03-03 10:00:00 AM

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

PAGE OF
1 1

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 FILER (In Full)

Planned Parenthood Central Coast Action Fund

A. Full Name (Last, First, Middle Initial)

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

Mailing Address

555 Capitol Mall, Suite 1425

City

State

Zip Code

Sacramento CA 95814

FEC ID number of contributing federal political committee.

C C00556860

Name of Employer

Occupation

Date of Receipt

MM/DD/YYYY
07/01/2016

Amount of Each Receipt this Period

156.11

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM/DD/YYYY

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM/DD/YYYY

Amount of Each Receipt this Period

D. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM/DD/YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

156.11

TOTAL This Period (last page carry total to Line 6) ▶

156.11

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)
 Planned Parenthood Central Coast Action Fund

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood Central Coast Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2016
Mailing Address 518 Garden Street		Amount 25.83
City Santa Barbara	State CA	
Purpose of Expenditure Mobile Voter Guide, 7/1 - 11/8	Category/Type 004	Office Sought: <input type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 322.91		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 16 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood Central Coast Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 25 / 2016
Mailing Address 518 Garden Street		Amount 36.59
City Santa Barbara	State CA	
Purpose of Expenditure Endorsement Poster	Category/Type 004	Office Sought: <input type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 322.91		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 16 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	62.42
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	62.42

2017-08-08 10:00:00

Via E-Mail

2001-05-01 10:00 AM

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-Mail</i>	Date of Receipt or Postmarked <i>3/3/17</i>

[Signature]
 PREPARER

3/6/17
 DATE PREPARED

2017 COMMISSION