

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

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

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)
  - Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
  - Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)  General (12G)  Runoff (12R)
  - Convention (12C)  Special (12S)

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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. § 30109.

Office Use Only									
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**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**

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="2021"/>	<input type="text" value="87190.32"/>	<input type="text" value="87190.32"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="69620.32"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="133025.00"/>	<input type="text" value="154525.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="202645.32"/>	<input type="text" value="241715.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="75861.17"/>	<input type="text" value="114931.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="126784.15"/>	<input type="text" value="126784.15"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="76.66"/>	

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).....	49900.00	51400.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	49900.00	51400.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	72625.00	92625.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	122525.00	144025.00
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.).....	10500.00	10500.00
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)).....▶	133025.00	154525.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	133025.00	154525.00

**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 .....	18492.61	14062.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	18492.61	14062.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	40000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
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).....	57368.56	60868.56
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)) ..	75861.17	114931.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	75861.17	114931.17

**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) .....	122525.00	144025.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	122525.00	144025.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	18492.61	14062.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	18492.61	14062.61

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

Update Summary Page and Schedule A

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 18  
(check only one)

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. Pattern Energy Group LP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1088 Sansome Street

City San Francisco	State CA	Zip Code 94111
-----------------------	-------------	-------------------

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 ▼  
49900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2021

**Transaction ID : IA1274**

Amount of Each Receipt this Period  
49900.00

Memo Item

**B.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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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 M	/	D 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
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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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	49900.00
<b>TOTAL</b> This Period (last page this line number only).....	49900.00

**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 18
<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

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NAME OF COMMITTEE (In Full)  
**Protecting Choice in California, a project of Planned Parenthood Affiliates of California**

**A. Planned Parenthood Action Fund of the Pacific Southwest PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1075 El Camino del Rio South

City San Diego	State CA	Zip Code 92108
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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 ▼  
16625.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2021

**Transaction ID : IA1259**

Amount of Each Receipt this Period  
16625.00

Memo Item

**B. Planned Parenthood Advocacy Project Los Angeles County Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 555 Capitol Mall, Suite 400

City Sacramento	State CA	Zip Code 95814
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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 ▼  
14875.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2021

**Transaction ID : IA1255**

Amount of Each Receipt this Period  
14875.00

Memo Item

**C. Planned Parenthood Advocates Pasadena and San Gabriel Valley PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 555 Capitol Mall, Suite 400

City Sacramento	State CA	Zip Code 95814
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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 ▼  
4375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2021

**Transaction ID : IA1258**

Amount of Each Receipt this Period  
4375.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	35875.00
<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 9 OF 18
<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

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NAME OF COMMITTEE (In Full)  
**Protecting Choice in California, a project of Planned Parenthood Affiliates of California**

**A. 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 400

City Sacramento	State CA	Zip Code 95814
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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 ▼  
14000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2021

**Transaction ID : IA1252**

Amount of Each Receipt this Period  
14000.00

Memo Item

**B. We Vote - Nosotros Votamos - PPAMM**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 Capitol Mall, Suite 1545

City Sacramento	State CA	Zip Code 95814
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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 ▼  
22750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2021

**Transaction ID : IA1276**

Amount of Each Receipt this Period  
22750.00

Memo Item

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	36750.00
<b>TOTAL</b> This Period (last page this line number only).....	72625.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 18  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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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 400

City Sacramento	State CA	Zip Code 95814
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FEC ID number of contributing federal political committee.

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : IA1257**

Amount of Each Receipt this Period

Memo Item  
 Contribution received in error and refunded in subsequent reporting period

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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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

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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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="10500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value="10500.00"/>

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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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 1201 K Street, Suite 700

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Staff Time for Non-Federal Activity

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 05 / 2021

FEC Identification Number

C

Transaction ID : EB1253

Amount of Each Disbursement this Period

7297.26

Memo Item

Full Name (Last, First, Middle Initial)

**B. Planned Parenthood Affiliates of California**

Mailing Address 1201 K Street, Suite 700

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Staff Time for Non-Federal Activity

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2021

FEC Identification Number

C

Transaction ID : EB1277

Amount of Each Disbursement this Period

6597.92

Memo Item

Full Name (Last, First, Middle Initial)

**C. Planned Parenthood Affiliates of California**

Mailing Address 1201 K Street, Suite 700

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Staff Time for Non-Federal Activity

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2021

FEC Identification Number

C

Transaction ID : EB1278

Amount of Each Disbursement this Period

2135.52

Memo Item

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

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

16030.70

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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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 1201 K Street, Suite 700

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Staff Time for Non-Federal Activity

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : EB1285**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Planned Parenthood Affiliates of California**

Mailing Address 1201 K Street, Suite 700

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Staff Time for Non-Federal Activity

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : EB1294**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

**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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Newsom, Stop the Republican Recall of Governor**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	31	/	2021

Mailing Address 1787 Tribute Road, Suite K

City Sacramento State CA Zip Code 95815

FEC Identification Number

C
---

**Transaction ID : EB1268**

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution to Non-Federal Committee

011
-----

Category/  
Type

Candidate Name

**Newsom, Stop the Republican Recall of Governor**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. Olson Remcho LLP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	01	/	2021

Mailing Address 555 Capitol Mall, Suite 400

City Sacramento State CA Zip Code 95814

FEC Identification Number

C
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**Transaction ID : EB1291**

Amount of Each Disbursement this Period

2345.00
---------

Purpose of Disbursement  
Legal & Reporting Services; Non-Federal In-Kind

011
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. Planned Parenthood Affiliates of California**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	08	/	2021

Mailing Address 1201 K Street, Suite 700

City Sacramento State CA Zip Code 95814

FEC Identification Number

C
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**Transaction ID : EB1282**

Amount of Each Disbursement this Period

5159.64
---------

Purpose of Disbursement  
Non-Federal In-Kind Contribution

011
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

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

8504.64
---------

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

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**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**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2021

Mailing Address 1201 K Street, Suite 700

City Sacramento State CA Zip Code 95814

FEC Identification Number

C [REDACTED]

Purpose of Disbursement Non-Federal In-Kind Contribution

011  
Category/Type

Transaction ID : EB1281  
Amount of Each Disbursement this Period

[REDACTED] 15000.00

Candidate Name

Memo Item

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**B. Planned Parenthood Affiliates of California**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2021

Mailing Address 1201 K Street, Suite 700

City Sacramento State CA Zip Code 95814

FEC Identification Number

C [REDACTED]

Purpose of Disbursement Non-Federal In-Kind Contribution

011  
Category/Type

Transaction ID : EB1279  
Amount of Each Disbursement this Period

[REDACTED] 22922.00

Candidate Name

Memo Item

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**C. Planned Parenthood Affiliates of California**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2021

Mailing Address 1201 K Street, Suite 700

City Sacramento State CA Zip Code 95814

FEC Identification Number

C [REDACTED]

Purpose of Disbursement Non-Federal In-Kind Contribution

011  
Category/Type

Transaction ID : EB1280  
Amount of Each Disbursement this Period

[REDACTED] 4900.00

Candidate Name

Memo Item

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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

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

[REDACTED] 42822.00

[REDACTED]

**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

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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 1201 K Street, Suite 700

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Non-Federal In-Kind Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 28 / 2021

FEC Identification Number

C [REDACTED]

Transaction ID : EB1286

Amount of Each Disbursement this Period

[REDACTED] 2647.98

Memo Item

Full Name (Last, First, Middle Initial)

**B. Planned Parenthood Affiliates of California**

Mailing Address 1201 K Street, Suite 700

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Non-Federal In-Kind Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 28 / 2021

FEC Identification Number

C [REDACTED]

Transaction ID : EB1288

Amount of Each Disbursement this Period

[REDACTED] 2424.04

Memo Item

Full Name (Last, First, Middle Initial)

**C. Planned Parenthood Affiliates of California**

Mailing Address 1201 K Street, Suite 700

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Non-Federal In-Kind Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 28 / 2021

FEC Identification Number

C [REDACTED]

Transaction ID : EB1287

Amount of Each Disbursement this Period

[REDACTED] 60.00

Memo Item

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

[REDACTED] 5132.02

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

[REDACTED]

**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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. PrivacyPAC: Naral Pro-Choice**

Mailing Address 555 Capitol Mall, Suite 400

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Contribution to Non-Federal Committee

011

Candidate Name  
**PrivacyPAC: Naral Pro-Choice**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2021

FEC Identification Number

C

**Transaction ID : EB1251**

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PrivacyPAC: Naral Pro-Choice**

Mailing Address 555 Capitol Mall, Suite 400

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Contribution to Non-Federal Committee

011

Candidate Name  
**PrivacyPAC: Naral Pro-Choice**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 06 / 2021

FEC Identification Number

C

**Transaction ID : EB1254**

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Tim Davis Creative**

Mailing Address 423 Santa Ynez Way

City Sacramento State CA Zip Code 95816

Purpose of Disbursement  
Non-Federal In-Kind Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2021

FEC Identification Number

C

**Transaction ID : EB1289**

Amount of Each Disbursement this Period

409.90

Memo Item

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

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

909.90



**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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Ting for Assembly 2022, Phil**

Mailing Address 1029 J Street, Suite 380

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Contribution to Non-Federal Committee

011

Category/  
Type

Candidate Name

Ting for Assembly 2022, Phil

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 02 / 2021

FEC Identification Number

C [ ]

Transaction ID : EB1260

Amount of Each Disbursement this Period

[ ] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Ting for Assembly 2022, Phil**

Mailing Address 1029 J Street, Suite 380

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Void Check for Non-Federal Committee

011

Category/  
Type

Candidate Name

Ting for Assembly 2022, Phil

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 02 / 2021

FEC Identification Number

C [ ]

Transaction ID : EB1272

Amount of Each Disbursement this Period

[ ] - 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

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

[ ] 0.00

[ ] 57368.56

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 18
	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; 5/19/16 - 6/30/16
Mailing Address 1201 K Street, Suite 700			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="1.20"/>	<b>Transaction ID : PD769</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="1.20"/>

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 1201 K Street, Suite 700			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="32.66"/>	<b>Transaction ID : PD770</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="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 1201 K Street, Suite 700			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="42.80"/>	<b>Transaction ID : PD796</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="76.66"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="76.66"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="76.66"/>