PAGE 1 / 18

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than An Aut	nonzea Committee	Office Use Only
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 A	Affiliates of California
ADDRESS (number and street)	555 Capitol Mall, Suite 400		
Check if different			
than previously reported. (ACC)	Sacramento		CA 95814 - -
2. FEC IDENTIFICATION NU	MBER ▼ CIT	TY A	STATE ▲ ZIP CODE ▲
C C00556860		S THIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (Mi	(Non-Election Year Only)
April 15 Quarterly Report (Q		20 (M4) Jul 20 (M7	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q:	(C) 12-Day PRF-Flection	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q:	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (YI	Fleekie	on 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)	Election	on on	in the State of
5. Covering Period 07	01 2019	through 12	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined thi	s Report and to the best of Ragsac, Nikki, , ,	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer	ragoao, Mikki, , ,		
Signature of Treasurer Ragsa	c, Nikki, , ,	[Electronically Filed]	Date 01 / 29 / 2020
NOTE: Submission of false, errone	ous, or incomplete information	n may subject the person signing	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) Page 2

Write or Type Committee Name

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

07 01 2019 12 31 2019 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 60193.20 January 1. 2019 (b) Cash on Hand at 81251.89 Beginning of Reporting Period..... 58562.85 112844.78 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 173037.98 139814.74 6(a) and 6(c) for Column B)..... 76448.01 109671.25 7. Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 63366.73 63366.73 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 76.66 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

I. Receipts	I. Receipts COLUMN A Total This Period						
. Contributions (other than loans) From:	10001 1110 1 0110 1	Calendar Year-to-Date					
(a) Individuals/Persons Other							
Than Political Committees							
(i) Itemized (use Schedule A)	12062.85	13562.85					
(ii) Heitaminad	0.00	0.00					
(ii) Unitemized(iii) TOTAL (add	0.00	0.00					
Lines 11(a)(i) and (ii)	12062.85	13562.85					
	0.00	0.00					
(b) Political Party Committees	0.00	0.00					
(c) Other Political Committees	36500.00	88931.93					
(such as PACs)(d) Total Contributions (add Lines	7 7	4 4					
11(a)(iii), (b), and (c)) (Carry							
Totals to Line 33, page 5)	48562.85	102494.78					
. Transfers From Affiliated/Other	4 4						
Party Committees	0.00	0.00					
	0.00	0.00					
All Loans Received	0.00	0.00					
Loan Repayments Received	0.00	0.00					
Offsets To Operating Expenditures	7 7	7 7					
(Refunds, Rebates, etc.)							
(Carry Totals to Line 37, page 5)	0.00	0.00					
Refunds of Contributions Made	4 4	4 4					
to Federal Candidates and Other							
Political Committees	0.00	0.00					
. Other Federal Receipts							
(Dividends, Interest, etc.)	10000.00	10350.00					
Transfers from Non-Federal and Levin Funds							
(a) Non-Federal Account	0.00	2.22					
(from Schedule H3)	0.00	0.00					
(b) Levin Funds (from Schedule H5)	0.00	0.00					
(5) LOVIII I UNOS (NOM COMECUNE 115)							
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00					
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	58562.85	112844.78					
. Total Federal Receipts	50500.05						
(subtract Line 18(c) from Line 19)▶	58562.85	112844.78					

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
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal		Calcinati Tour to Date
	Activity (from Schedule H4)	0.00	
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	15448.01	47671.25
	(c) Total Operating Expenditures	1344.01	47071.20
_	(add 21(a)(i), (a)(ii), and (b))▶	15448.01	47671.25
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committees	4 4	
4	and Other Political Committees	0.00	0.00
	Independent Expenditures (use Schedule E)	0.00	0.00
5.	Coordinated Party Expenditures (52 U.S.C. § 30116(d))	200	
	(use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other	4	4 4
	Than Political Committees	10000.00	10000.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		1 1 1 1 1 1 1 1
	(such as PACs)(d) Total Contribution Refunds	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	10000.00	10000.00
	, , , , , , , , , , , , , , , , , , , ,	4 4	4 4 4
9.	Other Disbursements (Including Non-Federal Donations)	54000.00	52000.00
	Non-i ederal Donalions)	51000.00	3200.00
).	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	0.00	0.00
	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
		0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	76448.01	109671.25
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	* * * * * * * * * * * * * * * * * * * *	
	110111 EII16 31/	76448.01	109671.25

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)

of Disbursements

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 48562.85 102494.78 (from Line 11(d), page 3) 34. Total Contribution Refunds 10000.00 10000.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 38562.85 92494.78 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 15448.01 47671.25 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 15448.01 47671.25 (subtract Line 37 from Line 36)

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F3XN Transaction ID:

Schedule A - All contributions received through conduit Planned Parenthood Northern California Action Fund, 2185 Pacheco Street, Concord, CA 94520

Form/Schedule: Transaction ID:

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

F						PAGE		7	OF	18
(0	(check only one)									
	X	11a		11b		11c		12	2	
		13		14		15		16	6	17

Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Grace Public Affairs, LLC Date of Receipt Mailing Address 1020 16th Street, Unit 31 09 2019 City Zip Code State Transaction ID: INCA1116 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing 1500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Planned Parenthood Affiliates of California Date of Receipt Mailing Address 555 Capitol Mall, Suite 510 2019 City State Zip Code Transaction ID: PAYA1162 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing 562.85 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Reporting Services Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 562.85 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. The Doctors' Management Company Date of Receipt Mailing Address 185 Greenwood Road 14 2019 City State Zip Code Transaction ID: INCA1109 CA Napa 94558 Amount of Each Receipt this Period FEC ID number of contributing C 10000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 10000.00 Other (specify) 12062.85 SUBTOTAL of Receipts This Page (optional)..... 12062.85 TOTAL This Period (last page this line number only).....

	F	OR	LINE	NU	MBER	PAGE		8	OF		18	
Use separate schedule(s) for each category of the Detailed Summary Page	(0	(check only one)										
			11a		11b	X	11c		12			
			13		14		15		16			17
not be sold or used by any pe	rso	n fo	or the p	ourp	ose o	fsc	liciting	COI	ntrik	outio	ns	

Any information copied from such Reports and Statements may 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 of Individual (Last, First, Middle Initial) or Full Organization Name California Dental Association PAC Date of Receipt Mailing Address 1201 K Street, 14th Floor 2019 City State Zip Code Transaction ID: INCA1147 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing 1500.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. California Medical Association PAC Date of Receipt Mailing Address 1201 J Street, Suite 2019 City State Zip Code Transaction ID: INCA1110 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing 10000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 10000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. California Permanente Medical Groups PAC Date of Receipt Mailing Address 555 Capitol Mall, Suite 400 14 2019 City State Zip Code Transaction ID: INCA1112 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 16500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

	F	FOR LINE NUMBER: PAGE 9 OF									18
Use separate schedule(s) for each category of the	(0	he	ck only	or	ie)		,				
Detailed Summary Page			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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Californians Allied for Patient Protection PAC Date of Receipt Mailing Address 1215 K Street, Suite 2015 14 2019 City Zip Code State Transaction ID: INCA1113 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 6000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cooperative of American Physicians State PAC Date of Receipt Mailing Address 333 South Hope Street, 8th Floor 2019 11 City State Zip Code Transaction ID: INCA1111 CA Los Angeles 90071 Amount of Each Receipt this Period FEC ID number of contributing 10000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 10000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name The Medical Injury Compensation Reform Act California PAC of Norcal Date of Receipt Mailing Address 20 Park Road, Suite E 10 28 2019 City State Zip Code Transaction ID: INCA1121 CA Burlingame 94010 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 20000.00 SUBTOTAL of Receipts This Page (optional)..... 36500.00

C.

mage# 202001319185517568							
SCHEDULE A (FEC Form 3X) TEMIZED 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				
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Protecting Choice in California	a, a project	of Planned Parenthoo	d Affiliates of California				
Full Name of Individual (Last, First, Middle California Medical Association	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 1201 K Street, Suite 800 City	State	Zip Code	07 25 2019				
Sacramento	CA	95814	Transaction ID : INCA1118 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		7800.00				
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item Deposit received in error; See Sch. B				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 0.00					
Full Name of Individual (Last, First, Middle 3. California Medical Association	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 1201 K Street, Suite 800			07 25 Y Y Y Y Y Y				
City Sacramento	State CA	Zip Code 95814	Transaction ID : INCA1144 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		2200.00				
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item Deposit received in error; See Sch. B				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 0.00					
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Addross							

Primary General Other (specify) ▼	A A	0.00	
Full Name of Individual (Last, First, Middle Mailing Address			Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For:	C Occupa Aggregate Yea	zip Code tion (for Individual) ar-to-Date ▼	Amount of Each Receipt this Period Memo Item
Primary General Other (specify) SUBTOTAL of Receipts This Page (optional).			10000.00

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

_ _ _

10000.00

S 17

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 11 OF						
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	(check only						
		Summary Page	X 21b 28a	22 23 28c 28c	26 27 29 30b				
Any information popied from such Departs and Obst	monto ====	not be sold as							
Any information copied from such Reports and State or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)									
Protecting Choice in California, a	project c	of Planned Pa	arenthood	Affiliates of Calif	ornia				
Full Name (Last, First, Middle Initial)				Data of Dialamana					
A. Deane & Company				Date of Disburseme	/ Y Y Y Y Y				
Mailing Address 1787 Tribute Road, Suite K	0	T7: 0 1		07 31 2019					
City Sacramento	State CA	Zip Code 95815		FEC Identification N	umber				
Purpose of Disbursement		000.0		С					
Reporting Services				Transaction ID	• DAVRET1162				
Candidate Name			Category/		bursement this Period				
Office Occupies			Type		562.85				
Office Sought: House Disburse Senate	ement For:	General			302.65				
President	Primary Other (spe			,					
State: District:	· (-p·	,, ,		✗ Memo Item					
Full Name (Last, First, Middle Initial)									
B. Deane & Company				Date of Disburseme	nt				
		M = M / D = D	/ Y = Y = Y						
Mailing Address 1787 Tribute Road, Suite K		09 04 2019							
City Sacramento	State CA	Zip Code 95815		FEC Identification N	umber				
Purpose of Disbursement	OA .	93613		С					
Reporting Services			001	Transaction ID : EXPB1152					
Candidate Name			Category/	Amount of Each Disbursement this Perio					
Office Cought			Туре	361.00					
Office Sought: House Disburse Senate	ement For: Primary	General			301.00				
President	Other (spe			п					
State: District:				Memo Item					
Full Name (Last, First, Middle Initial)									
C. Deane & Company				Date of Disburseme	nt				
Mailing Addross 4707 Taibuta Danad Cuita M				09 04	2019				
Mailing Address 1787 Tribute Road, Suite K				03 04	2019				
City	State	Zip Code		FEC Identification N	umber				
Sacramento	CA	95815							
Purpose of Disbursement Reporting Services	001	Transaction ID	: EXPB1151						
Candidate Name	Category/	Amount of Each Dis	bursement this Period						
Office Sought: House Disburse	ement For:		Туре		283.70				
Senate	Primary	General		4	45 45				
President	Other (spe	ecify) 🔻		Memo Item					
State: District:				L WICHTO ILEHT					
					644.70				
SUBTOTAL of Disbursements This Page (optional)			·····•		644.70				
TOTAL This Period (last page this line number only	v)								

S П

S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 12 OF				F 18			
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the	I `	only on	_′			00 [
			Summary Page		21b 28a	22 28b	23 28c	Н	26 29	27 30b	
Δ,	ny information copied from such Reports and Stater	monto mov n	not be cold or up					of oo			000
	for commercial purposes, other than using the nar										
	NAME OF COMMITTEE (In Full)										
	Protecting Choice in California, a p	roject of	Planned Pa	arenthoo	od Aff	filiate	s of C	alifo	rnia		
_	Full Name (Last, First, Middle Initial)										
Α.	Deane & Company					Date of	Disburs	emen		YIYI	Y
	Mailing Address 1787 Tribute Road, Suite K					09 09 2019					
	City Sacramento	State CA	Zip Code 95815			FEC Ide	entification	n Nu	mber		
	Purpose of Disbursement	<u> </u>	93613		_ [С			-		
	Reporting Services			001	ا ۱ ٦		nsactio	. ID .	EVDD4	452	
	Candidate Name	andidate Name Cate								nt this P	eriod
	Office County			Type		-		_	-	263.55	
	Office Sought: House Disburser Senate	ment For: Primary	General				7		7	203.50	,
	President	Other (spec									
	State: District:	\ 1	<i>3</i> ,		I I	Mei	mo Item				
	Full Name (Last, First, Middle Initial)										
B.	Deane & Company					Date of	Disburs	emen	t		
	Moiling Address 4707 Titlette Beart Octob		м = м 10	1 1 -	D 24	/ Y	2019	Y			
	Mailing Address 1787 Tribute Road, Suite K		10		21		2019	_			
	,	State	Zip Code			FEC Ide	entification	on Nu	mber		
	Sacramento Purpose of Disbursement	CA	95815								
	Reporting Services			001	7 I I	C					
	Candidate Name			Category	,		nsaction of Fact			-	eriod
				Type	´ ´	Amount of Each Disbursement this Period					onou
	Office Sought: House Disburser					409.65					5
	Senate President	Primary	General								
	State: District:	Other (spec	шу)			Mei	mo Item				
_	Full Name (Last, First, Middle Initial)										
C.	Planned Parenthood Affiliates of C	alifornia				Date of	Disburs	emen	t		
						M M		D	/ Y	Y Y	Υ
	Mailing Address 555 Capitol Mall, Suite 510					07		25		2019	_
	City	State	Zip Code			FFC Ide	entification	n Nu	mher		
	Sacramento	CA	95814				oan	i vu		-	
	Purpose of Disbursement Reimbursement			001	٦IL	C					
	Candidate Name			nsactio			145 ent this P	ariad			
				Category Type	′ '	AHOUIII	oı ⊏acı	מפוח ו	ursellie	ant tins P	enou
	Office Sought: House Disburser	ment For:							-	4.44	1
	Senate	Primary	General								
	State: President State:	Other (spec	city) 🔻	Memo Item							
	Otate. District.										
s	UBTOTAL of Disbursements This Page (optional)				•		7		7	677.6	4
\vdash	· · · · · · · · · · · · · · · · · · ·			<u> </u>	- 1			-			
T	OTAL This Period (last page this line number only))					. ,				

S 17

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 13 OF					
ITEMIZED DISBURSEMENTS		parate schedule(s) h category of the	(CITCON OTT)	· — · — ·				
		d Summary Page	X 21b 28a	22 23 28b 28c	26 27 29 30b			
Any information conicd from such Deposits and Ota	*							
Any information copied from such Reports and Sta or for commercial purposes, other than using the n								
NAME OF COMMITTEE (In Full)								
Protecting Choice in California, a	project (of Planned P	arenthood	Affiliates of Ca	lifornia			
Full Name (Last, First, Middle Initial)	0 - 11(1			Date of Disburser	nont			
A. Planned Parenthood Affiliates of	Californi	a						
Mailing Address 555 Capitol Mall, Suite 510				07 31				
City	State	Zip Code		FEC Identification	Number			
Sacramento	CA	95814						
Purpose of Disbursement Reporting Services				C				
Candidate Name			البسبا		D : PAYB1162			
Caradate Hame			Category/ Type	Amount of Each I	Disbursement this Period			
Office Sought: House Disburs	sement For:		.,,,,,		562.85			
Senate	Primary	General			7-1-1-1			
President	Other (sp	ecify) ▼		Memo Item				
State: District:								
Full Name (Last, First, Middle Initial) B. Planned Parenthood Affiliates of	O-1:4:	_		Date of Disburser	nont			
B. Planned Parenthood Affiliates of		08 05 7 2019						
Mailing Address 555 Capitol Mall, Suite 510								
City	State	Zip Code		FEC Identification	Number			
Sacramento Purpose of Disbursement	CA	95814						
Travel Expenses			002	C				
Candidate Name				Transaction ID : EXPB1148 Amount of Each Disbursement this Period				
			Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburs	sement For:			7625.44				
Senate	Primary	General			,			
President State: District:	Other (sp	ecify)		Memo Item				
				_				
Full Name (Last, First, Middle Initial) C. Planned Parenthood Affiliates of	Californi	a		Date of Disburser				
Mailing Address 555 Capitol Mall, Suite 510				08 / 05				
City	State	Zip Code		FEC Identification	Number			
Sacramento Purpose of Disbursement	CA	95814						
Salary	001	Transaction	D : EXPB1149					
Candidate Name	Category/	Amount of Each [Disbursement this Period					
Office Sought: House Disburs	Туре		3954.02					
Senate	Primary	General		<u> </u>	7 7			
President	Other (sp	pecify) 🔻		Memo Item				
State: District:				I Wichio Reili				
SUBTOTAL of Disbursements This Page (optional	l)		······		12142.31			
I TOTAL This Period (last page this line number or	1IV)							

S 17

SCHEDULE B (FEC Form 3X)			FOR LINE	FOR LINE NUMBER: PAGE 14 OF					
ITEMIZED DISBURSEMENTS		parate schedule(s) h category of the	(check only	· — ' — .					
		d Summary Page	X 21b 28a	22 23 28b 28c	26 27 29 30b				
Any information conical from such Deposits and Chat									
Any information copied from such Reports and Stat or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)									
Protecting Choice in California, a	project (of Planned Pa	arenthood	Affiliates of Ca	lifornia				
Full Name (Last, First, Middle Initial)				D . (D)					
A. Planned Parenthood Affiliates of O	Californi	a 		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address 333 Capitol Mail, Suite 310				00 00	2013				
City	State	Zip Code		FEC Identification	Number				
Sacramento	CA	95814							
Purpose of Disbursement Salary			001	C					
Candidate Name					D : EXPB1150				
			Category/ Type	Amount of Each L	Disbursement this Period				
Office Sought: House Disburs	ement For:		. 7 1		1583.36				
Senate	Primary	General		4	7				
President	Other (sp	ecify) ▼		Memo Item					
State: District:									
Full Name (Last, First, Middle Initial) B. Planned Parenthood Votes				Date of Disburser	nont				
B. Planned Parenthood Votes									
Mailing Address 123 William Street, 10th Floor		07 24 2019							
City	City State Zip Code								
New York	NY	10038		FEC Identification	Trumber				
Purpose of Disbursement Online Voter Guide			001						
Candidate Name				Transaction I					
			Category/ Type	Amount of Each Disbursement this Perio					
Office Sought: House Disburs	ement For:		.,,,,	350.00					
Senate	Primary	General		4	4				
President	Other (sp	ecify)		Memo Item					
State: District:				Ц.					
Full Name (Last, First, Middle Initial) C.				Date of Disburser	nent				
o.				M M / D I					
Mailing Address				M = M / D = 1					
City	State	Zip Code		FEC Identification	Number				
Purpose of Disbursement									
		C							
Candidate Name	Category/ Amount of Each Disbursement this F								
Office Sought: House Disburs		.,,,,							
Senate	Primary	General		4	4 4				
President	Other (sp	ecify) 🔻		Memo Item					
State: District:				L					
SUBTOTAL of Disbursements This Page (optional)				1 1 70	1933.36				
					15000.01				
TOTAL This Period (last page this line number on	v)				15398.01				

S П

SC	CHEDULE B (FEC Form 3X)			FOR LINE	FOR LINE NUMBER: PAGE 15 OF 18		
ITI	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
			Summary Page	21b x 28a	22 23 28c 28c	26 27 29 30b	
An	y information copied from such Reports and Stater	nents may r	not be sold or us				
	for commercial purposes, other than using the nar						
	NAME OF COMMITTEE (In Full)						
	Protecting Choice in California, a p	roject of	Planned Pa	arenthood .	Affiliates of Cali	fornia	
	Full Name (Last, First, Middle Initial)				Date of Dishumanan		
Α.	California Medical Association				Date of Disburseme		
	Mailing Address 1201 K Street, Suite 800				12 06	2019	
	,	State Zip Code			FEC Identification Number		
	Sacramento Purpose of Disbursement	CA	95814				
	Refund of deposit received in error			010		C	
	Candidate Name				Transaction ID : EXPB1106 Amount of Each Disbursement this		
				Category/ Type	7Gain of Laon Di		
		ment For:			2200.00		
	Senate President	Senate Primary Genera President Other (specify) ▼					
	State: District:	Onlei (Shec	ony) ▼		Memo Item		
_	Full Name (Last, First, Middle Initial)						
B.	California Medical Association				Date of Disburseme	ent	
					M = M / D = D	/ Y = Y = Y = Y	
	Mailing Address 1201 K Street, Suite 800				12 06	2019	
	City State Zip Code Sacramento CA 95814				FEC Identification N	Number	
	Sacramento CA 95814 Purpose of Disbursement				С		
	Refund of deposit received in error 010				Transaction ID	. EVDP1107	
	Candidate Name		Category/		sbursement this Period		
	Office Country		Type		7000 00		
	Office Sought: House Disbursement For: Senate President Other (specify)				4	7800.00	
					п		
	State: District:	(-1	,		Memo Item		
	Full Name (Last, First, Middle Initial)						
C.		Date of Disbursement					
	Mailing Address				M M / D D / Y Y Y Y		
	Walling Address						
	City	State	Zip Code		FEC Identification N	Number	
	Purpose of Disbursement						
	Tarpood of Diobursomonic				C		
	Candidate Name Categor			Category/	Amount of Each Dis	sbursement this Period	
	Office Sought: House Disbursement For:					4	
	Senate President	Primary Other (spec	General				
	State: District:	Janor (Spec	j) ▼		Memo Item		
Г	ı						
s	UBTOTAL of Disbursements This Page (optional)					10000.00	
L						10000.00	
T	OTAL This Period (last page this line number only))				10000.00	

S П

SCHEDULE B (FEC Form 3X)			FOR LINE	FOR LINE NUMBER: PAGE 16 OF 18		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	/ one)			
		ummary Page	21b 28a	22 23 28b 28c	26 27 29 30b	
Any information copied from such Benerts and States	nonto mov n	at he cold or up				
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)		<u> </u>				
Protecting Choice in California, a p	roject of	Planned Pa	arenthood	Affiliates of Ca	lifornia	
Full Name (Last, First, Middle Initial)				B (B)		
California Democratic Party				Date of Disburser	D / Y Y Y Y	
	Mailing Address 1401 21st Street, Suite 200				2019	
City Sacramento	State CA	Zip Code 95811		FEC Identification	Number	
Purpose of Disbursement	0/1	93011		C		
Contribution - Non-Federal	'				ID - EVDD4446	
Candidate Name		Cate		Transaction ID :	Disbursement this Period	
California Democratic Party			Type			
Office Sought: House Disbursen				50000.00		
	Primary	General		_		
State: District:	President Other (specify) ▼			Memo Item		
Full Name (Last, First, Middle Initial)						
B. Naral, Pro-Choice California					ment	
Natal, 1 10-011010e Galilottila				M M / D	D / Y Y Y Y	
Mailing Address 335 South Van Ness Avenue				09 04	2019	
,	State Zip Code			FEC Identification	Number	
San Francisco Purpose of Disbursement	San Francisco CA 94103			C		
Civic Donation						
Candidate Name				Transaction ID : EXPB1120 Amount of Each Disbursement this	-	
Naral, Pro-Choice California			Category/ Type	Amount of Each t	Dispursement this Period	
Office Sought: House Disbursen	nent For:	Primary General			1000.00	
	Primary					
	President Other (specify)			Memo Item		
State: District:				ш		
Full Name (Last, First, Middle Initial) C.				Data of Diaburgar	mont	
C.	Date of Disbursement					
Mailing Address	M M / D	D / Y Y Y Y				
City	State	Zip Code		FEC Identification	Number	
Durnage of Dieburgement						
Purpose of Disbursement						
Candidate Name Category/				American of Fools	Diahamant this Daviad	
	Amount of Each t	Disbursement this Period				
Office Sought: House Disbursen						
Senate				7	7 1 4	
	Other (speci	fy) ▼		Memo Item		
State: District:				Ц		
SUBTOTAL of Disbursements This Page (optional)				1 1 20	51000.00	
TOTAL This Period (last page this line number only)					51000.00	

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 17 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

18

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): Reporting Services Deane & Company Mailing Address 1787 Tribute Road, Suite K State Zip Code Sacramento CA 95815 Transaction ID: PAYD1102 Outstanding Balance Beginning This Period 562.85 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 -562.85B. 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 Sacramento 95814 CA Outstanding Balance Beginning This Period Transaction ID: PAYD769 1.20 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1.20 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: PAYD770 32.66 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 32.66 33.86 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) ▶

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) 9

x 10

			10			
NAME OF COMMITTEE (In Full) Protecting Choice in California, a pr	oject of Pla	anned Parenthoo	d Affiliates of California			
A. Full Name (Last, First, Middle Initial) of Debt	Full Name (Last, First, Middle Initial) of Debtor or Creditor					
Planned Parenthood Affiliates	Planned Parenthood Affiliates of California					
Mailing Address 555 Capitol Mall, Suite 510	ailing Address 555 Capitol Mall, Suite 510					
City	State	Zip Code				
Sacramento	CA	95814				
Outstanding Balance Beginning This Period	Outstanding Balance Beginning This Period					
42.80						
Amount Incurred This Period	Pa	syment This Period	Outstanding Balance at Close of This Period			
0.00		0.00	42.80			
B. Full Name (Last, First, Middle Initial) of Debto	Full Name (Last, First, Middle Initial) of Debtor or Creditor					
Mailing Address	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			
C. Full Name (Last, First, Middle Initial) of Debt Mailing Address	tor or Creditor		Nature of Debt (Purpose):			
City	State	Zip Code				
Outstanding Balance Beginning This Period Amount Incurred This Period	Pa	ayment This Period	Outstanding Balance at Close of This Period			
1) SUBTOTALS This Period This Page (optional)			42.80			
2) TOTALS This Period (last page this line number	er only)		76.66			
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page of	only)	0.00			
4) ADD 2) and 3) and carry forward to appropriate	e line of Summ	ary Page (last page only)	76.66			