

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. 12FE4M5

Protecting Choice in California, 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

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00556860

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

4. TYPE OF REPORT (Choose One)

- Quarterly Reports: April 15, July 15, October 15, 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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE)

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

Election on [MM/DD/YYYY] in the State of []

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

Election on [MM/DD/YYYY] in the State of []

5. Covering Period 07/01/2019 through 12/31/2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ragsac, Nikki, ,

Signature of Treasurer [Electronically Filed] Date 01/29/2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Table with 8 columns, including Office Use Only and 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

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="2019"/>	<input type="text" value=""/>	<input type="text" value="60193.20"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="81251.89"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="58562.85"/>	<input type="text" value="112844.78"/>
(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="139814.74"/>	<input type="text" value="173037.98"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="76448.01"/>	<input type="text" value="109671.25"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="63366.73"/>	<input type="text" value="63366.73"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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).....	12062.85	13562.85
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12062.85	13562.85
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	36500.00	88931.93
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	48562.85	102494.78
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.).....	10000.00	10350.00
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)).....▶	58562.85	112844.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	58562.85	112844.78

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	15448.01	47671.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	15448.01	47671.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	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	10000.00	10000.00
(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)).....	10000.00	10000.00
29. Other Disbursements (Including Non-Federal Donations).....	51000.00	52000.00
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)) ..	76448.01	109671.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	76448.01	109671.25

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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)	48562.85	102494.78
34. Total Contribution Refunds (from Line 28(d))	10000.00	10000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38562.85	92494.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	15448.01	47671.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	15448.01	47671.25

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

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:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Grace Public Affairs, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1020 16th Street, Unit 31
 City Sacramento State CA Zip Code 95814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 09 / 2019
Transaction ID : INCA1116
 Amount of Each Receipt this Period 1500.00
 Memo Item

B. Planned Parenthood Affiliates of California
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 Capitol Mall, Suite 510
 City Sacramento State CA Zip Code 95814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 562.85

Date of Receipt 07 / 31 / 2019
Transaction ID : PAYA1162
 Amount of Each Receipt this Period 562.85
 Memo Item
 Reporting Services

C. The Doctors' Management Company
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 185 Greenwood Road
 City Napa State CA Zip Code 94558
 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 ▼ 10000.00

Date of Receipt 11 / 14 / 2019
Transaction ID : INCA1109
 Amount of Each Receipt this Period 10000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	12062.85
TOTAL This Period (last page this line number only).....	12062.85

**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. California Dental Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1201 K Street, 14th Floor

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

FEC ID number of contributing federal political committee.

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : INCA1147

Amount of Each Receipt this Period

Memo Item

B. California Medical Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1201 J Street, Suite

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

FEC ID number of contributing federal political committee.

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : INCA1110

Amount of Each Receipt this Period

Memo Item

C. California Permanente Medical Groups 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.

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : INCA1112

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="16500.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

**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. Californians Allied for Patient Protection PAC

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

Mailing Address 1215 K Street, Suite 2015

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 ▼
6000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		14		2019

Transaction ID : INCA1113

Amount of Each Receipt this Period
5000.00

Memo Item

B. Cooperative of American Physicians State PAC

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

Mailing Address 333 South Hope Street, 8th Floor

City Los Angeles	State CA	Zip Code 90071
---------------------	-------------	-------------------

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 ▼
10000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		22		2019

Transaction ID : INCA1111

Amount of Each Receipt this Period
10000.00

Memo Item

C. The Medical Injury Compensation Reform Act California PAC of Norcal

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

Mailing Address 20 Park Road, Suite E

City Burlingame	State CA	Zip Code 94010
--------------------	-------------	-------------------

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 ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2019

Transaction ID : INCA1121

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	20000.00
TOTAL This Period (last page this line number only).....	36500.00

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. California Medical Association

Mailing Address 1201 K Street, Suite 800

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

FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2019

Transaction ID : INCA1118

Amount of Each Receipt this Period
7800.00

Memo Item
Deposit received in error; See Sch. B

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. California Medical Association

Mailing Address 1201 K Street, Suite 800

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

FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2019

Transaction ID : INCA1144

Amount of Each Receipt this Period
2200.00

Memo Item
Deposit received in error; See Sch. B

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	10000.00
TOTAL This Period (last page this line number only).....	10000.00

**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. Deane & Company

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	9

Mailing Address 1787 Tribute Road, Suite K

City Sacramento State CA Zip Code 95815

FEC Identification Number

C []
Transaction ID : PAYBFT1162
 Amount of Each Disbursement this Period
 [] 562.85

Purpose of Disbursement Reporting Services

[]
 Category/
 Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. Deane & Company

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	9

Mailing Address 1787 Tribute Road, Suite K

City Sacramento State CA Zip Code 95815

FEC Identification Number

C []
Transaction ID : EXPB1152
 Amount of Each Disbursement this Period
 [] 361.00

Purpose of Disbursement Reporting Services

001
 Category/
 Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. Deane & Company

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	9

Mailing Address 1787 Tribute Road, Suite K

City Sacramento State CA Zip Code 95815

FEC Identification Number

C []
Transaction ID : EXPB1151
 Amount of Each Disbursement this Period
 [] 283.70

Purpose of Disbursement Reporting Services

001
 Category/
 Type

Candidate Name

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

Memo Item

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

[] 644.70

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 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. Deane & Company

Mailing Address 1787 Tribute Road, Suite K

City Sacramento State CA Zip Code 95815

Purpose of Disbursement Reporting Services

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 : EXPB1153
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Deane & Company

Mailing Address 1787 Tribute Road, Suite K

City Sacramento State CA Zip Code 95815

Purpose of Disbursement Reporting Services

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 : EXPB1154
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Reimbursement

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 : EXPB1145
 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 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 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Reporting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2019

FEC Identification Number

C
Transaction ID : PAYB1162
Amount of Each Disbursement this Period
562.85

Memo Item

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Travel Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

002
Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2019

FEC Identification Number

C
Transaction ID : EXPB1148
Amount of Each Disbursement this Period
7625.44

Memo Item

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2019

FEC Identification Number

C
Transaction ID : EXPB1149
Amount of Each Disbursement this Period
3954.02

Memo Item

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

12142.31

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 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 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB1150

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Votes

Mailing Address 123 William Street, 10th Floor

City New York State NY Zip Code 10038

Purpose of Disbursement Online Voter Guide

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB1117

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

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 checked="" 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. California Medical Association

Mailing Address 1201 K Street, Suite 800

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Refund of deposit received in error

Category/Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2019			

FEC Identification Number

Transaction ID : EXPB1106
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. California Medical Association

Mailing Address 1201 K Street, Suite 800

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Refund of deposit received in error

Category/Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2019			

FEC Identification Number

Transaction ID : EXPB1107
 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

M	M	/	D	D	/	Y	Y	Y	Y

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).....▶

10000.00
10000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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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. California Democratic Party

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		02		2019

Mailing Address 1401 21st Street, Suite 200

FEC Identification Number

C []

Transaction ID : EXPB1146

Amount of Each Disbursement this Period

[] 50000.00

Memo Item

City
Sacramento

State
CA

Zip Code
95811

Purpose of Disbursement
Contribution - Non-Federal

011

Category/
Type

Candidate Name

California Democratic Party

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Naral, Pro-Choice California

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2019

Mailing Address 335 South Van Ness Avenue

FEC Identification Number

C []

Transaction ID : EXPB1120

Amount of Each Disbursement this Period

[] 1000.00

Memo Item

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Civic Donation

012

Category/
Type

Candidate Name

Naral, Pro-Choice California

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

Mailing Address

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

[] 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 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 Deane & Company			Nature of Debt (Purpose): Reporting Services
Mailing Address 1787 Tribute Road, Suite K			
City Sacramento	State CA	Zip Code 95815	

Outstanding Balance Beginning This Period <input type="text" value="562.85"/>	Transaction ID : PAYD1102	
Amount Incurred This Period <input type="text" value="- 562.85"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California			Nature of Debt (Purpose): Staff Time & Website for Voter Guide; 5/19/16 - 6/30/16
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="1.20"/>	Transaction ID : PAYD769	
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"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California			Nature of Debt (Purpose): Staff Time & Website for Voter Guide; 5/19/16 - 6/30/16
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="32.66"/>	Transaction ID : PAYD770	
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"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="33.86"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 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 Planned Parenthood Affiliates of California			Nature of Debt (Purpose): Website & Voter Guide Various Unitemized Candidates
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period		Transaction ID : PAYD796	
42.80			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	42.80	

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	42.80
2) TOTALS This Period (last page this line number only)..... ▶	76.66
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	76.66