

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 1425
Check if different than previously reported. (ACC) Sacramento CA 95814

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00556860 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 M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2017 through 06 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Sandoval, Ana, , ,
Type or Print Name of Treasurer

Signature of Treasurer Sandoval, Ana, , , [Electronically Filed] Date 07 / 27 / 2017

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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="2017"/>		<input type="text" value="46562.22"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="46562.22"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="24773.10"/>	<input type="text" value="24773.10"/>
(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="71335.32"/>	<input type="text" value="71335.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30460.82"/>	<input type="text" value="30460.82"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="40874.50"/>	<input type="text" value="40874.50"/>
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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2017

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).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	24773.10	24773.10
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	24773.10	24773.10
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.).....	0.00	0.00
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)).....▶	24773.10	24773.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	24773.10	24773.10

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	25310.82	25310.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	25310.82	25310.82
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	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).....	5150.00	5150.00
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)) ..	30460.82	30460.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30460.82	30460.82

DETAILED SUMMARY PAGE
of Disbursements

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)	24773.10	24773.10
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24773.10	24773.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	25310.82	25310.82
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	25310.82	25310.82

**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 6 OF 17
<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

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. 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
-------------------	-------------	-------------------

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 ▼
14773.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2017

Transaction ID : INCA913

Amount of Each Receipt this Period
7473.10

Memo Item

B. 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
-------------------	-------------	-------------------

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 ▼
14773.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2017

Transaction ID : INCA914

Amount of Each Receipt this Period
7300.00

Memo Item

C. Planned Parenthood Advocates Mar Monte Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 555 Capitol Mall, Suite 1425

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 ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2017

Transaction ID : INCA905

Amount of Each Receipt this Period
7300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	22073.10
TOTAL 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 7 OF 17
<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 Advocates Mar Monte Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 555 Capitol Mall, Suite 1425

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 ▼
10000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		10		2017

Transaction ID : INCA906

Amount of Each Receipt this Period
200.00

Memo Item

B. Planned Parenthood Advocates Mar Monte Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 555 Capitol Mall, Suite 1425

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 ▼
10000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		17		2017

Transaction ID : INCA926

Amount of Each Receipt this Period
2500.00

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	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2700.00
TOTAL This Period (last page this line number only).....	24773.10

**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. Alliance Graphics, Inc.

Mailing Address 1108 8th Street

City
Berkeley

State
CA

Zip Code
94710

Purpose of Disbursement
Event Supplies - Non Federal Expense

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
0	4		1	4		2	0	1	7

FEC Identification Number

Transaction ID : EXPB920
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Capitol Digital Document Solutions

Mailing Address 555 Capitol Mall, Suite 235

City
Sacramento

State
CA

Zip Code
95814

Purpose of Disbursement
Flyers - Non Federal Expense

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
0	5		2	4		2	0	1	7

FEC Identification Number

Transaction ID : EXPB927
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Nashville Wraps, LLC

Mailing Address 242 Molly Walton Drive

City
Hendersonville

State
TN

Zip Code
37075

Purpose of Disbursement
Event Supplies - Non Federal Expense

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
0	4		1	9		2	0	1	7

FEC Identification Number

Transaction ID : EXPB922
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
Data - Non Federal Expense

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 : EXPB912
Amount of Each Disbursement this Period

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

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 : EXPB907
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
Staff Time

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 : EXPB910
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
Event Supplies - Non Federal Expense

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 : EXPB924
Amount of Each Disbursement this Period

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
Salary - Non Federal Expense

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 : EXPB935
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
Travel Expense - Non Federal Expense

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 : EXPB936
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
Salary - Non Federal Expense

001

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
0	6		0	5		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB928

Amount of Each Disbursement this Period

[REDACTED] 2472.97

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 Expense - Non Federal Expense

002

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
0	6		0	5		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB929

Amount of Each Disbursement this Period

[REDACTED] 11.07

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
Event Supplies -Non Federal Expense

001

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
0	6		0	5		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB931

Amount of Each Disbursement this Period

[REDACTED] 2153.64

Memo Item

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

[REDACTED] 4637.68

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 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
Event Entertainment - Non Federal Expense

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 : EXPB934
Amount of Each Disbursement this Period

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 - Non Federal Expense

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 : EXPB930
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
Event Supplies - Non Federal Expense

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 : EXPB938
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

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. California Democratic Party

Mailing Address 1401 21st Street, Suite 200

City Sacramento State CA Zip Code 95811

Purpose of Disbursement
Contribution to Non Federal Committee

Category/
Type

Candidate Name

California Democratic Party

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB917
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. California Democratic Party

Mailing Address 1401 21st Street, Suite 200

City Sacramento State CA Zip Code 95811

Purpose of Disbursement
Contribution to Non Federal Committee

Category/
Type

Candidate Name

California Democratic Party

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB919
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. California Democratic Party

Mailing Address 1401 21st Street, Suite 200

City Sacramento State CA Zip Code 95811

Purpose of Disbursement
Contribution to Non Federal Committee

Category/
Type

Candidate Name

California Democratic Party

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB923
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. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Reimbursement for Civic Donation

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 : EXPB918
Amount of Each Disbursement this Period

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
Reimbursement for Contribution - Non Federal Expense

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 : EXPB937
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 D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 17
	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): 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"/>

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="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"/>

C. 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 <input type="text" value="42.80"/>	Transaction ID : PAYD796	
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) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="76.66"/>
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 17 OF 17
	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): Staff Time
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period		Transaction ID : PAYD903	
272.46			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	272.46	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California			Nature of Debt (Purpose): Travel Expenses
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period		Transaction ID : PAYD904	
160.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
- 1.99	158.01	0.00	

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
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