PAGE 1 / 17

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

		Torized 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	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 NU	IMBER ▼ CIT	YA	STATE ▲ ZIP CODE ▲
C C00556860		S THIS NEW (N) C	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 ((Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M	(Non-Election Year Only)
April 15 Quarterly Report (Q		20 (M4) Jul 20 (M	7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q	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 (Y	Floatio	n on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Electio	n on	in the State of
5. Covering Period 01	01 / 2017	through 06	30 / 2017
I certify that I have examined thi		my knowledge and belief it is	s true, correct and complete.
Type or Print Name of Treasurer	Sandoval, Ana, , ,		
Signature of Treasurer	oval, Ana, , ,	[Electronically Filed]	Date 07 / 27 / 2017
NOTE: Submission of false, errone	eous, or incomplete information	n may subject the person signi	ng 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)

Write or Type Committee Name

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

01 2017 06 30 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 46562.22 January 1. 2017 (b) Cash on Hand at 46562.22 Beginning of Reporting Period..... 24773.10 24773.10 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 71335.32 71335.32 6(a) and 6(c) for Column B)..... 30460.82 30460.82 Total Disbursements (from Line 31)...... 7. Cash on Hand at Close of 8. Reporting Period 40874.50 40874.50 (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

01 2017 06 30 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized (iii) TOTAL (add 0.00 0.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 24773.10 24773.10 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 24773.10 24773.10 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) (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 24773.10 24773.10 (subtract Line 18(c) from Line 19)▶

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		.5	Calcinati Total to Bate		
	Activity (from Schedule H4)	0.00	0.00		
	(i) Federal Share	0.00	0.00		
	(ii) Non-Federal Share	0.00	0.00		
	(b) Other Federal Operating	25310.82	25310.82		
	Expenditures(c) Total Operating Expenditures	20010.02	20010.02		
	(add 21(a)(i), (a)(ii), and (b))▶	25310.82	25310.82		
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))	4 4 4			
	(use Schedule F)	0.00	0.00		
6.	Loan Repayments Made	0.00	0.00		
7	Loans Made		0.00		
	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00		
	Than Political Committees	0.00	0.00		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees	0.00	0.00		
	(such as PACs)	0.00	0.00		
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00			
	(add Lines 20(a), (b), and (c))	0.00	0.00		
9.	Other Disbursements (Including				
	Non-Federal Donations)	5150.00	5150.00		
0.	Federal Election Activity (52 U.S.C. § 30101(20)))			
	(a) Allocated Federal Election Activity (from Schedule H6)				
	(i) Federal Share	0.00	0.00		
			4 4		
	(ii) "Levin" Share	0.00	0.00		
	Entirely With Federal Funds	0.00	0.00		
	(c) Total Federal Election Activity (add	4 4			
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
1.	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	30460.82	30460.82		
2.	Total Federal Disbursements	7 7 7 7			
	(subtract Line 21(a)(ii) and Line 30(a)(ii)				
	from Line 31)	30460.82	30460.82		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	24773.10	24773.10
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24773.10	24773.10
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	25310.82	25310.82
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	25310.82	25310.82

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

lma	age# 201707289069849614			
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 17 (check only one) 11a 11b
	ny information copied from such Reports and State for commercial purposes, other than using the na			
\rangle	NAME OF COMMITTEE (In Full) Protecting Choice in California, a	project c	of Planned Parenthoo	d Affiliates of California
Α.	Full Name of Individual (Last, First, Middle Initial) Planned Parenthood Action Fund of the Pa	Date of Receipt		
Mailing Address 1075 El Camino del Rio South				03 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : INCA913

$ \rangle$	Protecting Choice in California,	a project	of Planned Parenthood	Affiliates of California
Α.	Full Name of Individual (Last, First, Middle In Planned Parenthood Action Fund of the			Date of Receipt
	Mailing Address 1075 El Camino del Rio Sout	03 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID : INCA913
	San Diego	CA	92108	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		7473.10
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 14773.10	
В.	Full Name of Individual (Last, First, Middle In Planned Parenthood Action Fund o			Date of Receipt
	Mailing Address 1075 El Camino del Rio South	ו		03 07 2017
	City	State	Zip Code	Transaction ID : INCA914
	San Diego	CA	92108	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		7300.00
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	Receipt For:	Aggregate \	Year-to-Date ▼	
	Primary General	33 73		
	Other (specify) ▼		14773.10	
С .	Full Name of Individual (Last, First, Middle In Planned Parenthood Advocates Ma			Date of Receipt
	Mailing Address 555 Capitol Mall, Suite 1425			02 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : INCA905
	Sacramento	CA	95814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	7300.00		
	Name of Employer (for Individual)	Memo Item		
	Receipt For: Primary General Other (specify)	Aggregate \	Year-to-Date ▼ 10000.00	
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	22073.10
Ι'	TOTAL This Period (last page this line number	orily)	·····	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR LINE NUMBER:						PAGE	:	7	OF	17	
Use separate schedule(s) for each category of the Detailed Summary Page		che	ck only	or	ie)							
		11a 11b X					11c 12					
			13		14		15		16		17	
not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.												

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add 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 Planned Parenthood Advocates Mar Monte Political Action Committee Date of Receipt Mailing Address 555 Capitol Mall, Suite 1425 10 2017 City Zip Code State Transaction ID: INCA906 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing 200.00 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) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Planned Parenthood Advocates Mar Monte Political Action Committee Date of Receipt Mailing Address 555 Capitol Mall, Suite 1425 05 2017 City State Zip Code Transaction ID: INCA926 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 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 Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2700.00 SUBTOTAL of Receipts This Page (optional)..... 24773.10 TOTAL This Period (last page this line number only).....

17

Llos congreto cohodulo(a)			FOR LINE		PAGE 8 OF 17		
ITEMIZED DISBURSEMENTS		category of the	(orlook offiny offic)		26 77		
		Summary Page	X 21b 28a	22 28b	23 28c	26 27 29 30b	
Any information copied from such Reports and Staten	nents may r	not be sold or use	ed by any pers	on for the pur	pose of so	liciting contributions	
or for commercial purposes, other than using the name	ne and addr	ess of any politic	al committee to	solicit contril	outions fron	n such committee.	
NAME OF COMMITTEE (In Full)	male =4 · f	Diamera I.D.	ا د جائیسس	٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	-4 0 - ""		
Protecting Choice in California, a p	roject of	Planned Pa	arenthood .	ATTIIIAtes (of Califo	ornia	
Full Name (Last, First, Middle Initial)				Det (D)	aha - :		
A. Alliance Graphics, Inc.				Date of Di	sbursemen	/	
Mailing Address 1108 8th Street				04	14	2017	
,	State	Zip Code		FEC Ident	fication Nu	mber	
Berkeley Purpose of Disbursement	CA	94710					
Event Supplies - Non Federal Expense			001	C	action ID :	EVDD020	
Candidate Name			Category/			ursement this Period	
Office Sought: House Disburser	nent For		Туре			3763.66	
Senate	Primary	General			7	7	
President	Other (spec	cify) 🔻		Memo	Item		
State: District:							
Full Name (Last, First, Middle Initial) B. Capitol Digital Document Solutions				Date of Di	sbursemen	t	
- Capitol Digital Document Colutions	1			M M / D D / Y Y Y Y			
Mailing Address 555 Capitol Mall, Suite 235	Mailing Address 555 Capitol Mall, Suite 235						
City Sacramento	State CA	Zip Code 95814	FEC Identification Number			mber	
Purpose of Disbursement		93614		C			
Flyers - Non Federal Expense			004		action ID :	EXPB927	
Candidate Name			Category/	Amount of	Each Disb	ursement this Period	
Office Sought: House Disbursen	nent For:		Туре			329.08	
Senate	Primary	General				4	
	Other (spec	cify)		Memo	Item		
State: District: Full Name (Last, First, Middle Initial)							
C. Nashville Wraps, LLC				Date of Di	sbursemen	t	
				M = M /	D I D	/ Y T Y T Y T Y	
Mailing Address 242 Molly Walton Drive				04	19	2017	
City	State	Zip Code		FEC Ident	fication Nu	mber	
Hendersonville Purpose of Disbursement	TN	37075					
Event Supplies - Non Federal Expense			001	C	action ID :	EVDB022	
Candidate Name	Category/			ursement this Period			
Office Sought: House Disburser	nent For:		Туре			358.73	
Senate Disburser	Primary	General				330.10	
President	Other (spec	cify) 🔻		Memo	Item		
State: District:							
SURTOTAL of Disburgamenta This Dage (anti-carly			_			4451.47	
SUBTOTAL of Disbursements This Page (optional)			·····•	-	7	45 1 46 1	
TOTAL This Period (last page this line number only)				1			

S П

SCHEDULE B (FEC Form 3X)	llee .		FOR LINE NUMBER: PAGE S					
ITEMIZED DISBURSEMENTS	Use separate for each categ		(orlook offiny offic)					
	Detailed Summary Page 21b				23 28c	26 27 29 30b		
Any information copied from such Reports and Stater	monte may not be	s cold or use						
or for commercial purposes, other than using the nar								
NAME OF COMMITTEE (In Full)								
Protecting Choice in California, a p	roject of Pla	ınned Paı	renthoo	d Affiliate	s of Ca	lifornia		
Full Name (Last, First, Middle Initial)				Data	f Diaburaar	mont		
A. Planned Parenthood Affiliates of C	alifornia			Date	f Disburser			
Mailing Address 555 Capitol Mall, Suite 510				02	10			
City		Code		FEC Id	lentification	Number		
Sacramento Purpose of Dishursement	CA 95	814						
Purpose of Disbursement Data - Non Federal Expense			001					
Candidate Name				·		D: EXPB912 Disbursement this Period		
			Category/ Type	Amour	t of Each t	Disbursement this Period		
Office Sought: House Disburser	ment For:	<u> </u>		T I .		11250.00		
Senate	Primary	General			,,	,		
State: District:	Other (specify)	▼		Me	emo Item			
State: District: Full Name (Last, First, Middle Initial)				+-				
B. Planned Parenthood Affiliates of C	alifornia			Date o	f Disburser	nent		
Trainied Farenthood Anniates of C	amorria			M M	M M / D D / Y Y Y Y			
Mailing Address 555 Capitol Mall, Suite 510				02	02 10 2017			
City	Otata Zin	0-4-						
City Sacramento		Code 814		FEC Id	lentification	Number		
Purpose of Disbursement				С				
Travel Expenses			002		ensaction I	D : EXPB907		
Candidate Name			Category/			Disbursement this Period		
Office Sought: House Disburser	mont For:		Type			158.01		
Senate Disburser	Primary	General			-	100.01		
President	Other (specify)	0.01.010.						
State: District:				I I IME	emo Item			
Full Name (Last, First, Middle Initial)								
C. Planned Parenthood Affiliates of C	alifornia			Date o	f Disburser	nent		
Mailing Address 555 Capitol Mall, Suite 510				02	10			
Mailing Address 555 Capitor Mail, Suite 510				02	10	2017		
City		Code		FEC Id	lentification	Number		
Sacramento	CA 95	814						
Purpose of Disbursement Staff Time			001					
Candidate Name		·		D : EXPB910				
	Category/ Type	Amoun	t of Each L	Disbursement this Period				
Office Sought: House Disburser	71.			272.46				
Senate	General	eral		,				
President	Memo Item							
State: District:								
SUBTOTAL of Disbursements This Page (optional)			·····•		1.75	11680.47		
				-				
TOTAL This Period (last page this line number only))							

ľ

SCHEDULE B (FEC Form 3X)	Llea caparata achadula(a)	FOR LINE NUMBER: PAGE 10 OF				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)	is and dances of any points					
Protecting Choice in California, a p	roject of Planned Pa	arenthood /	Affiliates of California			
Full Name (Last, First, Middle Initial) - Planned Parenthood Affiliates of Ca	alifornia		Date of Disbursement			
Mailing Address 555 Capitol Mall, Suite 510			05 03 7 2017			
,	State Zip Code CA 95814		FEC Identification Number			
Purpose of Disbursement Event Supplies - Non Federal Expense		001	C Transaction ID : EXPB924			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period			
	nent For: Primary General Other (specify) ▼		1281.79 Memo Item			
State: District:			Wellio Itelli			
Full Name (Last, First, Middle Initial) Planned Parenthood Affiliates of Ca Mailing Address 555 Capitol Mall, Suite 510		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code		FEC Identification Number			
	CA 95814		rec identification Number			
Purpose of Disbursement Salary - Non Federal Expense		001	C Transaction ID : EXPB935			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period			
	nent For: Primary General Other (specify)		778.95			
State: District:	Cirior (opeony)		Memo Item			
Full Name (Last, First, Middle Initial) - Planned Parenthood Affiliates of Ca	alifornia		Date of Disbursement			
Mailing Address 555 Capitol Mall, Suite 510			05 09 2017			
Sacramento	State Zip Code CA 95814		FEC Identification Number			
Purpose of Disbursement Travel Expense - Non Federal Expense	002	Transaction ID : EXPB936				
Candidate Name		Category/ Type	Amount of Each Disbursement this Period			
President	nent For: Primary General Other (specify)		551.04 Memo Item			
State: District:						
SUBTOTAL of Disbursements This Page (optional)		·····•	2611.78			
TOTAL This Period (last page this line number only).		·····•				

17

SCHEDULE B (FEC Form 3X)	Han one such a sale	andula(a)	FOR LINE			PAGE 11	OF 17	
ITEMIZED DISBURSEMENTS	Use separate sch for each category		(official city offic)		26 27			
	Detailed Summar		28a	22 28b	28c	26 27 29 30b		
Any information copied from such Reports and Statem	ents may not be so	old or used	d by any perso	on for the pu	pose of so	oliciting contribu	tions	
or for commercial purposes, other than using the nam	e and address of a	any political	I committee to	solicit contril	outions fror	n such commit	tee.	
NAME OF COMMITTEE (In Full)		. –						
Protecting Choice in California, a pr	roject of Plani	ned Pai	renthood A	Affiliates	ot Califo	ornia		
Full Name (Last, First, Middle Initial)				D				
A. Planned Parenthood Affiliates of Ca	alifornia			Date of Di	sbursemen	ıt		
Mailing Address 555 Capitol Mall, Suite 510				06	05	2017	Y	
,	tate Zip Co			FEC Ident	fication Nu	ımber		
Sacramento Purpose of Disbursement	CA 95814	4						
Salary - Non Federal Expense			001	C	antinu ID	EVERNOSS		
Candidate Name		"	Category/		action ID : Each Disb	exPB928 oursement this	Period	
Office Cought: Have	ant Fam		Type			2472.9	7	
Office Sought: House Disbursem		eneral				2412.3	,,	
	Other (specify) \blacktriangledown			Memo	Item			
State: District:				LI MEITO				
Full Name (Last, First, Middle Initial)	. 1.6			Date of D	obuvo			
B. Planned Parenthood Affiliates of Ca	aiitornia			Date of Disbursement				
Mailing Address 555 Capitol Mall, Suite 510				06 05 2017				
,	tate Zip Co			FEC Identification Number				
Purpose of Disbursement	3301							
Travel Expense - Non Federal Expense			002		EXPB929			
Candidate Name			Category/	Amount of Each Disbursement this				
Office Sought: House Disbursem	ent For:		Туре			11.0	07	
		ieneral				4 4		
	Other (specify)			Memo	Item			
State: District:				Ц				
Full Name (Last, First, Middle Initial) C. Planned Parenthood Affiliates of Ca	alifornia			Date of Di	sbursemen	ıt		
	amorria			M M /	D D	/ Y Y Y Y	Y	
Mailing Address 555 Capitol Mall, Suite 510				06	05	2017		
City	tate Zip Co	ode		FFC Ident	fication Nu	ımber		
	CA 9581	4		1.1				
Purpose of Disbursement Event Supplies -Non Federal Expense			001			- I		
Candidate Name	Category/		action ID : Each Disb	EXPB931 oursement this	Period			
06 0			Type			0450	24	
Office Sought: House Disbursem		eneral				2153.6	J4	
	Other (specify)	onoral		Mans -	Itom			
State: District:				Memo	item			
						4007	60	
SUBTOTAL of Disbursements This Page (optional)			·····•			4637.	00	
TOTAL This Period (last page this line number only).								

ľ

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		IE NUMBER: PAGE 12 OF 17			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	7 one) 22 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)						
Protecting Choice in California, a pr	roject of Planned P	arenthood	Affiliates of California			
Full Name (Last, First, Middle Initial) A. Planned Parenthood Affiliates of Ca	alifornia		Date of Disbursement			
Mailing Address 555 Capitol Mall, Suite 510			06 05 2017			
,	State Zip Code CA 95814		FEC Identification Number			
Purpose of Disbursement Event Entertainment - Non Federal Expense		001	C Transaction ID : EXPB934			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period			
	nent For: Primary General Other (specify) ▼		1075.00			
State: District:			Memo Item			
Full Name (Last, First, Middle Initial) B. Planned Parenthood Affiliates of Ca Mailing Address 555 Capitol Mall, Suite 510		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
,	State Zip Code CA 95814	002	FEC Identification Number			
Candidate Name		Category/ Type	Transaction ID: EXPB930 Amount of Each Disbursement this Period			
	nent For: Primary General Other (specify)		369.24			
State: District:	Other (specify)		Memo Item			
Full Name (Last, First, Middle Initial) C. Planned Parenthood Affiliates of Ca	alifornia		Date of Disbursement			
Mailing Address 555 Capitol Mall, Suite 510			06 19 2017			
,	State Zip Code CA 95814		FEC Identification Number			
Purpose of Disbursement Event Supplies - Non Federal Expense	·	001	C Transaction ID : EXPB938			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period			
	nent For: Primary General Other (specify) ▼		246.92 Memo Item			
State: District:			Monto Resil			
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).		······································	1691.16			

S П

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 13 OF				
ITEMIZED DISBURSEMENTS		ate schedule(s)	(check only	NONE I I			
II LIVIIZED DIGDONGLIVILIVIG		ategory of the Summary Page	X 21b	22 23 26 27			
	28a			28b 28c 29 30b			
Any information copied from such Reports and Statem							
or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	ie aliu addre	os or any politic	ai committee to	Solicit Continuations from Such Committee.			
Protecting Choice in California, a p	roject of	Plannad Dr	arenthood (Affiliates of California			
/	10j e 6t 01	i iailiieu Pa	21 CHILLIOUU /				
Full Name (Last, First, Middle Initial)	. 1:6			Data of Diaburaament			
A. Planned Parenthood Affiliates of Ca	alitornia			Date of Disbursement			
Mailing Address 555 Capitol Mall, Suite 510				06 19 2017			
0	s I	-					
,	State CA	Zip Code 95814		FEC Identification Number			
Purpose of Disbursement		30011		С			
Travel Expenses - Non Federal Expense			002	Transaction ID : EXPB939			
Candidate Name			Category/	Amount of Each Disbursement this Period			
Office Sought: House Disbursen	nent For:		Туре	120.20			
	Primary	General		120,20			
	Other (speci			Memo Item			
State: District:				Memo Item			
Full Name (Last, First, Middle Initial)							
В.				Date of Disbursement			
Mailing Address				M = M / D = D / Y = Y = Y			
City	State	Zip Code		FEC Identification Number			
Purpose of Disbursement							
e				C			
Candidate Name			Category/	Amount of Each Disbursement this Period			
O# 0			Type				
Office Sought: House Disbursen Senate	nent For: Primary	General					
	Other (speci			П.,			
State: District:	(-F			Memo Item			
Full Name (Last, First, Middle Initial)							
C.				Date of Disbursement			
Mailing Address				M = M / D = D / Y = Y = Y			
City	State	Zip Code		FEC Identification Number			
Purpose of Disbursement				C			
Candidate Name	Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disbursen							
Senate	General		4 4				
	Other (speci	fy) ▼		Memo Item			
State: District:				ш			
CURTOTAL of Dishurasments This Dags (anti-unit				120.20			
SUBTOTAL of Disbursements This Page (optional)			·····	120,20			
TOTAL This Period (last page this line number only).				25192.76			

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	FOR LINE (check only	
	Detailed Summary Page		28a	28b 28c x 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full) Protecting Choice in California, a p				
Full Name (Last, First, Middle Initial) A. California Democratic Party				Date of Disbursement
Mailing Address 1401 21st Street, Suite 200	02 24 2017			
Sacramento	State CA	Zip Code 95811		FEC Identification Number
Purpose of Disbursement Contribution to Non Federal Committee Candidate Name			011	Transaction ID : EXPB917
California Democratic Party Office Sought: House Disburser	Category/ Type Dursement For: Primary General Other (specify) Other (specify)			Amount of Each Disbursement this Period 3000.00 Memo Item
Senate President State: District:				
Full Name (Last, First, Middle Initial) B. California Democratic Party				Date of Disbursement
Mailing Address 1401 21st Street, Suite 200				04 14 2017
City Sacramento Purpose of Disbursement Contribution to Non Federal Committee	State CA	Zip Code 95811	011	FEC Identification Number
Candidate Name California Democratic Party California Democratic Party				Transaction ID : EXPB919 Amount of Each Disbursement this Period
Office Sought: House Senate President State: District:	ment For: Primary Other (spec	General Cify)		350.00 Memo Item
Full Name (Last, First, Middle Initial) C. California Democratic Party				Date of Disbursement
Mailing Address 1401 21st Street, Suite 200				04 26 2017
Sacramento	State CA	Zip Code 95811		FEC Identification Number
Purpose of Disbursement Contribution to Non Federal Committee Candidate Name California Democratic Party O11 Category/ Type			Transaction ID : EXPB923 Amount of Each Disbursement this Period	
Office Sought: House Disburser Senate President				1500.00 Memo Item
State: District:				ш
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)				4850.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	.\ I	FOR LINE NUMBER: PAGE 15 OF 17 (check only one)		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 22 23 26 27 28a 28b 28c x 29 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full) Protecting Choice in California, a pr					
Full Name (Last, First, Middle Initial) A. Planned Parenthood Affiliates of Ca	alifornia		Date of Disbursement		
Mailing Address 555 Capitol Mall, Suite 510	04 12 2017				
Sacramento	State Zip Code CA 95814		FEC Identification Number		
Purpose of Disbursement Reimbursement for Civic Donation Candidate Name O12 Category/			Transaction ID : EXPB918 Amount of Each Disbursement this Period		
	nent For: Primary General Other (specify) ▼	Type	250.00		
State: District:			Memo Item		
Full Name (Last, First, Middle Initial) 3. Planned Parenthood Affiliates of Ca Mailing Address 555 Capitol Mall, Suite 510	alifornia		Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement		
,	State Zip Code		FEC Identification Number		
Sacramento CA 95814 Purpose of Disbursement Reimbursement for Contribution - Non Federal Expense 011			C		
Candidate Name		Category/ Type	Transaction ID: EXPB937 Amount of Each Disbursement this Period		
President	nent For: Primary General Other (specify)		50.00 Memo Item		
State: District: Full Name (Last, First, Middle Initial)			Date of Disbursement		
Mailing Address			M = M / D = D / Y = Y = Y		
City	State Zip Code		FEC Identification Number		
Purpose of Disbursement			C		
Candidate Name	Amount of Each Disbursement this Period				
	nent For: Primary General Other (specify) ▼		Memo Item		
			300.00		
SUBTOTAL of Disbursements This Page (optional)					

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) 9

x 10

Protecting Choice in California, a pro	ject of Pla	anned 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	- 1	,	Transaction ID : PAYD769		
1.20	_				
Amount Incurred This Period 0.00	Payment This Period 0.00		Outstanding Balance at Close of This Period 1.20		
R. Full Name (Last First Middle Initial) of Debtor	or Creditor	7	Nature of Debt (Purpose):		
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California				
Mailing Address 555 Capitol Mall, Suite 510	Mailing Address 555 Capitol Mall, Suite 510				
City Sacramento	State	Zip Code 95814			
Outstanding Balance Beginning This Period			Transaction ID : PAYD770		
32.66					
Amount Incurred This Period 0.00	Payment This Period 0.00		Outstanding Balance at Close of This Period 32.66		
7 7	T One dite	0.00			
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	•		Transaction ID : PAYD796		
42.80	Do	umant This Davied	Outstanding Palance at Class of This Pariod		
Amount Incurred This Period 0.00	Га	yment This Period 0.00	Outstanding Balance at Close of This Period 42.80		
7 7	7	7			
1) SUBTOTALS This Period This Page (optional)		>	76.66		
2) TOTALS This Period (last page this line number	7 7 7				
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 17 OF FOR LINE NUMB (check only one)

BER:			
		9	
	¥	10	

NAME OF COMMITTEE (In Full) Protecting Choice in California, a projection	ect of Pla	nned Parenthood	Affiliates of California	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):	
Planned Parenthood Affiliates of California			Staff Time	
Mailing Address 555 Capitol Mall, Suite 510				
City Sacramento	State CA	Zip Code 95814		
Outstanding Balance Beginning This Period	1		Transaction ID : PAYD903	
272.46				
Amount Incurred This Period	Pav	ment This Period	Outstanding Balance at Close of This Period	
0.00	272.46		0.00	
	. Oue dite :	,		
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	State	Zip Code		
Sacramento	CA	95814		
Outstanding Balance Beginning This Period			Transaction ID : PAYD904	
160.00				
Amount Incurred This Period	Pay	ment 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 lin	e of Summa	ary Page (last page only) ▶	76.66	