

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period / / through / /

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

Type or Print Name of Treasurer Kathleen Cogan

Signature of Treasurer Kathleen Cogan [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2014"/>	<input type="text" value="105901.09"/>	<input type="text" value="105901.09"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="33292.96"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="25.90"/>	<input type="text" value="508091.98"/>
(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="33318.86"/>	<input type="text" value="613993.07"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="25026.46"/>	<input type="text" value="499799.58"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="8292.40"/>	<input type="text" value="8292.40"/>
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="750.00"/>	

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. 06/2004)

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).....	0.00	269887.14
(ii) Unitemized	0.00	435.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	270322.14
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	213480.55
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	483802.69
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).....	25.90	24289.29
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))..... ▶	25.90	508091.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	25.90	508091.98

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	9842.34	270040.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	9842.34	270040.24
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)	3410.18	157251.19
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	11773.94	72508.15
30. Federal Election Activity (2 U.S.C. §431(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)) ..	25026.46	499799.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25026.46	499799.58

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	0.00	483802.69
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	483802.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	9842.34	270040.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	25.90	24289.29
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9816.44	245750.95

**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 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Planned Parenthood Affiliates of California
 Mailing Address 555 Capitol Mall, Suite 510
 City State Zip Code
 Sacramento CA 95814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 261347.29

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 26 / 2014
Transaction ID : INCA641
 Amount of Each Receipt this Period
 9.79
 Refund of overpayment

Full Name (Last, First, Middle Initial)
B. Planned Parenthood Affiliates of California
 Mailing Address 555 Capitol Mall, Suite 510
 City State Zip Code
 Sacramento CA 95814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 261347.29

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 26 / 2014
Transaction ID : INCA642
 Amount of Each Receipt this Period
 16.11
 Refund of overpayment

Full Name (Last, First, Middle Initial)
C.
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	25.90
TOTAL This Period (last page this line number only).....▶	25.90

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Lake Research Partners, Inc.

Mailing Address 1726 M Street, NW, Suite 100

City Washington State DC Zip Code 20036

Purpose of Disbursement
Polling Non Federal Expense

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : EXPB612

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Lake Research Partners, Inc.

Mailing Address 1726 M Street, NW, Suite 100

City Washington State DC Zip Code 20036

Purpose of Disbursement
Polling Non Federal Expense

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : EXPB613

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Lake Research Partners, Inc.

Mailing Address 1726 M Street, NW, Suite 100

City Washington State DC Zip Code 20036

Purpose of Disbursement
Polling; Costs to be reimbursed by PP Action Fund Pacific Southwest. Non
~~Federal Expense~~
Candidate Name

Category/
Type

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

Date of Disbursement

/ /

Transaction ID : EXPB617

Amount of Each Disbursement this Period

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"/> 24	<input type="checkbox"/> 25	<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. Lake Research Partners, Inc.

Mailing Address 1726 M Street, NW, Suite 100

City Washington State DC Zip Code 20036

Purpose of Disbursement
Research Group Travel Expenses Non Federal Expense

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB626

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Lake Research Partners, Inc.

Mailing Address 1726 M Street, NW, Suite 100

City Washington State DC Zip Code 20036

Purpose of Disbursement
Research Group Travel Expenses Non Federal Expense

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB625

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Lake Research Partners, Inc.

Mailing Address 1726 M Street, NW, Suite 100

City Washington State DC Zip Code 20036

Purpose of Disbursement
Staff Time Non Federal Expense

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB667

Amount of Each Disbursement this Period

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"/> 24	<input type="checkbox"/> 25	<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. Lake Research Partners, Inc.

Mailing Address 1726 M Street, NW, Suite 100

City Washington State DC Zip Code 20036

Purpose of Disbursement
Polling Non Federal Expense

005

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2014

Transaction ID : EXPB665

Amount of Each Disbursement this Period

2429.75

Full Name (Last, First, Middle Initial)

B. Lake Research Partners, Inc.

Mailing Address 1726 M Street, NW, Suite 100

City Washington State DC Zip Code 20036

Purpose of Disbursement
Research Group Travel Expenses Non Federal Expense

005

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2014

Transaction ID : EXPB666

Amount of Each Disbursement this Period

119.44

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; 11/5 - 11/15 Non Federal Expense

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 26 / 2014

Transaction ID : EXPB604

Amount of Each Disbursement this Period

51.16

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

2420.35

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"/> 24	<input type="checkbox"/> 25	<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
Supplies Non Federal Expense

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2014

Transaction ID : EXPB672

Amount of Each Disbursement this Period

105.26

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
Voter Outreach Expense Non Federal Expense

003

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 23 / 2014

Transaction ID : EXPB670

Amount of Each Disbursement this Period

176.89

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
Supplies Non Federal Expense

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 30 / 2014

Transaction ID : EXPB662

Amount of Each Disbursement this Period

32.14

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

314.29

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"/> 24	<input type="checkbox"/> 25	<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. Political Data, Inc.

Mailing Address P.O. Box 59570

City Norwalk State CA Zip Code 90652

Purpose of Disbursement
Data File Non Federal Expense

005

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			30			2014			

Transaction ID : EXPB671

Amount of Each Disbursement this Period

1391.69

Full Name (Last, First, Middle Initial)

B. Wagaman Strategies

Mailing Address 886 Metal Lane

City West Sacramento State CA Zip Code 95691

Purpose of Disbursement
Consulting for Phone Banks Non Federal Expense

003

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			23			2014			

Transaction ID : EXPB657

Amount of Each Disbursement this Period

93.75

Full Name (Last, First, Middle Initial)

C. Wagaman Strategies

Mailing Address 886 Metal Lane

City West Sacramento State CA Zip Code 95691

Purpose of Disbursement
Consulting for Field Program Activities Non Federal Expense

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			23			2014			

Transaction ID : EXPB668

Amount of Each Disbursement this Period

125.00

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

1610.44

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Wagaman Strategies

Mailing Address 886 Metal Lane

City West Sacramento State CA Zip Code 95691

Purpose of Disbursement
Consulting for Field Program Activities Non Federal Expense

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB669

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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"/> 24	<input type="checkbox"/> 25	<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. Lake Research Partners, Inc.

Mailing Address 1726 M Street, NW, Suite 100

City Washington State DC Zip Code 20036

Purpose of Disbursement Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C00011412)
Candidate Name

012

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 26 / 2014

Transaction ID : EXPB611

Amount of Each Disbursement this Period

654.50

Full Name (Last, First, Middle Initial)

B. Lake Research Partners, Inc.

Mailing Address 1726 M Street, NW, Suite 100

City Washington State DC Zip Code 20036

Purpose of Disbursement Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C00011412)
Candidate Name

012

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2014

Transaction ID : EXPB624

Amount of Each Disbursement this Period

119.44

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Pacific Southwest Action Fund

Mailing Address 1075 Camino Del Rio South

City San Diego State CA Zip Code 92108

Purpose of Disbursement Contribution for Federal Independent Expenditures; See PPAFWSW (ID #C00011412)
Candidate Name

012

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2014

Transaction ID : EXPB598

Amount of Each Disbursement this Period

10000.00

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

10773.94

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"/> 24	<input type="checkbox"/> 25	<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. Wagaman Strategies

Mailing Address 886 Metal Lane

City State Zip Code
West Sacramento CA 95691

Purpose of Disbursement
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C00011412)
Candidate Name

012

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 23 / 2014

Transaction ID : EXPB656

Amount of Each Disbursement this Period

375.00

Full Name (Last, First, Middle Initial)

B. Wagaman Strategies

Mailing Address 886 Metal Lane

City State Zip Code
West Sacramento CA 95691

Purpose of Disbursement
Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID #C0007311)
Candidate Name

012

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 23 / 2014

Transaction ID : EXPB655

Amount of Each Disbursement this Period

218.75

Full Name (Last, First, Middle Initial)

C. Wagaman Strategies

Mailing Address 886 Metal Lane

City State Zip Code
West Sacramento CA 95691

Purpose of Disbursement
Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID #C0007311)
Candidate Name

012

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 23 / 2014

Transaction ID : EXPB647

Amount of Each Disbursement this Period

156.25

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

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

750.00

**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"/> 24	<input type="checkbox"/> 25	<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. Wagaman Strategies

Mailing Address 886 Metal Lane

City West Sacramento State CA Zip Code 95691

Purpose of Disbursement Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C00011412)
Candidate Name

012
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 23 / 2014

Transaction ID : EXPB649

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

250.00

11773.94

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 33
	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 GSI Connect		Nature of Debt (Purpose): Robocalls; 10/16 - 10/31
Mailing Address 360 North Sepulveda Blvd. Suite 1055		
City State El Segundo CA	Zip Code 90245	

Outstanding Balance Beginning This Period <input type="text" value="294.24"/>		Transaction ID : PAYD678	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="294.24"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lake Research Partners, Inc.		Nature of Debt (Purpose): Polling; 9/1-9/30
Mailing Address 1726 M Street, NW, Suite 100		
City State Washington DC	Zip Code 20036	

Outstanding Balance Beginning This Period <input type="text" value="1533.75"/>		Transaction ID : PAYD108	
Amount Incurred This Period <input type="text" value="-572.50"/>	Payment This Period <input type="text" value="961.25"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lake Research Partners, Inc.		Nature of Debt (Purpose): Polling; 9/1-9/30
Mailing Address 1726 M Street, NW, Suite 100		
City State Washington DC	Zip Code 20036	

Outstanding Balance Beginning This Period <input type="text" value="1533.75"/>		Transaction ID : PAYD122	
Amount Incurred This Period <input type="text" value="-572.50"/>	Payment This Period <input type="text" value="961.25"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
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 33
	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 Lake Research Partners, Inc.	Nature of Debt (Purpose): Polling; Costs to be reimbursed by PP Action Fund Pacific Southwest. Non Federal Expense
Mailing Address 1726 M Street, NW, Suite 100	
City State Zip Code Washington DC 20036	

Outstanding Balance Beginning This Period 6135.00	Transaction ID : PAYD257	
Amount Incurred This Period -2290.00	Payment This Period 3845.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California	Nature of Debt (Purpose): Field Expenses for Canvassing Activities; 9/1-9/30
Mailing Address 555 Capitol Mall, Suite 510	
City State Zip Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 299.84	Transaction ID : PAYD118	
Amount Incurred This Period 0.00	Payment This Period 299.84	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California	Nature of Debt (Purpose): Field Expenses for Canvassing Activities; 9/1-9/30
Mailing Address 555 Capitol Mall, Suite 510	
City State Zip Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 299.85	Transaction ID : PAYD125	
Amount Incurred This Period 0.00	Payment This Period 299.85	Outstanding Balance at Close of This Period 0.00

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 33
	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): Supplies; 11/1 - 11/4
Mailing Address 555 Capitol Mall, Suite 510	
City State Zip Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 250.00	Transaction ID : PAYD449	
Amount Incurred This Period 0.00	Payment This Period 250.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California	Nature of Debt (Purpose): Staff Time; 11/5 - 11/15 Non Federal Expense
Mailing Address 555 Capitol Mall, Suite 510	
City State Zip Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 51.16	Transaction ID : PAYD603	
Amount Incurred This Period 0.00	Payment This Period 51.16	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wagaman Strategies	Nature of Debt (Purpose): Consulting for Field Program; 10/1 - 10/15
Mailing Address 886 Metal Lane	
City State Zip Code West Sacramento CA 95691	

Outstanding Balance Beginning This Period 62.50	Transaction ID : PAYD375	
Amount Incurred This Period 0.00	Payment This Period 62.50	Outstanding Balance at Close of This Period 0.00

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 33
	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 Wagaman Strategies	Nature of Debt (Purpose): Consulting for Field Program; 10/1 - 10/15
Mailing Address 886 Metal Lane	
City State Zip Code West Sacramento CA 95691	

Outstanding Balance Beginning This Period <input type="text" value="62.50"/>	Transaction ID : PAYD376	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="62.50"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wagaman Strategies	Nature of Debt (Purpose): Campaign Consulting for Field Program; 10/16 - 10/31
Mailing Address 886 Metal Lane	
City State Zip Code West Sacramento CA 95691	

Outstanding Balance Beginning This Period <input type="text" value="46.87"/>	Transaction ID : PAYD419	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="46.87"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wagaman Strategies	Nature of Debt (Purpose): Campaign Consulting for Field Program; 10/16 - 10/31
Mailing Address 886 Metal Lane	
City State Zip Code West Sacramento CA 95691	

Outstanding Balance Beginning This Period <input type="text" value="46.88"/>	Transaction ID : PAYD422	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="46.88"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
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 20 OF 33
	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 Wagaman Strategies	Nature of Debt (Purpose): Campaign Consulting for Canvassing Activities; 11/1 - 11/4
Mailing Address 886 Metal Lane	
City State Zip Code West Sacramento CA 95691	

Outstanding Balance Beginning This Period 125.00	Transaction ID : PAYD492	
Amount Incurred This Period 0.00	Payment This Period 125.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wagaman Strategies	Nature of Debt (Purpose): Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID #C90007311)
Mailing Address 886 Metal Lane	
City State Zip Code West Sacramento CA 95691	

Outstanding Balance Beginning This Period 156.25	Transaction ID : PAYD591	
Amount Incurred This Period 0.00	Payment This Period 156.25	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wagaman Strategies	Nature of Debt (Purpose): Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C90011412)
Mailing Address 886 Metal Lane	
City State Zip Code West Sacramento CA 95691	

Outstanding Balance Beginning This Period 250.00	Transaction ID : PAYD592	
Amount Incurred This Period 0.00	Payment This Period 250.00	Outstanding Balance at Close of This Period 0.00

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 21 OF 33
	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 James Wisley	Nature of Debt (Purpose): Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C90011412)
Mailing Address 1570 Prospect Avenue	
City State Zip Code Hermosa Beach CA 90254	

Outstanding Balance Beginning This Period 250.00	Transaction ID : PAYD593	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor James Wisley	Nature of Debt (Purpose): Campaign Consulting for Robocalls; 10/16 - 10/31
Mailing Address 1570 Prospect Avenue	
City State Zip Code Hermosa Beach CA 90254	

Outstanding Balance Beginning This Period 250.00	Transaction ID : PAYD420	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor James Wisley	Nature of Debt (Purpose): Campaign Consulting for Canvassing Activities; 11/1 - 11/4
Mailing Address 1570 Prospect Avenue	
City State Zip Code Hermosa Beach CA 90254	

Outstanding Balance Beginning This Period 83.75	Transaction ID : PAYD491	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 83.75

1) SUBTOTALS This Period This Page (optional)..... ▶	583.75
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 22 OF 33
	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 James Wisley	Nature of Debt (Purpose): Campaign Consulting for GOTV Activities; 11/1 - 11/4
Mailing Address 1570 Prospect Avenue	
City State Zip Code Hermosa Beach CA 90254	

Outstanding Balance Beginning This Period 83.75	Transaction ID : PAYD627	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 83.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor James Wisley	Nature of Debt (Purpose): Campaign Consulting for GOTV Activities; 11/1 - 11/4
Mailing Address 1570 Prospect Avenue	
City State Zip Code Hermosa Beach CA 90254	

Outstanding Balance Beginning This Period 82.50	Transaction ID : PAYD628	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 82.50

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)..... ▶	166.25
2) TOTALS This Period (last page this line number only)..... ▶	750.00
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) ▶	750.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER C C00556860
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee GSI Connect		Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 360 North Sepulveda Blvd. Suite 1055		Amount 294.24	
City El Segundo	State CA	Zip Code 90245	Transaction ID : PDTE84
Purpose of Expenditure Robocalls	Category/ Type 24E	Date of Disbursement or Obligation 12 / 09 / 2014	
Name of Federal Candidate Lois Capps		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 627.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lake Research Partners, Inc.		Date of Public Distribution/Dissemination 09 / 01 / 2014	
Mailing Address 1726 M Street, NW, Suite 100		Amount 961.25	
City Washington	State DC	Zip Code 20036	Transaction ID : PDTE13
Purpose of Expenditure Polling; 9/1-9/30	Category/ Type 24E	Date of Disbursement or Obligation 11 / 26 / 2014	
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 157426.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1255.49
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan [Electronically Filed] Date **01 / 27 / 2015**

Signature

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

Form/Schedule: SE

Transaction ID : PDTE84

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE

Transaction ID: PDTE13

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Protecting Choice in California, a project of Planned Parenthood
Affiliates of California
FEC IDENTIFICATION NUMBER
C C00556860
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Lake Research Partners, Inc.
Mailing Address
1726 M Street, NW, Suite 100
City
Washington State
DC Zip Code
20036
Purpose of Expenditure
Polling; 9/1-9/30 Category/
Type
24A

Date of Public Distribution/Dissemination
09 / 01 / 2014
Amount
961.25
Transaction ID : PDTE24
Date of Disbursement or Obligation
11 / 26 / 2014

Name of Federal Candidate
Jeff Gorell
Support
Oppose
Office Sought:
House District: 26
President Senate State: CA

Disbursement For:
Primary General
2014 Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
157426.00

Full Name of Payee
Planned Parenthood Affiliates of California
Mailing Address
555 Capitol Mall, Suite 510
City
Sacramento State
CA Zip Code
95814
Purpose of Expenditure
Supplies for Field Office; 9/1-9/30 Category/
Type
24E

Date of Public Distribution/Dissemination
09 / 01 / 2014
Amount
299.84
Transaction ID : PDTE20
Date of Disbursement or Obligation
11 / 26 / 2014

Name of Federal Candidate
Julia Brownley
Support
Oppose
Office Sought:
House District: 26
President Senate State: CA

Disbursement For:
Primary General
2014 Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
157426.00

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures 1261.09. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (c) TOTAL Independent Expenditures.

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Kathleen Cogan [Electronically Filed] Date 01 / 27 / 2015

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

Form/Schedule: SE

Transaction ID : PDTE24

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE

Transaction ID: PDTE20

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00556860 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2014 </div>						
Mailing Address 555 Capitol Mall, Suite 510	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 299.85 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Sacramento</td> <td>CA</td> <td>95814</td> </tr> </table>	City	State	Zip Code	Sacramento	CA	95814	Transaction ID : PDTE27 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 26 / 2014 </div>
City	State	Zip Code					
Sacramento	CA	95814					
Purpose of Expenditure Supplies for Field Office; 9/1-9/30	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">24A</div>						
Name of Federal Candidate Jeff Gorell	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 157426.00 </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2014 </div>						
Mailing Address 555 Capitol Mall, Suite 510	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 250.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Sacramento</td> <td>CA</td> <td>95814</td> </tr> </table>	City	State	Zip Code	Sacramento	CA	95814	Transaction ID : PDTE78 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 30 / 2014 </div>
City	State	Zip Code					
Sacramento	CA	95814					
Purpose of Expenditure Supplies; 11/1 - 11/4	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">24E</div>						
Name of Federal Candidate Julia Brownley	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 157426.00 </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____							

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 549.85 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

 Signature

[Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
01 / 27 / 2015

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

Form/Schedule: SE

Transaction ID : PDTE27

Payment for independent expenditure disseminated in prior period

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Protecting Choice in California, a project of Planned Parenthood
Affiliates of California
FEC IDENTIFICATION NUMBER
C C00556860
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Wagaman Strategies
Mailing Address
886 Metal Lane
City
West Sacramento State
CA Zip Code
95691

Date of Public Distribution/Dissemination
10 / 01 / 2014
Amount
62.50
Transaction ID : PDTE55
Date of Disbursement or Obligation

Purpose of Expenditure
Consulting for Field Program; 10/1 - 10/15
Category/Type
24A

12 / 23 / 2014

Name of Federal Candidate
Jeff Gorell
Support
Oppose

Office Sought:
House District: 26
State: CA

Calendar Year-To-Date
Per Election for Office Sought
157426.00

Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Wagaman Strategies
Mailing Address
886 Metal Lane
City
West Sacramento State
CA Zip Code
95691

Date of Public Distribution/Dissemination
10 / 01 / 2014
Amount
62.50
Transaction ID : PDTE56
Date of Disbursement or Obligation

Purpose of Expenditure
Consulting for Field Program; 10/1 - 10/15
Category/Type
24E

12 / 23 / 2014

Name of Federal Candidate
Julia Brownley
Support
Oppose

Office Sought:
House District: 26
State: CA

Calendar Year-To-Date
Per Election for Office Sought
157426.00

Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 125.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan
[Electronically Filed]
Date 01 / 27 / 2015
Signature

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

Form/Schedule: SE

Transaction ID : PDTE55

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE

Transaction ID: PDTE56

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Protecting Choice in California, a project of Planned Parenthood
Affiliates of California
FEC IDENTIFICATION NUMBER
C C00556860
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Wagaman Strategies
Mailing Address: 886 Metal Lane
City: West Sacramento, State: CA, Zip Code: 95691
Purpose of Expenditure: Campaign Consulting; 10/16 - 10/31
Category/Type: 24A
Date of Public Distribution/Dissemination: 10/16/2014
Amount: 46.87
Transaction ID: PDTE67
Date of Disbursement or Obligation: 12/23/2014
Name of Federal Candidate: Jeff Gorell
Support: [], Oppose: [X]
Office Sought: House [X], Senate [], President []
District: 26, State: CA
Calendar Year-To-Date Per Election for Office Sought: 157426.00
Disbursement For: Primary [], General [X], Other []

Full Name of Payee: Wagaman Strategies
Mailing Address: 886 Metal Lane
City: West Sacramento, State: CA, Zip Code: 95691
Purpose of Expenditure: Campaign Consulting; 10/16 - 10/31
Category/Type: 24E
Date of Public Distribution/Dissemination: 10/16/2014
Amount: 46.88
Transaction ID: PDTE68
Date of Disbursement or Obligation: 12/23/2014
Name of Federal Candidate: Julia Brownley
Support: [X], Oppose: []
Office Sought: House [X], Senate [], President []
District: 26, State: CA
Calendar Year-To-Date Per Election for Office Sought: 157426.00
Disbursement For: Primary [], General [X], Other []

(a) SUBTOTAL of Itemized Independent Expenditures..... 93.75
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Kathleen Cogan
[Electronically Filed]
Date: 01/27/2015
Signature

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

Form/Schedule: SE

Transaction ID : PDTE67

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE

Transaction ID: PDTE68

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER C C00556860
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Wagaman Strategies		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 886 Metal Lane		Amount <input type="text"/>
City West Sacramento	State CA	Zip Code 95691
Purpose of Expenditure Campaign Consulting for Canvassing Activities; 11/1 - 11/4		Transaction ID : PDTE79
Category/Type 24E		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate Julia Brownley	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		<input type="text"/>

Full Name of Payee		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address		Amount <input type="text"/>
City	State	Zip Code
Purpose of Expenditure		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Category/Type <input type="text"/>		
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
		<input type="text"/>

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text"/>	125.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<input type="text"/>	
(c) TOTAL Independent Expenditures..... ▶	<input type="text"/>	3410.18

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan [Electronically Filed] Date / /

Signature