| Image# 201911229166076627                                    |  |   |                         | 11/22/2019 19 : 18                    |
|--|--|---|-------------------------|---------------------------------------|
| FEC  | STATEMENT O  |   |                         | PAGE 1 / 5                            |
| FORM 1   | ORGANIZATIO  | N   |                         |                                       |
|  |  |   | Office                  | Jse Only                              |
| 1. NAME OF<br>COMMITTEE (in full)                            | (Check if name Exampl<br>is changed) over the                                  | e:If typing, type<br>e lines.   | 12FE4M5                 |                                       |
| Protecting Choice in   | California, a project of P   | lanned Paren  | thood Affiliate         | s of California                       |
|  |  |   |                         |                                       |
|  | 555 Capitol Mall, Suite 400  |   |                         |                                       |
| ADDRESS (number and street)                                  |  |   |                         |                                       |
| <ul> <li>(Check if address<br/>is changed)</li> </ul>        |  |   |                         |                                       |
| <b>3</b> <i>,</i>  | Sacramento   | 1   | CA 95814                | -                                     |
|  |  |   |                         | ZIP CODE                              |
| COMMITTEE'S E-MAIL ADDRE                                     | SS   |   |                         |                                       |
| (Check if address  | info@olsonhagel.com  |   |                         |                                       |
| is changed)  |  |   |                         |                                       |
|  | Optional Second E-Mail Address   |   |                         | 1                                     |
|  |  |   |                         |                                       |
| COMMITTEE'S WEB PAGE ADD<br>(Check if address<br>is changed) | DRESS (URL)  |   |                         | · · · · · · · · · · · · · · · · · · · |
| 2. DATE 11 / 22  | D / Y Y Y Y<br>2019  |   |                         |                                       |
| 3. FEC IDENTIFICATION NU                                     | JMBER ► C C00556860  |   |                         |                                       |
| 4. IS THIS STATEMENT   | NEW (N) OR   | AMENDED (A)   |                         |                                       |
| I certify that I have examined th                            | is Statement and to the best of my know  | vledge and belief it is   | s true, correct and cor | nplete.                               |
| Type or Print Name of Treasure                               | r Ragsac, Nikki, , ,   |   |                         |                                       |
|  |  |   |                         |                                       |
| Signature of Treasurer                                       | ic, Nikki, , , [El   | ectronically Filed]   | Date 11                 | 13 / Y Y Y Y<br>2019                  |
| NOTE: Submission of false, errone                            | eous, or incomplete information may subject<br>ANY CHANGE IN INFORMATION SHOUL |   |                         | alties of 2 U.S.C. §437g.             |
| Office<br>Use<br>Only  | Fee<br>Tol   | further information cor<br>leral Election Commission<br>Free 800-424-9530<br>cal 202-694-1100 | , FC                    | C FORM 1<br>evised 06/2012)           |

| FEC For                       | rm 1 (Revised 02/2009) Page 2  |      |
|-------------------------------|--|------|
| TYPE OF C                     |  |      |
| Candidate                     | e Committee:   |      |
| (a)                           | This committee is a principal campaign committee. (Complete the candidate information below.)  |      |
| (b)                           | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidat information below.)   | e    |
| Name of<br>Candidate          |  |      |
| Candidate<br>Party Affiliatio | on Office State Sought: House Senate President   | CA   |
| <b>,</b>                      | District   |      |
| (c)                           | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |      |
| Name of<br>Candidate          |  |      |
| Party Com                     |  |      |
| (d)                           | This committee is a(National, State<br>or subordinate) committee of the(Democratic,<br>Republican, etc.)   | Par  |
| Political A                   | ction Committee (PAC):   |      |
| (e)                           | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization  | n is |
|                               | Corporation Corporation w/o Capital Stock Labor Organizat  | ion  |
|                               | Membership Organization Trade Association Cooperative  |      |
|                               | In addition, this committee is a Lobbyist/Registrant PAC.  |      |
| (f) <b>x</b>                  | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or committee. (i.e., nonconnected committee)  | par  |
|                               | In addition, this committee is a Lobbyist/Registrant PAC.  |      |
|                               | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |      |
| Joint Fund                    | Iraising Representative:   |      |
| (g)                           | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. |      |
| (h)                           | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.         |      |
| Com                           | mittees Participating in Joint Fundraiser  |      |
| 1.                            | FEC ID number  |      |
| 2.                            | FEC ID number  |      |
| 3.                            | FEC ID number  |      |
| 4.                            | FEC ID number  |      |

I

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

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

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

| None                 |   |   |     |
|----------------------|---|---|-----|
|                      |   |   |     |
| Mailing Address      |   |   |     |
|                      |   |   |     |
|                      |   |   |     |
|                      | CITY  | STATE ZIP CODE                          |     |
| Relationship: Connec | cted Organization Affiliated Committee Joint Fundraisin | ing Representative Leadership PAC Spons | sor |

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Keys, Lace           | ∋y, , ,                                   |
|----------------------|---|
| Full Name            |   |
| Mailing Address      | 555 Capitol Mall, Suite 400               |
| Maining Address      |   |
|                      |   |
|                      | Sacramento         CA         95814       |
| Title or Position    | CITY STATE ZIP CODE                       |
| Custodian of Records | Telephone number     916     442     2952 |

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name<br>of Treasurer | Ragsac, Nikki, , ,                               |
|---------------------------|--|
| Mailing Address           | 555 Capitol Mall, Suite 510                      |
|                           |  |
|                           | Sacramento         CA         95814         -    |
|                           | CITY STATE ZIP CODE                              |
| Title or Position         | Image: Telephone number     916     446     5247 |

FEC Form 1 (Revised 02/2009)

| Full Name of<br>Designated<br>Agent | Wonnacott, | Jennifer, , , |         |         |      |     |  |  |  |    |      |     |    |    |    |     |        | 1  |    |     |    |     | 1 |    |    |    |  |
|-------------------------------------|------------|---------------|---------|---------|------|-----|--|--|--|----|------|-----|----|----|----|-----|--------|----|----|-----|----|-----|---|----|----|----|--|
| Mailing Address                     |            | 555 Capito    | I Mall, | , Suite | e 51 | 0   |  |  |  |    |      |     |    |    |    |     |        |    |    |     |    |     |   |    |    |    |  |
|                                     |            |               |         |         |      |     |  |  |  |    |      |     |    |    |    |     |        |    |    |     |    |     |   |    |    |    |  |
|                                     |            | Sacramen      | to      |         |      |     |  |  |  |    |      |     |    |    |    | C   | ;A<br> |    | [e | 581 | 14 |     |   |    |    |    |  |
|                                     |            |               |         |         | CI   | ITY |  |  |  |    |      |     |    |    | S  | STA | ΤE     |    |    |     |    | ZII |   | ЭE |    |    |  |
| Title or Position                   | urer       |               |         |         | 1 1  |     |  |  |  | Te | elep | oho | ne | nu | mb | er  |        | 91 | 6  |     |    | 44  | 6 |    | 52 | 47 |  |

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

| Wells                     | Fargo Bank       |       |          |
|---------------------------|------------------|-------|----------|
| Mailing Address           | 400 Capitol Mall |       |          |
|                           |                  |       |          |
|                           | Sacramento       |       | 95814    |
|                           | CITY             | STATE | ZIP CODE |
| Name of Bank, Depository, | etc.             |       |          |
|                           |                  |       |          |
| Mailing Address           |                  |       |          |
|                           |                  |       |          |
|                           |                  |       |          |
|                           | CITY             | STATE | ZIP CODE |

| Im  | age# 201911229166076631    |   |                        |                              |
|-----|----------------------------|---|------------------------|------------------------------|
|     | FEC Form 1S (Revised 02/20 | off Lines 5(g) or (h), 6, 8 and                   |                        | Page _5_ of 5                |
| 5(g | g)or(h). Joint Fundraising | Participant:                                      |                        |                              |
|     | 1.                         |   | FEC ID number          | C                            |
|     | 2.                         |   | FEC ID number          | C                            |
|     | 3.                         |   | FEC ID number          | С                            |
|     | 4.                         |   | FEC ID number          | С                            |
| 6.  | Name of Any Connected C    | Organization, Affiliated Committee, Joint Fundrai | ising Representative   | e, or Leadership PAC Sponsor |
|     |                            |   |                        |                              |
|     |                            |   |                        |                              |
|     | Mailing Address            |   |                        |                              |
|     |                            |   |                        |                              |
|     |                            |   |                        |                              |
|     | Relationship:              | CITY 🔺  | STATE 🔺                | ZIP CODE                     |
|     | Connected                  | Organization Affiliated Committee Joint F         | Fundraising Representa | ative Leadership PAC Sponsor |
| 8.  | Designated Agent: Identify | by name, address (phone number – optional)        |                        |                              |
|     | Full Name                  |   |                        |                              |
|     | Mailing Address            |   |                        |                              |
|     |                            |   |                        |                              |
|     |                            |   |                        |                              |
|     | TITLE OR POSITION          | CITY A  | STATE ▲                | ZIP CODE                     |
|     |                            | I I I I I I I I I I I Tele                        | ephone Number          |                              |

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

| Name of Bank, First Fo | oundation Bank                |         |          |
|------------------------|-------------------------------|---------|----------|
| Mailing Address        | 1601 Response Road, Suite 190 |         |          |
|                        |                               |         |          |
|                        | Sacramento                    |         | 95815    |
|                        | CITY A                        | STATE A | ZIP CODE |