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2014 FEB 12 PM 12: 12
FEC MAIL CENTER

Committee Name:

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

If registered, FEC ID:

Today's Date:

02/11/2014

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:
This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Kathy Kneer

Treasurer's Name:

Kathy Kneer, Treasurer

Lance H. Olson
Diane M. Fishburn
Deborah B. Caplan
Richard C. Miadich
Richard R. Kiros
Bruce J. Hagel
of counsel
M. Eugene Hill
Christopher W. Waddell
Lacey E. Keys
Matthew K. Eddy
Emily A. Andrews
M. Maria Vella
Benjamin C. Lee

555 Capitol Mall, Suite 1425 Sacramento, CA 95814-4602
Telephone: (916) 442-2952 Facsimile: (916) 442-1280 www.olsonhagel.com

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

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

ADDRESS (number and street) 555 Capitol Mall, Suite 1425

☐ (Check if address is changed)

Sacramento | CA | 95814 -

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

info@olsonhagel.com

☐ (Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE MM 02 / DD 11 / YYYY 2014

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

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

Type or Print Name of Treasurer KATHY KNEER

Signature of Treasurer Kathy Kneer Date MM 02 / DD 11 / YYYY 2014

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

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5. TYPE OF COMMITTEE

Candidate 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 candidate information below.)

Name of Candidate

Candidate Party Affiliation ☐ Office Sought: ☐ House ☐ Senate ☐ President State ☐ District ☐

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

(d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

(e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

☐ In addition, this committee is a Lobbyist/Registrant PAC.

(f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

☐ In addition, this committee is a Lobbyist/Registrant PAC.

☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising 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.

Committees Participating in Joint Fundraiser

1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

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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: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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

Full Name: Diane M. Fishburn

Mailing Address: 555 Capitol Mall, Suite 1425

Sacramento CA 95814

CITY STATE ZIP CODE

Title or Position: 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 of Treasurer: Kathy Kneer

Mailing Address: 555 Capitol Mall, Suite 510

Sacramento CA 95814

CITY STATE ZIP CODE

Title or Position: Treasurer

Telephone number: 916-446-5247

14031183650

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, Leadership PAC Sponsor or Joint Fundraising Representative**

Mailing Address

CITY STATE ZIP CODE

Relationship:

☐ Connected Organization ☐ Affiliated Committee ☐ Leadership PAC Sponsor ☐ Joint Fundraising Representative

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

Full Name

Mailing Address

CITY STATE ZIP CODE

Title or Position

Telephone number

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 of Treasurer

Mailing Address

CITY STATE ZIP CODE

Title or Position

Telephone number

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Full Name of Designated Agent: Kathleen Cogan

Mailing Address: 555 Capitol Mall, Suite 510

Sacramento (CITY) CA (STATE) 95814 - (ZIP CODE)

Title or Position: Assistant Treasurer

Telephone number: 916 - 446 - 5247

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 (CITY) CA (STATE) 95814 - (ZIP CODE)

Name of Bank, Depository, etc.:

Mailing Address:

CITY STATE ZIP CODE

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Full Name of Designated Agent: Kathy Kneer, Treasurer

Mailing Address: 555 Capitol Mall, Suite 510

Sacramento (CITY) CA (STATE) 95814 - (ZIP CODE)

Title or Position: POF

Telephone number: 916 - 446 - 5247

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.

Mailing Address

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

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NICK MARKLEY
(916)442-2952
OLSON, HAGEL, & FISHBURN
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SACRAMENTO CA 95814

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WASHINGTON DC 20463-0001

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Federal Election Commission
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The FEC added this page to the end of this filing to indicate how it was received.

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PREPARER	DATE PREPARED 2/12/14

(8/2013)

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