

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:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on / / in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) 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. Sandoval, Ana, , , Type or Print Name of Treasurer

Signature of Treasurer *Sandoval, Ana, , ,* [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2017"/>	<input type="text" value="46562.22"/>	<input type="text" value="46562.22"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="40874.50"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="103068.17"/>	<input type="text" value="127841.27"/>
(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="143942.67"/>	<input type="text" value="174403.49"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8067.93"/>	<input type="text" value="38528.75"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="135874.74"/>	<input type="text" value="135874.74"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="76.66"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2017

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	25033.99	25033.99
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	25033.99	25033.99
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	78034.18	102807.28
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	103068.17	127841.27
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	103068.17	127841.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	103068.17	127841.27

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	5267.93	30578.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5267.93	30578.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	2800.00	7950.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8067.93	38528.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8067.93	38528.75

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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	103068.17	127841.27
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	103068.17	127841.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5267.93	30578.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5267.93	30578.75

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Planned Parenthood Advocates Pasadena and San Gabriel Valley

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2333 North Lake Avenue, 2nd Floor

City Altadena	State CA	Zip Code 91001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4695.96

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 16 / 2017

Transaction ID : INCA950

Amount of Each Receipt this Period
 4695.96

Memo Item

B. Planned Parenthood Orange and San Bernadino Counties Community Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 700 South Tustin Avenue

City Orange	State CA	Zip Code 92866
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 20338.03

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2017

Transaction ID : INCA951

Amount of Each Receipt this Period
 20338.03

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	25033.99
TOTAL This Period (last page this line number only).....	25033.99

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 12
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. California Medical Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 J Street, Suite

City Sacramento	State CA	Zip Code 95814
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2017

Transaction ID : INCA941

Amount of Each Receipt this Period
5000.00

Memo Item

B. Planned Parenthood Action Fund of the Pacific Southwest PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1075 El Camino del Rio South

City San Diego	State CA	Zip Code 92108
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
37020.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : INCA945

Amount of Each Receipt this Period
22247.38

Memo Item

C. Planned Parenthood Advocacy Project Los Angeles County Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento	State CA	Zip Code 95814
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
34437.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

Transaction ID : INCA943

Amount of Each Receipt this Period
7300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	34547.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 12
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Planned Parenthood Advocacy Project Los Angeles County Action Fund

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

City Sacramento	State CA	Zip Code 95814
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 34437.04

Date of Receipt
 08 / 31 / 2017

Transaction ID : INCA944

Amount of Each Receipt this Period
 27137.04

Memo Item

B. Vote Planned Parenthood Northern CA, a project of Planned Parenthood No. CA Action Fund

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

City Sacramento	State CA	Zip Code 95814
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 16349.76

Date of Receipt
 09 / 15 / 2017

Transaction ID : INCA947

Amount of Each Receipt this Period
 7300.00

Memo Item

C. Vote Planned Parenthood Northern CA, a project of Planned Parenthood No. CA Action Fund

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

City Sacramento	State CA	Zip Code 95814
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 16349.76

Date of Receipt
 09 / 26 / 2017

Transaction ID : INCA948

Amount of Each Receipt this Period
 9049.76

Memo Item

SUBTOTAL of Receipts This Page (optional).....	43486.80
TOTAL This Period (last page this line number only).....	78034.18

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Fundraising Event - Non Federal

003
Category/
Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 18 / 2017

FEC Identification Number

C
Transaction ID : EXPB940
Amount of Each Disbursement this Period
200.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Staff Time - Non Federal

001
Category/
Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 09 / 2017

FEC Identification Number

C
Transaction ID : EXPB949
Amount of Each Disbursement this Period
346.50

Memo Item

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Salary - Non Federal

001
Category/
Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 06 / 2017

FEC Identification Number

C
Transaction ID : EXPB955
Amount of Each Disbursement this Period
4344.83

Memo Item

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

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

4891.33

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Salary - Non Federal

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB956

Amount of Each Disbursement this Period

Memo Item

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

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. California Democratic Party

Mailing Address 1401 21st Street, Suite 200

City Sacramento State CA Zip Code 95811

Purpose of Disbursement
Contribution - Non Federal

011

Candidate Name

California Democratic Party

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 17 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB942

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. California Democratic Party

Mailing Address 1401 21st Street, Suite 200

City Sacramento State CA Zip Code 95811

Purpose of Disbursement
Contribution - Non Federal

011

Candidate Name

California Democratic Party

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB946

Amount of Each Disbursement this Period

[REDACTED] 300.00

Memo Item

Full Name (Last, First, Middle Initial)

C. California Democratic Party

Mailing Address 1401 21st Street, Suite 200

City Sacramento State CA Zip Code 95811

Purpose of Disbursement
Contribution - Non Federal

011

Candidate Name

California Democratic Party

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB957

Amount of Each Disbursement this Period

[REDACTED] 1500.00

Memo Item

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

[REDACTED] 2300.00

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

[REDACTED] 2300.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 12
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California			Nature of Debt (Purpose): Staff Time & Website for Voter Guide; 5/19/16 - 6/30/16
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period 1.20	Transaction ID : PAYD769	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California			Nature of Debt (Purpose): Staff Time & Website for Voter Guide; 5/19/16 - 6/30/16
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period 32.66	Transaction ID : PAYD770	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 32.66

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California			Nature of Debt (Purpose): Website & Voter Guide Various Unitemized Candidates
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period 42.80	Transaction ID : PAYD796	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 42.80

1) SUBTOTALS This Period This Page (optional)..... ▶	76.66
2) TOTALS This Period (last page this line number only)..... ▶	76.66
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	76.66