## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)			PAGE 1 OF 4 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Protecting Choice in Californ Affiliates of California	C C00556860	П			
Allilates of California				_	
Check if 24-hour report X 48-hour report New report Amends report filed on					
Full Name of Payee Planned Parenthood Affili	ates of California		Date of Public Distribution/Dissemination	1	
			07 22 Y 2014	Y	
Mailing Address 555 Capitol Mall, Suit	e 510		Amount		
City	State	Zip Code	6680.30	0	
Sacramento	CA	95814	Transaction ID : PDT.E.2  Date of Disbursement or Obligation		
Purpose of Expenditure Office Expenses for Field Program;7/1 reach \$10,000 no earlier than 8/8/14	- 7/31 (est). Expected to	Category/ Type 007	07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y	
Name of Federal Candidate		Support	Office Sought: X House District: 26	;	
Julia Brownley		Oppose	President Senate State: CA	<u>.                                    </u>	
Calendar Year-To-Date Per Election for Office Sought	, , , ,	28018.87	Disbursement For:  Primary	ral	
Full Name of Payee			Date of Public Distribution/Dissemination	n	
Planned Parenthood Affiliat	es of California		07 / 22 / 2014	Υ	
Mailing Address 555 Capitol Mall, S	uite 510		Amount		
O'th.	Chair	7in Cada	4250.00	$\neg$	
City Sacramento	State CA	Zip Code 95814	4359.36 Transaction ID : PDT.E.3	_	
Purpose of Expenditure			Date of Disbursement or Obligation		
Staff Time for Field Program; 7/1 - 7/3 reach \$10,000 no earlier than 8/8/14.	1 (est.). Expected to	Category/ Type 007	07 22 7 2014		
Name of Federal Candidate		X Support	Office Sought:  House District: 26	3	
Julia Brownley		Oppose	President Senate State: CA	<u> </u>	
Calendar Year-To-Date Per Election for Office Sought		28018.87	Disbursement For:  Primary  Gene 2014  Other (specify) ▶	eral	
(a) SUBTOTAL of Itemized Independent	nt Expenditures		. ▶ 11039.66		
(b) SUBTOTAL of Unitemized Indepen	dent Expenditures		•		
(c) TOTAL Independent Expenditures					
. , , , , ,	, any candidate or authorized	•	not made in cooperation, consultation, or conce of either, or (if the reporting entity is not a politic		
Kathleen Cogan	[Electron	nically Filed] Date	8 08 08 2014		
Signature					

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 4 FOR SE OF FORM 24/48			
AME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood	FEC IDENTIFICATION NUMBER ▼			
Affiliates of California	C C00556860			
heck if 24-hour report X 48-hour report New report Amends report filed	I on M=M / D=D / Y=Y=Y			
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination  07			
Mailing Address 555 Capitol Mall, Suite 510	Amount			
City State Zip Code	1179.98			
Sacramento CA 95814	Transaction ID : PDT.E.4 Date of Disbursement or Obligation			
Purpose of Expenditure Travel for Field Program; 7/1 - 7/31 (estimate). Expected to reach \$10,000 no earlier than 8/8/14.  Category/ Type  007	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Offic	e Sought: X House District: 26			
Julia Brownley Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought  Disb. 28018.87	ursement For:			
Full Name of Payee	Date of Public Distribution/Dissemination			
Planned Parenthood Affiliates of California	07 22 7 2014			
Mailing Address 555 Capitol Mall, Suite 510	Amount			
City State Zip Code	1062.50			
Sacramento CA 95814	Transaction ID : PDT.E.5  Date of Disbursement or Obligation			
Purpose of Expenditure Consulting for Field Program; 7/1 - 7/31 (est.). Expected to reach \$10,000 no earlier than 8/8/14.  Category/ Type 007	07 / 22 / 2014			
Name of Federal Candidate Support Office	e Sought: X House District: 26			
Julia Brownley Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought  Disb 28018.87	ursement For: Primary			
(a) SUBTOTAL of Itemized Independent Expenditures	2242.48			
(A) OUDTOTAL (A)				
(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.				
	08			
- <del> </del>				

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

schedule E)	FOR SE OF FORM 24/48			
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Protecting Choice in California, a project of Planned Parenthood  Affiliates of California	C C00556860			
check if 24-hour report X 48-hour report New report Amends report filed o	n M = M / D = D / Y = Y = Y			
Full Name of Payee	Date of Public Distribution/Dissemination			
Planned Parenthood Affiliates of California	08 01 2014			
Mailing Address 555 Capitol Mall, Suite 510	Amount			
City State Zip Code	5075.94			
Sacramento CA 95814	Transaction ID : PDT.E.6 Date of Disbursement or Obligation			
Purpose of Expenditure Office Expenses for Field Program;8/1-8/31 (est). Expected to reach \$10,000 no earlier than 8/8/14.  Category/ Type 007	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Office 9	Sought: X House District: 26			
Julia Brownley Oppose F	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought  Disburs 28018.87  Disburs 2014	ement For: Primary X General  Other (specify) ▶			
Full Name of Payee	Date of Public Distribution/Dissemination			
Planned Parenthood Affiliates of California	08 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 555 Capitol Mall, Suite 510	Amount			
City State Zip Code	7160.79			
- Castallionio	ransaction ID : PDT.E.7 Date of Disbursement or Obligation			
Purpose of Expenditure Staff Time for Field Program; 8/1 - 8/31 (est.). Expected to reach \$10,000 no earlier than 8/8/14.  Category/ Type  007	08 / D D / Y Y Y Y Y Y			
Name of Federal Candidate Support Office	Sought: House District: 26			
Julia Brownley Oppose p	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought  Disburs 28018.87	sement For:			
(a) SUBTOTAL of Itemized Independent Expenditures	12236.73			
(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	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature				

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

schedule E)	FOR SE OF FORM 24/48			
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Protecting Choice in California, a project of Planned Parenthood	C C00556860			
Affiliates of California	C 00030000			
heck if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y			
Full Name of Payee	ate of Public Distribution/Dissemination			
Planned Parenthood Affiliates of California	08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 555 Capitol Mall, Suite 510				
Ar	mount			
City State Zip Code	1000.00			
	ransaction ID : PDT.E.8			
Purpose of Expenditure	ate of Disbursement or Obligation			
Travel for Field Program; 8/1 - 8/31 (estimate). Expected to reach \$10,000 no earlier than 8/8/14.	08 01 7 2014			
Name of Federal Candidate    Support   Office So	ought: X House District: 26			
Julia Brownley Oppose Pre	esident Senate State: <u>CA</u>			
Odichadi Todi To Bato	ment For: Primary X General			
Per Election for Office Sought 28018.87 2014	Other (specify) ▶			
	ate of Public Distribution/Dissemination			
Planned Parenthood Affiliates of California	08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 555 Capitol Mall, Suite 510	00 01 2014			
	mount			
City State Zip Code	1500.00			
Gaoramonto	ansaction ID : PDT.E.9			
Purpose of Expenditure	ate of Disbursement or Obligation			
reach \$10,000 no earlier than 8/8/14.	08 01 2014			
Name of Federal Candidate  Support  Office Sc	ought: X House District: 26			
Julia Brownley Oppose Pre	esident Senate State: CA			
2014	ment For: Primary X General			
Per Election for Office Sought 28018.87 2014	Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	2500.00			
(b) SUBTOTAL of Unitemized Independent Expenditures	1171171171			
(c) TOTAL Independent Expenditures	20240.07			
•	28018.87			
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 08	08 2014			
Signature				