PAGE 1 / 13

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Protecting Choice in C	alifornia, a project of	Planned Parenthood	Affiliates of California
ADDRESS (number and street)	555 Capitol Mall, Suite 400		
▼ Check if different			
than previously reported. (ACC)	Sacramento		CA 95814 -
2. FEC IDENTIFICATION N	UMBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00556860		IS THIS REPORT (N) (OR AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Report Due On:	b 20 (M2) May 20	(Non-Election Year Only)
	Ap	r 20 (M4) Jul 20 (M	
April 15 Quarterly Report (0	Q1) (c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
July 15 Quarterly Report (C	PPE Floation	Convention (12C)	Special (12S)
October 15 Quarterly Report (C	23)		
January 31 Year-End Report (Y	ΥE) Electi	on on	in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	·	on on	in the State of
5. Covering Period 07	7 01 / 2022		9 30 / 2022
I certify that I have examined th	nis Report and to the best o	f my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	Ragsac, Nikki, , , er		
Signature of Treasurer	sac, Nikki, , ,	[Electronically Filed]	Date 10 / 13 / 2022
NOTE: Submission of false, erron	eous, or incomplete information	on may subject the person sign	ing this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X
Only			Rev. 05/2016

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

07 01 2022 09 30 2022 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 126784.15 January 1. 2022 (b) Cash on Hand at 154457.49 Beginning of Reporting Period..... 37500.00 144250.00 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 271034.15 191957.49 6(a) and 6(c) for Column B)..... 15304.77 94381.43 Total Disbursements (from Line 31)...... 7. Cash on Hand at Close of 8. Reporting Period 176652.72 176652.72 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 569.15 Schedule C and/or Schedule D) 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. 05/2016)

Write or Type Committee Name

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

01 2022 09 30 2022 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 4500.00 4500.00 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized (iii) TOTAL (add 4500.00 4500.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 33000.00 129250.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 133750.00 37500.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 10500.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) (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))....... 37500.00 144250.00 20. Total Federal Receipts 37500.00 144250.00 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Caroniaa Tour to Buto				
(i) Federal Share	0.00	0.00				
(ii) Non-Federal Share	0.00	0.00				
(b) Other Federal Operating		1 1 1 1 1 1 1 1				
Expenditures(c) Total Operating Expenditures	3304.77	3304.77				
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	3304.77	3304.77				
Transfers to Affiliated/Other Party Committees	0.00	0.00				
Contributions to Federal Candidates/Committees	0.00	0.00				
and Other Political Committees	0.00	0.00				
Independent Expenditures (use Schedule E)	0.00	76.66				
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	200	4 4				
(use Schedule F)	0.00	0.00				
Loan Repayments Made	0.00	0.00				
Loans Made	0.00	0.00				
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	21000.00				
(d) Total Contribution Refunds		4 4				
(add Lines 28(a), (b), and (c))	0.00	21000.00				
Other Disbursements (Including						
Non-Federal Donations)	12000.00	70000.00				
Federal Election Activity (52 U.S.C. § 30101(2) (a) Allocated Federal Election Activity (from Schedule H6)	0))					
(i) Federal Share	0.00	0.00				
(ii) "Levin" Share	0.00	0.00				
(b) Federal Election Activity Paid Entirely With Federal Funds	200	000				
(c) Total Federal Election Activity (add	0.00	0.00				
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00				
Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	15304.77	94381.43				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii)						
from Line 31)	15304.77	94381.43				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	or dispursements	Page 5				
III. Net Contributions/ Operating Expenditures						
33. Total Contributions (other than loans) (from Line 11(d), page 3)	37500.00	133750.00				
34. Total Contribution Refunds (from Line 28(d))	0.00	21000.00				
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37500.00	112750.00				
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	3304.77	3304.77				
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00				
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3304.77	3304.77				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:					PAGE		6	OF	13	
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16	;	17

Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Planned Parenthood Northern California Action Fund Date of Receipt Mailing Address P.O. Box 1116 2022 City State Zip Code Transaction ID: IA1341 CA Concord 94522 Amount of Each Receipt this Period FEC ID number of contributing 4500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 4500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 4500.00 SUBTOTAL of Receipts This Page (optional)..... 4500.00 TOTAL This Period (last page this line number only).....

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: IA1341

Contribution received in error. See refund on Schedule B

Form/Schedule: Transaction ID:

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:						PAGE		8	OF	•	13
	(C	(check only one)										
			11a		11b	X	11c		12			
			13		14		15		16			17
not be sold or used by any person for the purpose of soliciting contributions												

Any information copied from such Reports and Statements may 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 of Individual (Last, First, Middle Initial) or Full Organization Name Planned Parenthood Action Fund of the Pacific Southwest PAC Date of Receipt Mailing Address 1075 El Camino del Rio South 2022 City State Zip Code Transaction ID: IA1342 CA San Diego 92108 Amount of Each Receipt this Period FEC ID number of contributing 7500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 24125.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Planned Parenthood Advocacy Project Los Angeles County Action Fund Date of Receipt Mailing Address 555 Capitol Mall, Suite 400 2022 City State Zip Code Transaction ID: IA1339 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing 6750.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 21625.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Planned Parenthood Advocates Pasadena and San Gabriel Valley PAC Date of Receipt Mailing Address 555 Capitol Mall, Suite 400 02 2022 City State Zip Code Transaction ID: IA1336 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing C 1875.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 1875.00 Other (specify) 16125.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

Image# 202210139532177822		
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 OF 13 (check only one) 11a 11b
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Protecting Choice in California, and St or for commercial purposes, other than using the	name and address of any political committee	to solicit contributions from such committee.
Full Name of Individual (Last, First, Middle Init A. Planned Parenthood Central Coast Actio Mailing Address 518 Garden Street City Santa Barbara	ial) or Full Organization Name	Date of Receipt Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation (for Individual) Aggregate Year-to-Date ▼ 4500.00	1500.00 Memo Item
B. Full Name of Individual (Last, First, Middle Init Planned Parenthood of Orange and San Bernard Mailing Address 555 Capitol Mall, Suite 400		Date of Receipt 07 21 2022

	City	State	Zip Code	Transaction ID : IA1347
	Santa Barbara	CA	93101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1500.00
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4500.00	
В.	Full Name of Individual (Last, First, Middle Init Planned Parenthood of Orange and San Bernar	Date of Receipt		
	Mailing Address 555 Capitol Mall, Suite 400	01-1-	7'- Oada	07 21 2022
	City Sacramento	State CA	Zip Code 95814	Transaction ID : IA1335 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		6000.00
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 20000.00	
С .	Full Name of Individual (Last, First, Middle Init We Vote - Nosotros Votamos - PF	Date of Receipt		
	Mailing Address 400 Capitol Mall, Suite 1545			08
	City Sacramento	State CA	Zip Code 95814	Transaction ID : IA1337 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		9375.00
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 32125.00	
s	SUBTOTAL of Receipts This Page (optional)		·····	16875.00
Т	OTAL This Period (last page this line number	only)		33000.00

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S	SCHEDULE B (FEC Form 3X) FOR LINE NUMBER:					PAGE 10 OF 13						
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	for commercial purposes, other than using the name											
	NAME OF COMMITTEE (In Full)											
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Purpose of Disbursement Staff Time for Non Federal Activity Candidate Name Category Category										.421		
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SC	CHEDULE B (FEC Form 3X)	EOD LINE				NF N	NUMBER: PAGE 11 OF 13								
	EMIZED DISBURSEMENTS		rate schedule(s)	1			nly one)								
		for each category of the Detailed Summary Page													
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	NAME OF COMMITTEE (In Full)														_
	Protecting Choice in California, a p	roject of	Planned Pa	arentl	hoc	d A	Affiliate	es (of Ca	alifo	ornia	ì			
$\overline{}$	Full Name (Last, First, Middle Initial)	_			Data of Dishura-mant										
A.	Planned Parenthood Affiliates of C	alifornia		Date of Disbursement 09 14 2022							Υ				
	Mailing Address 1201 K Street, Suite 710		I				09		<u> </u>	4	_) <u>ZZ</u>		
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SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 12 OF 13							
TEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only								
		Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b							
Any information copied from such Reports and Statem	onto mou n	et be seld or use			_						
or for commercial purposes, other than using the nam	e and addre	ess of any politica	al committee to	solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)					_						
Protecting Choice in California, a protection	roject of	Planned Pa	renthood A	Affiliates of California							
Full Name (Last, First, Middle Initial)					_						
A. Cohen for Controller 2022, Malia				Date of Disbursement							
				M M / D D / Y Y Y Y							
Mailing Address 248 3rd Street #437				09 29 2022							
City	state	Zip Code		FFC Identification Number	_						
Carriaria	CA	94607		FEC Identification Number							
Purpose of Disbursement Contribution to Non-Federal Committee			044								
Candidate Name			011	Transaction ID : EB1350							
Cohen for Controller 2022, Malia			Category/ Type	Amount of Each Disbursement this Period							
Office Sought: House Disbursem	nent For:		Турс	5000.00							
Senate	Primary	General		7 7							
	Other (spec	ify) ▼		Memo Item							
State: District:				ш	_						
Full Name (Last, First, Middle Initial)	S			Date of Disbursement							
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Mailing Address 515 South Figueroa Street, Suite 1				08 03 2022							
,	state	Zip Code		FEC Identification Number							
Los Angeles Purpose of Disbursement	CA	90071									
Contribution to Non-Federal Committee			011	C							
Candidate Name			Category/	Transaction ID: EB1338 Amount of Each Disbursement this Period							
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Full Name (Last, First, Middle Initial)					_						
C. Planned Parenthood Northern Calif	ornia Ac	tion Fund		Date of Disbursement							
				M M / D D / Y Y Y Y							
Mailing Address P.O. Box 1116				08 18 2022							
City	state	Zip Code			_						
Concord	CA	94522		FEC Identification Number							
Purpose of Disbursement Refund of contribution received in error		'									
			012	Transaction ID : EB1348							
Candidate Name			Category/	Amount of Each Disbursement this Period							
Office Sought: House Disbursem	ent For		Туре	4500.00							
	Primary	General		7 7 7							
President	Other (spec	ify) ▼		Memo Item							
State: District:				The first term							
				12000.00							
SUBTOTAL of Disbursements This Page (optional)			·····•	12000.00							
TOTAL This Period (last page this line number only).				12000.00							

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 13 OF
FOR LINE NUMBER:
(check only one)

ፈ:		
		9
	X	10

13

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 Nature of Debt (Purpose): Staff Time for Non-Federal Activity Planned Parenthood Affiliates of California Mailing Address 1201 K Street, Suite 710 State Zip Code Sacramento CA 95814 Transaction ID: PD1359 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 569.15 569.15 B. 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 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 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 569.15 1) SUBTOTALS This Period This Page (optional)..... 569.15 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 569.15 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶