

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation Planned Parenthood Central Coast Action Fund		3. FEC Identification Number C 90006701
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 518 Garden Street		
(c) City, State and ZIP Code Santa Barbara, CA 93101		
2. Occupation and Name of Employer (for Individual Filers Only)		

2016101703001078511

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report 24-Hour Report
 October 15 Quarterly Report 48-Hour Report
 January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on


5. COVERING PERIOD:

FROM	07	01	2016
THROUGH	09	30	2016

6. TOTAL CONTRIBUTIONS..... 156.11

7. TOTAL INDEPENDENT EXPENDITURES 52.21

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 any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Liara Goodman		10/13/2016

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

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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 FILER (In Full)
Planned Parenthood Central Coast Action Fund

A. Full Name (Last, First, Middle Initial) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		Date of Receipt
Mailing Address 555 Capitol Mall, Suite 1425		07 / 01 / 2016
City	State	Zip Code
Sacramento	CA	95814
FEC ID number of contributing federal political committee.	C C00556860	Amount of Each Receipt this Period
Name of Employer	Occupation	156.11

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	

D. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	

SUBTOTAL of Receipts This Page (optional)	156.11
TOTAL This Period (last page carry total to Line 6)	156.11

NON-PROFIT CORPORATION

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1 OF 1
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)
Planned Parenthood Central Coast Action Fund

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood Central Coast Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2016	
Mailing Address 518 Garden Street		Amount 15.62	
City Santa Barbara	State CA	Zip Code 93101	
Purpose of Expenditure Mobile Voter Guide, 7/1 - 11/8	Category/Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: CA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 312,70		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 16 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood Central Coast Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 25 / 2016	
Mailing Address 518 Garden Street		Amount 36.59	
City Santa Barbara	State CA	Zip Code 93101	
Purpose of Expenditure Endorsement Poster	Category/Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: CA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 312,70		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 16 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures	52.21
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	52.21
(carry total from last page forward to Line 7)	

20160808 10:00:00 AM

Via E-Mail

2019-10-17 09:00:10Z

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): *E-Mail* Date of Receipt or Postmarked
10/14/16

PREPARER
 (3/2015)

DATE PREPARED

20161017 09:00:00