Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Protecting Choice in California, a project of Planned Parenthood Affiliates of California 555 Capitol Mall, Suite 1425 ADDRESS (number and street) (Check if address is changed) Sacramento 95814 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@olsonhagel.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00556860 FEC IDENTIFICATION NUMBER 3. X 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. Rose OConnor Type or Print Name of Treasurer Rose OConnor [Electronically Filed] 13 2015 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

	FFC F 0	**** 1 (Paying 02/2000)	Page 2				
		rm 1 (Revised 02/2009) OMMITTEE	i aye z				
		ate 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 Cand	e of lidate						
	lidate ⁄ Affiliati	Office Sought: House Senate President	State				
(c)	П	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District				
Name	e of lidate						
		amitta a ·					
(d)		nmittee: (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected 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)	X	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.)					
Join	t Fund	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political				
	Com	Committees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

Write or Type Committee Nam	10		
D (() OI (
Protecting Choice	in California, a project of Planned Pa	renthood	Affiliates of California
. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising R	Representative,	or Leadership PAC Sponsor
None			
_		<u>. </u>	
Mailing Address			
			<u> </u>
	CITY	CTATE	71D CODE
_	CITY	STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundrais	sing Representa	tive Leadership PAC Sponsor
Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and po-	osition of the pe	erson in possession of committee
Lacey Ke	eys		
Full Name	,555 Capitol Mall, Suite 1425		
Mailing Address	555 Capitol Mail, Suite 1425		
	Sacramento	L CA	95814
Title or Position	CITY	STATE	ZIP CODE
Custodian of Records	Telephone	number 9	116 442 - 2952
Treasurer: List the name all any designated agent (e.g.,	nd address (phone number optional) of the treasurer of assistant treasurer).	the committee;	and the name and address of
Full Name Rose O'C	onnor	1 1 1 1 1	
Mailing Address	555 Capitol Mall, Suite 510		
Mailing Address	1		
	Sacramento	CA	95814
	CITY	STATE	ZIP CODE
Title or Position Treasurer		number	16 446 5247

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Full Name of Designated	Designated Ana Sandoval						
Agent	. SEE Conital Mail: Suite E40						
Mailing Address	555 Capitol Mall, Suite 510						
	Sacramento CA 95814						
Tin = ::	CITY STATE ZI	IP CODE					
Title or Position Assistant Treas	urer	16 <u>5247</u>					
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 CA 95814						
	CITY STATE Z	IP CODE					
Name of Bank, I	Depository, etc.						
	<u> </u>	<u> </u>					
Mailing Address							
	CITY STATE Z	IP CODE					