PAGE 1 / 14

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		norizea 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 NU	JMBER ▼ CIT	TY A	STATE ▲ ZIP CODE ▲
C C00556860		S THIS NEW (N) C	PR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 ((Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (I	(Non-Election Year Only)
April 15 Quarterly Report (Q		20 (M4) Jul 20 (M	7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q	PRF-Flection	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Y	Floatio	on on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	n (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on on	in the State of
5. Covering Period 01		through 06	30 2023
I certify that I have examined th		my knowledge and belief it i	s true, correct and complete.
Type or Print Name of Treasure	Ragsac, Nikki, , ,		
Signature of Treasurer	ac, Nikki, , ,	[Electronically Filed]	Date 07 / 25 / 2023
NOTE: Submission of false, errone	eous, or incomplete informatio	n may subject the person signi	ng this Report to the penalties of 52 U.S.C. § 30109
Office Use Only			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

01 2023 06 30 2023 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 105813.62 January 1. 2023 (b) Cash on Hand at 105813.62 Beginning of Reporting Period..... 36000.00 36000.00 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 141813.62 141813.62 6(a) and 6(c) for Column B)..... 48254.59 48254.59 7. Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 93559.03 93559.03 (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 0.00 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 2023 06 30 2023 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 0.00 0.00 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized (iii) TOTAL (add 0.00 0.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 36000.00 36000.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 36000.00 36000.00 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 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 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))....... 36000.00 36000.00 20. Total Federal Receipts 36000.00 36000.00 (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		
	Operating Expenditures:	Iotal IIIIs Fellou	Calendar Year-to-Date		
	(a) Allocated Federal/Non-Federal Activity (from Schedule H4)				
	(i) Federal Share	0.00	0.00		
			0.00		
	(ii) Non-Federal Share	0.00	0.00		
	(b) Other Federal Operating	1263.62	1263.62		
	Expenditures (c) Total Operating Expenditures	1203.02	1203.02		
	(add 21(a)(i), (a)(ii), and (b))▶	1263.62	1263.62		
	Transfers to Affiliated/Other Party	7 7			
	Committees	0.00	0.00		
	Contributions to Federal Candidates/Committees	7 7 7			
	and Other Political Committees	0.00	0.00		
	Independent Expenditures	100.07	400.07		
	(use Schedule E) Coordinated Party Expenditures	490.97	490.97		
	(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00		
	(355 551154615 1)	4 4	0.00		
	Loan Repayments Made	0.00	0.00		
	• •	4 4			
	Loans Made	0.00	0.00		
	Refunds of Contributions To: (a) Individuals/Persons Other		75 1 75 1 75		
	Than Political Committees	0.00	0.00		
	40 B W 1 B 1 B 1 B				
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees	0.00	0.00		
	(such as PACs)	0.00	0.00		
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00		
	(add Lines 20(a), (b), and (c))	0.00	0.00		
	Other Disbursements (Including				
	Non-Federal Donations)	46500.00	46500.00		
	,	4 4	4 4		
	Federal Election Activity (52 U.S.C. § 30101(2	0))			
	(a) Allocated Federal Election Activity				
	(from Schedule H6) (i) Federal Share	2.22			
	(i) i euciai Siiaic	0.00	0.00		
	(ii) "Levin" Share	0.00	0.00		
	(b) Federal Election Activity Paid	4	5.00		
	Entirely With Federal Funds	0.00	0.00		
	(c) Total Federal Election Activity (add	4 4			
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
	1	7 7			
	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	48254.59	48254.59		
	Total Fadaral Diahuraara	4 4	75 75 75		
	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)				
	110111 LITE 01)	48254.59	48254.59		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

1 20 1 0 m 0 t (1 to t : 0 t / 20 1 0)		1 490 0
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)	36000.00	36000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36000.00	36000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1263.62	1263.62
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1263.62	1263.62

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR LINE NUMBER: PAGE 6 OF 14						
Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)						
	11a 11b X	11c 12					
Dotailed Carrinary 1 age	13 14	15 16 17					
not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.							
of Planned Parenthood Affiliates of California							

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Full Name of Individual (Last, First, Middle Initial) or Full Organization Name We Vote - Nosotros Votamos - PPAMM Date of Receipt Mailing Address 400 Capitol Mall, Suite 1545 2023 City Zip Code State Transaction ID: IA1394 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing 9375.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 9375.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Planned Parenthood of Orange and San Bernardino Counties' Community Action Fund PAC Date of Receipt Mailing Address 801 East Katella Avenue 01 2023 City State Zip Code Transaction ID: IA1393 CA Anaheim 92805 Amount of Each Receipt this Period FEC ID number of contributing 6000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 6000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Planned Parenthood Advocacy Project Los Angeles County Action Fund Date of Receipt Mailing Address 555 Capitol Mall, Suite 400 2023 City Zip Code State Transaction ID: IA1395 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing C 6750.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 6750.00 Other (specify) 22125.00 SUBTOTAL of Receipts This Page (optional)..... 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: PAG						PAGE		7	OF	•	14
	(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 2023 City Zip Code State Transaction ID: IA1402 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 7500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Planned Parenthood Advocates Pasadena and San Gabriel Valley PAC Date of Receipt Mailing Address 555 Capitol Mall, Suite 400 2023 City State Zip Code Transaction ID: IA1404 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing 1875.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1875.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Vote Planned Parenthood Northern CA, a project of Planned Parenthood No. CA Action Fund Date of Receipt Mailing Address 555 Capitol Mall, Suite 400 24 2023 City Zip Code State Transaction ID: IA1406 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing C 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) 13875.00 SUBTOTAL of Receipts This Page (optional)..... 36000.00 TOTAL This Period (last page this line number only).....

S 17

Use separate schedule(s) for each category of the Detailed Summary Page Variable Va	SCHEDULE B (FEC Form 3X)			EOD LINE	PAGE 8 OF 14			
Description of the purpose of positive from such Reports and Statements may not be soid or used by any person for the purpose of solicting contributions of or commendate purposes, other than using the name and address of any polical committee to edical contributions from such Committee. NAME OF COMMITTEE (in Full)	•			1 -	NE NOMBEN.			
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 normalities. 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 1201 K Street, Suite 710 City Chy State See 120 806 120 808 1				1 ` —				
And of Consideration Disbursement Full Name (Last, First, Middle Initial) A Planned Parenthood Affiliates of California Full Name (Last, First, Middle Initial) A Planned Parenthood Affiliates of California Full Name (Last, First, Middle Initial) City State Code Sought: Full Name (Last, First, Middle Initial) City State Code Sought: Full Name (Last, First, Middle Initial) Disbursement For: State Code Sought: Full Name (Last, First, Middle Initial) B. Planned Parenthood Affiliates of California Mailing Address City State Code Sought: Full Name (Last, First, Middle Initial) B. Planned Parenthood Affiliates of California Mailing Address 1201 K Street, Suite 710 City State Code Sought: Full Name (Last, First, Middle Initial) B. Planned Parenthood Affiliates of California Mailing Address City State Code Sought: Full Name (Last, First, Middle Initial) City State Code Sought: Full Name (Last, First, Middle Initial) City State Code Sought: Full Name (Last, First, Middle Initial) City State Code Sought: Full Name (Last, First, Middle Initial) City State Code Sought: Full Name (Last, First, Middle Initial) City State Code Sought: Full Name (Last, First, Middle Initial) City State Code Sought: Full Name (Last, First, Middle Initial) City State Code Sought: Full Name (Last, First, Middle Initial) City State Code Sought: Full Name (Last, First, Middle Initial) City State Code Sought: Full Name (Last, First, Middle Initial) City State Code Sought: Full Name (Last, First, Middle Initial) City State Code Sought: Full Name (Last, First, Middle Initial) City State Code Sought: Mailing Address City Mailing Address Full Name Category Type Transaction Disti		Dotalled		28a	28b 28c 29 30b			
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 1201 K Street, Suite 710 City Sacrament Staff Time for Non-Federal Activity Candidate Name City Sacrament Primary General Office Sought: House Disbrict Full Name (Last, First, Middle Initial) B. Planned Parenthood Affiliates of California Date of Disbursement First Middle Initial Date of Disbursement First Middle Initial Date of Disbursement First Middle Initial Date of Disbursement Initial Full Name (Last, First, Middle Initial) Date of Disbursement Initial Date of Disbursement Initial Date of Disbursement Initial Date of Disbursement Initial Date of Disbursement Amount of Each Disbursement Staff Time for Non-Federal Activity Candidate Name City Sacramento Primary General District Full Name (Last, First, Middle Initial) Date of Disbursement Initial Date of Disbursement Initial Primary General District Full Name (Last, First, Middle Initial) Date of Disbursement Initial Date of Disbursement Initial Date of Disbursement Initial Transaction ID: EB1403 Amount of Each Disbursement Initial Mailing Address City Sacramento Primary General Date of Disbursement Initial Amount of Each Disbursement Initial Date of Disbursement Initial Date of Disbursement Initial Mailing Address City Sacramento Primary General Date of Disbursement Initial Date of Disbursement Initial Date of Disbursement Initial Date of Disbursement Initial Mailing Address Date of Disbursement Initial Date of Disbursement Initial Date of Disbursement Initial Mailing Address City Sacramento Primary General Date of Disbursement Initial Date of Disburs								
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 1201 K Street, Suite 710 City State Septial Purpose of Disbursement Candidate Name Office Sought: House President Other (specify) Senate President Other (specify) Category' Type Office Sought: House Senate President Other (specify) Condidate Name Office Sought: House Senate President Other (specify) Condidate Name Office Sought: House Senate President Other (specify) Office Sought: House President Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Amount of Each Disbursement this Period Office Sought: House President Other (specify) Office Sought: House President Other (specify) In Mailing Address City State: District: Senate Primary General Other (specify) Mailing Address City State: Mouse President Other (specify) Mamor (text Disbursement this Period Mailing Address City State: Mouse President Other (specify) Mamor (text Disbursement this Period Mailing Address City State: Mouse President Other (specify) Mamor (text Disbursement this Period Amount of Each Disbursement this Period Mamor (text Disbursement t	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	no and addi	less of any politic	ai committee to	Solicit Contributions from Such Confinities.			
A. Planned Parenthood Affiliates of California Mailing Address 1201 K Street, Suite 710 City State	1 \	roject of	f Planned Da	arenthood A	Affiliates of California			
A. Planned Parenthood Affiliates of California Mailing Address 1201 K Street, Suite 710 City State CA SS814 Priprose of Disbursement Stat Time for Non-Federal Activity Candidate Name Office Sough: House Disbursement For: Sanate Primary General Purpose of Disbursement Stat Time for Non-Federal Activity City State Zip Code Primary General President District: Senate Primary Cardidate Name Office Sough: House Disbursement For: Sanate Primary Candidate Name Cardidate Name Category Office Sough: House Disbursement For: Senate Primary Candidate Name Category Office Sough: House Disbursement For: Senate Primary Candidate Name Category Office Sough: House Disbursement For: Senate Primary Candidate Name Category District: Candidate Name Category Office Sough: House Disbursement For: Senate Primary Candidate Name Category Disbursement	/				Timates of Samorria			
City State	_				Data of Dishuraament			
Mailing Address 1201 K Street, Suite 710	A. Planned Parenthood Affiliates of C	alifornia						
Sacramento Purpose of Disbursement Staff Time for Non-Federal Activity Candidate Name Office Sought:	Mailing Address 1201 K Street, Suite 710							
Sacramento Purpose of Disbursement Statal Time for Non-Federal Activity Candidate Name Office Sought: House	City	State	Zip Code		FEC Identification Number			
State Time for Non-Federal Activity Candidate Name Office Sought: House Primary General Prim		CA	95814					
Candidate Name Category/ Type	•			001	C			
Office Sought:								
Office Sought: House Prisident State: Disbursement For: Primary General Other (specify) ▼ State: District: Memo Item B. Planned Parenthood Affiliates of California Date of Disbursement Mailing Address 1201 K Street, Suite 710 Date of Disbursement Sacramento CA 95814 Purpose of Disbursement Staff Time for Non-Federal Activity Candidate Name Disbursement State: District: Primary General Primary General President State: District: District: Date of Disbursement Full Name (Last, First, Middle Initial) Date of Disbursement Category/ Type Disbursement State: District: Disbursement Category/ Type Date of Disbursement Memo Item Date of Disbursement Category/ Type Date of Disbursement Memo Item Date of Disbursement Category/ Type Date of Disbursement Category/ Date					Amount of Each Disbursement this Period			
State: District: Other (specify) ▼ Memo Item	Office Sought: House Disburser	ment For:		.,,,,,	833.27			
State: District: Full Name (Last, First, Middle Initial) B. Planned Parenthood Affiliates of California Mailing Address 1201 K Street, Suite 710 City Sacramento Purpose of Disbursement Staff Time for Non-Federal Activity Candidate Name Office Sought: House Primary General President State: District: Mailing Address City State Zip Code CA 95814 FEC Identification Number Condidate Name Other (specify) Date of Disbursement FULL Name (Last, First, Middle Initial) Ct. Mailing Address City State Zip Code President Other (specify) Date of Disbursement this Period Transaction ID: EB1403 Amount of Each Disbursement this Period Date of Disbursement Category' Type Office Sought: House Senate Primary General Other (specify) Memo Item Subtrotal of Disbursement this Period Memo Item Subtrotal of Disbursements This Page (optional)	Senate	Primary	General		7 7 7			
Full Name (Last, First, Middle Initial) B. Planned Parenthood Affiliates of California Mailing Address 1201 K Street, Suite 710 City Sacramento Purpose of Disbursement Staff Time for Non-Federal Activity Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Candidate Name City State President City State Pirmary Category/ Type Other (specify) Disbursement City State Pirmary Category/ Type Other (specify) Date of Disbursement FEC Identification Number City Transaction ID: EB1403 Amount of Each Disbursement this Period Transaction ID: EB1403 Amount of Each Disbursement this Period Transaction ID: EB1403 Amount of Each Disbursement this Period Transaction ID: EB1403 Amount of Each Disbursement this Period Transaction ID: EB1403 Amount of Each Disbursement this Period Transaction ID: EB1403 Amount of Each Disbursement this Period Transaction ID: EB1403 Amount of Each Disbursement this Period City FEC Identification Number Category/ Type Transaction ID: EB1403 Amount of Each Disbursement this Period City FEC Identification Number Category/ Type Transaction ID: EB1403 Amount of Each Disbursement this Period City FEC Identification Number City FEC Identification Number Category/ Type Transaction ID: EB1403 Amount of Each Disbursement this Period City Transaction ID: EB1403 Amount of Each Disbursement this Period City Transaction ID: EB1403 Amount of Each Disbursement this Period City Transaction ID: EB1403 Amount of Each Disbursement this Period City Transaction ID: EB1403 Amount of Each Disbursement this Period City Transaction ID: EB1403 Amount of Each Disbursement this Period City Transaction ID: EB1403 Amount of Each Disbursement this Period City Transaction ID: EB1403 Amount of Each Disbursement this Period City Transaction ID: EB1403 Amount of Each Disbursement this Period City Transaction ID: EB1403 Amount of Each Disbursement this Period City Transaction ID: EB1403 Transaction ID: EB1403 Transaction ID: EB1403		Other (spec	cify) ▼		Memo Item			
B. Planned Parenthood Affiliates of California Mailing Address 1201 K Street, Suite 710 City Sacramento CA 95814 Purpose of Disbursement Staff Time for Non-Federal Activity Candidate Name Office Sought: House President Primary General President State: Disbursement For: Mailing Address City State Zip Code Transaction ID: EB1403 Amount of Each Disbursement this Period Transaction ID: EB1403 Amount of Each Disbursement this Period Memo Item FEC Identification Number Category/ Type Other (specify) Memo Item FEC Identification Number Category/ Type Transaction ID: EB1403 Amount of Each Disbursement this Period Transaction ID: EB1403 Amount of Each Disbursement this Period Transaction ID: EB1403 Amount of Each Disbursement this Period Transaction ID: EB1403 Amount of Each Disbursement this Period Transaction Number Category/ Type Office Sought: House Primary General Primary General Other (specify) Memo Item State: District: SubstoriaL of Disbursements This Page (optional)								
Mailing Address 1201 K Street, Suite 710 City		alifornia			Date of Dishursement			
City Sacramento Purpose of Disbursement Staft Time for Non-Federal Activity Candidate Name Other (specify) State City Sacramento Purpose of Disbursement State: District: Full Name (Last, First, Middle Initial) City Purpose of Disbursement State: District: Full Name (Last, First, Middle Initial) City State City State Disbursement City State Disbursement City State Disbursement City State Disbursement Candidate Name City State Disbursement Candidate Name City State Disbursement Candidate Name City State Disbursement City Memo Item State: Disbursement Memo Item Memo Item Substitute: Substitute: Substitute: Substitute: Disbursements This Page (optional)	5. Planned Parenthood Anniates of C	allioitila						
City Sacramento Purpose of Disbursement Staff Time for Non-Federal Activity Candidate Name Office Sought: House President President State: District: Full Name (Last, First, Middle Initial) City Purpose of Disbursement Candidate Name City State District: Fill Name (Last, First, Middle Initial) City State Disbursement Candidate Name Category/ Type Test Identification Number Category/ Type FEC Identification Number FEC Identification Number Category/ Type FEC Identification Number Category/ Type FEC Identification Number Category/ Type Memo Item Substrate: Disbursement For: Senate Primary General Other (specify) ▼ State: District: Substrate: District: Substrate: Disbursements This Page (optional)	Mailing Address 1201 K Street, Suite 710							
Sacramento Purpose of Disbursement Staff Time for Non-Federal Activity Candidate Name Category/ Office Sought:								
Purpose of Disbursement Staff Time for Non-Federal Activity Candidate Name Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) Office Sought: House Disbursement For: Senate President Other (specify) State: District: Substortal of Disbursements This Page (optional)	,							
Staff Time for Non-Federal Activity Candidate Name Office Sought:								
Candidate Name Category/ Type Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Date of Disbursement Category/ Type Characteristic Senate Primary General Other (specify) Memo Item Substitution Number Characteristic Senate Primary General Other (specify) Memo Item 1133.62	•			001				
Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) Office Sought: House Primary General Other (specify) Memo Item State: District: Suppose of Disbursement For: General Primary General Other (specify) Memo Item State: District: Memo Item FEC Identification Number Category/ Type Memo Item 1133.62	Candidate Name		Category/					
State: District:								
State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General President State: District: Substate: District: Substate: Disbursements This Page (optional)					300.35			
State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General President State: District: Substoctable Disbursements This Page (optional)		,			_			
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House President State: District: Substoctable (optional)		Other (spec	city)		Memo Item			
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substrotal of Disbursement Mm M / P D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: General Other (specify) ▼ Subtrotal of Disbursements This Page (optional)	C.				Date of Disbursement			
City					M M / D D / Y Y Y Y			
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ Substrict: Memo Item Prec Identification Number Category/ Type Amount of Each Disbursement this Period Memo Item	Mailing Address							
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Substruct: Memo Item 1133.62	City	State	Zip Code		FEC Identification Number			
Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ Substruct: Memo Item 1133.62	Purpose of Disbursement				C			
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ Substrict: Memo Item 1133.62								
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ Subtrotal of Disbursements This Page (optional)	Catego				Amount of Each Disbursement this Period			
Senate President Other (specify) ▼ State: District: Memo Item SUBTOTAL of Disbursements This Page (optional)	Office Sought: House Dishurser	ment For		туре				
State: District: Other (specify) ▼ Memo Item SUBTOTAL of Disbursements This Page (optional)								
State: District: SUBTOTAL of Disbursements This Page (optional)			Memo Item					
SUBTOTAL of Disbursements This Page (optional)	State: District:				Wichio Itom			
1122.63								
TOTAL This Period (last page this line number only).	SUBTOTAL of Disbursements This Page (optional)			······	1133.62			
	TOTAL This Period (last nage this line number only)	TOTAL This Period (last page this line number only)						

17

SCHEDULE B (FEC Form 3X)	FOR LINE			IE NUMBER: PAGE 9 OF 14			
ITEMIZED DISBURSEMENTS	in the line in the		(check only		7.06 7.7		
		Summary Page	21b 28a	22 23 28c x	26 27 29 30b		
Any information copied from such Reports and Stater	nents may r	not be sold or us					
or for commercial purposes, other than using the nan							
NAME OF COMMITTEE (In Full)							
Protecting Choice in California, a p	roject of	f Planned P	arenthood /	Affiliates of Cali	fornia		
Full Name (Last, First, Middle Initial)				Data of Biologica			
A. Bonta for Assembly 2024, Mia				Date of Disburseme			
Mailing Address 1414 K Street, Suite 250	02 09	2023					
City	State	Zip Code		FEC Identification N	Jumher		
Sacramento							
Purpose of Disbursement Contribution to Non-Federal Committee			011	C			
Candidate Name				Transaction ID			
Bonta for Assembly 2024, Mia			Category/ Type	Amount of Each Dis	sbursement this Period		
Office Sought: House Disburser	ment For:				1000.00		
Senate	Primary	General			,		
State: District:	Other (spec	cify) 🔻		Memo Item			
State: District: Full Name (Last, First, Middle Initial)							
B. McKinnor for Assembly 2024, Tina				Date of Disburseme	ent		
Working for Assembly 2024, This	•			M M / D D / Y Y			
Mailing Address 4800 Kokomo Drive, Suite 315		02 09	2023				
,	State	Zip Code		FEC Identification N	lumber		
Sacramento Purpose of Disbursement	CA	95835					
Contribution to Non-Federal Committee			011	C			
Candidate Name			Category/	Transaction ID Amount of Each Dis	: EB1398 sbursement this Period		
McKinnor for Assembly 2024, Tina			Type				
Office Sought: House Disburser				4	1000.00		
Senate President	Primary Other (spec	General					
State: District:	Other (spec	ony)		Memo Item			
Full Name (Last, First, Middle Initial)							
C. Smallwood-Cuevas for Senate 202	26, Lola			Date of Disburseme	ent		
	•			M M / D D	/ Y Y Y Y Y		
Mailing Address 1017 L Street, Suite 360				02 09	2023		
	State	Zip Code		FEC Identification N	lumber		
Sacramento Purpose of Disbursement	CA	95814					
Contribution to Non-Federal Committee			011	C			
Candidate Name Smallwood-Cuevas for Senate 2026, Lola			Category/	Transaction ID Amount of Each Dis	sbursement this Period		
			Type	7 5			
	ment For: Primary				1000.00		
Senate	General Cify) ▼						
State: District:		Memo Item					
State. District.							
SUBTOTAL of Disbursements This Page (optional)					3000.00		
				7	4 4		
TOTAL This Period (last page this line number only))				. ,		

ľ

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 OF				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c x 29 30b			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	nents may not be sold or use the and address of any political	ed by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
Protecting Choice in California, a p	roject of Planned Pa	renthood A	Affiliates of California			
Full Name (Last, First, Middle Initial) A. Weber for Assembly 2024, Dr. Akila	ah		Date of Disbursement			
Mailing Address 1017 L Street #903		02 09 2023				
			02 00 2020			
,	State Zip Code CA 95814		FEC Identification Number			
Purpose of Disbursement Contribution to Non-Federal Committee		011	С			
Candidate Name Weber for Assembly 2024, Dr. Akila	ah	Category/	Transaction ID : EB1400 Amount of Each Disbursement this Period			
Office Sought: House Disbursem	nent For:	Туре	1000.00			
President	Primary General Other (specify) ▼		Memo Item			
State: District:						
Full Name (Last, First, Middle Initial) B. Wilson for Assembly 2024, Lori		Date of Disbursement				
Mailing Address 1017 L Street, Suite 794		02 09 7 2023				
,	State Zip Code		FEC Identification Number			
Sacramento Purpose of Disbursement	CA 95814					
Contribution to Non-Federal Committee		011	Transaction ID : EB1401			
Candidate Name Wilson for Assembly 2024, Lori		Category/	Amount of Each Disbursement this Period			
Office Sought: House Disbursem	nent For:	Туре	1000.00			
	Primary General					
	Other (specify)		Memo Item			
Full Name (Last, First, Middle Initial)			Date of Disbursement			
C. California Democratic Party			M M / D D / Y Y Y Y			
Mailing Address 1830 9th Street			04 18 2023			
,	State Zip Code		FEC Identification Number			
Sacramento Purpose of Disbursement	CA 95811		С			
Contribution to Non-Federal Committee Candidate Name	011	Transaction ID : EB1407				
California Democratic Party	Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disbursem	nent For:		10000.00			
Senate	Primary General		7 7 7			
President State: District:						
GIGIE. DISTILL.						
SUBTOTAL of Disbursements This Page (optional)		······································	12000.00			
TOTAL This Period (last page this line number only).						

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only 21b 28a					
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) Protecting Choice in California, a pr	Protecting Choice in California, a project of Planned Parenthood Affiliates of California						
A. Equality California Political Action C Mailing Address 515 South Figueroa Street, Suite 1		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Los Angeles Purpose of Disbursement Contribution to Non-Federal Committee Candidate Name Equality California Political Action C Office Sought: House Disbursem Senate		O11 Category/ Type	FEC Identification Number C Transaction ID: EB1408 Amount of Each Disbursement this Period 17500.00 Memo Item				
Full Name (Last, First, Middle Initial) Menjivar for Senate 2026 Mailing Address 1017 L Street,#542 City Sacramento Purpose of Disbursement Contribution to Non-Federal Committee Candidate Name Menjivar for Senate 2026 Office Sought: House Disbursement For:			Date of Disbursement M M / 18 / 2023 FEC Identification Number C Transaction ID : EB1409 Amount of Each Disbursement this Period				
State: District: Full Name (Last, First, Middle Initial) C. Ting Assembly Officeholder Account Mailing Address 1017 L Street,#292		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Sacramento Purpose of Disbursement Contribution to Non-Federal Committee Candidate Name Ting Assembly Officeholder Accour Office Sought: House Disbursem Senate	· · · · · · · · · · · · · · · · · · ·	O11 Category/ Type	FEC Identification Number C Transaction ID : EB1410 Amount of Each Disbursement this Period 3000.00 Memo Item				
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			22000.00				

ITEMIZED DISBURSEMENTS	/ Llos concrete cohodulo(s) FUR LINI		NUMBER: PAGE 12 OF 14 one) 22 23 26 27 28 29 30b				
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	Protecting Choice in California, a project of Planned Parenthood Affiliates of California						
Full Name (Last, First, Middle Initial) A. Aguiar-Curry for Assembly 2024, Commandation Mailing Address 1414 K Street, Suite 250	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Sacramento Purpose of Disbursement Contribution to Non-Federal Committee Candidate Name Aguiar-Curry for Assembly 2024, Ce Office Sought: House Senate Disbursem		011 Category/ Type	FEC Identification Number C Transaction ID : EB1411 Amount of Each Disbursement this Period 1000.00 Memo Item				
Full Name (Last, First, Middle Initial) B. Pacheco For Assembly 2024, Blance Mailing Address 1017 L Street, #292		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Sacramento Purpose of Disbursement Contribution to Non-Federal Committee Candidate Name Pacheco For Assembly 2024, Blanco Office Sought: House Senate President State: District:	011 Category/ Type	Transaction ID : EB1412 Amount of Each Disbursement this Period 1000.00 Memo Item					
Full Name (Last, First, Middle Initial) C. Rivas For Assembly 2024, Robert Mailing Address 1017 L Street, #292		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Sacramento Purpose of Disbursement Contribution to Non-Federal Committee Candidate Name Rivas For Assembly 2024, Robert Office Sought: House Disbursem Senate	itate Zip Code CA 95814 ment For: Primary General Other (specify)	011 Category/ Type	FEC Identification Number C Transaction ID: EB1413 Amount of Each Disbursement this Period 3000.00 Memo Item				
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			5000.00				

17

SCHEDULE B (FEC Form 3X)	lles seri	arata aabadula/-\		NUMBER: PAGE 13 OF 14		
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only		76 77	
		Summary Page	21b 28a	22 23 28c x	26 27 29 30b	
Any information copied from such Reports and State	ments may i	not he sold or use				
or for commercial purposes, other than using the na	me and add	ress of any politica	al committee to	solicit contributions fr	om such committee.	
NAME OF COMMITTEE (In Full)						
ightarrow Protecting Choice in California, a ।	project of	f Planned Pa	renthood	Affiliates of Cali	fornia	
Full Name (Last, First, Middle Initial)				Date of Disburseme	ont	
A. Soria For Assembly 2024						
Mailing Address 1017 L Street, #292		06 02	2023			
City	Zip Code		FEC Identification N	Jumher		
Sacramento	CA	95814			tumbor	
Purpose of Disbursement Contribution to Non-Federal Committee			011	C		
Candidate Name				Transaction ID		
Soria For Assembly 2024			Category/ Type	Amount of Each Di	sbursement this Period	
	ement For:	I			1000.00	
Senate	Primary	General		,		
President	Other (spec	cify) 🔻		Memo Item		
State: District:						
B. Wood For Assembly 2024 .lim				Date of Disburseme	ant	
B. Wood For Assembly 2024, Jim				M M / D D	/	
Mailing Address 1017 L Street, #292				06 02	2023	
City	State	Zip Code		FEC Identification N	Number	
Sacramento Purpose of Disbursement	CA	95814		0		
Contribution to Non-Federal Committee			011	C		
Candidate Name				Transaction ID	: EB1415 sbursement this Period	
Wood For Assembly 2024, Jim			Category/ Type	Amount of Lacif Di	spursement this Fellou	
Office Sought: House Disburse	ment For:	'		1	1000.00	
Senate	Primary	General		,	,	
State: District:	Other (spec	cify)		Memo Item		
Full Name (Last, First, Middle Initial) C. Eggman's Ballot Measure Committee to Repair Cal	lifornia's Men	tal Health System.	Susan	Date of Disburseme	ent	
		•		M M / D D	/ Y Y Y Y	
Mailing Address 2200-B Douglas Blvd., Suite 140				06 07	2023	
City	State	Zip Code				
City Roseville	CA	95661		FEC Identification N	Number	
Purpose of Disbursement				С		
Contribution to Non-Federal Committee				Transaction ID	: EB1416	
Candidate Name Eggman's Ballot Measure Committee to Repair California's Mer	em. Susan	Category/	Amount of Each Di	sbursement this Period		
	ement For:		Туре		2500.00	
Senate	Primary	General			2000.00	
President	Other (spec			Manna Harri		
State: District:	, , , , ,	-, .		Memo Item		
SUBTOTAL of Disbursements This Page (optional).				45	4500.00	
					46500.00	
TOTAL This Period (last page this line number only	/)			1	40000.00	

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 14 OF 1

FOR LINE NUMBER: (check only one) 9

x 10

Protecting Choice in California, a proj	ect of Pla	nned Parenthood A	Affiliates of California			
A. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates of	Nature of Debt (Purpose): Staff Time/Support/Various					
Mailing Address 1201 K Street, Suite 710						
City Sacramento						
Outstanding Balance Beginning This Period			Transaction ID : PD1360			
490.97						
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period			
0.00		490.97	0.00			
B. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates of			Nature of Debt (Purpose): Staff Time for Non-Federal Activity			
	Callionia		- Stail Time for Horry Gastar Activity			
Mailing Address 1201 K Street, Suite 710						
City Sacramento	State CA	Zip Code 95814				
Outstanding Balance Beginning This Period	- 1		Transaction ID : PD1388			
833.27						
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period			
0.00		833.27	0.00			
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	-					
Amount Incurred This Period	Pav	ment This Period	Outstanding Balance at Close of This Period			
7 thount insured The Folia	Custanung Bulance at Cicce of This Folia					
	7	7 7				
1) SUBTOTALS This Period This Page (optional)		>	0.00			
2) TOTALS This Period (last page this line number) TOTALS This Period (last page this line number only)					
3) TOTAL OUTSTANDING LOANS from Schedule C	TOTAL OUTSTANDING LOANS from Schedule C (last page only)					
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶						