

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Protecting Choice in California, 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 NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00556860

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on MM / DD / YYYYYY in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYYYY in the State of

5. Covering Period MM / DD / YYYYYY through MM / DD / YYYYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Ragsac, Nikki, , ,

Type or Print Name of Treasurer

Signature of Treasurer Ragsac, Nikki, , , [Electronically Filed] Date MM / DD / YYYYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**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

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>	<input type="text" value="105813.62"/>	<input type="text" value="105813.62"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="105813.62"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="36000.00"/>	<input type="text" value="36000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="141813.62"/>	<input type="text" value="141813.62"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="48254.59"/>	<input type="text" value="48254.59"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="93559.03"/>	<input type="text" value="93559.03"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

Write or Type Committee Name

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

Report Covering the Period: From: 01 / 01 / 2023 To: 06 / 30 / 2023

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	36000.00	36000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	36000.00	36000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(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 (subtract Line 18(c) from Line 19).....▶	36000.00	36000.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1263.62	1263.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1263.62	1263.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	490.97	490.97
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	46500.00	46500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	48254.59	48254.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48254.59	48254.59

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 14
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. We Vote - Nosotros Votamos - PPAMM

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 Capitol Mall, Suite 1545

City Sacramento	State CA	Zip Code 95814
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
9375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	09	/	2023

Transaction ID : IA1394

Amount of Each Receipt this Period
9375.00

Memo Item

B. Planned Parenthood of Orange and San Bernardino Counties' Community Action Fund PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 801 East Katella Avenue

City Anaheim	State CA	Zip Code 92805
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	11	/	2023

Transaction ID : IA1393

Amount of Each Receipt this Period
6000.00

Memo Item

C. Planned Parenthood Advocacy Project Los Angeles County Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 555 Capitol Mall, Suite 400

City Sacramento	State CA	Zip Code 95814
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
6750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2023

Transaction ID : IA1395

Amount of Each Receipt this Period
6750.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	22125.00
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: (check only one)	PAGE 7 OF 14
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Planned Parenthood Action Fund of the Pacific Southwest PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1075 El Camino del Rio South

City San Diego	State CA	Zip Code 92108
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		08		2023

Transaction ID : IA1402

Amount of Each Receipt this Period
7500.00

Memo Item

B. Planned Parenthood Advocates Pasadena and San Gabriel Valley PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 555 Capitol Mall, Suite 400

City Sacramento	State CA	Zip Code 95814
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2023

Transaction ID : IA1404

Amount of Each Receipt this Period
1875.00

Memo Item

C. Vote Planned Parenthood Northern CA, a project of Planned Parenthood No. CA Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 555 Capitol Mall, Suite 400

City Sacramento	State CA	Zip Code 95814
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2023

Transaction ID : IA1406

Amount of Each Receipt this Period
4500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	13875.00
TOTAL This Period (last page this line number only).....	36000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		04		2023

Mailing Address 1201 K Street, Suite 710

City Sacramento	State CA	Zip Code 95814
--------------------	-------------	-------------------

Purpose of Disbursement
Staff Time for Non-Federal Activity

001
Category/ Type

FEC Identification Number

C

Transaction ID : EB1389

Amount of Each Disbursement this Period

833.27

Memo Item

Candidate Name

Office Sought:	House <input type="checkbox"/>	Senate <input type="checkbox"/>	President <input type="checkbox"/>	Disbursement For:	Primary <input type="checkbox"/>	General <input type="checkbox"/>	Other (specify) <input type="checkbox"/> ▼
State:	District:						

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Affiliates of California

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2023

Mailing Address 1201 K Street, Suite 710

City Sacramento	State CA	Zip Code 95814
--------------------	-------------	-------------------

Purpose of Disbursement
Staff Time for Non-Federal Activity

001
Category/ Type

FEC Identification Number

C

Transaction ID : EB1403

Amount of Each Disbursement this Period

300.35

Memo Item

Office Sought:	House <input type="checkbox"/>	Senate <input type="checkbox"/>	President <input type="checkbox"/>	Disbursement For:	Primary <input type="checkbox"/>	General <input type="checkbox"/>	Other (specify) <input type="checkbox"/> ▼
State:	District:						

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/ Type

FEC Identification Number

C

Amount of Each Disbursement this Period

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Memo Item

Office Sought:	House <input type="checkbox"/>	Senate <input type="checkbox"/>	President <input type="checkbox"/>	Disbursement For:	Primary <input type="checkbox"/>	General <input type="checkbox"/>	Other (specify) <input type="checkbox"/> ▼
State:	District:						

SUBTOTAL of Disbursements This Page (optional)..... ▶

1133.62

TOTAL This Period (last page this line number only)..... ▶

1133.62

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Bonta for Assembly 2024, Mia

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		09		2023

Mailing Address 1414 K Street, Suite 250

City Sacramento	State CA	Zip Code 95814
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FEC Identification Number

C

Transaction ID : EB1397

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement
Contribution to Non-Federal Committee

011

Category/
Type

Candidate Name

Bonta for Assembly 2024, Mia

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	

State: District:

Full Name (Last, First, Middle Initial)

B. McKinnor for Assembly 2024, Tina

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		09		2023

Mailing Address 4800 Kokomo Drive, Suite 315

City Sacramento	State CA	Zip Code 95835
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FEC Identification Number

C

Transaction ID : EB1398

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement
Contribution to Non-Federal Committee

011

Category/
Type

Candidate Name

McKinnor for Assembly 2024, Tina

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	

State: District:

Full Name (Last, First, Middle Initial)

C. Smallwood-Cuevas for Senate 2026, Lola

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		09		2023

Mailing Address 1017 L Street, Suite 360

City Sacramento	State CA	Zip Code 95814
--------------------	-------------	-------------------

FEC Identification Number

C

Transaction ID : EB1399

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement
Contribution to Non-Federal Committee

011

Category/
Type

Candidate Name

Smallwood-Cuevas for Senate 2026, Lola

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

3000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Weber for Assembly 2024, Dr. Akilah

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		09		2023

Mailing Address 1017 L Street #903

City Sacramento State CA Zip Code 95814

FEC Identification Number

C []

Transaction ID : EB1400

Amount of Each Disbursement this Period

[] 1000.00

Purpose of Disbursement Contribution to Non-Federal Committee

011

Candidate Name

Weber for Assembly 2024, Dr. Akilah

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. Wilson for Assembly 2024, Lori

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		09		2023

Mailing Address 1017 L Street, Suite 794

City Sacramento State CA Zip Code 95814

FEC Identification Number

C []

Transaction ID : EB1401

Amount of Each Disbursement this Period

[] 1000.00

Purpose of Disbursement Contribution to Non-Federal Committee

011

Candidate Name

Wilson for Assembly 2024, Lori

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. California Democratic Party

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		18		2023

Mailing Address 1830 9th Street

City Sacramento State CA Zip Code 95811

FEC Identification Number

C []

Transaction ID : EB1407

Amount of Each Disbursement this Period

[] 10000.00

Purpose of Disbursement Contribution to Non-Federal Committee

011

Candidate Name

California Democratic Party

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 12000.00

TOTAL This Period (last page this line number only)..... ▶

[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Equality California Political Action Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	05	/	2023

Mailing Address 515 South Figueroa Street, Suite 1

FEC Identification Number

C [REDACTED]

Transaction ID : EB1408

Amount of Each Disbursement this Period

[REDACTED] 17500.00

Memo Item

City

Los Angeles

State

CA

Zip Code

90071

Purpose of Disbursement

Contribution to Non-Federal Committee

011

Candidate Name

Equality California Political Action Committee

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Menjivar for Senate 2026

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	18	/	2023

Mailing Address 1017 L Street,#542

FEC Identification Number

C [REDACTED]

Transaction ID : EB1409

Amount of Each Disbursement this Period

[REDACTED] 1500.00

Memo Item

City

Sacramento

State

CA

Zip Code

95814

Purpose of Disbursement

Contribution to Non-Federal Committee

011

Candidate Name

Menjivar for Senate 2026

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Ting Assembly Officeholder Account, Phil

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	18	/	2023

Mailing Address 1017 L Street,#292

FEC Identification Number

C [REDACTED]

Transaction ID : EB1410

Amount of Each Disbursement this Period

[REDACTED] 3000.00

Memo Item

City

Sacramento

State

CA

Zip Code

95814

Purpose of Disbursement

Contribution to Non-Federal Committee

011

Candidate Name

Ting Assembly Officeholder Account, Phil

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 22000.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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 (Last, First, Middle Initial)

A. Aguiar-Curry for Assembly 2024, Ceclilia

Mailing Address 1414 K Street, Suite 250

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Contribution to Non-Federal Committee

011

Candidate Name
Aguiar-Curry for Assembly 2024, Ceclilia

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2023

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, Blanca

Mailing Address 1017 L Street, #292

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Contribution to Non-Federal Committee

011

Candidate Name
Pacheco For Assembly 2024, Blanca

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2023

FEC Identification Number

C

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

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Contribution to Non-Federal Committee

011

Candidate Name
Rivas For Assembly 2024, Robert

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2023

FEC Identification Number

C

Transaction ID : EB1413

Amount of Each Disbursement this Period

3000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Soria For Assembly 2024

Mailing Address 1017 L Street, #292

City
Sacramento

State
CA

Zip Code
95814

Purpose of Disbursement
Contribution to Non-Federal Committee

011

Candidate Name

Soria For Assembly 2024

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : EB1414

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Wood For Assembly 2024, Jim

Mailing Address 1017 L Street, #292

City
Sacramento

State
CA

Zip Code
95814

Purpose of Disbursement
Contribution to Non-Federal Committee

011

Candidate Name

Wood For Assembly 2024, Jim

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : EB1415

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Eggman's Ballot Measure Committee to Repair California's Mental Health System, Susan

Mailing Address 2200-B Douglas Blvd., Suite 140

City
Roseville

State
CA

Zip Code
95661

Purpose of Disbursement
Contribution to Non-Federal Committee

011

Candidate Name

Eggman's Ballot Measure Committee to Repair California's Mental Health System, Susan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : EB1416

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 4500.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 46500.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 14
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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 Planned Parenthood Affiliates of California			Nature of Debt (Purpose): Staff Time/Support/Various
Mailing Address 1201 K Street, Suite 710			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period 490.97		Transaction ID : PD1360	
Amount Incurred This Period 0.00	Payment This Period 490.97	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California			Nature of Debt (Purpose): Staff Time for Non-Federal Activity
Mailing Address 1201 K Street, Suite 710			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period 833.27		Transaction ID : PD1388	
Amount Incurred This Period 0.00	Payment This Period 833.27	Outstanding Balance at Close of This Period 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	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	