10/21/2010 23:15

Image# 10931747969

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Protecting Choice in California 2010, a project of Planned Parenthood Affiliates 555 Capitol Mall, Suite 1425 ADDRESS (number and street) Check if different than previously Sacramento CA 95814 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00488502 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day Х (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the 11 02 2010 CA Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Special (30S) Post -Election General (30G) Report for the: Termination Report (TER) in the Election on State of 10 0 1 2010 10 13 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Kathy Kneer Type or Print Name of Treasurer Electronically Filed by Kathy Kneer 10 2 1 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS 2 / 30

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	2 / 30
	Write or Type Committee Name Protecting Choice in California 2010, of CA	a project of Planned Parenthood Affiliates	
	Report Covering the Period: From:	M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	D: 0 13 2010
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 Y Y Y		0.00
	(b) Cash on Hand at Begining of Reporting Period	85500.00	
	(c) Total Receipts (from Line 19)	165788.12	301857.97
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	251288.12	301857.97
7.	Total Disbursements (from Line 31)	149240.73	199810.58
8.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	102047.39	102047.39
9.	Debts and Obligations owed TO		

Schedule C and/or Schedule D) 10. Debts and Obligations owed

the committee (Itemize all on

0.00

the committee (Itemize all on Schedule C and/or Schedule D)

65516.74

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. 06/2004) 3 / 30

Write or Type Committee Name

Protecting Choice in California 2010, a project of Planned Parenthood Affiliates of CA

Report Covering the Period:

From:

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D D 0

Y Y W Y 2010

та.

м м 1 0 D D 13

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	112664.34	123593.26
(ii) Unitemized	400.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	113064.34	124134.19
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	52680.00	177680.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	165744.34	301814.19
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	43.78	43.78
3. 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 Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	165788.12	301857.97
Total Federal Receipts (subtract Line 18(c) from Line 19)	165788.12	301857.97

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/30

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	2020.02	2020.02
	Expenditures(c) Total Operating Expenditures	3020.92	3020.92
	(add 21(a)(i), (a)(ii) and (b))	3020.92	3020.92
22.	Transfers to Affiliated/Other Party		
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	0.00	0.00
24.	Independent Expenditure	35446.72	41516.57
5.	(use Schedule E)	33440.72	41316.37
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
96	Loan Repayments Made	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
-0.	(a) Individuals/Persons Other	0.00	0.00
	Than Political Committees		
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	34500.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	34500.00
9.	Other Disbursements	110773.09	120773.09
00	Endoral Floation Activity (2.11.5.C. 421(20))		
υ.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	2.22
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	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))	149240.73	199810.58
32.	Total Federal Disbursements		
•	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	149240.73	199810.58

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 30

	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)	165744.34	301814.19
34.	Total Contribution Refunds (from Line 28(d))	0.00	34500.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	165744.34	267314.19
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3020.92	3020.92
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	3020.92	3020.92

FE6AN026

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 30 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Protecting Choice in California 2010,	e name and ad	dress of any political committee to	o solicit contributions from such committee.
A .	full Name (Last, First, Middle Initial) Laura Unger Dudley Mailing Address 1534 Ensley Avenue			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: INCA95
	Los Angeles	CA	90024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Homemaker	Occupation Homema		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Leslie Lichtenstein Mailing Address 1965 Lucille Avenue			Date of Receipt 10 08 2010
	City	State	Zip Code	Transaction ID: INCA96
	Los Angeles	CA	90039	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Leslie Lichtenstein, Psyc- hologist Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Psychology Aggregate		
С.	Full Name (Last, First, Middle Initial) Planned Parenthood Action Fund of San Diego & Mailing Address 1075 Camino Del Rio		ınties	Date of Receipt 10 0 5 2 0 1 0
	City	State	Zip Code	Transaction ID: INCA91
	San Diego	CA	92108	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15000.00
	Name of Employer	Occupatio	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 15000.00	
	SUBTOTAL of Receipts This Page (optional)			15500.00
f	TOTAL This Period (last page this line number	· onlv)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/30 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Protecting Choice in California 2010.	Statements may not be sold or used by any per e name and address of any political committee a project of Planned Parenthood Affiliat	
of CA	a project of Planned Parenthood Anniat	es
Full Name (Last, First, Middle Initial) Planned Parenthood Action Fund of San Diego	and Riverside Counties	Date of Receipt
Mailing Address 1075 Camino del Rio	South	1 0 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: INCA116
San Diego	CA 92108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	364.92
Name of Employer	Occupation	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	364.92	_
Full Name (Last, First, Middle Initial) Planned Parenthood Action Fund of Santa Barb Mailing Address 518 Garden Street	ara, Ventura and San Luis Obispo, Inc.	Date of Receipt
Oth.	Ohaha Zira Ohaha	10 01 2010
City Santa Barbara	State Zip Code CA 93117	Transaction ID: INCA117 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	230.64
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 266.15	
Full Name (Last, First, Middle Initial) Planned Parenthood Advocacy Project Los Ang		Date of Receipt
Mailing Address 400 West 30th Street		1 0 0 1 2 0 1 0
City	State Zip Code	Transaction ID: INCA118
Los Angeles	CA 90007	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1902.86
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2549.86	
SUBTOTAL of Receipts This Page (optional) .		2498.42
TOTAL This Period (last page this line numbe	r only)	

Inkind Contribution; Staff Time and Other Voter Contact (estimate 10/1 - 10/13/10)

A. Form/Schedule : SA11AI

Transaction ID : INCA116

B. Form/Schedule : SA11Al
Transaction ID : INCA117

Inkind Contribution; Staff Time and Voter Contact (estimate 10/1 - 10/13/10)

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Protecting Choice in California 2010, a of CA	project of I	Planned Parenthood Affiliate	S
A.	Full Name (Last, First, Middle Initial) Planned Parenthood Advocates Mar Monte			Date of Receipt
	Mailing Address 1691 The Alameda	Chaha	7:n Oada	10 01 2010
	City <u>San Jose</u>	State CA	Zip Code 95126	Transaction ID: INCA119
	FEC ID number of contributing federal political committee.	C	93120	Amount of Each Receipt this Period 1144.00
	Name of Employer	Occupation	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1214.56	
- В.	Full Name (Last, First, Middle Initial) Planned Parenthood Advocates Mar Monte Mailing Address 1691 The Alameda			Date of Receipt
	Mailing Address 1691 The Alameda			10 08 2010
	City	State	Zip Code	Transaction ID: INCA90
	San Jose	CA	95126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50000.00
	Name of Employer	Occupation	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 50000.00	
с. С.	Full Name (Last, First, Middle Initial) Planned Parenthood Affiliates of California			Date of Receipt
	Mailing Address 555 Capitol Mall, Suite	510		M M / D D / Y Y Y Y Y Y 1 1 0 0 1 2 0 1 0
	City	State	Zip Code	Transaction ID: INCA120
	Sacramento FEC ID number of contributing	CA	95814	Amount of Each Receipt this Period 2396.94
	federal political committee. Name of Employer	Occupation	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 47631.98	
	SUBTOTAL of Receipts This Page (optional)			53540.94
f	TOTAL This Period (last page this line number			

A. Form/Schedule : SA11AI Inkind Contribution; Staff Time and Voter Contact (estimate 10/1 - 10/13/10)

Transaction ID: INCA119

C. Form/Schedule: SA11AI Inkind Contribution; Staff Time and Voter Contact (estimate 10/1 - 10/13/10) Transaction ID: INCA120

SCHEDULE A (F		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied fro or for commercial purpose NAME OF COMMITTE		may not be sold or used by any pers address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \	, ,	of Planned Parenthood Affiliate	es
Full Name (Last, First, Planned Parenthood Affi	iates of California		Date of Receipt
	Capitol Mall, Suite 510	7'- 0-4-	10 08 2010
City Sacramento	State CA	Zip Code 95814	Transaction ID: INCA89
FEC ID number of confederal political commit	ributing	33014	Amount of Each Receipt this Period 40000.00
Name of Employer	Occupa	ation	
Receipt For: Primary Other (specify)	General	yate Year-to-Date ▼ 47631.98	
Full Name (Last, First, Planned Parenthood Sha Mailing Address 218	sta-Diablo Action Fund		Date of Receipt
O.h.,	Ctata	7:- O-d-	10 01 2010
City Concord	State CA	Zip Code 94522	Transaction ID: INCA121 Amount of Each Receipt this Period
FEC ID number of confederal political commit	ributing	370E	124.98
Name of Employer	Occupa	ation	
Receipt For: Primary Other (specify)	General	gate Year-to-Date ▼ 5171.86	
Full Name (Last, First, Leslie A. Swain	Middle Initial)		Date of Receipt
-	South Windsor Blvd.		10 08 2010
City	State	Zip Code	Transaction ID: INCA98
Los Angeles	CA	90020	Amount of Each Receipt this Period
FEC ID number of confederal political commit			1000.00
Name of Employer Proskaver Rose LLP	Occupa Partne		
Receipt For: Primary Other (specify)	General	gate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts	This Page (optional)		41124.98
TOTAL This Period (last	page this line number only)		112664.34

B. Form/Schedule: SA11AI Inkind Contribution; Staff Time and Voter Contact (estimate 10/1 - 10/13/10)

Transaction ID: INCA121

ME OF COMMITTEE (In Full) otecting Choice in California 2010, a CA Name (Last, First, Middle Initial) nned Parenthood Advocacy Project Los Angel ling Address 555 Capitol Mall, Suite ocramento C ID number of contributing eral political committee. The of Employer ceipt For:		
ME OF COMMITTEE (In Full) otecting Choice in California 2010, a CA Name (Last, First, Middle Initial) nned Parenthood Advocacy Project Los Angel ling Address 555 Capitol Mall, Suite ocramento C ID number of contributing eral political committee. The of Employer ceipt For:	es County Action Fund 1425 State Zip Code CA 95814	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name (Last, First, Middle Initial) nned Parenthood Advocacy Project Los Angel lling Address 555 Capitol Mall, Suite cramento C ID number of contributing eral political committee. me of Employer ceipt For:	State Zip Code CA 95814	Transaction ID: INCA88 Amount of Each Receipt this Period
cramento C ID number of contributing eral political committee. me of Employer ceipt For:	State Zip Code CA 95814	Transaction ID: INCA88 Amount of Each Receipt this Period
Cramento C ID number of contributing eral political committee. me of Employer ceipt For:	CA 95814	Amount of Each Receipt this Period
C ID number of contributing eral political committee. me of Employer ceipt For:	C	
ceipt For:	Occupation	-
Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 17500.00	
Name (Last, First, Middle Initial) nned Parenthood Advocacy Project Los Angel ling Address 555 Capitol Mall, Suite		Date of Receipt
City State Zip Code Sacramento CA 95814		1 0 1 3 2 0 1 0 Transaction ID: INCA100
		Amount of Each Receipt this Period
C ID number of contributing eral political committee.	C	18180.00
me of Employer	Occupation	
ceipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	33680.00	
Name (Last, First, Middle Initial) nned Parenthood Advocates Mar Monte Cand	idate PAC	Date of Receipt
ling Address 555 Capitol Mall, Suite	1425	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	State Zip Code	Transaction ID: INCA92
Cramento C ID number of contributing eral political committee.	C 95814	Amount of Each Receipt this Period 7000.00
me of Employer	Occupation	
ceipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 7000.00	
- · · · · · · · · · · · · · · · · · · ·		
r I	eipt For: Primary General Other (specify) Name (Last, First, Middle Initial) ned Parenthood Advocates Mar Monte Candling Address 555 Capitol Mall, Suite Cramento C ID number of contributing eral political committee. The of Employer eipt For:	eipt For: Primary

A.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St								
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	solicit contributions from such committee.						
	project of Planned Parenthood Affiliates	5						
Full Name (Last, First, Middle Initial) Planned Parenthood San Diego & Riverside Cour	nties Action Fund	Date of Receipt						
Mailing Address 555 Capitol Mall, Suite	1425	10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City	State Zip Code	Transaction ID: INCA94						
Sacramento	CA 95814	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	10000.00						
Name of Employer	Occupation							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00							

SUBTOTAL of Receipts This Page (optional)	>	10000.00
TOTAL This Period (last page this line number only)	•	52680.00

В.

President

District:

19	E# 10931747903													
	CHEDULE B (FEC Form 3X)		arate schedule(s)		OR LIN		R:			PAGE	15 / 3	30		
T	EMIZED DISBURSEMENTS		category of the Summary Page	X	21b 27	22 28a		23 28b		24 28c	25 29	F	_	6 0b
	y Information copied from such Reports and State for commercial purposes, other than using the nar											3		
_	NAME OF COMMITTEE (In Full)													
\rangle	Protecting Choice in California 2010, a prof CA	roject of Pla	inned Parentho	od Aff	iliates									
	Full Name (Last, First, Middle Initial)					Trans	act	ion ID	: E	XPB113	}			
	Planned Parenthood Affiliates of California	ia				Date	of D	isburs	emer	nt				
	Mailing Address 555 Capitol Mall, Suite	510				1 ^M 0	М	/ D	7	/ Y 2	0 1 c) ^Y		
	City Sacramento	State CA	Zip Code 95814			Amou	ınt c	f Each	n Disk	oursemer	nt this F	Peri	od	_
	Purpose of Disbursement Legal & Reporting Services			00	1	L.				29	77.14			
	Candidate Name			Cate Typ	•									
	Office Sought: Senate President State: Disburs Senate President	Primary Other (spe	General ecify) ▼											
	Full Name (Last, First, Middle Initial)					Trans	act	ion ID	· FI	DTB46E	XPR	113		
	Olson, Hagel & Fishburn, LLP							isburs		_	., ., .			
	Mailing Address 555 Capitol Mall, Suite	1425				1 ^M 0	М	/ D	7	/ Y 2	0 1 c) ^Y		
	City Sacramento	State CA	Zip Code 95814			Amou	ınt c	f Each	n Disk	oursemer		_	od	1
	Purpose of Disbursement			00	1				•	29	77.14	-		
	Candidate Name			Cate Typ	•		ı	TC84						
	Office Sought: House Disburs Senate	sement For: Primary	General			[MEM	IU I	I EIVI	I					

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	2977.14
TOTAL This Period (last page this line number only)	•	2977.14

Other (specify)

State:

TEMIZED INDEPENDENT EXPENDITURES	PAGE 16/30
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
Protecting Choice in California 2010, a project of Planned Parenthood Affiliates of CA	FEC IDENTIFICATION NUMBER ▼ C C00488502
Check if 24-hour notice 48-hour notice	C SOURCEST
Full Name (Last, First, Middle, Initial) of Payee	Date
Concentric Media	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address	Amount
P.O. Box 1414	500.00
City State Zip Code	Transaction ID: EDTEALC20
Menlo Park CA 94026	Office Sought: House State: CA
Purpose of Expenditure Campaign Paraphernal- Type Category/ Type	X Senate District: Presidential
Name of Federal Candidate supported or Opposed by expenditure: Barbara Boxer	Check One: X Support Oppose
Barbara Boxer	Disbursement For: Primary X General
Outlander View To Data Des Florifier	Other (specify) :
Calendar Year-To-Date Per Election 71826.47	2010
for Office Sought	
Full Name (Last, First, Middle, Initial) of Payee	Date
Dewey Square Group	$ \begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 0 & 6 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix} $
Mailing Address	Amount
P.O. Box 60340	1099.36
0:	Transaction ID: EDTEALC19
City State Zip Code Charlotte NC 28260	Office Sought: House State: CA
Purpose of Expenditure	X Senate District:
Robo Calls Category/ Type 011	Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
Barbara Boxer	
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election 71826.47	Other (specify) : 2010
for Office Sought	2010
(a) SUBTOTAL of Itemized Independent Expenditures	1599.36
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the recommittee) any political party committee or its agent.	
M M	
Kathy Kneer Date 1.0	21 2010
Signature	

TEMIZED INDEPENDENT EX	PENDITURI	ES		PAGE 17 / 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				<u>'</u>
Protecting Choice in California 2010, a project Planned Parenthood Affiliates of CA	of			C C00488502
	hour notice			C 500400002
Full Name (Last, First, Middle, Initial) of Pa			Date	
Lake Research	yoo		M M /	06 / Y Y Y Y Y Y Y
Mailing Address			Amount	
1726 M Street, NW, Suite 1100			Amount	498.66
City	State	Zip Code	Transactio	n ID: EDTEALC18
Washington	DC	20036	Office Sough	t: House State: CA
Purpose of Expenditure		1	1	X Senate District:
Consulting for Independent Expenditures		Category/ Type 011		Presidential
Name of Federal Candidate supported or C	Opposed by expend	iture:	Check One:	X Support Oppose
Barbara Boxer			Disbursemen	nt For: Primary X General
				er (specify) :
Calendar Year-To-Date Per Election		71826.47	2010	or (opeony) :
for Office Sought				
Full Name (Last, First, Middle, Initial) of Pa	yee		Date	
Planet Kelly			1 0	05 / 2010
Mailing Address			Amount	
2425 Meadowbrook Road				28571.76
City	State	Zip Code		n ID: PDTE2
Sacramento	CA	95825	Office Sough	
Purpose of Expenditure		Category/ 011		X Senate District:
Mailer		Type 011		Presidential
Name of Federal Candidate supported or C	Opposed by expend	iture:	Check One:	Support X Oppose
Carly Fiorina	, ,			
			Disbursemen	nt For: Primary X General
Calendar Year-To-Date Per Election		00574.70	2010	er (specify) :
for Office Sought		28571.76	2010	[MEMO ITEM]
(a) SUBTOTAL of Itemized Independent Exp	enditures			498.66
(b) SUBTOTAL of Unitemized Independent E	expenditures			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate of committee) any political party committee or its age	or authorized commit			
		M. M.		Y Y Y Y
Kathy Kneer		Date 10		2010
Signature		_		

TEMIZED INDEPENDENT EXPENDITURES	PAGE 18 / 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	
Protecting Choice in California 2010, a project of Planned Parenthood Affiliates of CA	FEC IDENTIFICATION NUMBER ▼ C C00488502
Check if 24-hour notice 48-hour notice	G 300 10002
Full Name (Last, First, Middle, Initial) of Payee	Date
Planned Parenthood Action Fund of Santa Barbara, Ventura	M M / D D / Y Y Y Y
and San Luis Obispo, Inc.	
Mailing Address 518 Garden Street	Amount
ore darden enest.	230.64
City State Zip Code	Transaction ID: EDTEALC24
Santa Barbara CA 93117	Office Sought: House State: CA
Purpose of Expenditure	X Senate District:
Staff Time & Other Voter Contact (10/1/-	Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
Barbara Boxer	Disbursement For: Primary General
	Other (specify) :
Calendar Year-To-Date Per Election 71826.47	Other (specify)
for Office Sought	
Full Name (Last, First, Middle, Initial) of Payee	Date
Planned Parenthood Advocacy Project Los Angeles	M M / D D / Y Y Y Y Y Y
Mailing Address	Amount
400 West 30th Street	1902.86
	Transaction ID: EDTEALC10
City State Zip Code Los Angeles CA 90007	Office Sought: House State: CA
Purpose of Expenditure	X Senate District:
	Presidential
Phonebanking & Other Voter Contact (10/1/-	
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
Barbara Boxer	Disbursement For: Primary X General
	Other (specify):
Calendar Year-To-Date Per Election 71826.47	2010
for Office Sought	
(a) SUBTOTAL of Itemized Independent Expenditures	2133.50
(a) SOBTOTAL of itemized independent Expenditures	
/h\ CLIDTOTAL of Unitermized Independent Evenenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the r committee) any political party committee or its agent.	
Kathy Kneer Date 10	21 2010
Signature	

TEMIZED INDEPENDENT EXPENDITURES	PAGE 19/30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
Protecting Choice in California 2010, a project of Planned Parenthood Affiliates of CA	C C00488502
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee	Date
Planned Parenthood Advocates Mar Monte	$\begin{bmatrix} M & M & M \\ 1 & 0 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 0 & 1 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix} $
Mailing Address	Amount
1691 The Alameda	1144.00
City State Zip Code	Transaction ID: EDTEALC9
San Jose CA 95126	Office Sought: House State: CA
Purpose of Expenditure Phonebanking & Other Voter Contact (10/1/- 10 - 10/16/10 Name of Federal Candidate supported or Opposed by expenditure:	X Senate District: Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
Barbara Boxer	
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election	Other (specify) :
for Office Sought	2010
Full Name (Last, First, Middle, Initial) of Payee	Date
Planned Parenthood Affiliates of California	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address 555 Capitol Mall, Suite 510	Amount 2396.64
City State Zip Code	Transaction ID: EDTEALC17
Sacramento CA 95814	Office Sought: House State: CA
Purpose of Expenditure Category/	X Senate District:
Voter Contact (10/1/-	_
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
Barbara Boxer	Disbursement For: Primary X General
	.,
Calendar Year-To-Date Per Election 71826.47 for Office Sought	Other (specify) : 2010
(a) SUBTOTAL of Itemized Independent Expenditures	3540.64
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in content or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the recommittee) any political party committee or its agent.	
	D D Y Y Y Y
Kathy Kneer Date 1 0	21 2010
Signature	

TEMIZED INDEPENDENT EX	PENDITURE	S		PAGE 20 / 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
Protecting Choice in California 2010, a project Planned Parenthood Affiliates of CA	of			C C00488502
	nour notice			S stricted
Full Name (Last, First, Middle, Initial) of Pay			Date	
Planned Parenthood Affiliates of California			M M /	07 / Y Y Y Y Y Y 2010
Mailing Address			Amount	
555 Capitol Mall, Suite 510				22311.40
City	State	Zip Code		n ID: PDTE3
Sacramento	CA	95814	Office Sough	
Purpose of Expenditure Consulting & Polling for Voter Contact		Category/ Type 24E		X Senate District: Presidential
Name of Federal Candidate supported or O	pposed by expendit	ure:	Check One:	X Support Oppose
Barbara Boxer			5	. г. Пр. Гур .
			Disbursemen	
Calendar Year-To-Date Per Election		71826.47	2010	er (specify) :
for Office Sought	• • • • •	71020.47	2010	
Full Name (Last, First, Middle, Initial) of Pay	ree		Date	
Planned Parenthood Shasta-Diablo Action	⁼ und		1 0 /	01 / Y Y Y Y Y Y
Mailing Address			Amount	
2185 Pacheco Blvd.			Transaction	124.98 n ID: EDTEALC7
City	State	Zip Code		
Concord	CA	94522	Office Sough	t: House State: <u>CA</u> X Senate District:
Purpose of Expenditure		Category/ 011		Presidential
Phonebanking & Other Voter Contact (10/1/- 10 - 10/16/10) Name of Federal Candidate supported or O		Туре	Check One:	X Support Oppose
Name of Federal Candidate supported or O Barbara Boxer	pposed by expendit	ure:	Oncok onc.	X Support Oppose
Daibara Boxer			Disbursemen	t For: Primary X General
			Oth	er (specify):
Calendar Year-To-Date Per Election for Office Sought		71826.47	2010	
(a) SUBTOTAL of Itemized Independent Expe	nditures			22436.38
(b) SUBTOTAL of Unitemized Independent Ex	voenditures			
(b) GOBTOTAL OF OTHERWIZED INDEPENDENT L.	perialitares			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independence or at the request or suggestion of, any candidate or committee) any political party committee or its ager	authorized committe			
		M M		Y " Y " Y " Y
Kathy Kneer		Date 10	21	2010
Signature				

TEMIZED INDEPENDENT EX	PENDITURI	ES		PAGE 21 / 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
Protecting Choice in California 2010, a project Planned Parenthood Affiliates of CA	of			C C00488502
	hour notice			G sectored
Full Name (Last, First, Middle, Initial) of Pa			Date	
Political Data Inc.	,,		M M /	0 5 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
825 South Victory Blvd.				874.18
City	State	Zip Code		n ID: EDTEALC21
Burbank	CA	91502	Office Sough	
Purpose of Expenditure Voter Files		Category/ Type 011		X Senate District: Presidential
Name of Federal Candidate supported or C Barbara Boxer	Opposed by expend	I iture:	Check One:	X Support Oppose
Daibara Doxei			Disbursemen	nt For: Primary X General
Calendar Year-To-Date Per Election			Oth	er (specify) :
for Office Sought		71826.47	2010	
Full Name (Last, First, Middle, Initial) of Pa	yee		Date	
The Blue Deal Inc.			1 0 /	05 / Y Y Y Y Y Y Y
Mailing Address			Amount	
P.O. Box 2705			Transaction	1864.00 n ID: EDTEALC22
City	State	Zip Code	Office Sough	
Fairfax	VA	22031 I	- Omoo cougn	X Senate District:
Purpose of Expenditure Buttons & Stickers		Category/ Type 011		Presidential
Name of Federal Candidate supported or C	nnosed by expend	iture:	Check One:	X Support Oppose
Barbara Boxer	ppooded by expend	itaro.	Disbursemen	
				er (specify) :
Calendar Year-To-Date Per Election for Office Sought		71826.47	2010	(specify)
(a) SUBTOTAL of Itemized Independent Exp	enditures			2738.18
(b) SUBTOTAL of Unitemized Independent E	xpenditures			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate of committee) any political party committee or its age	or authorized committ			
Kathy Kneer		Date 10		Y Y Y Y Y Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
Signature				

TEMIZED INDEPENDENT EXPENDITURES	PAGE 22 / 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
Protecting Choice in California 2010, a project of Planned Parenthood Affiliates of CA	C C00488502
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee	Date
Paul Wittenberg	1 0 / D D / Y Y Y Y Y Y
Mailing Address	Amount
167 Berkshire Court	2500.00
City State Zip Code	Transaction ID: EDTEALC23
San Ramon CA 94582	Office Sought: House State: CA
Purpose of Expenditure On-Line Ads Category/ Type O	X Senate District: Presidential
Name of Federal Candidate supported or Opposed by expenditure: Barbara Boxer	Check One: X Support Oppose Disbursement For: Primary General
Calendar Year-To-Date Per Election 71826.47 for Office Sought	Other (specify) :

(a) SUBTOTAL of Itemized Independent Expenditures		2500.00
(b) SUBTOTAL of Unitemized Independent Expenditur	res	
(c) TOTAL Independent Expenditures		35446.72
Under penalty of perjury I certify that the independent expendent at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.	·	· · · · · · · · · · · · · · · · · · ·
Kathy Kneer	Date 10 21	D Y Y Y Y 2 0 1 0

		Use separate schedule(s)		JR LINE heck only	-	Π.		FAGL	23 / 3	U
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	23 28b	\square	24 Z	25 29	26
	y Information copied from such Reports and State for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) Protecting Choice in California 2010, a p of CA	ne and address of any political	commit	tee to sol						
	Full Name (Last, First, Middle Initial) Concentric Media Mailing Address P.O. Box 1414					action I		t	2 o 1 o	Y
	City Menlo Park Purpose of Disbursement Educational DVD's Candidate Name	State Zip Code CA 94026	01 Categ	gory/	Amou	nt of Ead	ch Disb	oursemer 5	nt this P	eriod
	Senate President State: District:	sement For: 2010 Primary X General Other (specify)	Тур	De						
	Full Name (Last, First, Middle Initial) Dewey Square Group Mailing Address P.O. Box 60340				Date o	action I of Disbu		t	2 0 1 0	Y
	City Charlotte Purpose of Disbursement Robo Calls Candidate Name Office Sought: House Disbur	State Zip Code NC 28260 sement For: 2010	01 Cateo	gory/	Amou	nt of Ead	ch Disb	oursemer 10	nt this Po	eriod
	Senate President State: District: Full Name (Last, First, Middle Initial)	Primary X General Other (specify) ▼			T	action I	D. [)	 (PB47		
	Lake Research Mailing Address 1726 M Street, NW, Su	ite 1100			Date o	of Disbu	rsemen	t	0 1 0	Y
	City Washington Purpose of Disbursement Consulting for Independent Expenditure Candidate Name	State Zip Code DC 20036	01 Cateo	gory/	Amou	nt of Eac	ch Disb	oursemer 4	nt this Po	eriod
	Office Sought: House Senate President State: District:	sement For: Primary General Other (specify)	- 76							
	UBTOTAL of Disbursements This Page (optiona	<u> </u>		•		-		20	98.02	

SCHEDOLL B (I LC I OIIII 3A)	Use separate schedule(s)	(check onl	= NUMBER: PAGE 24 / 30 lv one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 28a 28b 28c X 29
Any Information copied from such Reports and Stat or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) Protecting Choice in California 2010, a pof CA	ame and address of any political	committee to so	
Full Name (Last, First, Middle Initial) Lake Research Mailing Address 1726 M Street, NW, Si	uite 1100		Transaction ID: EXPB108 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington Purpose of Disbursement State Election Activity	State Zip Code DC 20036	011	Amount of Each Disbursement this Period 498.65
Candidate Name Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify)	Category/ Type	
Full Name (Last, First, Middle Initial) Mering Carson Mailing Address 1700 Street, Suite 21	0		Transaction ID: EXPB115 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sacramento Purpose of Disbursement State Election Activity Candidate Name	State Zip Code CA 95811	011 Category/ Type	Amount of Each Disbursement this Period 50000.00
Office Sought: Senate President State: District: Full Name (Last, First, Middle Initial)	rsement For: Primary General Other (specify)		Transaction ID: EXPB109
Planned Parenthood Affiliates of Californ Mailing Address 555 Capitol Mall, Suite			Date of Disbursement 10 0 7 2 0 10
City Sacramento Purpose of Disbursement	State Zip Code CA 95814		Amount of Each Disbursement this Perior
Consulting & Polling for Voter Contact Candidate Name		24E Category/ Type	
Office Sought: House Disbu Senate President State: District:	rsement For: 2010 Primary X General Other (specify)		
			72810.05

	CHEDULE B (FEC Form 3X)	Use separate sche	יו ופובווהב	IE NUMBER: PAGE 25 / 30
IT	EMIZED DISBURSEMENTS	for each category of Detailed Summary	of the (Crieck or	nly one) -
		Detailed Summary	7 Fage	28a 28b 28c X 29
	y Information copied from such Reports and Stator commercial purposes, other than using the na			
V OI	NAME OF COMMITTEE (In Full)	The and address of any	political committee to s	Solicit contributions from such confinitiee
$ \rangle$	Protecting Choice in California 2010, a p of CA	project of Planned Pa	arenthood Affiliates	
_	Full Name (Last, First, Middle Initial)			Transaction ID: PDTB5EXPB109
	Dewey Square Group			Date of Disbursement
	Mailing Address P.O. Box 60340			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Charlotte	State Zip Coo NC 28260		Amount of Each Disbursement this Period
	Purpose of Disbursement	110 20200		523.20
	Consulting for Voter Contact		011	
	Candidate Name		Category/ Type	
	Office Sought: House Disbu	rsement For: 20		[MEMO ITEM]
	Senate		eneral	
	President	Other (specify)		
	State: District:			
	Full Name (Last, First, Middle Initial) Lake Research			Transaction ID: PDTB4EXPB109 Date of Disbursement
				M M / D D / Y Y Y
	Mailing Address 1726 M Street, NW, S	uite 1100		10 07 2010
	City Washington	State Zip Coo DC 20036		Amount of Each Disbursement this Period
	Purpose of Disbursement			21788.20
	Consulting for Voter Contact Candidate Name		011 Category/	
	Cardidate Name		Type	IMENA ITEM
	-	rsement For: 20	-	[MEMO ITEM]
	Senate President		eneral	
	State: District:	Other (specify)		
	Full Name (Last, First, Middle Initial)			Transaction ID: EXPB111
	Full Name (Last, First, Middle Initial) Planned Parenthood Affiliates of Californ	nia		Date of Disbursement
	,			
	Planned Parenthood Affiliates of Californ Mailing Address 555 Capitol Mall, Suite City	\$ 510 State Zip Coo		Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Planned Parenthood Affiliates of Californ Mailing Address 555 Capitol Mall, Suite City Sacramento Purpose of Disbursement	÷ 510		Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Planned Parenthood Affiliates of Californ Mailing Address 555 Capitol Mall, Suite City Sacramento Purpose of Disbursement State Election Activites	\$ 510 State Zip Coo	011	Date of Disbursement MOM DOT POT Amount of Each Disbursement this Period
_	Planned Parenthood Affiliates of Californ Mailing Address 555 Capitol Mall, Suite City Sacramento Purpose of Disbursement	\$ 510 State Zip Coo		Date of Disbursement MOM DOD DV V Y Y O Y O Amount of Each Disbursement this Period
	Planned Parenthood Affiliates of Californ Mailing Address 555 Capitol Mall, Suite City Sacramento Purpose of Disbursement State Election Activites Candidate Name	\$ 510 State Zip Coo	011 Category/	Date of Disbursement MOM DOD DV V Y Y O Y O Amount of Each Disbursement this Period
	Planned Parenthood Affiliates of Californ Mailing Address 555 Capitol Mall, Suite City Sacramento Purpose of Disbursement State Election Activites Candidate Name Office Sought: House Senate	State Zip Coc CA 95814 rsement For:	011 Category/	Date of Disbursement MOM DOD DV V Y Y O Y O Amount of Each Disbursement this Period
	Planned Parenthood Affiliates of Californ Mailing Address 555 Capitol Mall, Suite City Sacramento Purpose of Disbursement State Election Activites Candidate Name Office Sought: House Senate President	State Zip Coc CA 95814	011 Category/ Type	Date of Disbursement MOM Do D Y 2 0 1 0 Amount of Each Disbursement this Period
	Planned Parenthood Affiliates of Californ Mailing Address 555 Capitol Mall, Suite City Sacramento Purpose of Disbursement State Election Activites Candidate Name Office Sought: House Senate	State Zip Coc CA 95814 rsement For:	011 Category/ Type	Date of Disbursement MOM Do D Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDOLE B (I LO I OHII 3X)	Use separate schedule(s) (ch	PRINE NUMBER: PAGE 26 / 30 peck only one)
ITEMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 23 24 25 27 28a 28b 28c X 29 3
Any Information copied from such Reports and Stat or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) Protecting Choice in California 2010, a pof CA	ame and address of any political committee	ee to solicit contributions from such committee
Full Name (Last, First, Middle Initial) Dewey Square Group Mailing Address P.O. Box 60340		Transaction ID: PDTB6EXPB111 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte Purpose of Disbursement Candidate Name	State Zip Code NC 28260	ory/
Senate President State: District:	Type rsement For: Primary General Other (specify) ▼	[MEMO ITEM]
Full Name (Last, First, Middle Initial) Lake Research Mailing Address 1726 M Street, NW, Si	uite 1100	Transaction ID: PDTB7EXPB111 Date of Disbursement M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District:	State Zip Code DC 20036 011 Category Type Primary General Other (specify) Other (specify)	ory/
Full Name (Last, First, Middle Initial) Political Data Inc. Mailing Address 825 South Victory Blvd City Burbank Purpose of Disbursement State Election Activities Candidate Name	State Zip Code CA 91502	
	rsement For: Primary General Other (specify)	•
SUBTOTAL of Disbursements This Page (optional	nD	1462.45

			-		arate schedule(s)			OR LINE heck only		H:		ГЬ	AGE 2	27/30	
ITEMIZED DISBURSEMENTS		TS	for each category of the Detailed Summary Page				21b 27	22 28a	Н	23 28b	24 28c		25 29		
		ed from such Reports rposes, other than usi						person f	or the pu		se of so	oliciting o	contribu	tions	
\rangle	NAME OF COM Protecting Cho of CA	MITTEE (In Full) pice in California 20	010, a pro	ject of Pla	anned Parentho	ood	Aff	iliates							
<u>′</u>		First, Middle Initial) Inc.							Date of	of D	isburse				
	Mailing Address	825 South Victo	ory Blvd.						1 ^M 0	М	[′] 0	5 /	ž) 1 0 `	
	City Burbank			State CA	Zip Code 91502				Amou	int o	f Each	Disburs			rio
	Purpose of Disbu Mail Lists Candidate Name						01			_			874	4.18	
		House	Dieburee	ment For:	2010		Typ	gory/ pe							
	Office Sought: State:	Senate President District:	Disburse	Primary Other (spe	X General										
		First, Middle Initial)									ion ID:	EXPE	351		
	Mailing Address	P.O. Box 2705							1 ^M 0	М	[/] 0	5 /	Ý Ž O	10	
	City Fairfax			State VA	Zip Code 22031				Amou	int o	f Each	Disburs			rio
	Purpose of Disbu	rs					01						1864	4.00	
	Candidate Name		l s		0040		ateg Typ	gory/ pe							
	Office Sought: State:	House Senate President District:	Disburse	ment For: Primary Other (spe	2010 X General ecify) ▼										
		First, Middle Initial)	<u> </u>								ion ID:		3107		
	Mailing Address	P.O. Box 2705							1 ^M 0	М	[′] 0	5 /	ž	10	
	City Fairfax			State VA	Zip Code 22031				Amou	int o	f Each	Disburs			rio
	Purpose of Disbu State Election Ac	ctivity					01		L.				3610	6.00	
	Candidate Name		1 -				ateç Typ	gory/ oe							
	Office Sought: State:	House Senate President District:	Disburse	ment For: Primary Other (spe	General ecify) ▼										
s		bursements This Page	(optional) .					<u> </u>		•			6354	1.18	_
		d (last page this line nu	ımber only)					•							
E 6	AN026								FE	C S	chedu	le B (Fo	rm 3X)	(Revi	sec

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C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N		PAGE 28/30				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only of	22 23 [24 25 26				
Any Information copied from such Reports and Statem	ents may not be sold or used by	any person fo	28a 28b the purpose of sol	28c X 29 30b				
or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full) Protecting Choice in California 2010, a profof CA	ect of Planned Parenthood	Affiliates						
Full Name (Last, First, Middle Initial) The Spoken Hub			Transaction ID: Date of Disburser					
Mailing Address 1001 G Street, NW, Suite	⊋ 400E		10 M	3 2010				
,	State Zip Code DC 20001		Amount of Each I	Disbursement this Period				
Purpose of Disbursement Robo Calls		011		612.00				
Candidate Name		ategory/ Type						
Senate President	ment For: 2010 Primary X General Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial) Paul Wittenberg			Transaction ID: Date of Disburser	ment				
Mailing Address 167 Berkshire Court			10 M	1 Y 2010 Y				
•	State Zip Code CA 94582		Amount of Each I	Disbursement this Period				
Purpose of Disbursement State Election Activity		011		2500.00				
Candidate Name	C	ategory/ Type						
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼							
Full Name (Last, First, Middle Initial)			Transaction ID:	EXPB53				
Paul Wittenberg			Date of Disburser					
Mailing Address 167 Berkshire Court			10 1					
	State Zip Code CA 94582		Amount of Each I	Disbursement this Period				
Purpose of Disbursement On-Line Ads		011		2500.00				
Candidate Name		ategory/ Type						
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼							
SUBTOTAL of Disbursements This Page (optional) .		•		5612.00				
TOTAL This Period (last page this line number only)				110648.11				

(Use separate

PAGE 29 / 30

SCHEDULE D (FEC Form 3X)	
DEBTS AND OBLIGATIONS	

xcluding Loans			edule(s) or each pered line)	FOR LINE NUMBER: (check only one) 9 X 10			
NAME OF COMMITTEE (In Full) Protecting Choice in California 2010, a project of CA	of Planned Parenthood Affiliat	tes					
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planet Kelly			Nature of Debt (Purpose): Mailer				
Mailing Address 2425 Meadowbrook Road							
City State Sacramento CA	ZIP Code 95825						
Outstanding Balance Beginning This Period			Trai	nsaction ID: PAYD1			
0.00							
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period			
29944.98	0.00			29944.98			
B. Full Name (Last, First, Middle Initial) of Debtor Planet Kelly	or Creditor		Nature of Domination	ebt (Purpose):			
Mailing Address 2425 Meadowbrook Road							
City State Sacramento CA	ZIP Code 95825						
Outstanding Balance Beginning This Period			Trai	nsaction ID: PAYD46			
0.00							
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period			
28571.76	0.00			28571.76			
C. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates of California	or Creditor			ebt (Purpose): g & Polling for tact			
Mailing Address 555 Capitol Mall, Suite 510							
City State Sacramento CA	ZIP Code 95814						
Outstanding Balance Beginning This Period			Trai	nsaction ID: PAYD52			
22311.40							
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period			
0.00	22311.40			0.00			
1) SUBTOTALS This Period This Page (optional)		•		58516.74			
2) TOTALS This Period (last page this line number of	nly)	>					
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	•					
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only	·) •					

(Use separate schedule(s) for each

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FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** (check only one) numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Protecting Choice in California 2010, a project of Planned Parenthood Affiliates of CA A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Planned Parenthood Affiliates of California State Election Activites Mailing Address 555 Capitol Mall, Suite 510 ZIP Code City State 95814 Sacramento CA Outstanding Balance Beginning This Period Transaction ID: PAYD69 22311.41 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 22311.41 0.00 Nature of Debt (Purpose): B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Political Data Inc. State Election Activities Mailing Address 825 South Victory Blvd. ZIP Code State City Burbank 91502 CA Outstanding Balance Beginning This Period Transaction ID: PAYD70 7000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 7000.00 7000.00 1) SUBTOTALS This Period This Page (optional)..... 65516.74 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)

65516.74