

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

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

ADDRESS (number and street) 555 Capitol Mall, Suite 1425

Check if different than previously reported. (ACC) Sacramento CA 95814

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00488502

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 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

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

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input checked="" type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on 11 02 2010 in the State of CA

- (d) 30-Day **Post -Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on in the State of

5. Covering Period 10 01 2010 through 10 13 2010

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

Type or Print Name of Treasurer Kathy Kneer

Signature of Treasurer Electronically Filed by Kathy Kneer Date 10 21 2010

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 Use Only							
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FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		0.00
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning 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 the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From: To:

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)	112664.34	123593.26
(ii) Unitemized	400.00	540.93
(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)	52680.00	177680.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	165744.34	301814.19
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.)	43.78	43.78
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 Transfer (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))	165788.12	301857.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	165788.12	301857.97

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	3020.92	3020.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	3020.92	3020.92
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 Expenditure (use Schedule E)	35446.72	41516.57
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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	34500.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	34500.00
29. Other Disbursements.....	110773.09	120773.09
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	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)

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

**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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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 2010, a project of Planned Parenthood Affiliates of CA

A.

Full Name (Last, First, Middle Initial)

Laura Unger Dudley

Mailing Address 1534 Ensley Avenue

City State Zip Code
Los Angeles CA 90024

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: INCA95

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Leslie Lichtenstein

Mailing Address 1965 Lucille Avenue

City State Zip Code
Los Angeles CA 90039

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

Name of Employer Occupation
Leslie Lichtenstein, Psychologist Psychologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: INCA96

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Planned Parenthood Action Fund of San Diego & Riverside Counties

Mailing Address 1075 Camino Del Rio South

City State Zip Code
San Diego CA 92108

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 15000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: INCA91

Amount of Each Receipt this Period
15000.00

SUBTOTAL of Receipts This Page (optional) ▶

15500.00

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: PAGE 7 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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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)
Planned Parenthood Action Fund of San Diego and Riverside Counties

Mailing Address 1075 Camino del Rio South

City San Diego State CA Zip Code 92108

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 364.92

Date of Receipt: 10 / 01 / 2010
Transaction ID: INCA116
 Amount of Each Receipt this Period: 364.92

B. Full Name (Last, First, Middle Initial)
Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo, Inc.

Mailing Address 518 Garden Street

City Santa Barbara State CA Zip Code 93117

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.15

Date of Receipt: 10 / 01 / 2010
Transaction ID: INCA117
 Amount of Each Receipt this Period: 230.64

C. Full Name (Last, First, Middle Initial)
Planned Parenthood Advocacy Project Los Angeles

Mailing Address 400 West 30th Street

City Los Angeles State CA Zip Code 90007

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2549.86

Date of Receipt: 10 / 01 / 2010
Transaction ID: INCA118
 Amount of Each Receipt this Period: 1902.86

SUBTOTAL of Receipts This Page (optional) ► 2498.42

TOTAL This Period (last page this line number only) ►

A. Form/Schedule : **SA11AI**
Transaction ID : **INCA116**

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

B. Form/Schedule : **SA11AI**
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: (check only one)	PAGE 9 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 2010, a project of Planned Parenthood Affiliates of CA

A.	Full Name (Last, First, Middle Initial) Planned Parenthood Advocates Mar Monte	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 1691 The Alameda	Transaction ID: INCA119
	City State Zip Code San Jose CA 95126	Amount of Each Receipt this Period 1144.00
	FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1214.56	

B.	Full Name (Last, First, Middle Initial) Planned Parenthood Advocates Mar Monte	Date of Receipt MM / DD / YYYY 10 / 08 / 2010
	Mailing Address 1691 The Alameda	Transaction ID: INCA90
	City State Zip Code San Jose CA 95126	Amount of Each Receipt this Period 50000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50000.00	

C.	Full Name (Last, First, Middle Initial) Planned Parenthood Affiliates of California	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 555 Capitol Mall, Suite 510	Transaction ID: INCA120
	City State Zip Code Sacramento CA 95814	Amount of Each Receipt this Period 2396.94
	FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 47631.98	

SUBTOTAL of Receipts This Page (optional)	53540.94
TOTAL This Period (last page this line number only)	

A. Form/Schedule : **SA11AI**
Transaction ID : **INCA119**

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

C. Form/Schedule : **SA11AI**
Transaction ID : **INCA120**

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 11 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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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)
Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City State Zip Code
Sacramento CA 95814

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
47631.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	8	/	2	0	1	0

Transaction ID: INCA89

Amount of Each Receipt this Period
40000.00

B. Full Name (Last, First, Middle Initial)
Planned Parenthood Shasta-Diablo Action Fund

Mailing Address 2185 Pacheco Blvd.

City State Zip Code
Concord CA 94522

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5171.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	1	/	2	0	1	0

Transaction ID: INCA121

Amount of Each Receipt this Period
124.98

C. Full Name (Last, First, Middle Initial)
Leslie A. Swain

Mailing Address 524 South Windsor Blvd.

City State Zip Code
Los Angeles CA 90020

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

Name of Employer Occupation
Proskaver Rosé LLP Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	8	/	2	0	1	0

Transaction ID: INCA98

Amount of Each Receipt this Period
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**

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 13 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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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)
Planned Parenthood Advocacy Project Los Angeles County Action Fund

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
Sacramento CA 95814

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
17500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	8	/	2	0	1	0

Transaction ID: INCA88

Amount of Each Receipt this Period
17500.00

B. Full Name (Last, First, Middle Initial)
Planned Parenthood Advocacy Project Los Angeles County Action Fund - Issues Account

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
Sacramento CA 95814

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
33680.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	3	/	2	0	1	0

Transaction ID: INCA100

Amount of Each Receipt this Period
18180.00

C. Full Name (Last, First, Middle Initial)
Planned Parenthood Advocates Mar Monte Candidate PAC

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
Sacramento CA 95814

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	4	/	2	0	1	0

Transaction ID: INCA92

Amount of Each Receipt this Period
7000.00

SUBTOTAL of Receipts This Page (optional) ► **42680.00**

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:		PAGE 14 / 30	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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 2010, a project of Planned Parenthood Affiliates of CA

A.	Full Name (Last, First, Middle Initial) Planned Parenthood San Diego & Riverside Counties Action Fund		Date of Receipt
	Mailing Address 555 Capitol Mall, Suite 1425		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Sacramento	CA	95814
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: INCA94
Receipt For:		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="10000.00"/>	
<input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="10000.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="10000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="52680.00"/>

**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)

PAGE 15 / 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 2010, a project of Planned Parenthood Affiliates of CA

A. Full Name (Last, First, Middle Initial) Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Legal & Reporting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB113 Date of Disbursement 10 / 07 / 2010
	Amount of Each Disbursement this Period 2977.14 Category/Type: 001
B. Full Name (Last, First, Middle Initial) Olson, Hagel & Fishburn, LLP Mailing Address 555 Capitol Mall, Suite 1425 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EDTB46EXPB113 Date of Disbursement 10 / 07 / 2010
	Amount of Each Disbursement this Period 2977.14 Category/Type: 001 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

2977.14

TOTAL This Period (last page this line number only)

2977.14

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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 <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Concentric Media

Mailing Address
P.O. Box 1414

City State Zip Code
Menlo Park CA 94026

Purpose of Expenditure Category/
Campaign Paraphernal- Type 011
ia

Name of Federal Candidate supported or Opposed by expenditure:
Barbara Boxer

Calendar Year-To-Date Per Election for Office Sought 71826.47

Date
M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Amount
500.00

Transaction ID: EDTEALC20

Office Sought: House State: CA
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Dewey Square Group

Mailing Address
P.O. Box 60340

City State Zip Code
Charlotte NC 28260

Purpose of Expenditure Category/
Robo Calls Type 011

Name of Federal Candidate supported or Opposed by expenditure:
Barbara Boxer

Calendar Year-To-Date Per Election for Office Sought 71826.47

Date
M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Amount
1099.36

Transaction ID: EDTEALC19

Office Sought: House State: CA
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathy Kneer
Signature

Date M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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 <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Lake Research

Mailing Address
1726 M Street, NW, Suite 1100

City State Zip Code
Washington DC 20036

Purpose of Expenditure
Consulting for Independent Expenditures

Category/Type **011**

Name of Federal Candidate supported or Opposed by expenditure:
Barbara Boxer

Calendar Year-To-Date Per Election for Office Sought **71826.47**

Date
MM / DD / YYYY
10 / 06 / 2010

Amount
498.66

Transaction ID: EDTEALC18

Office Sought: House State: CA
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Planet Kelly

Mailing Address
2425 Meadowbrook Road

City State Zip Code
Sacramento CA 95825

Purpose of Expenditure
Mailer

Category/Type **011**

Name of Federal Candidate supported or Opposed by expenditure:
Carly Fiorina

Calendar Year-To-Date Per Election for Office Sought **28571.76**

Date
MM / DD / YYYY
10 / 05 / 2010

Amount
28571.76

Transaction ID: PDTE2

Office Sought: House State: CA
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	498.66
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathy Kneer
Signature

Date **10 / 21 / 2010**

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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 <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Planned Parenthood Action Fund of Santa Barbara, Ventura
and San Luis Obispo, Inc.

Mailing Address
518 Garden Street

City Santa Barbara	State CA	Zip Code 93117
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Purpose of Expenditure
Staff Time & Other
Voter Contact (10/1/-
10 - 10/16/10)

Category/
Type **011**

Name of Federal Candidate supported or Opposed by expenditure:
Barbara Boxer

Calendar Year-To-Date Per Election
for Office Sought **71826.47**

Date
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Amount
230.64

Transaction ID: EDTEALC24

Office Sought: House State: CA
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Planned Parenthood Advocacy Project Los Angeles

Mailing Address
400 West 30th Street

City Los Angeles	State CA	Zip Code 90007
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Purpose of Expenditure
Phonebanking & Other
Voter Contact (10/1/-
10 - 10/16/10)

Category/
Type **011**

Name of Federal Candidate supported or Opposed by expenditure:
Barbara Boxer

Calendar Year-To-Date Per Election
for Office Sought **71826.47**

Date
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Amount
1902.86

Transaction ID: EDTEALC10

Office Sought: House State: CA
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	2133.50
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathy Kneer
Signature

Date **1 0 / 2 1 / 2 0 1 0**

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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 <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Planned Parenthood Advocates Mar Monte

Mailing Address
1691 The Alameda

City San Jose	State CA	Zip Code 95126
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Purpose of Expenditure Phonebanking & Other Voter Contact (10/1/- 10-10/16/10)	Category/ Type	011
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Name of Federal Candidate supported or Opposed by expenditure:
Barbara Boxer

Calendar Year-To-Date Per Election for Office Sought	71826.47
---	----------

Date

M M 1 0	D D 0 1	Y Y Y Y 2 0 1 0
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Amount

1144.00

Transaction ID: EDTEALC9

Office Sought: House State: CA
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2010

Full Name (Last, First, Middle, Initial) of Payee
Planned Parenthood Affiliates of California

Mailing Address
555 Capitol Mall, Suite 510

City Sacramento	State CA	Zip Code 95814
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Purpose of Expenditure Phonebanking & Other Voter Contact (10/1/- 10-10/16/10)	Category/ Type	011
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Name of Federal Candidate supported or Opposed by expenditure:
Barbara Boxer

Calendar Year-To-Date Per Election for Office Sought	71826.47
---	----------

Date

M M 1 0	D D 0 1	Y Y Y Y 2 0 1 0
------------	------------	--------------------

Amount

2396.64

Transaction ID: EDTEALC17

Office Sought: House State: CA
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathy Kneer
Signature

Date

M M 1 0	D D 2 1	Y Y Y Y 2 0 1 0
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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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 <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Planned Parenthood Affiliates of California

Date
M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Mailing Address
555 Capitol Mall, Suite 510

Amount
22311.40

City State Zip Code
Sacramento CA 95814

Transaction ID: PDTE3

Purpose of Expenditure
Consulting & Polling
for Voter Contact

Category/
Type 24E

Office Sought: House State: CA
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Barbara Boxer

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 71826.47

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Planned Parenthood Shasta-Diablo Action Fund

Date
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Mailing Address
2185 Pacheco Blvd.

Amount
124.98

City State Zip Code
Concord CA 94522

Transaction ID: EDTEALC7

Purpose of Expenditure
Phonebanking & Other
Voter Contact (10/1/-
10-10/16/10)

Category/
Type 011

Office Sought: House State: CA
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Barbara Boxer

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 71826.47

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	22436.38
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathy Kneer
Signature

Date M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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 <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Political Data Inc.

Mailing Address
825 South Victory Blvd.

City Burbank	State CA	Zip Code 91502
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Purpose of Expenditure Voter Files	Category/ Type 011
---------------------------------------	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
Barbara Boxer

Calendar Year-To-Date Per Election
for Office Sought 71826.47

Date
M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Amount
874.18

Transaction ID: EDTEALC21

Office Sought: House State: CA
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
The Blue Deal Inc.

Mailing Address
P.O. Box 2705

City Fairfax	State VA	Zip Code 22031
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Purpose of Expenditure Buttons & Stickers	Category/ Type 011
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Name of Federal Candidate supported or Opposed by expenditure:
Barbara Boxer

Calendar Year-To-Date Per Election
for Office Sought 71826.47

Date
M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Amount
1864.00

Transaction ID: EDTEALC22

Office Sought: House State: CA
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	2738.18
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathy Kneer
Signature

Date M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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 <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Paul Wittenberg		Date M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 1 0	
Mailing Address 167 Berkshire Court		Amount 2500.00	
City State Zip Code San Ramon CA 94582		Transaction ID: EDTEALC23	
Purpose of Expenditure On-Line Ads		Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 011		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barbara Boxer		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		71826.47	

(a) SUBTOTAL of Itemized Independent Expenditures	2500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	35446.72
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Kathy Kneer Signature	Date M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0

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"/> 24	<input type="checkbox"/> 25	<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 2010, a project of Planned Parenthood Affiliates of CA

A.	Full Name (Last, First, Middle Initial) Concentric Media <hr/> Mailing Address P.O. Box 1414 <hr/> City Menlo Park State CA Zip Code 94026 <hr/> Purpose of Disbursement Educational DVD's Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB49 Date of Disbursement 10 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Dewey Square Group <hr/> Mailing Address P.O. Box 60340 <hr/> City Charlotte State NC Zip Code 28260 <hr/> Purpose of Disbursement Robo Calls Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB48 Date of Disbursement 10 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 1099.36
C.	Full Name (Last, First, Middle Initial) Lake Research <hr/> Mailing Address 1726 M Street, NW, Suite 1100 <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement Consulting for Independent Expenditure Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB47 Date of Disbursement 10 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 498.66

SUBTOTAL of Disbursements This Page (optional) ▶

2098.02

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"/> 24	<input type="checkbox"/> 25	<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 2010, a project of Planned Parenthood Affiliates of CA

A. Full Name (Last, First, Middle Initial) Lake Research Mailing Address 1726 M Street, NW, Suite 1100 City Washington State DC Zip Code 20036 Purpose of Disbursement State Election Activity Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB108 Date of Disbursement 10 / 06 / 2010
	Amount of Each Disbursement this Period 498.65
	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mering Carson Mailing Address 1700 I Street, Suite 210 City Sacramento State CA Zip Code 95811 Purpose of Disbursement State Election Activity Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB115 Date of Disbursement 10 / 13 / 2010
	Amount of Each Disbursement this Period 50000.00
	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Consulting & Polling for Voter Contact Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB109 Date of Disbursement 10 / 07 / 2010
	Amount of Each Disbursement this Period 22311.40
	24E Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

72810.05

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)

PAGE 25 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 2010, a project of Planned Parenthood Affiliates of CA

A. Full Name (Last, First, Middle Initial) Dewey Square Group <hr/> Mailing Address P.O. Box 60340 <hr/> City Charlotte State NC Zip Code 28260 <hr/> Purpose of Disbursement Consulting for Voter Contact Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: PDTB5EXPB109 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 523.20
	[MEMO ITEM]
	Category/Type 011
B. Full Name (Last, First, Middle Initial) Lake Research <hr/> Mailing Address 1726 M Street, NW, Suite 1100 <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement Consulting for Voter Contact Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: PDTB4EXPB109 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 21788.20
	[MEMO ITEM]
	Category/Type 011
C. Full Name (Last, First, Middle Initial) Planned Parenthood Affiliates of California <hr/> Mailing Address 555 Capitol Mall, Suite 510 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement State Election Activities Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB111 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 22311.41
	[MEMO ITEM]
	Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

22311.41

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"/> 24	<input type="checkbox"/> 25	<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 2010, a project of Planned Parenthood Affiliates of CA

A.

Full Name (Last, First, Middle Initial)

Dewey Square Group

Mailing Address P.O. Box 60340

City State Zip Code
Charlotte NC 28260

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: PDTB6EXPB111

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

523.20

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Lake Research

Mailing Address 1726 M Street, NW, Suite 1100

City State Zip Code
Washington DC 20036

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: PDTB7EXPB111

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

21788.20

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Political Data Inc.

Mailing Address 825 South Victory Blvd.

City State Zip Code
Burbank CA 91502

Purpose of Disbursement

State Election Activities

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: EXPB106

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

1462.45

SUBTOTAL of Disbursements This Page (optional) ▶

1462.45

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)

PAGE 27 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 2010, a project of Planned Parenthood Affiliates of CA

A. Full Name (Last, First, Middle Initial) Political Data Inc. <hr/> Mailing Address 825 South Victory Blvd. <hr/> City Burbank State CA Zip Code 91502 <hr/> Purpose of Disbursement Mail Lists Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB50 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 874.18
	<input type="text" value="011"/> Category/ Type
	State: District:
B. Full Name (Last, First, Middle Initial) The Blue Deal Inc. <hr/> Mailing Address P.O. Box 2705 <hr/> City Fairfax State VA Zip Code 22031 <hr/> Purpose of Disbursement Buttons & Stickers Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB51 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1864.00
	<input type="text" value="011"/> Category/ Type
	State: District:
C. Full Name (Last, First, Middle Initial) The Blue Deal Inc. <hr/> Mailing Address P.O. Box 2705 <hr/> City Fairfax State VA Zip Code 22031 <hr/> Purpose of Disbursement State Election Activity Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB107 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 3616.00
	<input type="text" value="011"/> Category/ Type
	State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

6354.18

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"/> 24	<input type="checkbox"/> 25	<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 2010, a project of Planned Parenthood Affiliates of CA

<p>A.</p> <p>Full Name (Last, First, Middle Initial) The Spoken Hub</p> <p>Mailing Address 1001 G Street, NW, Suite 400E</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Robo Calls</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: EXPB56</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="612.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paul Wittenberg</p> <p>Mailing Address 167 Berkshire Court</p> <p>City San Ramon State CA Zip Code 94582</p> <p>Purpose of Disbursement State Election Activity</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: EXPB114</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paul Wittenberg</p> <p>Mailing Address 167 Berkshire Court</p> <p>City San Ramon State CA Zip Code 94582</p> <p>Purpose of Disbursement On-Line Ads</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: EXPB53</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5612.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="110648.11"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 29 / 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 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 Planet Kelly	Nature of Debt (Purpose): Mailer
Mailing Address 2425 Meadowbrook Road	
City State ZIP Code Sacramento CA 95825	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAYD1	
Amount Incurred This Period 29944.98	Payment This Period 0.00	Outstanding Balance at Close of This Period 29944.98

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planet Kelly	Nature of Debt (Purpose): Mailer
Mailing Address 2425 Meadowbrook Road	
City State ZIP Code Sacramento CA 95825	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAYD46	
Amount Incurred This Period 28571.76	Payment This Period 0.00	Outstanding Balance at Close of This Period 28571.76

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California	Nature of Debt (Purpose): Consulting & Polling for Voter Contact
Mailing Address 555 Capitol Mall, Suite 510	
City State ZIP Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 22311.40	Transaction ID: PAYD52	
Amount Incurred This Period 0.00	Payment This Period 22311.40	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	58516.74
2) TOTALS This Period (last page this line number only).....	
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)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 30 / 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 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 Planned Parenthood Affiliates of California	Nature of Debt (Purpose): State Election Activities
Mailing Address 555 Capitol Mall, Suite 510	
City State ZIP Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 22311.41	Transaction ID: PAYD69	
Amount Incurred This Period 0.00	Payment This Period 22311.41	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Political Data Inc.	Nature of Debt (Purpose): State Election Activities
Mailing Address 825 South Victory Blvd.	
City State ZIP Code Burbank CA 91502	

Outstanding Balance Beginning This Period 7000.00	Transaction ID: PAYD70	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7000.00

1) SUBTOTALS This Period This Page (optional).....	7000.00
2) TOTALS This Period (last page this line number only).....	65516.74
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	65516.74