

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
Protecting Choice in California, a project of Planned Parenthood Affiliates of California

ADDRESS (number and street) 555 Capitol Mall, Suite 1425  
Check if different than previously reported. (ACC) Sacramento CA 95814

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00556860 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of CA

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2016 through 11 / 28 / 2016

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 OConnor, Rose, , ,

Signature of Treasurer OConnor, Rose, , , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		121477.43
(b) Cash on Hand at Beginning of Reporting Period.....	83359.85	
(c) Total Receipts (from Line 19) .....	23040.77	148695.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	106400.62	270172.76
7. Total Disbursements (from Line 31).....	47869.94	211642.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	58530.68	58530.68
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	6134.25	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  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).....	13824.46	77541.09
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	13824.46	77541.09
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	9216.31	65154.24
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	23040.77	142695.33
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	6000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	23040.77	148695.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	23040.77	148695.33

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	125365.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	125365.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	45115.30	52073.83
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	2754.64	34203.24
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	47869.94	211642.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47869.94	211642.08

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	23040.77	142695.33
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23040.77	142695.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	125365.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	125365.01

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

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

FOR LINE NUMBER: PAGE 6 OF 22  
(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, a project of Planned Parenthood Affiliates of California**

**A. Planned Parenthood Advocacy Project Los Angeles County**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 400 West 30th Street

City Los Angeles	State CA	Zip Code 90007
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
13824.46

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		17		2016

**Transaction ID : IDTA45**

Amount of Each Receipt this Period  
13824.46

Memo Item

**B. Planned Parenthood Affiliates of California**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 555 Capitol Mall, Suite 510

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
29040.77

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		21		2016

**Transaction ID : INCA862IDTA45**

Amount of Each Receipt this Period  
13824.46

Memo Item

**C.**

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

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	13824.46
<b>TOTAL</b> This Period (last page this line number only).....	13824.46

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : IDTA45

Earmarked contribution received through Planned Parenthood Affiliates of California

Form/Schedule: SA11AI

Transaction ID: INCA862IDTA45

Conduit for above contribution

**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 8 OF 22
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Planned Parenthood Advocacy Project Los Angeles County Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 555 Capitol Mall, Suite 1425

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

FEC ID number of contributing federal political committee.

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : IDTA46**

Amount of Each Receipt this Period

Memo Item

**B. Planned Parenthood Affiliates of California**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 555 Capitol Mall, Suite 510

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : INCA863IDTA46**

Amount of Each Receipt this Period

Memo Item

**C.**

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

City	State	Zip Code
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FEC ID number of contributing federal political committee.

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="9216.31"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value="9216.31"/>



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : IDTA46

Earmarked contribution received through Planned Parenthood Affiliates of California

Form/Schedule: SA11C

Transaction ID: INCA863IDTA46

Conduit for above contribution

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Planned Parenthood Affiliates of California**

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Independent Expenditures - Non Federal Expense

Category/Type

Candidate Name

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

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2016			

FEC Identification Number  
  
**Transaction ID : EXPB864**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Planned Parenthood Affiliates of California**

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement In-kind Contribution - Non Federal Expense

Category/Type

Candidate Name

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

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2016			

FEC Identification Number  
  
**Transaction ID : EXPB865**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

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

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number  
  
 Amount of Each Disbursement this Period

Memo Item

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

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

2754.64
2754.64

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 22
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Planned Parenthood Affiliates of California</b>			Nature of Debt (Purpose): Staff Time & Website for Voter Guide; 5/19/16 - 6/30/16
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="1.20"/>	<b>Transaction ID : PAYD769</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1.20"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Planned Parenthood Affiliates of California</b>			Nature of Debt (Purpose): Staff Time & Website for Voter Guide; 5/19/16 - 6/30/16
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="32.66"/>	<b>Transaction ID : PAYD770</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="32.66"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Planned Parenthood Affiliates of California</b>			Nature of Debt (Purpose): Website & Voter Guide Various Unitemized Candidates
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="42.80"/>	<b>Transaction ID : PAYD796</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="42.80"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="76.66"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 22
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Planned Parenthood Affiliates of California</b>		Nature of Debt (Purpose): Data for Voter Guide	
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="468.75"/>	<b>Transaction ID : PAYD833</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="468.75"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Planned Parenthood Affiliates of California</b>		Nature of Debt (Purpose): Non Monetary Contribution to Planned Parenthood Northern California Action Fund, ID #C90014242	
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="449.18"/>	<b>Transaction ID : PAYD834</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="449.18"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Planned Parenthood Affiliates of California</b>		Nature of Debt (Purpose): Non Monetary contribution to We Vote - Nosotros Votomas - PPAMM Committee, ID #C00527226	
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="935.47"/>	<b>Transaction ID : PAYD835</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="935.47"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="1853.40"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 22
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Planned Parenthood Affiliates of California</b>			Nature of Debt (Purpose): Non Monetary Donation to Planned Parenthood Central Coast Action Fund, ID #C90006701
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="156.11"/>	<b>Transaction ID : PAYD836</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="156.11"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Planned Parenthood Affiliates of California</b>			Nature of Debt (Purpose): Non Monetary contribution to Planned Parenthood Advocacy Project of Los Angeles County ID #C90006149
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="572.08"/>	<b>Transaction ID : PAYD837</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="572.08"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Planned Parenthood Affiliates of California</b>			Nature of Debt (Purpose): Non Monetary Contribution to Planned Parenthood Pasadena and San Gabriel Valley
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="146.29"/>	<b>Transaction ID : PAYD838</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="146.29"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="874.48"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 22
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Planned Parenthood Affiliates of California</b>			Nature of Debt (Purpose): Non Monetary contribution to Planned Parenthood Action Fund of the Pacific Southwest, ID #C900011412
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="558.18"/>	<b>Transaction ID : PAYD839</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="558.18"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Planned Parenthood Affiliates of California</b>			Nature of Debt (Purpose): Non Monetary cont. to Planned Parenthood Orange & San Bernardino Counties Action Fund ID #C90012139
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="463.96"/>	<b>Transaction ID : PAYD840</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="463.96"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Planned Parenthood Affiliates of California</b>			Nature of Debt (Purpose): Staff Time
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="2.39"/>	<b>Transaction ID : PAYD845</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2.39"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="1022.14"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 22
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Planned Parenthood Affiliates of California</b>			Nature of Debt (Purpose): Staff Time - Various unitemized candidates; no candidate exceeds \$200
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period 90.95	<b>Transaction ID : PAYD846</b>	
Amount Incurred This Period 0.00	Payment This Period 90.95	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Planned Parenthood Affiliates of California</b>			Nature of Debt (Purpose): Staff Time: 11/1 - 11/15
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD859</b>	
Amount Incurred This Period 2205.89	Payment This Period 0.00	Outstanding Balance at Close of This Period 2205.89

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Planned Parenthood Affiliates of California</b>			Nature of Debt (Purpose): Website; various unitemized candidates
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD860</b>	
Amount Incurred This Period 1.41	Payment This Period 0.00	Outstanding Balance at Close of This Period 1.41

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	2207.30
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 16 OF 22
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Planned Parenthood Affiliates of California</b>			Nature of Debt (Purpose): Staff Time
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period		Transaction ID : <b>PAYD861</b>	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
100.27	0.00	100.27	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	100.27
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	6134.25
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	6134.25





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

NAME OF COMMITTEE (In Full) <b>Protecting Choice in California, a project of Planned Parenthood Affiliates of California</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00556860                 </div>
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Check if  24-hour report  48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Affiliates of California</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span>                      10 / 22 / 2016                 </div>
Mailing Address 555 Capitol Mall, Suite 510	Amount <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">78.42</span> </div>
City State Zip Code Sacramento CA 95814	<b>Transaction ID : EDTEALC36</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span>                      11 / 09 / 2016                 </div>
Purpose of Expenditure Travel Expenses; 10/22 - 11/9	Category/Type <span style="border: 1px solid black; padding: 2px;">24E</span>
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Clinton, Hillary, , ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">7358.36</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Affiliates of California</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span>                      10 / 22 / 2016                 </div>
Mailing Address 555 Capitol Mall, Suite 510	Amount <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">78.42</span> </div>
City State Zip Code Sacramento CA 95814	<b>Transaction ID : EDTEALC37</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span>                      11 / 09 / 2016                 </div>
Purpose of Expenditure Travel Expenses; 10/22 - 11/9	Category/Type <span style="border: 1px solid black; padding: 2px;">24E</span>
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Masto, Catherine Cortez, , ,	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">39403.66</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">156.84</span> </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;"> </span> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;"> </span> </div>

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.

OConnor, Rose, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2016

Signature



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

NAME OF COMMITTEE (In Full) <b>Protecting Choice in California, a project of Planned Parenthood Affiliates of California</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00556860
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Planned Parenthood Affiliates of California</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 555 Capitol Mall, Suite 510			Amount <input type="text"/> 1036.10
City Sacramento	State CA	Zip Code 95814	
Purpose of Expenditure Staff Time & Online Ads; 11/1 - 11/8		Category/ Type <input type="text"/> 24E	Transaction ID : PDTE111 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 7358.36		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Planned Parenthood Affiliates of California</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 555 Capitol Mall, Suite 510			Amount <input type="text"/> 1169.79
City Sacramento	State CA	Zip Code 95814	
Purpose of Expenditure Staff Time; 11/1 - 11/8		Category/ Type <input type="text"/> 24E	Transaction ID : PDTE112 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Masto, Catherine Cortez, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 39403.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text"/> 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures .....	<input type="text"/>
(a) TOTAL Independent Expenditures .....	<input type="text"/>

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.

OConnor, Rose, , ,

[Electronically Filed]

Date

/  /

Signature



