

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

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

ADDRESS (number and street)

555 Capitol Mall, Suite 400

☐ (Check if address is changed)

Sacramento

CITY ▲

CA

STATE ▲

95814

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

compliance@olsonremcho.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

08 / 25 / 2021

3. FEC IDENTIFICATION NUMBER ►

C C00556860

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

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

Type or Print Name of Treasurer Ragsac, Nikki, , ,

Signature of Treasurer

Ragsac, Nikki, , ,

[Electronically Filed]

Date

08 / 25 / 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

C

Write or Type Committee Name

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

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

None

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Andrews, Emily A., , ,

Mailing Address

555 Capitol Mall, Suite 400

Sacramento

CA

95814

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

916

442

2952

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Ragsac, Nikki, , ,

Mailing Address

1201 K Street, Suite 710

Sacramento

CA

95814

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

916

446

5247

Full Name of
Designated
Agent

Wonnacott, Jennifer, , ,

Mailing Address

1201 K Street, Suite 710

Sacramento

CITY

CA

STATE

95814

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

916

446

5247

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

California Bank & Trust

Mailing Address

550 South Hope Street, Suite 100

Los Angeles

CITY

CA

STATE

90071

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE