

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes			FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Planned Parenthood Action Fund, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 21 / 2025	
Mailing Address 123 William St			Amount 493.13	
City New York	State NY	Zip Code 10038-3804	Transaction ID : 500728275	
Purpose of Expenditure Estimated Cost of Staff Time for Voter Communications		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2025	
Name of Federal Candidate Behn, Aftyn, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought		32407.90	Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special	
Full Name of Payee Stones' Phones			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 21 / 2025	
Mailing Address 41750 Rancho Las Palmas Dr # E			Amount 8815.00	
City Rancho Mirage	State CA	Zip Code 92270-5511	Transaction ID : 500728276	
Purpose of Expenditure Estimated Cost for Phone Banking		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Behn, Aftyn, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought		32407.90	Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			9308.13	
(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.				
Signature Louie, Maggie, , ,			Date M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2025	

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Full Name of Payee Westerleigh Press		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2025	
Mailing Address 458 Andrews Ave		Amount 759.29	
City Hartsville	State TN	Zip Code 37074-1015	Transaction ID : 500728273
Purpose of Expenditure Estimated Cost for Production and Printing of Walking Cards		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Name of Federal Candidate Behn, Aftyn, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN
Calendar Year-To-Date Per Election for Office Sought		32407.90	Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special

Full Name of Payee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	759.29
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	10067.42

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.

Louie, Maggie, , ,

Signature

Date

M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2025