

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 4
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	

Full Name of Payee Planned Parenthood Action Fund, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 26 / 2024	
Mailing Address 123 William St		Amount 1137.70	
City New York	State NY	Zip Code 10038-3804	Transaction ID : 500678384
Purpose of Expenditure Estimated Cost for Staff Time for Voter Communications		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 26 / 2024
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		136184.78	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

Full Name of Payee Planned Parenthood Action Fund, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 26 / 2024	
Mailing Address 123 William St		Amount 6446.97	
City New York	State NY	Zip Code 10038-3804	Transaction ID : 500678385
Purpose of Expenditure Estimated Cost for Staff Time for Voter Communications		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 26 / 2024
Name of Federal Candidate Trump, Donald, J., ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		136184.78	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7584.67
(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.

Louie, Maggie, , ,

Signature

Date

MM / DD / YYYY
09 / 05 / 2024

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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	

Full Name of Payee Planned Parenthood Action Fund, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2024	
Mailing Address 123 William St		Amount 13.65	
City New York	State NY	Zip Code 10038-3804	Transaction ID : 500678386
Purpose of Expenditure Estimated Cost for List Rental		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2024
Name of Federal Candidate Trump, Donald, J., ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee Planned Parenthood Advocates of Arizona		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2024	
Mailing Address 4751 N 15th St		Amount 894.72	
City Phoenix	State AZ	Zip Code 85014-3707	Transaction ID : 500678387
Purpose of Expenditure Estimated Cost for Staff Time for Voter Communications		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2024
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	908.37
(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.

Louie, Maggie, , ,
Signature

Date MM / DD / YYYY
09 / 05 / 2024

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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 / D D / Y Y Y Y Y Y	

Full Name of Payee Planned Parenthood Advocates of Arizona			Date of Public Distribution/Dissemination 09 / 03 / 2024	
Mailing Address 4751 N 15th St			Amount 894.72	
City Phoenix	State AZ	Zip Code 85014-3707	Transaction ID : 500678388	
Purpose of Expenditure Estimated Cost for Staff Time for Voter Communications		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Trump, Donald, J., ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 136184.78		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		

Full Name of Payee Planned Parenthood Pennsylvania Advocates			Date of Public Distribution/Dissemination 09 / 03 / 2024	
Mailing Address 1514 N 2nd St			Amount 3124.04	
City Harrisburg	State PA	Zip Code 17102-2505	Transaction ID : 500678389	
Purpose of Expenditure Estimated Cost for Staff Time for Voter Communications		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 136184.78		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4018.76
(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

09 / 05 / 2024

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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 Planned Parenthood Pennsylvania Advocates			Date of Public Distribution/Dissemination 09 / 03 / 2024	
Mailing Address 1514 N 2nd St			Amount 3124.04	
City Harrisburg	State PA	Zip Code 17102-2505	Transaction ID : 500678390	
Purpose of Expenditure Estimated Cost for Staff Time for Voter Communications		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Trump, Donald, J., ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 136184.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____		

Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address			Amount 	
City	State	Zip Code	Date of Disbursement or Obligation M M / 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..... ▶	3124.04
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	15635.84

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Signature Louie, Maggie, , ,

Date

09 / 05 / 2024