

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 4  
FOR SE OF FORM 24/48

|                                                                                                                                                                                                    |  |                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>Planned Parenthood Affiliates of California VOTES PAC</b>                                                                                                        |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00556860 |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on |  | MM / DD / YYYY<br><b>11 / 02 / 2024</b>           |  |

|                                                                                                     |             |                                                                                                                                                   |                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br>76 Words Company                                                              |             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>10 / 17 / 2024</b>                                                              |                                                                                                                                                                           |
| Mailing Address 1328 Florida Avenue Northwest                                                       |             | Amount<br><b>18070.00</b>                                                                                                                         |                                                                                                                                                                           |
| City<br>Washington                                                                                  | State<br>DC | Zip Code<br>20009                                                                                                                                 | Transaction ID : EDT.E.129                                                                                                                                                |
| Purpose of Expenditure<br>Digital Ads (10/17-11/5). Actual amount for 24-hour report filed on 10/17 |             | Category/Type<br><b>24A</b>                                                                                                                       | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>10 / 17 / 2024</b>                                                                                             |
| Name of Federal Candidate<br>Calvert, Ken, , ,                                                      |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose                                                                    | Office Sought: <input checked="" type="checkbox"/> House    District: <b>41</b><br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CA</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought                                             |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ |                                                                                                                                                                           |

|                                                                                                     |             |                                                                                                                                                   |                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br>76 Words Company                                                              |             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>10 / 17 / 2024</b>                                                              |                                                                                                                                                                           |
| Mailing Address 1328 Florida Avenue Northwest                                                       |             | Amount<br><b>6523.00</b>                                                                                                                          |                                                                                                                                                                           |
| City<br>Washington                                                                                  | State<br>DC | Zip Code<br>20009                                                                                                                                 | Transaction ID : EDT.E.130                                                                                                                                                |
| Purpose of Expenditure<br>Digital Ads (10/17-11/5). Actual amount for 24-hour report filed on 10/17 |             | Category/Type<br><b>24A</b>                                                                                                                       | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>10 / 17 / 2024</b>                                                                                             |
| Name of Federal Candidate<br>Rollins, Will, , ,                                                     |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                    | Office Sought: <input checked="" type="checkbox"/> House    District: <b>41</b><br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CA</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought                                             |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ |                                                                                                                                                                           |

|                                                             |                 |
|-------------------------------------------------------------|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | <b>24593.00</b> |
| (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.

Ragsac, Nikki, , ,

Signature

Date

MM / DD / YYYY  
**11 / 27 / 2024**

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 4  
FOR SE OF FORM 24/48

|                                                                                                                                                                                                    |  |                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>Planned Parenthood Affiliates of California VOTES PAC</b>                                                                                                        |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00556860 |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on |  | MM / DD / YYYY<br><b>11 / 02 / 2024</b>           |  |

|                                                                                                    |             |                                                                                                                                                   |                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br>Planned Parenthood Affiliates of California                                  |             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>10 / 17 / 2024</b>                                                              |                                                                                                                                                                           |
| Mailing Address 1201 K Street, Suite 710                                                           |             | Amount<br><b>44.87</b>                                                                                                                            |                                                                                                                                                                           |
| City<br>Sacramento                                                                                 | State<br>CA | Zip Code<br>95814                                                                                                                                 | Transaction ID : PDT.E.196                                                                                                                                                |
| Purpose of Expenditure<br>Staff Time (10/17-11/5). Actual amount for 24-hour report filed on 10/18 |             | Category/Type<br><b>24A</b>                                                                                                                       | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>10 / 17 / 2024</b>                                                                                             |
| Name of Federal Candidate<br>Calvert, Ken, , ,                                                     |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose                                                                    | Office Sought: <input checked="" type="checkbox"/> House    District: <b>41</b><br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CA</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought                                            |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ |                                                                                                                                                                           |
|                                                                                                    |             | <b>28501.45</b>                                                                                                                                   |                                                                                                                                                                           |

|                                                                                                    |             |                                                                                                                                                   |                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br>Planned Parenthood Affiliates of California                                  |             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>10 / 17 / 2024</b>                                                              |                                                                                                                                                                           |
| Mailing Address 1201 K Street, Suite 710                                                           |             | Amount<br><b>44.87</b>                                                                                                                            |                                                                                                                                                                           |
| City<br>Sacramento                                                                                 | State<br>CA | Zip Code<br>95814                                                                                                                                 | Transaction ID : PDT.E.200                                                                                                                                                |
| Purpose of Expenditure<br>Staff Time (10/17-11/5). Actual amount for 24-hour report filed on 10/17 |             | Category/Type<br><b>24E</b>                                                                                                                       | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>10 / 17 / 2024</b>                                                                                             |
| Name of Federal Candidate<br>Rollins, Will, , ,                                                    |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                    | Office Sought: <input checked="" type="checkbox"/> House    District: <b>41</b><br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CA</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought                                            |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ |                                                                                                                                                                           |
|                                                                                                    |             | <b>28501.45</b>                                                                                                                                   |                                                                                                                                                                           |

|                                                             |              |
|-------------------------------------------------------------|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | <b>89.74</b> |
| (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.

Ragsac, Nikki, , ,

Signature

Date

MM / DD / YYYY  
**11 / 27 / 2024**

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 4  
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|                                                                                                                                                                                                    |  |                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>Planned Parenthood Affiliates of California VOTES PAC</b>                                                                                                        |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00556860 |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on |  | MM / DD / YYYY<br><b>11 / 02 / 2024</b>           |  |

|                                                                   |             |                                                                                |                                                                                                                                                                           |  |
|-------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name of Payee<br>Planned Parenthood Affiliates of California |             |                                                                                | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 01 / 2024</b>                                                                                      |  |
| Mailing Address 1201 K Street, Suite 710                          |             |                                                                                | Amount<br><b>963.83</b>                                                                                                                                                   |  |
| City<br>Sacramento                                                | State<br>CA | Zip Code<br>95814                                                              | Transaction ID : PDT.E.208                                                                                                                                                |  |
| Purpose of Expenditure<br>Text Messages                           |             | Category/<br>Type <b>24E</b>                                                   | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 01 / 2024</b>                                                                                             |  |
| Name of Federal Candidate<br>Rollins, Will, , ,                   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House    District: <b>41</b><br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought           |             | <b>28501.45</b>                                                                | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶                         |  |

|                                                                   |             |                                                                                |                                                                                                                                                                           |  |
|-------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name of Payee<br>Planned Parenthood Affiliates of California |             |                                                                                | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 01 / 2024</b>                                                                                      |  |
| Mailing Address 1201 K Street, Suite 710                          |             |                                                                                | Amount<br><b>963.83</b>                                                                                                                                                   |  |
| City<br>Sacramento                                                | State<br>CA | Zip Code<br>95814                                                              | Transaction ID : PDT.E.209                                                                                                                                                |  |
| Purpose of Expenditure<br>Text Messages                           |             | Category/<br>Type <b>24E</b>                                                   | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 01 / 2024</b>                                                                                             |  |
| Name of Federal Candidate<br>Tran, Derek, , ,                     |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House    District: <b>45</b><br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CA</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought           |             | <b>674824.30</b>                                                               | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶                         |  |

|                                                             |                |
|-------------------------------------------------------------|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | <b>1927.66</b> |
| (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.

Ragsac, Nikki, , ,

Signature

Date

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|                                                                                                                                                                                                    |   |                                                                                                                                                                                                                  |       |             |       |   |             |    |  |    |  |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|-------|---|-------------|----|--|----|--|------|
| NAME OF COMMITTEE (In Full)<br><b>Planned Parenthood Affiliates of California VOTES PAC</b>                                                                                                        |   | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00556860                                                                                                                                                                |       |             |       |   |             |    |  |    |  |      |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on |   | <table border="1" style="display:inline-table; margin:0 5px"><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y</td></tr><tr><td>11</td><td></td><td>02</td><td></td><td>2024</td></tr></table> | M M M | /           | D D D | / | Y Y Y Y Y Y | 11 |  | 02 |  | 2024 |
| M M M                                                                                                                                                                                              | / | D D D                                                                                                                                                                                                            | /     | Y Y Y Y Y Y |       |   |             |    |  |    |  |      |
| 11                                                                                                                                                                                                 |   | 02                                                                                                                                                                                                               |       | 2024        |       |   |             |    |  |    |  |      |

|                                                                   |                       |                                                                                                                                                                                                                                                                                      |        |             |       |   |             |    |  |    |  |      |
|-------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------|-------|---|-------------|----|--|----|--|------|
| Full Name of Payee<br>Planned Parenthood Affiliates of California |                       | Date of Public Distribution/Dissemination<br><table border="1" style="display:inline-table; margin:0 5px"><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y</td></tr><tr><td>11</td><td></td><td>01</td><td></td><td>2024</td></tr></table>                        | M M M  | /           | D D D | / | Y Y Y Y Y Y | 11 |  | 01 |  | 2024 |
| M M M                                                             | /                     | D D D                                                                                                                                                                                                                                                                                | /      | Y Y Y Y Y Y |       |   |             |    |  |    |  |      |
| 11                                                                |                       | 01                                                                                                                                                                                                                                                                                   |        | 2024        |       |   |             |    |  |    |  |      |
| Mailing Address 1201 K Street, Suite 710                          |                       | Amount<br><table border="1" style="display:inline-table; margin:0 5px"><tr><td colspan="5">963.84</td></tr></table>                                                                                                                                                                  | 963.84 |             |       |   |             |    |  |    |  |      |
| 963.84                                                            |                       |                                                                                                                                                                                                                                                                                      |        |             |       |   |             |    |  |    |  |      |
| City<br>Sacramento                                                | State<br>CA           | Zip Code<br>95814                                                                                                                                                                                                                                                                    |        |             |       |   |             |    |  |    |  |      |
| Purpose of Expenditure<br>Text Messages                           | Category/<br>Type 24E | Transaction ID : PDT.E.210<br>Date of Disbursement or Obligation<br><table border="1" style="display:inline-table; margin:0 5px"><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y</td></tr><tr><td>11</td><td></td><td>01</td><td></td><td>2024</td></tr></table> | M M M  | /           | D D D | / | Y Y Y Y Y Y | 11 |  | 01 |  | 2024 |
| M M M                                                             | /                     | D D D                                                                                                                                                                                                                                                                                | /      | Y Y Y Y Y Y |       |   |             |    |  |    |  |      |
| 11                                                                |                       | 01                                                                                                                                                                                                                                                                                   |        | 2024        |       |   |             |    |  |    |  |      |
| Name of Federal Candidate<br>Min, Dave, , ,                       |                       | Office Sought: <input checked="" type="checkbox"/> House    District: 47<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: CA                                                                                                                          |        |             |       |   |             |    |  |    |  |      |
| Calendar Year-To-Date<br>Per Election for Office Sought           |                       | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                                                                                                                                         |        |             |       |   |             |    |  |    |  |      |

|                                                         |                   |                                                                                                                                                                                                                                                       |       |             |       |   |             |  |  |  |  |  |
|---------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|-------|---|-------------|--|--|--|--|--|
| Full Name of Payee                                      |                   | Date of Public Distribution/Dissemination<br><table border="1" style="display:inline-table; margin:0 5px"><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | M M M | /           | D D D | / | Y Y Y Y Y Y |  |  |  |  |  |
| M M M                                                   | /                 | D D D                                                                                                                                                                                                                                                 | /     | Y Y Y Y Y Y |       |   |             |  |  |  |  |  |
|                                                         |                   |                                                                                                                                                                                                                                                       |       |             |       |   |             |  |  |  |  |  |
| Mailing Address                                         |                   | Amount<br><table border="1" style="display:inline-table; margin:0 5px"><tr><td colspan="5"></td></tr></table>                                                                                                                                         |       |             |       |   |             |  |  |  |  |  |
|                                                         |                   |                                                                                                                                                                                                                                                       |       |             |       |   |             |  |  |  |  |  |
| City                                                    | State             | Zip Code                                                                                                                                                                                                                                              |       |             |       |   |             |  |  |  |  |  |
| Purpose of Expenditure                                  | Category/<br>Type | Date of Disbursement or Obligation<br><table border="1" style="display:inline-table; margin:0 5px"><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>        | M M M | /           | D D D | / | Y Y Y Y Y Y |  |  |  |  |  |
| M M M                                                   | /                 | D D D                                                                                                                                                                                                                                                 | /     | Y Y Y Y Y Y |       |   |             |  |  |  |  |  |
|                                                         |                   |                                                                                                                                                                                                                                                       |       |             |       |   |             |  |  |  |  |  |
| Name of Federal Candidate                               |                   | Office Sought: <input type="checkbox"/> House    District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____                                                                                                |       |             |       |   |             |  |  |  |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                                                                                                                     |       |             |       |   |             |  |  |  |  |  |

|                                                             |                                                                                                             |          |  |  |  |  |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|--|--|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | <table border="1" style="display:inline-table; margin:0 5px"><tr><td colspan="5">963.84</td></tr></table>   | 963.84   |  |  |  |  |
| 963.84                                                      |                                                                                                             |          |  |  |  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ | <table border="1" style="display:inline-table; margin:0 5px"><tr><td colspan="5"></td></tr></table>         |          |  |  |  |  |
|                                                             |                                                                                                             |          |  |  |  |  |
| (c) TOTAL Independent Expenditures..... ▶                   | <table border="1" style="display:inline-table; margin:0 5px"><tr><td colspan="5">27574.24</td></tr></table> | 27574.24 |  |  |  |  |
| 27574.24                                                    |                                                                                                             |          |  |  |  |  |

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.

Ragsac, Nikki, , ,  
Signature

Date 

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 27    |   | 2024        |