

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Alliance PAC , Serving WA, AK, ID, HI, IN, KY		FEC IDENTIFICATION NUMBER ▼ C C00742080
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Clean Sweep Campaigns		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2024
Mailing Address 1569 Solano Ave # 171		Amount 4016.27
City Berkeley	State CA	Zip Code 94707-2116
Purpose of Expenditure Voter Guide	Category/ Type	Transaction ID : 500192584 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Harris, Kamala, , ,		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 Clean Sweep Campaigns		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2024
Mailing Address 1569 Solano Ave # 171		Amount 9272.87
City Berkeley	State CA	Zip Code 94707-2116
Purpose of Expenditure Voter Guide	Category/ Type	Transaction ID : 500192585 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2024
Name of Federal Candidate Harris, Kamala, , ,		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..... ▶	13289.14
(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.

Stephens, Lauren, , ,
Signature

Date 01 / 15 / 2025

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F24N

Transaction ID :

I was not aware that our committee needed to file 48-hour reports throughout the calendar year when meeting the Independent Expenditure threshold of \$10,000 or more during an election. The day that I was notified that this needed to be filed I reached out to my RAD analyst and filed the 48-hour report that same day.

Form/Schedule: SE

Transaction ID: 500192584

C00703975

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 5
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Full Name of Payee Clean Sweep Campaigns		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2024
Mailing Address 1569 Solano Ave # 171		Amount 1180.78
City Berkeley	State CA	Zip Code 94707-2116
Purpose of Expenditure Doorhangers	Category/ Type	Transaction ID : 500192589 Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2024
Name of Federal Candidate Harris, Kamala, , ,		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 Clean Sweep Campaigns		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2024
Mailing Address 1569 Solano Ave # 171		Amount 2795.44
City Berkeley	State CA	Zip Code 94707-2116
Purpose of Expenditure Campaign Mailer	Category/ Type	Transaction ID : 500192596 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2024
Name of Federal Candidate Harris, Kamala, , ,		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..... ▶	3976.22
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Stephens, Lauren, , ,

Signature

Date

MM / DD / YYYY
01 / 15 / 2025

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Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Planned Parenthood Alliance PAC, Serving WA, AK, ID, HI, IN, KY		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 20 / 2024
Mailing Address 2001 E Madison St		Amount 10.23
City Seattle	State WA	Zip Code 98122-2959
Purpose of Expenditure Staff Time Spent on Mailers	Category/ Type	Transaction ID : 500192685 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Harris, Kamala, , ,		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 Alliance PAC, Serving WA, AK, ID, HI, IN, KY		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2024
Mailing Address 2001 E Madison St		Amount 28.84
City Seattle	State WA	Zip Code 98122-2959
Purpose of Expenditure Staff Time Phone Bank	Category/ Type	Transaction ID : 500192683 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, , ,		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..... ▶	39.07
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Stephens, Lauren, , ,

Signature

Date

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Full Name of Payee Planned Parenthood Alliance PAC, Serving WA, AK, ID, HI, IN, KY		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2024
Mailing Address 2001 E Madison St		Amount 196.96
City Seattle	State WA	Zip Code 98122-2959
Purpose of Expenditure Staff Time Canvassing	Category/ Type	Transaction ID : 500192593 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Harris, Kamala, , ,		Office Sought: ☒ Support ☐ Oppose ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

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

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	196.96
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	17501.39

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Stephens, Lauren, , ,

Signature

Date

MM / DD / YYYY
01 / 15 / 2025