24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes	C C00489799
Check if 24-hour report X 48-hour report New report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
M+R Strategic Services	07 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1901 L St NW	A
Ste 800	Amount
City State Zip Code	91.70
Washington DC 20036-3510	Transaction ID : 500674488 Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Digital Consulting Services Category/ Type 004	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Offic	e Sought: House District:
Harria Kamala	President Senate State:
	pursement For: Primary X General
Per Election for Office Sought 92514.31 2024	Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
M+R Strategic Services	07
Mailing Address 1901 L St NW	Amount
Ste 800	Amount
City State Zip Code	45.80
Washington DC 20036-3510	Transaction ID : 500674489 Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Digital Consulting Services Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District:
Trump, Donald, J., ,	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Dist 202	
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	137.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Bato	07 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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

Schedule E)	-141	1101120		PAGE 2 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼	
Planned Parenthood Votes			C	C00489799	
				C00403133	
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	/ D D / Y Y Y Y	
Full Name of Payee			Date of Publi	ic Distribution/Dissemination	
Planned Parenthood Action Fund, Inc.			07	16 / 2024	
Mailing Address 123 William St			Amount		
City	State	Zip Code		13.65	
New York	NY	10038-3804		ID: 500674484 ursement or Obligation	
Purpose of Expenditure		Category/ 004	M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Estimated Cost for List Rental		Type 004		16 2024	
Name of Federal Candidate		Support	Office Sought:	House District:	
Trump, Donald, J., ,		Oppose	President	Senate State:	
Calendar Year-To-Date			Disbursement For:	Primary X General	
Per Election for Office Sought		92514.31	2024 Other (sp	Other (specify)	
Full Name of Payee			Date of Publ	ic Distribution/Dissemination	
Planned Parenthood Action Fund, Inc.			M M M	/ D D / Y Y Y Y Y Y Y Y Y Z Y Z Y Z Y Z Y Z Y	
Mailing Address 123 William St				20 2024	
			Amount		
City	State	Zip Code		1102.48	
New York	NY	10038-3804		D: 500674485 ursement or Obligation	
Purpose of Expenditure Estimated Cost for List Rental		Category/ 004	07	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
		Type			
Name of Federal Candidate		Support	Office Sought:	House District:	
Trump, Donald, J., ,		X Oppose	X President	Senate State:	
Calendar Year-To-Date			Disbursement For:	Primary X General	
Per Election for Office Sought		92514.31	Other (s	pecify) ►	
(a) SUBTOTAL of Itemized Independent Expendent	itures		. •	1116.13	
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•		
() Tarrel I I I I I I I I I I I I I I I I I I I					
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized				
Louie, Maggie, , ,			M M / D D	/	
Signature		Date	9 07 26	2024	

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

ooneduic Ly		FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Planned Parenthood Votes		C C00489799		
Check if 24-hour report X 48-hour report New report	ort Amends report file	ed on M=M / D=D / Y=Y=Y=Y		
Full Name of Payee		Date of Public Distribution/Dissemination		
Planned Parenthood Action Fund, Inc.	07 25 / 2024			
Mailing Address 123 William St		Amount		
City State	City State Zip Code			
New York NY	·			
Purpose of Expenditure Estimated Cost for List Rental	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	Support Offi	ice Sought: House District:		
Harris, Kamala, , ,		President Senate State:		
Calendar Year-To-Date Per Election for Office Sought	92514.31 Disl 202			
		Other (specify)		
Full Name of Payee Planned Parenthood Action Fund, Inc.		Date of Public Distribution/Dissemination 07 25 2024		
Mailing Address 123 William St		07 25 2024 Amount		
City State	Zip Code	535.31		
New York NY	10038-3804	Transaction ID: 500674487 Date of Disbursement or Obligation		
Purpose of Expenditure Estimated Cost for Staff Time for Voter Communications	Category/ Type 004	07		
Name of Federal Candidate	Support Offi	fice Sought: House District:		
Harris, Kamala, , ,		Y President Senate State:		
Calendar Year-To-Date Per Election for Office Sought	92514.31 Dis 202	sbursement For: Primary		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	6679.31		
(b) SUBTOTAL of Unitemized Independent Expenditures	·····			
(c) TOTAL Independent Expenditures		7932.94		
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, , ,	_ Date	07 26 / Y 2024		
Signature				

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