

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 / 04 / 2024
Mailing Address 1569 Solano Ave # 171		Amount 1696.60
City Berkeley	State CA	Zip Code 94707-2116
Purpose of Expenditure Campaign Literature	Category/ Type	Transaction ID : 500191045 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 / 14 / 2024
Mailing Address 1569 Solano Ave # 171		Amount 602.82
City Berkeley	State CA	Zip Code 94707-2116
Purpose of Expenditure Campaign Literature	Category/ Type	Transaction ID : 500191091 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) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2299.42
(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

MM / DD / YYYY
05 / 06 / 2025

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F24N

Transaction ID :

I was made aware that the \$10,000 threshold for independent expenditures starts over and I needed to account for the \$10,000 that was met during the election period.

Form/Schedule:

Transaction ID:

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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 Clean Sweep Campaigns		Date of Public Distribution/Dissemination 09 / 26 / 2024
Mailing Address 1569 Solano Ave # 171		Amount 2795.44
City Berkeley	State CA	Zip Code 94707-2116
Purpose of Expenditure Campaign Literature	Category/ Type 	Transaction ID : 500191049 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate Harris, Kamala, , ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 22709.44		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

Full Name of Payee Planned Parenthood Alliance Advocates		Date of Public Distribution/Dissemination 09 / 28 / 2024
Mailing Address 2001 E Madison St		Amount 97.64
City Seattle	State WA	Zip Code 98122-2959
Purpose of Expenditure Canvassing	Category/ Type 	Transaction ID : 500207351 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate Harris, Kamala, , ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 22709.44		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2893.08
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Signature

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Full Name of Payee Planned Parenthood Alliance Advocates		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 Canvassing	Category/ Type	Transaction ID : 500207354 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) ▶

Full Name of Payee Planned Parenthood Alliance Advocates		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2024
Mailing Address 2001 E Madison St		Amount 15.55
City Seattle	State WA	Zip Code 98122-2959
Purpose of Expenditure Canvassing	Category/ Type	Transaction ID : 500191056 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) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	44.39
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Signature

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Full Name of Payee Planned Parenthood Alliance Advocates		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 Canvassing	Category/ Type	Transaction ID : 500207356 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		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: ☐ 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.....▶	196.96
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	5433.85

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Signature

Date 05 / 06 / 2025