

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
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 Blueprint Interactive		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2024	
Mailing Address 2229 N Pollard St		Amount 75000.00	
City Arlington	State VA	Zip Code 22207-3855	Transaction ID : 500680893
Purpose of Expenditure Estimated Cost for Production and Distribution of Digital Ads		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY
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		600833.35	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Planned Parenthood Action Fund, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2024	
Mailing Address 123 William St		Amount 5059.53	
City New York	State NY	Zip Code 10038-3804	Transaction ID : 500680896
Purpose of Expenditure Estimated Cost for Staff Time for Voter Communications		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 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		600833.35	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	80059.53
(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 / 24 / 2024

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(Schedule E)PAGE 2 OF 2
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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		MM / DD / YYYY

Full Name of Payee Planned Parenthood Action Fund, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2024
Mailing Address 123 William St		Amount 7589.29
City New York	State NY	Zip Code 10038-3804
Purpose of Expenditure Estimated Cost for Staff Time for Voter Communications		Category/Type 004
Name of Federal Candidate Trump, Donald, J., ,		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		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.....▶	7589.29
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	87648.82

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 / 24 / 2024