FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00070105 3 COMMITTEE NAME **OFFICE USE ONLY** Planned Parenthood Texas Votes PAC Date Received **ELECTRONICALLY FILED** 08/05/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** PO BOX 41646 Change of Address Austin, TX 78704 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Ms. Marci NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Rosenberg CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2708 S Lamar Blvd Ste 200A STREET **ADDRESS** (Residence or Business) Austin, TX 78704 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** PO BOX 41646 MAILING **ADDRESS** Change of Address Austin, TX 78704 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (713) 304-4749 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 X August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 06/26/2024 07/25/2024 **GO TO PAGE 2**

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer ID (Ethics Commission Filers)		
Planned Parenthood Texas Votes PAC			0007010	5	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Averie Danielle Bishop State I	Representati	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00	
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,792.66	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	12.99	
	4. TOTAL POLITICA	L EXPENDITURES	\$	4,946.41	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	137,299.44	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00	
16 AFFIDAVIT					
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.			
		Ms. Marci	Rosenberg		
		Signature of Ca	mpaign Treas	surer	
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said	, t	his the	day	
of	_, 20, to certify v	which, witness my hand and seal of office.			
Signature of officer ac	Iministering oath	Printed name of officer administering oath	Title of of	ficer administering oath	

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC **ADDENDUM**

Planned Parenthood Texas Votes PAC 00070105	Page 3 of 10
1. Candidates (detailly by name or, if applicable, classify by party.) Committee ACTIVITY	nics Commission Filers)
(Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) A. Supported A. Supported Laurel Jordan Swift State Representative (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed A. Supported Laurel Jordan Swift State Representative (Identify by name or, if applicable decision and nature of issue.) B. Opposed B. Opposed B. Opposed B. Opposed Committee (Identify by name or, if applicable, classify by party.) A. Supported Describe by date and location of election and nature of issue.) B. Opposed A. Supported Describe by date and location of election and nature of issue.) A. Supported Describe by date and location of election and nature of issue.) A. Supported Describe by date and location of election and nature of issue.) A. Supported Denise V. Wilkerson State Representative (Identify by name or, if applicable, classify by party.)	
paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed Committee (Describe by date and location of election and nature of issue.) B. Opposed COMMITTEE (Committee) A. Supported (Identity by name or, if applicable, classify by party.) B. Opposed COMMITTEE (Committee) A. Supported (Identity by name or, if applicable, classify by party.) B. Opposed COMMITTEE (Identity by name or, if applicable, classify by party.) COMMITTEE (Committee) A. Supported Denise V. Wilkerson State Representative (Identity by name or, if applicable, classify by party.)	
Committee Comm	
COMMITTEE A. Supported B. Opposed	
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed A. Supported B. Opposed B. Opposed COMMITTEE ACTIVITY A. Supported B. Opposed A. Supported Denise V. Wilkerson State Representative COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.)	
Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed Denise V. Wilkerson State Representative	
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed COMMITTEE ACTIVITY A. Supported Denise V. Wilkerson State Representative A. Supported Denise V. Wilkerson State Representative	
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed Composed B. Opposed B. Opposed Composed A. Supported B. Opposed B. Opposed A. Supported Denise V. Wilkerson State Representative (Identify by name or, if applicable, classify by party.)	
paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY A. Supported A. Supported Denise V. Wilkerson State Representative	
(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if	
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if Identify by name or	
Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY A. Supported Denise V. Wilkerson State Representative (Identify by name or, if	
ACTIVITY (Identify by name or, if	
(Attach lists on plain paper to complete this report if necessary.) B. Opposed	
Measures (Describe by date and location of election and nature of issue.) A. Supported	
B. Opposed	
3. Officeholders Assisted	
(Identify by name or, if applicable, classify by party.)	

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

4 of 10							
17 CO	MMITTE	E NAME	18 Filer ID	(Ethics Commis	sion Filers)		
l	Planned Parenthood Texas Votes PAC 00070105				5.6.1.1		
19 SCI	19 SCHEDULE SUBTOTALS						
NAI	ME OF	SUBTOTA	L AMOUNT				
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,792.66		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$			
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$			
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$			
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$			
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$			
9.		SCHEDULE E: LOANS		\$			
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	2,472.98		
11.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	2,473.43		
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 5/10	
2	FILER NAME Planned Par	enthood Texas Votes PAC			3	Filer ID (Ethics Commission 00070105	Filers)
4	Date 07/16/2024	 Full name of contributor out-of-state PAC (ID#: Brotman, Susan Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$18.00
8	Principal occu	Austin, TX 78748 pation / Job title (See Instructions)	Ta	Employer (See Instructions	-, 		
0	Retired	pation 7 Job title (See Instituctions)	ا	Retired	>)		
	Date 07/05/2024	Full name of contributor out-of-state PAC (ID#: Foster, Ronda Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$15.00
		Austin, TX 78730	_				
	Principal occu Executive	pation / Job title (See Instructions)		Employer (See Instructions A31, Inc	s)		
	Date 06/29/2024	Full name of contributor out-of-state PAC (ID#: Greer, Denise Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$20.85
		El Paso, TX 79912					
	Principal occu Nurse	pation / Job title (See Instructions)		Employer (See Instructions Tenet	5)		
	Date 07/21/2024	Full name of contributor out-of-state PAC (ID#: Knittel, Philip Contributor address; City; State; Zip Code Lord's Valley, PA 18428)	•	Amount of Contribution (\$)	\$5.00
	Principal occu Advertising	pation / Job title (See Instructions)		Employer (See Instructions Unified	5)		
	Date 07/08/2024	Full name of contributor out-of-state PAC (ID#: Lambert, Liz Contributor address; City; State; Zip Code Austin, TX 78703			•	Amount of Contribution (\$)	\$83.33
	Principal occu Designer	pation / Job title (See Instructions)		Employer (See Instructions MML	5)		
			•				

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/2 Rpt: 6/10	
2	FILER NAME Planned Par	renthood Texas Votes PAC		3	Filer ID (Ethics Commission 00070105	on Filers)
4	Date 07/01/2024	5 Full name of contributor out-of-state PAC (ID#:_ Linton, Melaney 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$103.45
_	Deine in all a servi	Houston, TX 77007	O Familia va (Cara lastavativa			
8	Executive	pation / Job title (See Instructions)	9 Employer (See Instructions Planned Parenthood Gu		Coast	
	Date 06/29/2024	Full name of contributor out-of-state PAC (ID#: Mundy, Michelle Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$41.67
	Dringinal occu	Austin, TX 78731 upation / Job title (See Instructions)	Employer (See Instructions	·/_		
	Office Mana		Tilcajete Partners, Ltd.)		
	Date 07/16/2024	Full name of contributor out-of-state PAC (ID#:_ Stopani, Tracy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.36
		Longview, TX 75602				
	Principal occu Manager	pation / Job title (See Instructions)	Employer (See Instructions M Roberts Media	5)		
	Date 07/08/2024	Full name of contributor out-of-state PAC (ID#:_ Welland, Isabel Contributor address; City; State; Zip Code Austin, TX 78703)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

Event Expense

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/3 Rpt: 7/10	Planned Parenthood Texas Votes PAC 00070105
4 Date	5 Payee name
07/10/2024	Atchley & Associates LLP
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,250.00	1005 La Posada Dr
Expenditure from	Augtin TV 707E2
corporate funds	Austin, TX 78752
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	PAC accounting and reporting services
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/18/2024	
07/18/2024	Caballero, Darcy
Amount (\$)	Payee address; City; State; Zip Code
\$10.22	2708 S Lamar Blvd Ste 200A
Expenditure from corporate funds	Austin, TX 78704
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXPENDITORE	Check if Austin, TX, officeholder living expense
	In Kind: PAC staff time for meeting/communicating
	with campaign or candidate
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/25/2024	Caballero, Darcy
	-
Amount (\$)	Payee address; City; State; Zip Code
\$20.44	2708 S Lamar Blvd Ste 200A
Expenditure from corporate funds	Austin, TX 78704
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	In Kind: PAC staff time for meeting/communicating
	with campaign or candidate
Complete CNLV if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Superional of the bottom of of	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 2/3 Rpt: 8/10	Planned Parenthood Texas Votes PAC 00070105
4 Date	5 Payee name
07/18/2024	Evans, Alex
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$33.05	2708 S Lamar Blvd Ste 200A
Expenditure from	
corporate funds	Austin, TX 78704
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	In Kind: PAC staff time for meeting/communicating
	with campaign or candidate
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	'
Date	Daving marks
	Payee name
07/25/2024	Evans, Alex
Amount (\$)	Payee address; City; State; Zip Code
\$72.71	2708 S Lamar Blvd Ste 200A
Expenditure from corporate funds	Austin, TX 78704
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Lahor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	In Kind: PAC staff time for meeting/communicating
	with campaign or candidate
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
07/10/2024	Lyft
Amount (\$)	Payee address; City; State; Zip Code
\$20.99	2855 Mangum Rd Ste B106
Expenditure from corporate funds	Houston, TX 77092
·	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Expense Check if Austin, TX, officeholder living expense PAC staff travel
	1710 Stail Bavol
Complete CNII V if alia	Condidate/Officeholder name Office pought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

1g Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/3 Rpt: 9/10	Planned Parenthood Texas Votes PAC 00070105
4 Date	5 Payee name
07/02/2024	Paragon Solutions
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$80.95	201 Main St #1150
Expenditure from corporate funds	Fort Worth, TX 76102
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	PAC credit card processing fees
	Time drount start processing rose
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
07/03/2024	Scale to Win
Amount (\$)	Payee address; City; State; Zip Code
\$153.44	13742 Harper St
Ψ133.44	13742 Haiper St
Expenditure from corporate funds	Santa Ana, CA 92703
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	PAC phone messaging campaign
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5.	
Date	Payee name
06/26/2024	Texas Stonewall Democratic Caucus
Amount (\$)	Payee address; City; State; Zip Code
\$818.19	633 S Saint Marys St
Expenditure from	Unit 1503
corporate funds	San Antonio, TX 78205
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	PAC fundraising event
Operated Objects "	Our didn't (Office helden name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5	

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 10/10 Planned Parenthood Texas Votes PAC 00070105 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS Date 5 Payee name 07/23/2024 Atchley & Associates LLP Amount (\$) Payee address; State; Zip Code City; \$2,060.00 1005 La Posada Dr Expenditure from Austin, TX 78752 corporate funds **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Accounting/Banking Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense PAC accounting and reporting services 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/25/2024 Planned Parenthood Texas Votes Amount (\$) Payee address; City; State; Zip Code \$413.43 2708 S Lamar Blvd Ste 200A Expenditure from Austin, TX 78704 corporate funds **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Loan Repayment/Reimbursement **EXPENDITURE** Check if Austin, TX, officeholder living expense Reimburse PAC staff time and expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH