MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC **COVER SHEET PG 1**

Tł	ne MPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00070105	2 Total pages filed: 35				
3	COMMITTEE NAME			OFFICE USE ONLY				
	Planned Parenthoo	d Texas Votes PAC						
				Date Received				
				ELECTRONICALLY FILED				
				11/05/2024				
4	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				
5	CAMPAIGN	MS/MRS/MR FIRST	MI					
ľ	TREASURER			Receipt # Amount				
	NAME	Ms. Marci		Receipt# Amount				
				Date Processed				
		NICKNAME LAST	SUFF					
				Date Imaged				
		Rosenber	g	Date mageu				
F	O A M D A I O NI							
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; S	STATE; ZIP CODE				
	STREET	2708 S Lamar Blvd Ste 200A						
	ADDRESS							
	(Residence or Business)	Austin, TX 78704						
7	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY;	STATE; ZIP CODE				
Ľ	TREASURER	PO BOX 41646						
	MAILING	FO BOX 41040						
	ADDRESS							
	Change of Address	Austin, TX 78704						
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION					
	TREASURER PHONE	(712) 204 4740						
	PHONE	(713) 304-4749						
9	REPORT TYPE		10th day after campaign					
		X Monthly	treasurer termination	Dissolution (Attach PAC-DR)				
10) MONTHLY							
[10	REPORT FILING	January 5 April	5 🗾 July 5	October 5				
	DEADLINE	— —						
		February 5 May	5 August 5	X November 5				
		March 5 June	5 September 5	December 5				
11	L PERIOD COVERED	Month Day Year	HROUGH	•				
	COVERED	09/26/2024	10/2	5/2024				
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E	rms provided by Tex	as Ethics Commission www.et	nics.state.tx.us	Version V4.1.0.48da51f7				

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME					D (Ethics Commission Filers)
Planned Parenthood Te	xas Votes PAC			00070	0105
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	The Honorable Alma A. Allen	State Re	presentative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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	OR GUARANTI ADE ELECTRO		\$	3 0.00
	2. TOTAL POLITICA (OTHER THAN PLEI		I TIONS OR GUARANTEES OF LOANS)	\$	5,399.04
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			
	4. TOTAL POLITICA	4. TOTAL POLITICAL EXPENDITURES			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING		NS MAINTAINED AS OF THE LAS	T DAY	28,655.34
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL / LAST DAY OF THE F		LL OUTSTANDING LOANS AS OF ERIOD	THE \$	0.00
16 AFFIDAVIT	•				
		ti	swear, or affirm, under penalty of p rue and correct and includes all info Inder Title 15, Election Code.	perjury, that prmation rec	the accompanying report is quired to be reported by me
			Ms. Mar	ci Rosenbe	erg
		-	Signature of C		-
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said		,	this the	day
			ny hand and seal of office.		,
Signature of officer ad	ministering oath	Printed name o	f officer administering oath	Title o	f officer administering oath
Forms provided by Texas E	thics Commission	www.e	thics.state.tx.us		Version V4.1.0.48da51f7

FORM MPAC

Page 3 of 35

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Planned Parenthood Texa	s Votes PAC			00070105	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	The Honorable Carol Alvarado	State Senator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mr. Salman Bhojani State Repr	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Ms. Averie Danielle Bishop Stat	te Representativ	/e
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				

FORM MPAC

Page 4 of 35

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Planned Parenthood Texa	as Votes PAC			00070105	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Rhetta A. Bower	s State Repres	entative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Mr. John W. Bryant State Repre	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	 Officeholders Assisted (Identify by name or, if applicable, classify by party.) 				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable John H. Bucy S	tate Representa	tive
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				
	applicable, classify by party.)				

FORM MPAC

Page 5 of 35

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Planned Parenthood Texas	s Votes PAC			00070105	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Elizabeth Camp	os State Repre	sentative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(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 applicable, classify by party.)		Kristian Carranza State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				
COMMITTEE	1. Candidates	A Supported	The Llenerable Chard N. Cala	Ctoto Donrocom	tativa
ACTIVITY	(Identify by name or, if applicable, classify by party.)		The Honorable Sheryl N. Cole	State Represen	lauve
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				

FORM MPAC

Page 6 of 35

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Planned Parenthood Texa	s Votes PAC			00070105	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Nicole D. Collier	State Represe	ntative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	The Honorable Molly C. Cook S	tate Senator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	The Honorable Philip Cortez Sta	ate Representat	ive
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				

FORM MPAC

Page 7 of 35

12 COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Planned Parenthood Texa	s Votes PAC			00070105
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Aicha Davis S	State Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. 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.)			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Yvonne Davis	State Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. 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.)			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Sarah Eckhar	dt State Senator
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. 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.)			
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FORM MPAC

Page 8 of 35

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Planned Parenthood Texa	IS Votes PAC			00070105	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Ms. Maria Luisa Flores State Re	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jose Garza District Attorney		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Mrs. Elizabeth R. Ginsberg State	e Representativ	re
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				

FORM MPAC

Page 9 of 35

12 COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Planned Parenthood Texa	s Votes PAC			00070105	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ed Gonzalez Harris County Sh	eriff	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Jessica A. Gonz	alez State Repre	esentative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Vikki A. Goodwi	n State Represer	ntative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				
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MONTHLY FI	LING GPAC F	REPORT:	PURPOSE		FORM MPAC ADDENDUM Page 10 of 35
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Planned Parenthood Tex	as Votes PAC			00070105	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Susan B	. Heygood-McCoy Dis	trict Judge
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Regina H	linojosa State Repres	entative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Donna S	. Howard State Repre	sentative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				

FORM MPAC

Page 11 of 35

dentify by name or, if	A. Supported			13 Filer ID 00070105	(Ethics Commission Filers)
Candidates dentify by name or, if	A. Supported			00070105	
dentify by name or, if	A. Supported				
pplicable, classify by party.)		The Honorable	Ann Johnson Si	tate Representa	tive
	B. Opposed				
2. Measures Describe by date and ocation of election and ature of issue.)	A. Supported				
	B. Opposed				
 Officeholders Assisted dentify by name or, if pplicable, classify by party.) 					
. Candidates dentify by name or, if pplicable, classify by party.)	A. Supported	The Honorable	Nathan M. Johns	son State Sena	tor
	B. Opposed				
2. Measures Describe by date and ocation of election and ature of issue.)	A. Supported				
	B. Opposed				
 Officeholders Assisted dentify by name or, if pplicable, classify by party.) 					
. Candidates dentify by name or, if pplicable, classify by party.)	A. Supported	Jolanda Jones	State Represent	tative	
	B. Opposed				
2. Measures Describe by date and cation of election and ature of issue.)	A. Supported				
	B. Opposed				
B. Officeholders Assisted dentify by name or, if pplicable, classify by party.)					
	Describe by date and cation of election and ature of issue.) Confliceholders Assisted dentify by name or, if oplicable, classify by party.) Candidates dentify by name or, if oplicable, classify by party.) Officeholders Assisted dentify by name or, if oplicable, classify by party.) Candidates dentify by name or, if oplicable, classify by party.) Confliceholders Assisted dentify by name or, if oplicable, classify by party.) Candidates dentify by name or, if oplicable, classify by party.) Candidates dentify by name or, if oplicable, classify by party.) Candidates dentify by name or, if oplicable, classify by party.) Candidates dentify by name or, if oplicable, classify by party.) Condidates dentify by name or, if oplicable, classify by party.) Condidates dentify by name or, if oplicable, classify by party.) Condidates dentify by name or, if oplicable, classify by party.) Condidates dentify by name or, if oplicable, classify by party.) Condidates dentify by name or, if oplicable, classify by party.) Condition of election and ature of issue.)	bescribe by date and cation of election and ature of issue.) B. Opposed B. Officeholders Assisted dentify by name or, if oplicable, classify by party.) A. Supported Candidates dentify by name or, if oplicable, classify by party.) B. Opposed Measures Describe by date and cation of election and ature of issue.) A. Supported Secribe by date and cation of election and ature of issue.) B. Opposed Candidates dentify by name or, if oplicable, classify by party.) B. Opposed Candidates dentify by name or, if oplicable, classify by party.) B. Opposed Candidates dentify by name or, if oplicable, classify by party.) B. Opposed Measures Describe by date and cation of election and ature of issue.) A. Supported B. Opposed B. Opposed Officeholders Assisted A. Supported Describe by date and cation of election and ature of issue.) B. Opposed Describe by date and cation of election and ature of issue.) B. Opposed Describe by date and cation of election and ature of issue.) B. Opposed Describe by date and cation of election and ature of issue.) B. Opposed Describe by date and cation of election and ature of issue.) B. Opposed Describe by date and cation of election and ature of issue.) B. Opposed <	bescribe by date and cation of election and ature of issue.) B. Opposed B. Opposed B. Opposed Candidates A. Supported The Honorable dentify by name or, if oplicable, classify by party.) B. Opposed Candidates A. Supported The Honorable outrity by name or, if oplicable, classify by party.) B. Opposed Measures A. Supported bescribe by date and cation of election and ature of issue.) B. Opposed Candidates A. Supported Jong Candidates A. Supported bescribe by date and cation of election and ature of issue.) B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed Candidates A. Supported Jolanda Jones dentify by name or, if oplicable, classify by party.) B. Opposed Candidates A. Supported Jolanda Jones dentify by name or, if oplicable, classify by party.) B. Opposed Measures A. Supported Jolanda Jones bescribe by date and ature of issue.) B. Opposed B. Opposed Chifceholders Assisted B. Opposed B. Opposed	bescribe by date and cation of election and ature of issue.) B. Opposed B. Opposed B. Opposed Candidates A. Supported The Honorable Nathan M. John dentify by name or, if oppicable, classify by party.) B. Opposed B. Opposed Measures A. Supported The Honorable Nathan M. John dentify by name or, if oppicable, classify by party.) B. Opposed B. Opposed Officeholders Assisted dentify by name or, if oppicable, classify by party.) B. Opposed Candidates dentify by name or, if oppicable, classify by party.) B. Opposed Candidates dentify by name or, if oppicable, classify by party.) B. Opposed Candidates dentify by name or, if oppicable, classify by party.) B. Opposed Candidates dentify by name or, if oppicable, classify by party.) A. Supported Jolanda Jones State Represen dentify by name or, if oppicable, classify by party.) B. Opposed B. Opposed Measures by date and cation of election and ature of issue.) B. Opposed B. Opposed B. Opposed	beckbe by date and address of election and ature of issue.) B. Opposed B. Opposed B. Opposed Candidates dentify by name or, if opticable, classify by party.) A. Supported The Honorable Nathan M. Johnson State Sena dentify by name or, if opticable, classify by party.) B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed Candidates dentify by name or, if opticable, classify by party.) B. Opposed B. Opposed B. Opposed Candidates dentify by name or, if opticable, classify by party.) B. Opposed Candidates dentify by name or, if opticable, classify by party.) B. Opposed Candidates dentify by name or, if opticable, classify by party.) A. Supported Jolanda Jones State Representative dentify by name or, if opticable, classify by party.) Candidates dentify by name or, if opticable, classify by party.) B. Opposed A. Supported Jolanda Jones State Representative dentify by name or, if opticable, classify by party.) B. Opposed Describe by date and cation of election and ature of issue.) A. Supported B. Opposed Describe by date and cation of election and ature of issue.) B. Opposed B. Opposed

FORM MPAC

Page 12 of 35

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12 COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Planned Parenthood Texa	s Votes PAC	-		00070105
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	The Honorable Venton C. Jones	Jr. State Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. 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.)			
COMMITTEE	1. Candidates	A. Supported	Krista Laine Austin City Council	Member District 6
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. 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.)			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	The Honorable Suleman Lalani	State Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. 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.)			
		-		

FORM MPAC

Page 13 of 35

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Planned Parenthood Texa	is Votes PAC			00070105	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Morgan J. LaMar	ntia State Sena	ator
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jennifer A. Lee State Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				
COMMITTEE				an Ctata Dania	e e e teti ve
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Raynaldo T. Lope	ez State Repre	sentative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				

MONTHLY FI	LING GPAC F	REPORT:	PURPOSE		FORM MPAC
					Page 14 of 35
12 COMMITTEE NAME Planned Parenthood Tex	as Votes PAC			13 Filer ID 00070105	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Christian	V. Hayes State Repr	esentative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Christian Menefee Harris	County Attorney	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Thresa A.	Meza State Represe	entative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				

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FORM MPAC

Page 15 of 35

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Planned Parenthood Texa	s Votes PAC			00070105	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Joseph E. Mood	y State Represe	entative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Christina Morale	s State Repres	entative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Heriberto Morale	es Jr. State Rep	resentative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	 Officeholders Assisted (Identify by name or, if applicable, classify by party.) 				
		1			

FORM MPAC

Page 16 of 35

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Planned Parenthood Texa	as Votes PAC				00070105	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Mr. Solomon P. C	Ortiz Jr. State F	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. 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.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Vincent Perez St	ate Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. 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.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ms. Mihaela E. P	esa State Rep	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					

FORM MPAC

Page 17 of 35

12 COMMITTEE NAME Planned Parenthood Texa:	s Votes PAC			13 Filer ID 00070105	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Annette Ramirez Tax-Assessor	Collector	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	The Honorable Ana-Maria Ramo	s State Repres	sentative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(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			The Honorable Ronald E. Reyno	lds State Repr	esentative
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				
	,				

FORM MPAC

Page 18 of 35

					1 490 20 01 00
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Planned Parenthood Texa	s Votes PAC			00070105	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Jon E. Rosenthal	State Represe	ntative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Penny Shaw Sta	ate Representati	ve
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Lauren Ashley Simmons State F	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				
	, , , , , , , , , , , , , , , , , , ,	1			

FORM MPAC

Page 19 of 35

12 COMMITTEE NAME						:	13 Filer ID	(Ethics Commission Filers)
Planned Parenthood Texa	s Votes PAC						00070105	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		ed Mr	s. Laurel Jorc	lan Swift St	itate Re	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	d					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supporte	ed					
		B. Opposed	d					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
COMMITTEE	1. Candidates	A Support	od T		lomes T-L	riac C		
ACTIVITY	(Identify by name or, if applicable, classify by party.)		eu In	e Honorable .	James Talar	Irico Si	tate Represer	itative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	d					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supporte	ed					
		B. Opposed	d					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
COMMITTEE	1. Candidates		ed Se	an Teare Dis	strict Attorne	ev. Har	ris Co.	
ACTIVITY	(Identify by name or, if applicable, classify by party.)							
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	d					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supporte	ed					
		B. Opposed	d					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
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FORM MPAC

Page 20 of 35

12 COMMITTEE NAME Planned Parenthood Texa	s Votes PAC			13 Filer ID (Ethics Commission Filers) 00070105
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Christopher G. T	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. 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.)			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Armando L. Wal	e Jr. State Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. 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.)			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Charlene Ward Johnson State I	Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. 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.)			

FORM MPAC

Page 21 of 35

				3	
12 COMMITTEE NAME				13 Filer ID (Ethics Commi	ission Filers)
Planned Parenthood Texa	as Votes PAC			00070105	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Mrs. Denise V. Wilkerson State	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Eugene Y. Wu	State Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Erin A. Zwiener	State Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				
	•				

FORM MPAC COVER SHEET PG 3 22 of 35

17 COMMITTE	EE NAME	18 Filer ID	(Ethics Commission Filers)					
Planned F								
19 SCHEDULI	19 SCHEDULE SUBTOTALS							
NAME OF 3	SCHEDULE		SUBTOTAL AMOUNT					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5,399.04					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$					
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION 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	6	\$ 27,100.18					
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 4,901.28					
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$					
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$					
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$					

SUBTOTALS - MPAC

The Instruction Guide explains how to complete this form. 2 FILER NAME	1 Total pages Schedule A1:
	Sch: 1/4 Rpt: 23/35
	3 Filer ID (Ethics Commission Filers)
Planned Parenthood Texas Votes PAC	00070105
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
10/16/2024 Brotman, Susan P	\$18.00
6 Contributor address; City; State; Zip Code	1
Austin, TX 78748	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions	5)
Retired	
Date Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/30/2024 Elledge, Richard	\$1,000.00
	φ1,000.00
Contributor address; City; State; Zip Code	
San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) Employer (See Instructions	
Physician San Antonio State Hosp	bital
	Amount of Contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:)	
10/14/2024 Everitt, Shay	\$10.00
10/14/2024 Everitt, Shay Contributor address; City; State; Zip Code Santa Fe, NM 87506	\$10.00
10/14/2024 Everitt, Shay Contributor address; City; State; Zip Code Santa Fe, NM 87506 Principal occupation / Job title (See Instructions) Employer (See Instructions)	\$10.00
10/14/2024 Everitt, Shay Contributor address; City; State; Zip Code Santa Fe, NM 87506 Principal occupation / Job title (See Instructions) Social worker	\$10.00 s)
10/14/2024 Everitt, Shay Contributor address; City; State; Zip Code Santa Fe, NM 87506 Principal occupation / Job title (See Instructions) Social worker Date Full name of contributor out-of-state PAC (ID#:)	s) Amount of Contribution (\$)
10/14/2024 Everitt, Shay Contributor address; City; State; Zip Code Santa Fe, NM 87506 Principal occupation / Job title (See Instructions) Social worker	\$10.00 s)
10/14/2024 Everitt, Shay Contributor address; City; State; Zip Code Santa Fe, NM 87506 Principal occupation / Job title (See Instructions) Social worker Date Full name of contributor 10/05/2024 Foster, Ronda	s) Amount of Contribution (\$)
10/14/2024 Everitt, Shay Contributor address; City; State; Zip Code Santa Fe, NM 87506 Principal occupation / Job title (See Instructions) Social worker Date Full name of contributor 10/05/2024 Foster, Ronda	s) Amount of Contribution (\$)
10/14/2024 Everitt, Shay Contributor address; City; State; Zip Code Santa Fe, NM 87506 Principal occupation / Job title (See Instructions) Social worker Date Full name of contributor 10/05/2024 Foster, Ronda	s) Amount of Contribution (\$)
10/14/2024 Everitt, Shay Contributor address; City; State; Zip Code Santa Fe, NM 87506 Principal occupation / Job title (See Instructions) Social worker Date Full name of contributor 10/05/2024 Foster, Ronda Contributor address; City; State; Zip Code	\$10.00 (s) Amount of Contribution (\$) \$15.00
10/14/2024 Everitt, Shay Contributor address; City; State; Zip Code Santa Fe, NM 87506 Principal occupation / Job title (See Instructions) Social worker Date Full name of contributor 10/05/2024 Foster, Ronda Contributor address; City; State; Zip Code Austin, TX 78730	\$10.00 (s) Amount of Contribution (\$) \$15.00
10/14/2024 Everitt, Shay Contributor address; City; State; Zip Code Santa Fe, NM 87506 Principal occupation / Job title (See Instructions) Social worker Date Full name of contributor 10/05/2024 Foster, Ronda Contributor address; City; State; Zip Code Austin, TX 78730 Principal occupation / Job title (See Instructions) Not Employed	\$10.00 \$10.00 s) Amount of Contribution (\$) \$15.00 \$15.00 \$15.00
10/14/2024 Everitt, Shay Contributor address; City; State; Zip Code Santa Fe, NM 87506 Principal occupation / Job title (See Instructions) Social worker Date Full name of contributor 10/05/2024 Foster, Ronda Contributor address; City; State; Zip Code Austin, TX 78730 Principal occupation / Job title (See Instructions) State; Zip Code Date Full name of contributor Contributor address; City; State; Zip Code Austin, TX 78730 Principal occupation / Job title (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) (\$) Amount of Contribution (\$) (\$) Amount of Contribution (\$)
10/14/2024 Everitt, Shay Contributor address; City; State; Zip Code Santa Fe, NM 87506 Principal occupation / Job title (See Instructions) Social worker Date Full name of contributor I0/05/2024 Foster, Ronda Contributor address; City; State; Zip Code Austin, TX 78730 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Out-of-state PAC (ID#: Op/29/2024	\$10.00 \$10.00 s) Amount of Contribution (\$) \$15.00 \$15.00 \$15.00
10/14/2024 Everitt, Shay Contributor address; City; State; Zip Code Santa Fe, NM 87506 Principal occupation / Job title (See Instructions) Social worker Date Full name of contributor 10/05/2024 Foster, Ronda Contributor address; City; State; Zip Code Austin, TX 78730 Principal occupation / Job title (See Instructions) Not Employed Date Full name of contributor Out-of-state PAC (ID#:) 00/05/2024 Foster, Ronda Contributor address; City; State; Zip Code Austin, TX 78730 Employer (See Instructions) Not Employed Date Full name of contributor Out-of-state PAC (ID#:) 09/29/2024 Greer, Denise	Amount of Contribution (\$) (\$) Amount of Contribution (\$) (\$) Amount of Contribution (\$)
10/14/2024 Everitt, Shay Contributor address; City; State; Zip Code Santa Fe, NM 87506 Principal occupation / Job title (See Instructions) Social worker Date Full name of contributor I0/05/2024 Foster, Ronda Contributor address; City; State; Zip Code Austin, TX 78730 Principal occupation / Job title (See Instructions) Remployer (See Instructions) Not Employed Date Full name of contributor Out-of-state PAC (ID#: Op/29/2024	Amount of Contribution (\$) (\$) Amount of Contribution (\$) (\$) Amount of Contribution (\$)
10/14/2024 Everitt, Shay Contributor address; City; State; Zip Code Santa Fe, NM 87506 Principal occupation / Job title (See Instructions) Social worker Date Full name of contributor I0/05/2024 Foster, Ronda Contributor address; City; State; Zip Code Austin, TX 78730 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Out-of-state PAC (ID#: Op/29/2024 Ferrincipal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Out-of-state PAC (ID#: Og/29/2024 Greer, Denise Contributor address; City; State; Zip Code	Amount of Contribution (\$) (\$) Amount of Contribution (\$) (\$) Amount of Contribution (\$)
10/14/2024 Everitt, Shay Contributor address; City; State; Zip Code Santa Fe, NM 87506 Principal occupation / Job title (See Instructions) Social worker Date Full name of contributor out-of-state PAC (ID#:) 10/05/2024 Foster, Ronda Contributor address; City; State; Zip Code Austin, TX 78730 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Out-of-state PAC (ID#:) Op/29/2024 Ferrincipal occupation / Job title (See Instructions) Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:) O9/29/2024 Greer, Denise Contributor address; City; State; Zip Code El Paso, TX 79912	s) Amount of Contribution (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$)
10/14/2024 Everitt, Shay Contributor address; City; State; Zip Code Santa Fe, NM 87506 Principal occupation / Job title (See Instructions) Social worker Date Full name of contributor I0/05/2024 Foster, Ronda Contributor address; City; State; Zip Code Austin, TX 78730 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Out-of-state PAC (ID#: Op/29/2024 Ferrincipal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Out-of-state PAC (ID#: Og/29/2024 Greer, Denise Contributor address; City; State; Zip Code	s) Amount of Contribution (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$)

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 24/35	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		renthood Texas Votes PAC			00070105	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/26/2024	LaBauve, Glenn				\$40.00
	1	6 Contributor address; City; State; Zip Code		1		
		Dallas, TX 75211-5920				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions			
	Owner		LaBauve Tax Consulting	g		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/08/2024	Lambert, Liz				\$83.33
	I	Contributor address; City; State; Zip Code		1		
		Austin, TX 78703				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Designer		MML			
╞	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	10/01/2024	Linton, Melaney			• •	\$103.45
	I	Contributor address; City; State; Zip Code	,			
		Houston, TX 77007				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Executive		Planned Parenthood Gu	ulf (Coast	
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/29/2024	Mundy, Michelle Annette			,	\$41.67
		Contributor address; City; State; Zip Code		1		*
		Austin, TX 78731				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Office Manag		Tilcajete Partners, Ltd.			
╞	Date	Full name of contributor Out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	10/10/2024	Pereda, Sara	,		, where it is a construction (,	\$250.00
		Contributor address; City; State; Zip Code				Ŧ=
		Fort Worth, TX 76110				
\vdash	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	⊥ s)		
	Finance Dire		Alcon	-,		
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	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 3/4 Rpt: 25/35	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		enthood Texas Votes PAC				00070105	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/23/2024	Preece, Forrest					\$1,000.00
		6 Contributor address; City; Sta			1		
		Austin, TX 78701					
8	Princinal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u> ນ		
ľ	Retired			Retired	,		
╞					<u> </u>	Amount of Contribution (f)	
	Date 10/21/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.85
	10/21/2024	Schanzer, Dr. Kay					\$20.0 <u>0</u>
		Contributor address; City; Sta	te; Zip Code				
		San Antonio, TX 78212					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Psychoanaly			Drkayschanzer, LLC	,		
╞	Date	Full name of contributor	out-of-state PAC (ID#)	Γ	Amount of Contribution (\$)	
	10/24/2024)		, and an e e e e a a a a a a a a a a a a a a	\$55.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78759					
	Principal occupation / Job title (See Instructions) Employer (See Instruction		Employer (See Instructions	5)			
	Retired			Retired			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/16/2024	Siemers-Kennedy, Laura					\$5.00
		Contributor address; City; Sta			1		
	Houston, TX 77019			Ĺ			
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Engineer			Mott MacDonald			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/16/2024 Stopani, Tracy Contributor address; City; State; Zip Code					\$5.36	
	Longview TX 75602						
⊢	Longview, TX 75602 Principal occupation / Job title (See Instructions) Employer (See Instruction)			Employer (See Instructions	<u> </u> ນ		
	Manager			M Roberts Media	-)		
⊢							

	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 4/4 Rpt: 26/35	
2	2 FILER NAME			2	Filer ID (Ethics Commission	on Filers)	
2	Planned Parenthood Texas Votes PAC				00070105	UIT FILETS)	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/20/2024	Vrana, Alan					\$10.53
			tate [.] Zin Code		·		
		Plano, TX 75075					
8	Principal occu Retired	pation / Job title (See Instruction	s)	9 Employer (See Instructions Retired	s)		
⊨	Date	Full name of contributor)	Т	Amount of Contribution (\$)	
			OUL-OI-SIALE PAC (ID#)			¢20.00
	10/11/2024	Warren, Richard					\$20.00
		Contributor address; City; S	state; Zip Code				
		Blanco, TX 78606					
	Dringing age		2)	Employer (Coo Instruction			
	•	pation / Job title (See Instruction	S)	Employer (See Instructions	S)		
	Not Employe	20		Not Employed			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/08/2024	Welland, Isabel					\$2,500.00
		Contributor address; City; S	tate: Zip Code				
	Austin, TX 78703						
⊢	Principal occupation / Job title (See Instructions) Employer (See Instruction		<u>ا</u>				
	Retired		5)	Retired	5)		
	Retiret				_		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/30/2024	Zachry, Karen Lee					\$200.00
		Contributor address; City; S	state; Zip Code				
		San Antonio, TX 78209					
⊢				Employer (See Instructions	s)		
	Attorney		,	Arcadia Place LLC	,		
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EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense 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: 1/8 Rpt: 27/35	Planned Parenthood Texas Votes PAC 00070105			
4 Date 10/24/2024	5 Payee name Almendariz, Alicia			
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 2708 S Lamar Blvd Ste 200A			
corporate funds	Austin, TX 78704			
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense In Kind: PAC staff time for email/graphics for campaign or candidate 			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
10/18/2024	Amazon.com			
Amount (\$)	Payee address; City; State; Zip Code			
\$183.90	410 Terry Ave N			
Expenditure from corporate funds	Seattle, WA 98109			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gift for staff 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
10/18/2024	Atchley & Associates LLP			
Amount (\$)	Payee address; City; State; Zip Code			
\$895.00	1005 La Posada Dr			
Expenditure from corporate funds	Austin, TX 78752			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAC accounting and reporting services 			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense 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: 2/8 Rpt: 28/35	Planned Parenthood Texas Votes PAC 00070105			
4 Date	5 Payee name			
10/10/2024	Caballero, Darcy			
6 Amount (\$) \$643.64	7 Payee address; City; State; Zip Code 2708 S Lamar Blvd Ste 200A State; Zip Code			
Expenditure from corporate funds	Austin, TX 78704			
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense In Kind: PAC staff time for email/graphics and meetings with campaign or candidate 			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
10/24/2024	Caballero, Darcy			
Amount (\$) \$429.13	Payee address; City; State; Zip Code 2708 S Lamar Blvd Ste 200A			
Expenditure from corporate funds	Austin, TX 78704			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense In Kind: PAC staff time for meetings with campaign or candidate and preparing for PAC activity 			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
10/25/2024	Caballero, Darcy			
Amount (\$) \$132.81	Payee address; City; State; Zip Code 2708 S Lamar Blvd Ste 200A			
Expenditure from corporate funds	Austin, TX 78704			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense In Kind: PAC staff time for meetings with campaign or candidate and preparing for PAC activity 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense 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: 3/8 Rpt: 29/35	Planned Parenthood Texas Votes PAC 00070105				
4 Date	5 Payee name				
10/20/2024	DoorDash				
6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 303 2nd St 8th Fl				
Expenditure from corporate funds	San Francisco, CA 94107				
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gift for staff 				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
10/10/2024	Evans, Alex				
Amount (\$) \$211.44	Payee address; City; State; Zip Code 2708 S Lamar Blvd Ste 200A				
Expenditure from corporate funds	Austin, TX 78704				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense In Kind: PAC staff time for meetings with campaign or candidate and preparing for PAC activity 				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
10/24/2024	Evans, Alex				
Amount (\$) \$264.22	Payee address; City; State; Zip Code 2708 S Lamar Blvd Ste 200A				
Expenditure from corporate funds	Austin, TX 78704				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense In Kind: PAC staff time for meetings with campaign or candidate and preparing for PAC activity 				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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: 4/8 Rpt: 30/35	Planned Parenthood Texas Votes PAC 00070105			
4 Date	5 Payee name			
10/25/2024	Evans, Alex			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$26.44	2708 S Lamar Blvd Ste 200A			
φ20.44	2700 S Lamai Bivu 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 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 meetings with campaign or candidate			
	or candidate			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
10/09/2024	Hoselton, Joseph			
Amount (\$)	Payee address; City; State; Zip Code			
\$300.00	4830 Cedar Springs Rd Apt 16			
Expenditure from corporate funds	Dallas, TX 75219			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAC event entertainment 			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
10/24/2024	Jennifer Lee Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$2,500.00	PO Box 1916			
Expenditure from corporate funds	Temple, TX 76503			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee			
Campaign contribution				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel out of District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 5/8 Rpt: 31/35	Planned Parenthood Texas Votes PAC 00070105			
4 Date	5 Payee name			
10/09/2024	Laurel Swift Jordan Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$3,000.00	PO Box 6866			
Expenditure from corporate funds	San Antonio, TX 78209			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
10/10/2024	Lee-Wo, Celeste			
Amount (\$)	Payee address; City; State; Zip Code			
\$44.00	2708 S Lamar Blvd Ste 200A			
Expenditure from corporate funds	Austin, TX 78704			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense In Kind: PAC staff time for phone banking/text banking voters 			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
10/03/2024	Love, James			
Amount (\$)	Payee address; City; State; Zip Code			
\$300.00	223 S 2nd St			
Expenditure from corporate funds	Midlothian, TX 76065			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Cancellation fee for PAC event entertainment 			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	· · · ·
Sch: 6/8 Rpt: 32/35	Planned Parenthood Texas Votes PAC 00070105
4 Date	5 Payee name
10/09/2024	Morua, Sasha
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$200.00	5121 Cedar Springs Rd Apt 214
Expenditure from corporate funds	Dallas, TX 75235
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	PAC event entertainment
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/02/2024	Ochoa, Rodolfo
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	833 Denver Blvd
Expenditure from corporate funds	San Antonio, TX 78210
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Cancellation fee for PAC event entertainment
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/02/2024	Paragon Solutions
Amount (\$)	Payee address; City; State; Zip Code
\$83.58	201 Main St #1150
Expenditure from corporate funds	Fort Worth, TX 76102
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAC credit card processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense 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: 7/8 Rpt: 33/35	Planned Parenthood Texas Votes PAC 00070105			
4 Date 10/09/2024	5 Payee name Phillips, Keefus			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$200.00	2929 Kings Rd #1101			
Expenditure from corporate funds	Dallas, TX 75219			
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAC event entertainment 			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
10/22/2024	Planned Parenthood Texas Votes			
Amount (\$)	Payee address; City; State; Zip Code			
\$12,000.00	2708 S Lamar Blvd Ste 200A			
Expenditure from corporate funds	Austin, TX 78704			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimburse PAC staff time and expenses 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
10/21/2024	Solomon Ortiz Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$5,000.00	PO Box 286			
Expenditure from corporate funds	Corpus Christi, TX 78403			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense 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: 8/8 Rpt: 34/35	Planned Parenthood Texas Votes PAC 00070105			
4 Date	5 Payee name			
10/10/2024	Tahbou, Samuina			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$32.45	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 EXPENDITURE	Salaries/Wages/Contract Labor			
	Check if Austin, TX, officeholder living expense In Kind: PAC staff time for email/graphics for			
	campaign or candidate			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
10/25/2024	Tahbou, Samuina			
Amount (\$)	Payee address; City; State; Zip Code			
\$129.80	2708 S Lamar Blvd Ste 200A			
Expenditure from corporate funds	Austin, TX 78704			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense In Kind: PAC staff time for email/graphics for campaign or candidate 			
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
10/09/2024	Welborn, Casey			
Amount (\$)	Payee address; City; State; Zip Code			
\$200.00	2975 Blackburn St Apt 1306			
Expenditure from corporate funds	Dallas, TX 75204			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAC event entertainment 			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			

	RRED OBLIGATIONS	SCHEDULE F2
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F2: Sch: 1/1 Rpt: 35/35	2 FILER NAME Planned Parenthood Texas Votes PAC	3 Filer ID (Ethics Commission Filers) 00070105
⁴ TOTAL OF UNITEMI	ZED UNPAID INCURRED OBLIGATIONS	\$
5 Date 10/16/2024	6 Payee name Atchley & Associates LLP	
7 Amount (\$) \$1,682.50	 8 Payee address; City; State; Zip Code 1005 La Posada Dr Austin, TX 78752 	
9 TYPE OF EXPENDITURE	X Political Non-Political	
10 PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ing and reporting services
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
Date 10/25/2024	Payee name Planned Parenthood Texas Votes	
Amount (\$) \$3,218.78 Expenditure from	Payee address; City; State; Zip Code 2708 S Lamar Blvd Ste 200A	
Corporate funds	Austin, TX 78704	
EXPENDITURE PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Loan Repayment/Reimbursement Check if travel Check if Austin Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense AC staff time and expenses
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held