

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

 PAGE 1 OF 11
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee Alamy			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 20 Jay St Ste 848			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 23 / 2018</div>		
City Brooklyn	State NY	Zip Code 11201-8306	Transaction ID : VV0P99HADT2		
Purpose of Expenditure Photo Licensing		Category/ Type 004	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Name of Federal Candidate Craig, Angela, Dawn, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: MN		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Alamy			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 20 Jay St Ste 848			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 23 / 2018</div>		
City Brooklyn	State NY	Zip Code 11201-8306	Transaction ID : VV0P99HADV0		
Purpose of Expenditure Photo Licensing		Category/ Type 004	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Name of Federal Candidate Lewis, Jason, Mark, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: MN		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hubbard, Tshombe, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Berg, Miriam, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2018	
Mailing Address 2530 Q St NW		Amount 297.50	
City Washington	State DC	Zip Code 20007-4308	Transaction ID : VV0P99HADP0
Purpose of Expenditure Digital Advertising Production	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2018	
Name of Federal Candidate Phillips, Dean, , ,		<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought 201315.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Berg, Miriam, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2018	
Mailing Address 2530 Q St NW		Amount 297.50	
City Washington	State DC	Zip Code 20007-4308	Transaction ID : VV0P99HADQ8
Purpose of Expenditure Digital Advertising Production	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2018	
Name of Federal Candidate Paulsen, Erik, , ,		<input type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 03 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought 201315.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	595.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hubbard, Tshombe, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 25 / 2018

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Berg, Miriam, , ,		Date of Public Distribution/Dissemination 10 / 23 / 2018	
Mailing Address 2530 Q St NW		Amount 297.50	
City Washington	State DC	Zip Code 20007-4308	Transaction ID : VV0P99HADR6
Purpose of Expenditure Digital Advertising Production	Category/Type 004	Date of Disbursement or Obligation 10 / 23 / 2018	
Name of Federal Candidate Craig, Angela, Dawn, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 170162.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Berg, Miriam, , ,		Date of Public Distribution/Dissemination 10 / 23 / 2018	
Mailing Address 2530 Q St NW		Amount 297.50	
City Washington	State DC	Zip Code 20007-4308	Transaction ID : VV0P99HADS4
Purpose of Expenditure Digital Advertising Production	Category/Type 004	Date of Disbursement or Obligation 10 / 23 / 2018	
Name of Federal Candidate Lewis, Jason, Mark, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 170162.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	595.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hubbard, Tshombe, , ,

[Electronically Filed]

Date

10 / 25 / 2018

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 4 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Blueprint Interactive		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2018	
Mailing Address 2229 N Pollard St		Amount 93750.00	
City Arlington	State VA	Zip Code 22207-3855	Transaction ID : VV0P99HAE09
Purpose of Expenditure Digital Advertising Production and Buy		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2018
Name of Federal Candidate Craig, Angela, Dawn, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 170162.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Blueprint Interactive		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2018	
Mailing Address 2229 N Pollard St		Amount 31250.00	
City Arlington	State VA	Zip Code 22207-3855	Transaction ID : VV0P99HAE17
Purpose of Expenditure Digital Advertising Production and Buy		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2018
Name of Federal Candidate Smith, Tina, Flint, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 33160.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	125000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hubbard, Tshombe, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 25 / 2018

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 5 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Blueprint Interactive		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2018	
Mailing Address 2229 N Pollard St		Amount 75000.00	
City Arlington	State VA	Zip Code 22207-3855	Transaction ID : VV0P99HAE25
Purpose of Expenditure Digital Advertising Production and Buy		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2018
Name of Federal Candidate Phillips, Dean, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 201315.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Farmworker Educational Radio Network, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2018	
Mailing Address PO Box 62		Amount 5820.00	
City Keene	State CA	Zip Code 93531-0062	Transaction ID : VV0P99HADW8
Purpose of Expenditure Radio Advertising Buy		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2018
Name of Federal Candidate Rosen, Jacky, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 161060.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	80820.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hubbard, Tshombe, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 25 / 2018

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 6 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Farmworker Educational Radio Network, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2018	
Mailing Address PO Box 62		Amount 3435.00	
City Keene	State CA	Zip Code 93531-0062	Transaction ID : VV0P99HADX5
Purpose of Expenditure Radio Advertising Buy	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2018	
Name of Federal Candidate Sinema, Kyrsten, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought 1267820.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Garcimonde-Fisher, Lauren, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2018	
Mailing Address 1750 30th St # 217		Amount 800.00	
City Boulder	State CO	Zip Code 80301-1029	Transaction ID : VV0P99HADG3
Purpose of Expenditure Digital Advertising Production	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2018	
Name of Federal Candidate Heller, Dean, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 161060.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4235.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hubbard, Tshombe, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 25 / 2018

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 7 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Garcimonde-Fisher, Lauren, , ,			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2018		
Mailing Address 1750 30th St # 217			Amount 16.67		
City Boulder	State CO	Zip Code 80301-1029	Transaction ID : VV0P99HADH1		
Purpose of Expenditure Mail Piece Production		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2018		
Name of Federal Candidate Sinema, Kyrsten, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought 1267820.25			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Garcimonde-Fisher, Lauren, , ,			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2018		
Mailing Address 1750 30th St # 217			Amount 56.26		
City Boulder	State CO	Zip Code 80301-1029	Transaction ID : VV0P99HADJ9		
Purpose of Expenditure Digital Advertising Production		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2018		
Name of Federal Candidate Craig, Angela, Dawn, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN		
Calendar Year-To-Date Per Election for Office Sought 170162.12			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	72.93
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hubbard, Tshombe, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 25 / 2018

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 8 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Garcimonde-Fisher, Lauren, , ,			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2018		
Mailing Address 1750 30th St # 217			Amount 1875.00		
City Boulder	State CO	Zip Code 80301-1029	Transaction ID : VV0P99HADK6		
Purpose of Expenditure Digital Advertising Production		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2018		
Name of Federal Candidate Smith, Tina, Flint, ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MN		
Calendar Year-To-Date Per Election for Office Sought 33160.86			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Garcimonde-Fisher, Lauren, , ,			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2018		
Mailing Address 1750 30th St # 217			Amount 75.00		
City Boulder	State CO	Zip Code 80301-1029	Transaction ID : VV0P99HADM4		
Purpose of Expenditure Digital Advertising Production		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2018		
Name of Federal Candidate Phillips, Dean, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN		
Calendar Year-To-Date Per Election for Office Sought 201315.86			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1950.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hubbard, Tshombe, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 25 / 2018

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 9 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Garcimonde-Fisher, Lauren, , ,			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2018		
Mailing Address 1750 30th St # 217			Amount 16.67		
City Boulder	State CO	Zip Code 80301-1029	Transaction ID : VV0P99HAE41		
Purpose of Expenditure Mail Piece Production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2018		
Name of Federal Candidate McSally, Martha, , ,			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee M+R Strategic Services			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2018		
Mailing Address 1901 L St NW Ste 800			Amount 15000.00		
City Washington	State DC	Zip Code 20036-3510	Transaction ID : VV0P99HADY3		
Purpose of Expenditure Digital Advertising Buy		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2018		
Name of Federal Candidate Rosen, Jacky, , ,			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	15016.67
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hubbard, Tshombe, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 25 / 2018

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 10 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee M+R Strategic Services		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2018	
Mailing Address 1901 L St NW Ste 800		Amount 50000.00	
City Washington	State DC	Zip Code 20036-3510	Transaction ID : VV0P99HADZ1
Purpose of Expenditure Digital Advertising Buy	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2018	
Name of Federal Candidate Heller, Dean, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee The Pivot Group		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2018	
Mailing Address 1015 15th St NW Ste 600		Amount 9870.80	
City Washington	State DC	Zip Code 20005-2605	Transaction ID : VV0P99HADN2
Purpose of Expenditure Mail Piece Production, Printing and Postage	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2018	
Name of Federal Candidate Sinema, Kyrsten, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	59870.80
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hubbard, Tshombe, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2018

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 11 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee The Pivot Group			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2018		
Mailing Address 1015 15th St NW Ste 600			Amount 9870.79		
City Washington	State DC	Zip Code 20005-2605	Transaction ID : VV0P99HAE33		
Purpose of Expenditure Mail Piece Production, Printing and Postage		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2018		
Name of Federal Candidate McSally, Martha, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought		1267820.25	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	9870.79
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	298056.19

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hubbard, Tshombe, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 25 / 2018

Signature