

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

Planned Parenthood Votes

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Hubbard, Tshombe, , , Type or Print Name of Treasurer

Signature of Treasurer Hubbard, Tshombe, , , [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Planned Parenthood Votes

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		<input type="text" value="773662.57"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="773662.57"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="272350.00"/>	<input type="text" value="272350.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1046012.57"/>	<input type="text" value="1046012.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="209786.55"/>	<input type="text" value="209786.55"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="836226.02"/>	<input type="text" value="836226.02"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="80903.10"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Planned Parenthood Votes

Report Covering the Period: From: 01 / 01 / 2017 To: 01 / 31 / 2017

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	272350.00	272350.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	272350.00	272350.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	272350.00	272350.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	272350.00	272350.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	272350.00	272350.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	111620.10	111620.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	111620.10	111620.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	96696.45	96696.45
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	1470.00	1470.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	209786.55	209786.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	209786.55	209786.55

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	272350.00	272350.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	272350.00	272350.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	111620.10	111620.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	111620.10	111620.10

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA

Transaction ID :

After a voluntary review of our records, we are submitting this amendment to reflect the proper application of disbursements and debts owed by the committee.

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Planned Parenthood Votes

A. Aberly, Naomi, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Mount Vernon Place
 City Boston State MA Zip Code 02108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Volunteer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2017
Transaction ID : A2017-214660
 Amount of Each Receipt this Period
 250000.00
 Memo Item

B. Phipps, Elena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 64 Fulton Street/ #903
 City New York State NY Zip Code 10038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 20 / 2017
Transaction ID : A2017-214663
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Rhoads, George, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 W Bridge Street
 City New Hope State PA Zip Code 18938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 12 / 2017
Transaction ID : A2017-214664
 Amount of Each Receipt this Period
 750.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	251750.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Planned Parenthood Votes

A. Shattuck, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4627 Ashton Drive
 City Sacramento State CA Zip Code 95864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 16000.00

Date of Receipt **01 / 04 / 2017**
Transaction ID : A2017-214661
 Amount of Each Receipt this Period 16000.00
 Memo Item

B. Shattuck, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4627 Ashton Drive
 City Sacramento State CA Zip Code 95864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt **01 / 05 / 2017**
Transaction ID : A2017-214662
 Amount of Each Receipt this Period 4000.00
 Memo Item

C. Turner, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 440 La Montage Drive
 City Palmerton State PA Zip Code 18071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **01 / 12 / 2017**
Transaction ID : A2017-214665
 Amount of Each Receipt this Period 600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	20600.00
TOTAL This Period (last page this line number only).....	272350.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Planned Parenthood Votes

Full Name (Last, First, Middle Initial) A. Hustle INC		Date of Disbursement MM / DD / YYYY 01 / 13 / 2017
Mailing Address 251 Kearney St, Ste 300		FEC Identification Number C [REDACTED] Transaction ID : B641326 Amount of Each Disbursement this Period 5000.00
City San Francisco	State CA	Zip Code 94108
Purpose of Disbursement Software Licensing	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Not Applicable
State: District:		

Full Name (Last, First, Middle Initial) B. 76 Words		Date of Disbursement MM / DD / YYYY 01 / 06 / 2017
Mailing Address 1806 Vernon St, NW #100		FEC Identification Number C [REDACTED] Transaction ID : B641323 Amount of Each Disbursement this Period 1634.21
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Videography	Category/Type 004	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Not Applicable
State: District:		

Full Name (Last, First, Middle Initial) C. Catalist LLC		Date of Disbursement MM / DD / YYYY 01 / 26 / 2017
Mailing Address 1090 Vermont Ave./Ste. 300		FEC Identification Number C [REDACTED] Transaction ID : B641328 Amount of Each Disbursement this Period 22238.40
City Washington	State DC	Zip Code 20006
Purpose of Disbursement Database Services	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Not Applicable
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶	28872.61
TOTAL This Period (last page this line number only)..... ▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B
Transaction ID :

The \$198.00 payment to Action Fund extinguishes the debt owed to API Source, see Schedule D (Transaction ID D439048) and Schedule B (Transaction ID B946395). The \$1470.00 to Action Fund extinguishes the debt owed to FedEx, see Schedule D (Transaction ID D439045) and Schedule B (Transaction ID B627070)

Form/Schedule:
Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Precision Strategies LLC

Mailing Address 901 New York Avenue NW/Ste. 530

City Washington State DC Zip Code 20001

Purpose of Disbursement Communications Consulting

001
Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) Not Applicable
State: District:

Date of Disbursement
MM / DD / YYYY
01 / 30 / 2017

FEC Identification Number
C
Transaction ID : B641329
Amount of Each Disbursement this Period
750.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Action Fund Inc.

Mailing Address 123 William St, 10th Floor

City New York State NY Zip Code 10038

Purpose of Disbursement Reimbursement for for travel expenses

001
Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) Not Applicable
State: District:

Date of Disbursement
MM / DD / YYYY
01 / 09 / 2017

FEC Identification Number
C
Transaction ID : B641324
Amount of Each Disbursement this Period
83390.51

Memo Item

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Action Fund Inc.

Mailing Address 123 William St, 10th Floor

City New York State NY Zip Code 10038

Purpose of Disbursement Drawdown against advance payment listed on 2016 M5; see Sch. E

001
Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) Not Applicable
State: District:

Date of Disbursement
MM / DD / YYYY
01 / 13 / 2017

FEC Identification Number
C
Transaction ID : B642986
Amount of Each Disbursement this Period
-427.86

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	83712.65
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Planned Parenthood Votes

Full Name (Last, First, Middle Initial) A. Planned Parenthood Action Fund Inc.		Date of Disbursement MM / DD / YYYY 01 / 18 / 2017
Mailing Address 123 William St, 10th Floor		FEC Identification Number C [REDACTED] Transaction ID : B641327 Amount of Each Disbursement this Period [REDACTED] 3599.14
City New York	State NY	Zip Code 10038
Purpose of Disbursement Reimbursement for Travel Expenses		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	
State: District:		

Full Name (Last, First, Middle Initial) B. Planned Parenthood Action Fund Inc.		Date of Disbursement MM / DD / YYYY 01 / 31 / 2017
Mailing Address 123 William St, 10th Floor		FEC Identification Number C [REDACTED] Transaction ID : B642984 Amount of Each Disbursement this Period [REDACTED] -5629.44
City New York	State NY	Zip Code 10038
Purpose of Disbursement Drawdown against advance payment listed on 2016 M5; see Sch. E		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Federal Express		Date of Disbursement MM / DD / YYYY 01 / 17 / 2017
Mailing Address PO Box 1140		FEC Identification Number C [REDACTED] Transaction ID : B641331 Amount of Each Disbursement this Period [REDACTED] 786.89
City Memphis	State TN	Zip Code 38101
Purpose of Disbursement Shipping		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶	[REDACTED] -1283.41
TOTAL This Period (last page this line number only)..... ▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Planned Parenthood Votes

Full Name (Last, First, Middle Initial)
A. Planned Parenthood Action Fund Inc.

Date of Disbursement
MM / DD / YYYY
01 / 09 / 2017

Mailing Address 123 William St, 10th Floor

City New York State NY Zip Code 10038

Purpose of Disbursement Shipping. See misc text and sch. D Transaction ID D439048

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼ Not Applicable

State: District:

FEC Identification Number
C []
Transaction ID : B946395
Amount of Each Disbursement this Period
[] 198.00
 Memo Item

Full Name (Last, First, Middle Initial)
B.

Date of Disbursement
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

FEC Identification Number
C []
Amount of Each Disbursement this Period
[]
 Memo Item

Full Name (Last, First, Middle Initial)
C.

Date of Disbursement
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number
C []
Amount of Each Disbursement this Period
[]
 Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[] 198.00
TOTAL This Period (last page this line number only).....▶	[] 111499.85

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Planned Parenthood Votes

A. Planned Parenthood Action Fund Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 123 William St 10th Floor

City New York State NY Zip Code 10038

Purpose of Disbursement
Canvass Lit in support of Colin Van Ostern starting on 9/2/16

Candidate Name
Van Ostern, Colin, , ,

Office Sought: House Senate President
State: NH District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement: 01 / 09 / 2017

FEC Identification Number: C

Transaction ID : **B627070**

Amount of Each Disbursement this Period: 1470.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify)

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1470.00
TOTAL This Period (last page this line number only).....▶	1470.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 38
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MackCrouse Group			Nature of Debt (Purpose): Canvass literature
Mailing Address 2001 N. Beaugard St. Ste 420			
City Alexandria	State VA	Zip Code 22311	

Outstanding Balance Beginning This Period <input type="text" value="3950.00"/>	Transaction ID : D439020	
Amount Incurred This Period <input type="text" value="-3950.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Itzamna Translations Company			Nature of Debt (Purpose): Translation services.
Mailing Address P.O. Box 1015			
City Glendale	State AZ	Zip Code 85311	

Outstanding Balance Beginning This Period <input type="text" value="63.39"/>	Transaction ID : D439030	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="63.39"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alliance Marketing Distributor Inc.			Nature of Debt (Purpose): Printing of postcards and posters.
Mailing Address 133 Industrial Ave.			
City Hasbrouck Heights	State NJ	Zip Code 07604	

Outstanding Balance Beginning This Period <input type="text" value="884.58"/>	Transaction ID : D439032	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="884.58"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="947.97"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`#19A-N5HCB

Form/Schedule: SD10

Transaction ID :

As described on the March 18, 2015 Form 99, Planned Parenthood Votes has removed the unpayable debt in accordance with 11 C.F.R. 116.9(a)(1) as the vendor no longer exists (Transaction #D439020), this debt has been outstanding for over twenty-four months, and is not payable for purposes of the Act.

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 38
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Network Solutions			Nature of Debt (Purpose): Purchase of domain name.
Mailing Address 13861 Sunrise Valley Dr. #300			
City Herndon	State VA	Zip Code 20171	

Outstanding Balance Beginning This Period 15.99	Transaction ID : D439033	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 15.99

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Terris Barnes & Walters			Nature of Debt (Purpose): Canvass Lit-Estimated costs.
Mailing Address 400 Montgomery St # 700			
City San Francisco	State CA	Zip Code 94104	

Outstanding Balance Beginning This Period 21210.40	Transaction ID : D439041	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 21210.40

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Journeyman Press			Nature of Debt (Purpose): Canvassing Lit.
Mailing Address 11 Malcolm Hoyt Dr.			
City Newburyport	State MA	Zip Code 01950	

Outstanding Balance Beginning This Period 1263.00	Transaction ID : D439044	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1263.00

1) SUBTOTALS This Period This Page (optional)..... ▶	22489.39
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 38
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FedEx Print Center			Nature of Debt (Purpose): Canvassing Lit. See Schedule E, Schedule B and Misc Text.
Mailing Address 3 Colby Ct.			
City Bedford	State NH	Zip Code 03110	

Outstanding Balance Beginning This Period 1716.26	Transaction ID : D439045	
Amount Incurred This Period 0.00	Payment This Period 1470.00	Outstanding Balance at Close of This Period 246.26

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor API Source			Nature of Debt (Purpose): Apparel distribution. See misc text and Schedule B Transaction ID B946395
Mailing Address 2229 North Pollard St			
City Lanham	State MD	Zip Code 20706	

Outstanding Balance Beginning This Period 198.00	Transaction ID : D439048	
Amount Incurred This Period 0.00	Payment This Period 198.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Franciska Farkas			Nature of Debt (Purpose): Digital Ad Production. See Schedule E
Mailing Address 102 Clinton Ave.			
City Brooklyn	State NY	Zip Code 11205	

Outstanding Balance Beginning This Period 6500.00	Transaction ID : D439049	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6500.00

1) SUBTOTALS This Period This Page (optional)..... ▶	6746.26
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 38
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mission Control LLC			Nature of Debt (Purpose): Canvass Lit.
Mailing Address 624 Hebron Ave #200			
City Glastonbury	State CT	Zip Code 06033	

Outstanding Balance Beginning This Period 22189.00	Transaction ID : D439052	
Amount Incurred This Period 0.00	Payment This Period 22189.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Work for Progress Inc			Nature of Debt (Purpose): Canvassing. See Schedule E
Mailing Address 1543 Wazee St #440			
City Denver	State CO	Zip Code 80202	

Outstanding Balance Beginning This Period 41883.15	Transaction ID : D439053	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 41883.15

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 76 Words			Nature of Debt (Purpose): Online Video Production. See Schedule E
Mailing Address 1806 Vernon St, NW #300			
City Washington	State DC	Zip Code 20009	

Outstanding Balance Beginning This Period 8793.65	Transaction ID : D439056	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8793.65

1) SUBTOTALS This Period This Page (optional)..... ▶	50676.80
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 38
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ib5k, LLC			Nature of Debt (Purpose): Online video production.Beginning debt balance adjusted per actual amt owed and paid
Mailing Address 343 Carl Street			
City San Francisco	State CA	Zip Code 94117	

Outstanding Balance Beginning This Period		Transaction ID : D439064	
33800.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	33800.00	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Action Fund Inc.			Nature of Debt (Purpose): Staff time, event tickets, video footage.Beginning debt balance adj. per actual amt owed and paid
Mailing Address 123 William St, 10th Floor			
City New York	State NY	Zip Code 20038	

Outstanding Balance Beginning This Period		Transaction ID : D439070	
40707.45			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	40707.45	0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Community Outreach Group			Nature of Debt (Purpose): Canvassing.
Mailing Address 1110 Vermont Ave N.W. #300			
City Washington	State DC	Zip Code 20050	

Outstanding Balance Beginning This Period		Transaction ID : D439042	
42.68			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	42.68	

1) SUBTOTALS This Period This Page (optional)..... ▶	42.68
2) TOTALS This Period (last page this line number only)..... ▶	80903.10
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	80903.10

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <input type="checkbox"/> Memo Item Mission Control LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 29 / 2016 </div>
Mailing Address 624 Hebron Ave #200	Amount <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 8250.00 </div> Transaction ID : B634554 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 01 / 12 / 2017 </div>
City State Zip Code Glastonbury CT 06033	
Purpose of Expenditure Canvass Literature-Full payment for IE reported on 30 G. Transaction ID# 634554. See Schedule D	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Trump, Donald, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 68995.16 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2017 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Mission Control LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 29 / 2016 </div>
Mailing Address 624 Hebron Ave #200	Amount <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 8250.00 </div> Transaction ID : B634555 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 01 / 12 / 2017 </div>
City State Zip Code Glastonbury CT 06033	
Purpose of Expenditure Canvass Literature-Full payment for IE reported on 30 G. Transaction ID# 634555. See Schedule D	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Coffman, Mike, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <u>06</u> State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 8250.00 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2017 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 16500.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y _____ </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.

Signature Hubbard, Tshombe, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y 03 / 17 / 2017

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ C C00489799
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Mission Control LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 624 Hebron Ave #200	Amount <input type="text"/>
City Glastonbury State CT Zip Code 06033	Transaction ID : B629881
Purpose of Expenditure Canvass Lit Category/Type 007	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Glenn, Darryl, , , <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: CO
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2844.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Mission Control LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 624 Hebron Ave #200	Amount <input type="text"/>
City Glastonbury State CT Zip Code 06033	Transaction ID : B629882
Purpose of Expenditure Canvass Lit Category/Type 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Trump, Donald, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 68995.16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2017 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 5689.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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 / /
Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00489799 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item ib5k, LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> / / </div>
Mailing Address 343 Carl Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">33800.00</div>
City San Francisco State CA Zip Code 94117	
Purpose of Expenditure Online video production-Estimated costs Category/Type 007	
Name of Federal Candidate: Trump, Donald, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">68995.16</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Action Fund Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> / / </div>
Mailing Address 123 William St, 10th Floor	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4716.69</div>
City New York State NY Zip Code 10038	
Purpose of Expenditure Staff time for direct voter contact-adjusted to actual cost Category/Type 001	
Name of Federal Candidate: Trump, Donald, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">68995.16</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">38516.69</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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

 / /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00489799 </div>
--	--

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Action Fund Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 22 / 2016						
Mailing Address 123 William St, 10th Floor	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4716.68</div> Transaction ID : B633893 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 13 / 2017						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>New York</td> <td>NY</td> <td>10038</td> </tr> </table>		City	State	Zip Code	New York	NY	10038
City		State	Zip Code				
New York	NY	10038					
Purpose of Expenditure Staff time for direct voter contact-adjusted to actual cost							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Strickland, Ted, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: <u>OH</u>						
Calendar Year-To-Date Per Election for Office Sought 9926.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Action Fund Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 22 / 2016						
Mailing Address 123 William St, 10th Floor	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4716.68</div> Transaction ID : B633894 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 13 / 2017						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>New York</td> <td>NY</td> <td>10038</td> </tr> </table>		City	State	Zip Code	New York	NY	10038
City		State	Zip Code				
New York	NY	10038					
Purpose of Expenditure Staff time for direct voter contact-adjusted to actual cost							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Portman, Rob, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: <u>OH</u>						
Calendar Year-To-Date Per Election for Office Sought 9926.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">9433.36</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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 / D D / Y Y Y Y Y Y
03 / 17 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Planned Parenthood Votes
FEC IDENTIFICATION NUMBER
C C00489799

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
Planned Parenthood Action Fund Inc.
Mailing Address 123 William St, 10th Floor
City New York State NY Zip Code 10038
Purpose of Expenditure Staff time for direct voter contact
Category/Type 001
Date of Public Distribution/Dissemination 10/24/2016
Amount 3100.00
Transaction ID: B634105
Date of Disbursement or Obligation 01/13/2017

Name of Federal Candidate: Clinton, Hillary, ,
Support Oppose
Office Sought: President Senate State: US
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
Planned Parenthood Action Fund Inc.
Mailing Address 123 William St, 10th Floor
City New York State NY Zip Code 10038
Purpose of Expenditure Staff time for direct voter contact
Category/Type 001
Date of Public Distribution/Dissemination 10/24/2016
Amount 3100.00
Transaction ID: B634106
Date of Disbursement or Obligation 01/13/2017

Name of Federal Candidate: Trump, Donald, ,
Support Oppose
Office Sought: President Senate State: US
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 6200.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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

03 / 17 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Planned Parenthood Votes
FEC IDENTIFICATION NUMBER
C C00489799

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
Planned Parenthood Action Fund Inc.
Mailing Address 123 William St, 10th Floor
City New York State NY Zip Code 10038
Purpose of Expenditure Staff time for direct voter contact
Category/Type 001
Date of Public Distribution/Dissemination 10/24/2016
Amount 3100.00
Transaction ID: B634107
Date of Disbursement or Obligation 01/13/2017

Name of Federal Candidate: Toomey, Pat, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 6200.00

Full Name of Payee
Planned Parenthood Action Fund Inc.
Mailing Address 123 William St, 10th Floor
City New York State NY Zip Code 10038
Purpose of Expenditure Staff time for direct voter contact
Category/Type 001
Date of Public Distribution/Dissemination 10/24/2016
Amount 3100.00
Transaction ID: B634108
Date of Disbursement or Obligation 01/13/2017

Name of Federal Candidate: McGinty, Katie, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 6200.00

(a) SUBTOTAL of Itemized Independent Expenditures 6200.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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

03/17/2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>
--	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Action Fund Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 25 / 2016</div>						
Mailing Address 123 William St, 10th Floor	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">145.32</div> Transaction ID : B634545 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">01 / 13 / 2017</div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:20%;">State</td> <td style="width:50%;">Zip Code</td> </tr> <tr> <td>New York</td> <td>NY</td> <td>10038</td> </tr> </table>		City	State	Zip Code	New York	NY	10038
City		State	Zip Code				
New York	NY	10038					
Purpose of Expenditure Staff time for direct voter contact							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Trump, Donald, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>US</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">68995.16</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Action Fund Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 25 / 2016</div>						
Mailing Address 123 William St, 10th Floor	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">145.33</div> Transaction ID : B634546 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">01 / 13 / 2017</div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:20%;">State</td> <td style="width:50%;">Zip Code</td> </tr> <tr> <td>New York</td> <td>NY</td> <td>10038</td> </tr> </table>		City	State	Zip Code	New York	NY	10038
City		State	Zip Code				
New York	NY	10038					
Purpose of Expenditure Staff time for direct voter contact							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Clinton, Hillary, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>US</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">68995.16</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">290.65</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></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 / D D / Y Y Y Y Y Y

03 / 17 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Planned Parenthood Votes
FEC IDENTIFICATION NUMBER
C C00489799

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
Planned Parenthood Action Fund Inc.
Mailing Address 123 William St, 10th Floor
City New York State NY Zip Code 10038
Purpose of Expenditure Staff time for direct voter contact
Category/Type 001
Date of Public Distribution/Dissemination 10/25/2016
Amount 145.32
Transaction ID: B634902
Date of Disbursement or Obligation 01/13/2017

Name of Federal Candidate: Portman, Rob, ,
Support Oppose
Office Sought: House Senate State: OH
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee
Planned Parenthood Action Fund Inc.
Mailing Address 123 William St, 10th Floor
City New York State NY Zip Code 10038
Purpose of Expenditure Staff time for direct voter contact
Category/Type 001
Date of Public Distribution/Dissemination 10/25/2016
Amount 145.33
Transaction ID: B634903
Date of Disbursement or Obligation 01/13/2017

Name of Federal Candidate: Strickland, Ted, ,
Support Oppose
Office Sought: House Senate State: OH
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 290.65
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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

03/17/2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Planned Parenthood Votes
FEC IDENTIFICATION NUMBER
C C00489799

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
Planned Parenthood Action Fund Inc.
Mailing Address 123 William St, 10th Floor
City New York State NY Zip Code 10038
Purpose of Expenditure Staff time for direct voter contact
Category/Type 001
Date of Public Distribution/Dissemination 11/02/2016
Amount 93.55
Transaction ID: B635160
Date of Disbursement or Obligation 01/13/2017

Name of Federal Candidate: Clinton, Hillary, ,
Support Oppose
Office Sought: President Senate State: US
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
Planned Parenthood Action Fund Inc.
Mailing Address 123 William St, 10th Floor
City New York State NY Zip Code 10038
Purpose of Expenditure Staff time for direct voter contact
Category/Type 001
Date of Public Distribution/Dissemination 11/02/2016
Amount 93.55
Transaction ID: B635161
Date of Disbursement or Obligation 01/13/2017

Name of Federal Candidate: Trump, Donald, ,
Support Oppose
Office Sought: President Senate State: US
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 187.10
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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

03/17/2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>
--	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Action Fund Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 02 / 2016</div>
Mailing Address 123 William St, 10th Floor			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">33.60</div> Transaction ID : B635162 Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">01 / 13 / 2017</div>
City New York	State NY	Zip Code 10038	
Purpose of Expenditure List Rental		Category/Type 003	
Name of Federal Candidate: Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">68995.16</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Action Fund Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 03 / 2016</div>
Mailing Address 123 William St, 10th Floor			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">160.85</div> Transaction ID : B635163 Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">01 / 13 / 2017</div>
City New York	State NY	Zip Code 10038	
Purpose of Expenditure Staff time for direct voter contact; partial payment for B635163		Category/Type 001	
Name of Federal Candidate: Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">68995.16</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">194.45</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></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

MM / DD / YYYY

03 / 17 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Planned Parenthood Votes
FEC IDENTIFICATION NUMBER
C C00489799

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
Planned Parenthood Action Fund Inc.
Mailing Address 123 William St, 10th Floor
City New York State NY Zip Code 10038
Purpose of Expenditure List rental
Category/Type 003
Date of Public Distribution/Dissemination 11/04/2016
Amount 1125.00
Transaction ID: B635191
Date of Disbursement or Obligation 01/13/2017

Name of Federal Candidate: Clinton, Hillary, ,
Support Oppose
Office Sought: President Senate State: US
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee
Planned Parenthood Action Fund Inc.
Mailing Address 123 William St, 10th Floor
City New York State NY Zip Code 10038
Purpose of Expenditure Staff time; remaining payment for B635163; see Line 21b
Category/Type 001
Date of Public Distribution/Dissemination 11/03/2016
Amount 427.86
Transaction ID: B642985
Date of Disbursement or Obligation 01/13/2017

Name of Federal Candidate: Clinton, Hillary, ,
Support Oppose
Office Sought: President Senate State: US
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1552.86
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Hubbard, Tshombe, ,

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Date

03 / 17 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Planned Parenthood Votes
FEC IDENTIFICATION NUMBER
C C00489799

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
Planned Parenthood Action Fund Inc.
Mailing Address 123 William St, 10th Floor
City New York State NY Zip Code 10038
Purpose of Expenditure Staff time for direct voter contact
Category/Type 001
Date of Public Distribution/Dissemination 10/20/2016
Amount 101.16
Transaction ID: B633882
Date of Disbursement or Obligation 01/13/2017

Name of Federal Candidate: Portman, Rob, ,
Support Oppose
Office Sought: House Senate State: OH
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
Planned Parenthood Action Fund Inc.
Mailing Address 123 William St, 10th Floor
City New York State NY Zip Code 10038
Purpose of Expenditure Staff time for direct voter contact
Category/Type 001
Date of Public Distribution/Dissemination 10/20/2016
Amount 101.15
Transaction ID: B633883
Date of Disbursement or Obligation 01/13/2017

Name of Federal Candidate: Strickland, Ted, ,
Support Oppose
Office Sought: House Senate State: OH
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 202.31
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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

03/17/2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>
--	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Action Fund Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016						
Mailing Address 123 William St, 10th Floor	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 101.15 </div> Transaction ID : B633884 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 13 / 2017						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>New York</td> <td>NY</td> <td>10038</td> </tr> </table>		City	State	Zip Code	New York	NY	10038
City		State	Zip Code				
New York	NY	10038					
Purpose of Expenditure Staff time for direct voter contact							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Clinton, Hillary, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>US</u>						
Calendar Year-To-Date Per Election for Office Sought 68995.16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Action Fund Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016						
Mailing Address 123 William St, 10th Floor	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 101.15 </div> Transaction ID : B633885 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 13 / 2017						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>New York</td> <td>NY</td> <td>10038</td> </tr> </table>		City	State	Zip Code	New York	NY	10038
City		State	Zip Code				
New York	NY	10038					
Purpose of Expenditure Staff time for direct voter contact							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Trump, Donald, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>US</u>						
Calendar Year-To-Date Per Election for Office Sought 68995.16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 202.30 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> _____ </div>

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Hubbard, Tshombe, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 03 / 17 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Planned Parenthood Votes
FEC IDENTIFICATION NUMBER
C C00489799

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: Planned Parenthood Action Fund Inc.
Mailing Address: 123 William St, 10th Floor
City: New York, State: NY, Zip Code: 10038
Purpose of Expenditure: Staff time for direct voter contact
Category/Type: 001
Name of Federal Candidate: Trump, Donald, Support/Oppose
Office Sought: President
Disbursement For: General 2016
Amount: 222.74
Transaction ID: B633887
Date of Disbursement or Obligation: 01/13/2017

Full Name of Payee: Planned Parenthood Action Fund Inc.
Mailing Address: 123 William St, 10th Floor
City: New York, State: NY, Zip Code: 10038
Purpose of Expenditure: Staff time for direct voter contact
Category/Type: 001
Name of Federal Candidate: Clinton, Hillary, Support/Oppose
Office Sought: President
Disbursement For: General 2016
Amount: 222.74
Transaction ID: B633888
Date of Disbursement or Obligation: 01/13/2017

(a) SUBTOTAL of Itemized Independent Expenditures: 445.48
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Hubbard, Tshombe, , ,

[Electronically Filed]

Date

03 / 17 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Planned Parenthood Votes
FEC IDENTIFICATION NUMBER
C C00489799

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
Planned Parenthood Action Fund Inc.
Mailing Address 123 William St, 10th Floor
City New York State NY Zip Code 10038
Purpose of Expenditure Staff time for direct voter contact
Category/Type 001
Date of Public Distribution/Dissemination 10/22/2016
Amount 222.73
Transaction ID: B633889
Date of Disbursement or Obligation 01/13/2017

Name of Federal Candidate: Heck, Joseph, ,
Support Oppose
Office Sought: House Senate
President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 480.47
Disbursement For: Primary General
Other (specify)

Full Name of Payee
Planned Parenthood Action Fund Inc.
Mailing Address 123 William St, 10th Floor
City New York State NY Zip Code 10038
Purpose of Expenditure Staff time for direct voter contact
Category/Type 001
Date of Public Distribution/Dissemination 10/22/2016
Amount 222.74
Transaction ID: B633890
Date of Disbursement or Obligation 01/13/2017

Name of Federal Candidate: Cortez-Masto, Catherine, ,
Support Oppose
Office Sought: House Senate
President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 480.47
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 445.47
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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

03/17/2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Action Fund Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 22 / 2016						
Mailing Address 123 William St, 10th Floor	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 4716.69 </div> Transaction ID : B633891 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 13 / 2017						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>New York</td> <td>NY</td> <td>10038</td> </tr> </table>		City	State	Zip Code	New York	NY	10038
City		State	Zip Code				
New York	NY	10038					
Purpose of Expenditure Staff time for direct voter contact-adjusted to actual cost							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Clinton, Hillary, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>US</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 68995.16 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Action Fund Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 03 / 2016						
Mailing Address 123 William St, 10th Floor	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 559.44 </div> Transaction ID : B621102 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 31 / 2017						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>New York</td> <td>NY</td> <td>10038</td> </tr> </table>		City	State	Zip Code	New York	NY	10038
City		State	Zip Code				
New York	NY	10038					
Purpose of Expenditure Staff time for direct voter contact; see Line 21b							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Trump, Donald, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>US</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 68995.16 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 5276.13 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> _____ </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 / D D / Y Y Y Y Y Y
 03 / 17 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Planned Parenthood Votes
FEC IDENTIFICATION NUMBER
C C00489799

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
Planned Parenthood Action Fund Inc.
Mailing Address 123 William St, 10th Floor
City New York State NY Zip Code 10038
Purpose of Expenditure Video footage; see Line 21b
Category/Type 004
Date of Public Distribution/Dissemination 11/03/2016
Amount 5000.00
Transaction ID: B621104
Date of Disbursement or Obligation 01/31/2017

Name of Federal Candidate: Clinton, Hillary, ,
Support Oppose
Office Sought: President Senate State: US
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
Planned Parenthood Action Fund Inc.
Mailing Address 123 William St, 10th Floor
City New York State DC Zip Code 10038
Purpose of Expenditure Payment for event tickets; see Line 21b
Category/Type 003
Date of Public Distribution/Dissemination 07/20/2016
Amount 35.00
Transaction ID: B620467
Date of Disbursement or Obligation 01/31/2017

Name of Federal Candidate: Heck, Joseph, ,
Support Oppose
Office Sought: Senate State: NV
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 5035.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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

03/17/2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Planned Parenthood Votes
FEC IDENTIFICATION NUMBER
C C00489799

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
Planned Parenthood Action Fund Inc.
Mailing Address 123 William St, 10th Floor
City New York State NY Zip Code 10038
Purpose of Expenditure
Payment for event tickets; see Line 21b
Category/Type 003
Date of Public Distribution/Dissemination 11/03/2016
Amount 35.00
Transaction ID: B620468
Date of Disbursement or Obligation 01/31/2017

Name of Federal Candidate:
Trump, Donald, ,
Support Oppose
Office Sought:
President Senate State: US
Calendar Year-To-Date
Per Election for Office Sought 68995.16
Disbursement For:
Primary General 2016
Other (specify)

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure
Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support Oppose
Office Sought:
President Senate State:
Calendar Year-To-Date
Per Election for Office Sought
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 35.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures 96696.45

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

03/17/2017

Signature