

# 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. 12FE4M5

Planned Parenthood Votes

ADDRESS (number and street) 123 William St, 10th Floor

Check if different than previously reported. (ACC) New York NY 10038

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

C C00489799 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:
- |                                      |                                      |  |  |
|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)             | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)             | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input checked="" type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on M M / D D / Y Y Y Y Y Y in the State of  

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 09 / 01 / 2016 through M M / D D / Y Y Y Y Y Y 09 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Gustafson, Liz, , ,

Type or Print Name of Treasurer

Signature of Treasurer *Gustafson, Liz, , ,* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 12 / 23 / 2016

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

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="2016"/>		1143446.70
(b) Cash on Hand at Beginning of Reporting Period.....	2481238.20	
(c) Total Receipts (from Line 19) .....	5085000.00	15667604.54
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	7566238.20	16811051.24
7. Total Disbursements (from Line 31).....	3831612.34	13076425.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3734625.86	3734625.86
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	289147.96	

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:  /  /  To:  /  /

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).....	4584750.00	15154319.54
(ii) Unitemized .....	250.00	10785.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4585000.00	15165104.54
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	500000.00	502500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5085000.00	15667604.54
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)).....▶	5085000.00	15667604.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5085000.00	15667604.54

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

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 .....	-639826.66	1616647.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	-639826.66	1616647.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	946666.66	1359701.03
24. Independent Expenditures (use Schedule E) .....	2874542.10	7693455.03
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	1000000.00
(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	1000000.00
29. Other Disbursements (Including Non-Federal Donations).....	650230.24	1406622.32
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)) ..	3831612.34	13076425.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3831612.34	13076425.38

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5085000.00	15667604.54
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1000000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5085000.00	14667604.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	-639826.66	1616647.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-639826.66	1616647.00

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

Form/Schedule: F3XA  
Transaction ID :

After a voluntary review of our records, we are submitting this amendment to a) reclassify two receipts based upon the proper legal status of the contributing organizations and b)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 120
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Planned Parenthood Votes**

**A. Barnes, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 712 Arrowhead Street  
 City Aurora State MN Zip Code 55705  
 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 ▼ 500.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1995372**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Biddle, Geoffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2839 1/2 Prince Street  
 City Berkeley State CA Zip Code 94705-2614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Photographer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : A2016-1995373**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. Bloomberg, Michael, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 E 79 St  
 City New York State NY Zip Code 10075-0101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLOOMBERG LP Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt 09 / 27 / 2016  
**Transaction ID : A2016-1995374**  
 Amount of Each Receipt this Period 1000000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1005500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI  
Transaction ID :

Please note that our committee follows all federal regulations, including those found at 11 CFR 104.7(a) governing the solicitation of contributors. This committee specifically requests all pertinent information from contributors, including employer and occupation; informs contributors that the committee is required by law to report the same; and, makes a follow-up request for omitted information when necessary. The committee thus complies with the best efforts rules.

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:	PAGE 9 OF 120
	(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"/> 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. Burnett, Nancy, P, Mrs,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 Meadow Place

City Carmel Valley	State CA	Zip Code 93924
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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 ▼  
100000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2016

**Transaction ID : A2016-1995375**

Amount of Each Receipt this Period  
100000.00

Memo Item

**B. Chesler, Ellen, C, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 W 72nd Street

City New York	State NY	Zip Code 10023
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Roosevelt Institute	Occupation (for Individual) Fellow
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2016

**Transaction ID : A2016-1995376**

Amount of Each Receipt this Period  
25000.00

Memo Item

**c. Chigier, Shelly, D, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 237 Summer Street

City Manchester	State MA	Zip Code 01944-1540
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) None	Occupation (for Individual) Homemaker
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
30000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : A2016-1995377**

Amount of Each Receipt this Period  
25000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150000.00
<b>TOTAL</b> 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: (check only one)	PAGE 10 OF 120
	<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. Drexler, Peggy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 640 Park Avenue  
 City New York State NY Zip Code 10065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Psychologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 35000.00

Date of Receipt  
 09 / 28 / 2016  
**Transaction ID : A2016-1995378**  
 Amount of Each Receipt this Period  
 35000.00  
 Memo Item

**B. Feit, James, H, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 779 Shasta Fir Drive  
 City Sunnyvale State CA Zip Code 94086  
 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 ▼ 500.00

Date of Receipt  
 09 / 12 / 2016  
**Transaction ID : A2016-1995379**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Gleberman, Carson, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 133 West 69th St #1  
 City New York State NY Zip Code 10023-5278  
 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 ▼ 10000.00

Date of Receipt  
 09 / 28 / 2016  
**Transaction ID : A2016-1995380**  
 Amount of Each Receipt this Period  
 10000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45500.00
<b>TOTAL</b> 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: (check only one)	PAGE 11 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Goldman Fowler, Amy, P, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 164 Mountain View Road

City Rhinebeck	State NY	Zip Code 12572-2820
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) Writer
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2016

**Transaction ID : A2016-1995381**

Amount of Each Receipt this Period  
1000000.00

Memo Item

**B. Gottesman, Jane, L, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2839 1/2 Prince Street

City Berkeley	State CA	Zip Code 94705-2614
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) Writer
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : A2016-1995382**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. Greenley, Mary, D, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2689 Maple Drive

City McFarland	State WI	Zip Code 53558-9279
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Information Requested	Occupation (for Individual) Lawyer
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

**Transaction ID : A2016-1995383**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1005500.00
<b>TOTAL</b> 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: (check only one)	PAGE 12 OF 120
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Guveyian, Kenneth, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 Fairview Road  
 City Broomall State PA Zip Code 19008  
 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 ▼ 500.00

Date of Receipt 09 / 08 / 2016  
**Transaction ID : A2016-1995384**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Hedberg, Charles, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 Bishop Avenue  
 City Westhampton State NY Zip Code 11977  
 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 09 / 15 / 2016  
**Transaction ID : A2016-1995385**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Hellebrand-Blood, Nancy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 708 S American Street  
 City Philadelphia State PA Zip Code 19147-3301  
 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 ▼ 25000.00

Date of Receipt 09 / 07 / 2016  
**Transaction ID : A2016-1995386**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11500.00
<b>TOTAL</b> 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 13 OF 120  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Planned Parenthood Votes**

**A. Henry, John, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 54 Riverside Drive #16-B  
 City New York State NY Zip Code 10024-6552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Writer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 30000.00

Date of Receipt 09 / 16 / 2016  
**Transaction ID : A2016-1995387**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item

**B. Jensen, Kathleen, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1212 SW Hessler Drive  
 City Portland State OR Zip Code 97239-2807  
 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 ▼ 1000.00

Date of Receipt 09 / 26 / 2016  
**Transaction ID : A2016-1995388**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Kraus, Lisa, V, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4906 Shadywood Lane  
 City Dallas State TX Zip Code 75209-2024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Lawyer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : A2016-1995389**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 16000.00  
**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: (check only one)	PAGE 14 OF 120
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Planned Parenthood Votes**

**A. Lafer, Jill, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1060 Fifth Avenue  
 City New York State NY Zip Code 10128-0104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hoffman-Lafer Associates Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 07 / 2016  
**Transaction ID : A2016-1995390**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Lee, Barbara, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1111 Race Street #14A  
 City Denver State CO Zip Code 80206-2834  
 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 ▼ 250000.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : A2016-1995391**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item

**C. Lieberman, Unice, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3937 Garrison St NW  
 City Washington State DC Zip Code 20016-4219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016  
**Transaction ID : A2016-1995392**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55250.00
<b>TOTAL</b> 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: (check only one)	PAGE 15 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Liebman, Rebecca, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2064 E Bay Drive NE  
 City Olympia State WA Zip Code 98506-3220  
 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 ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2016  
**Transaction ID : A2016-1995393**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item

**B. Loeb, Margaret, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Central Park West PH 39  
 City New York State NY Zip Code 10023-7719  
 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 ▼ 50000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2016  
**Transaction ID : A2016-1995394**  
 Amount of Each Receipt this Period  
 50000.00  
 Memo Item

**C. McKellar, Marie, T, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 149  
 City Dobbs Ferry State NY Zip Code 10522-0149  
 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 ▼ 100000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2016  
**Transaction ID : A2016-1995395**  
 Amount of Each Receipt this Period  
 50000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	102000.00
<b>TOTAL</b> 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: (check only one)	PAGE 16 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Milliken, Margaret, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 157 Pine St  
 City Portland State ME Zip Code 04102-3529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Unemployed  
 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  
 09 / 28 / 2016  
**Transaction ID : A2016-1995396**  
 Amount of Each Receipt this Period  
 250000.00  
 Memo Item

**B. Pigott, Gaye, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1405 42nd Avenue E  
 City Seattle State WA Zip Code 98112-3807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2016  
**Transaction ID : A2016-1995397**  
 Amount of Each Receipt this Period  
 100000.00  
 Memo Item

**C. Pritzker, Jay Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 S Wacker Drive #4000  
 City Chicago State IL Zip Code 60606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pritzker Group Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2016  
**Transaction ID : A2016-1995398**  
 Amount of Each Receipt this Period  
 500000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850000.00
<b>TOTAL</b> 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: (check only one)	PAGE 17 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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. Richardson, Albert, S, Mr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27 Niagara Pier

City Erie	State PA	Zip Code 16507-2310
--------------	-------------	------------------------

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 ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2016

**Transaction ID : A2016-1995399**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Satterfield, Lise, K, , M.D.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1905 Corbridge Lane

City Monkton	State MD	Zip Code 21111
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Clinical Associates	Occupation (for Individual) Doctor
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2016

**Transaction ID : A2016-1995400**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Sher, Abby, S, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3200 Airport Avenue #27

City Santa Monica	State CA	Zip Code 90405-6116
----------------------	-------------	------------------------

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 ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

**Transaction ID : A2016-1995401**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6500.00
<b>TOTAL</b> 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: (check only one)	PAGE 18 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Planned Parenthood Votes**

**A. Silberstein, Stephen, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29 Eucalyptus Road  
 City Belvedere Tiburon State CA Zip Code 94920-2435  
 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 ▼ 100000.00

Date of Receipt 09 / 15 / 2016  
**Transaction ID : A2016-1995402**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item

**B. Smith, Tamyka, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Desbrosses Street #4  
 City New York State NY Zip Code 10013-1704  
 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 ▼ 2000.00

Date of Receipt 09 / 26 / 2016  
**Transaction ID : A2016-1995403**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**C. Soros Colombel, Andrea, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Sherbrooke Rd  
 City Scarsdale State NY Zip Code 10583-4431  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt 09 / 15 / 2016  
**Transaction ID : A2016-1995404**  
 Amount of Each Receipt this Period 1000000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1102000.00
<b>TOTAL</b> 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: (check only one)	PAGE 19 OF 120
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Strauss, Faye, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 318 Maverick Court  
 City Lafayette State CA Zip Code 94549-1811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 09 / 26 / 2016  
**Transaction ID : A2016-1995405**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item

**B. Tucker, Laura, A, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1741 Hinman Avenue  
 City Evanston State IL Zip Code 60201-4516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : A2016-1995406**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item

**C. PP Advocacy Project LA County**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 555 Capitol Mall/ Ste. 1425  
 City Sacramento State CA Zip Code 95814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) Not Applicable  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 09 / 22 / 2016  
**Transaction ID : A2016-15174**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	135000.00
<b>TOTAL</b> 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 20 OF 120  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Planned Parenthood Votes**

**A. Majority Forward**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 13th Street NW/Ste. 600  
 City Washington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Not Applicable  
 Aggregate Year-to-Date ▼  
 100000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2016  
**Transaction ID : A2016-15173**  
 Amount of Each Receipt this Period  
 100000.00  
 Memo Item

**B.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary     General  
 Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4584750.00

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

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

FOR LINE NUMBER: PAGE 21 OF 120  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Priorities USA Action**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 13th Street NW Suite 610N

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Not Applicable

Aggregate Year-to-Date ▼  
500000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		14		2016

**Transaction ID : A2016-15172**

Amount of Each Receipt this Period  
500000.00

Memo Item  
Federal PAC

**B.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

500000.00
500000.00

**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. Stott Development Solutions Group, Inc**

Mailing Address 3605 Wilshire Ave

City San Mateo State CA Zip Code 94403

Purpose of Disbursement  
Fundraising Consultant

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 07 / 2016

FEC Identification Number

C

Transaction ID : B632932

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Hustle**

Mailing Address 251 Kearney St, Ste 300

City San Francisco State CA Zip Code 94108

Purpose of Disbursement  
software licensing

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 22 / 2016

FEC Identification Number

C

Transaction ID : B632943

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stott Development Solutions Group, Inc**

Mailing Address 3605 Wilshire Ave

City San Mateo State CA Zip Code 94403

Purpose of Disbursement  
Fundraising Consultant

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2016

FEC Identification Number

C

Transaction ID : B632939

Amount of Each Disbursement this Period

6396.52

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

21396.52

**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) <b>A. Project New America</b>		Date of Disbursement MM / DD / YYYY 09 / 22 / 2016
Mailing Address 450 E. 17th Ave. Suite 310		FEC Identification Number C [REDACTED] <b>Transaction ID : B632944</b> Amount of Each Disbursement this Period 100000.00
City Denver	State CO	Zip Code 80203
Purpose of Disbursement Research 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: 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) <b>B. Catalyst LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 07 / 2016
Mailing Address 1090 Vermont Ave./Ste. 300		FEC Identification Number C [REDACTED] <b>Transaction ID : B632933</b> Amount of Each Disbursement this Period 15088.00
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: 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) <b>C. Catalyst LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2016
Mailing Address 1090 Vermont Ave./Ste. 300		FEC Identification Number C [REDACTED] <b>Transaction ID : B632934</b> Amount of Each Disbursement this Period 187.50
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: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	115275.50
<b>TOTAL</b> 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) <b>A. Analyst Institute LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 13 / 2016	
Mailing Address 815 16th Street, NW		FEC Identification Number C [REDACTED] <b>Transaction ID : B633047</b> Amount of Each Disbursement this Period 4964.34	
City Washington	State DC	Zip Code 20006	Category/Type 001
Purpose of Disbursement Research Services		Candidate Name	
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Catalyst LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 16 / 2016	
Mailing Address 1090 Vermont Ave./Ste. 300		FEC Identification Number C [REDACTED] <b>Transaction ID : B632937</b> Amount of Each Disbursement this Period 187.50	
City Washington	State DC	Zip Code 20006	Category/Type 001
Purpose of Disbursement Database Services		Candidate Name	
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Catalyst LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 22 / 2016	
Mailing Address 1090 Vermont Ave./Ste. 300		FEC Identification Number C [REDACTED] <b>Transaction ID : B632938</b> Amount of Each Disbursement this Period 1500.00	
City Washington	State DC	Zip Code 20006	Category/Type 001
Purpose of Disbursement Database Services		Candidate Name	
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:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6651.84
<b>TOTAL</b> 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) <b>A. Analyst Institute LLC</b>			Date of Disbursement MM / DD / YYYY 09 / 22 / 2016	
Mailing Address 815 16th Street, NW			FEC Identification Number C [REDACTED] <b>Transaction ID : B632942</b> Amount of Each Disbursement this Period 9000.00	
City Washington	State DC	Zip Code 20006	Category/Type 001	
Purpose of Disbursement Research Services		Candidate Name		
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Rath, Young and Pignatelli</b>			Date of Disbursement MM / DD / YYYY 09 / 30 / 2016	
Mailing Address One Capital Plaza			FEC Identification Number C [REDACTED] <b>Transaction ID : B633048</b> Amount of Each Disbursement this Period 71.81	
City Concord	State MA	Zip Code 03302	Category/Type 001	
Purpose of Disbursement Legal Consulting		Candidate Name		
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Public Policy Polling</b>			Date of Disbursement MM / DD / YYYY 09 / 23 / 2016	
Mailing Address 2912 Highwoods Blvd./Suite 201			FEC Identification Number C [REDACTED] <b>Transaction ID : B632947</b> Amount of Each Disbursement this Period 12500.00	
City Raleigh	State NC	Zip Code 27604	Category/Type 001	
Purpose of Disbursement Research Services		Candidate Name		
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:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	21571.81
<b>TOTAL</b> 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. Bank of America**

Mailing Address P.O. Box 27025

City Richmond State VA Zip Code 23261

Purpose of Disbursement  
Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **B633099**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Blackbaud Inc.**

Mailing Address 2000 Daniel Island Drive

City Charleston State SC Zip Code 29492

Purpose of Disbursement  
Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **B632930**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Blackbaud Inc.**

Mailing Address 2000 Daniel Island Drive

City Charleston State SC Zip Code 29492

Purpose of Disbursement  
Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **B632929**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**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. Bank of America**

Mailing Address P.O. Box 27025

City Richmond State VA Zip Code 23261

Purpose of Disbursement  
Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B633043**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Precision Strategies**

Mailing Address 1121 14th Street NW, Suite 700

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Communications Consulting

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B632945**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Planned Parenthood Votes Colorado**

Mailing Address 7155 E. 38th Avenue

City Denver State CO Zip Code 80207

Purpose of Disbursement  
reimbursement for travel expenses

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B633046**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**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 Advocates of Ohio**

Mailing Address 206 E State St.

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
advance payment

010  
 011  
 012  
**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 07 / 2016

FEC Identification Number

C   
**Transaction ID : B633506**  
Amount of Each Disbursement this Period  
 67889.26

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Teleconferencing Services, Ltd**

Mailing Address 3280 Peachtree Rd., NW/Suite 1000

City Atlanta State GA Zip Code 30305

Purpose of Disbursement  
Telephone services

001  
 002  
 003  
**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 20 / 2016

FEC Identification Number

C   
**Transaction ID : B632941**  
Amount of Each Disbursement this Period  
 157.61

Memo Item

Full Name (Last, First, Middle Initial)

**C. Blueprint Interactive**

Mailing Address 2229 North Pollard St

City Arlington State VA Zip Code 22207

Purpose of Disbursement  
Prepayment for digital ad buy and commission

001  
 002  
 003  
**003**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 08 / 2016

FEC Identification Number

C   
**Transaction ID : B635176**  
Amount of Each Disbursement this Period  
 116950.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

184996.87

**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

M M M	/	D D D	/	Y Y Y Y Y
09		09		2016

Mailing Address 123 William St, 10th Floor

FEC Identification Number

C
---

**Transaction ID : B635164**  
Amount of Each Disbursement this Period

6753.50
---------

Memo Item

City New York State NY Zip Code 10038

Purpose of Disbursement  
Reimbursement for Program Staff time

001
Category/ Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Full Name (Last, First, Middle Initial)

**B. Planned Parenthood Advocates of Mar Monte**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		14		2016

Mailing Address 1605 The Alameda

FEC Identification Number

C
---

**Transaction ID : B635177**  
Amount of Each Disbursement this Period

11972.44
----------

Memo Item

City San Jose State CA Zip Code 95126

Purpose of Disbursement  
Prepayment

001
Category/ Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Full Name (Last, First, Middle Initial)

**C. SKDKnickerbocker**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2016

Mailing Address 1150 18th St., NW #800

FEC Identification Number

C
---

**Transaction ID : B633288**  
Amount of Each Disbursement this Period

3984.00
---------

Memo Item

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Pre-Payment for future IEs

001
Category/ Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

22709.94
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**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. Community Outreach Group LLC**

Mailing Address 1110 Vermont Ave N.W. #300

City Washington State DC Zip Code 20005

Purpose of Disbursement Drawdown against 8/31/16 prepayment for IEs (see schedule 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

M M /  D D /  Y Y Y Y Y Y  
08 / 31 / 2016

FEC Identification Number

C  
**Transaction ID : B633325**  
Amount of Each Disbursement this Period  
 -1019357.83

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 staff time

001  
Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼ Not Applicable

State: District:

Date of Disbursement

M M /  D D /  Y Y Y Y Y Y  
09 / 14 / 2016

FEC Identification Number

C  
**Transaction ID : B636687**  
Amount of Each Disbursement this Period  
 4813.31

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 IEs for various candidates in Sept; see Schedule 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

M M /  D D /  Y Y Y Y Y Y  
09 / 13 / 2016

FEC Identification Number

C  
**Transaction ID : B636159**  
Amount of Each Disbursement this Period  
 -1085.70  
Drawdown on advance to Action Fund reported on 2016 M5 report

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

-1015630.22  
 -639826.66

**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 checked="" 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) <b>A. United We Can</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2016
Mailing Address 1800 Massachusetts Ave., NW		FEC Identification Number C 000523621 <b>Transaction ID : B633156</b> Amount of Each Disbursement this Period 66666.66 Contribution
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name		
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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Michigan Planned Parenthood Votes</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2016
Mailing Address 115 W Allegan Ste. 500		FEC Identification Number C 000568931 <b>Transaction ID : B632916</b> Amount of Each Disbursement this Period 100000.00 Contribution
City Lansing	State MI	Zip Code 48933
Purpose of Disbursement Contribution to federal committee in MI		Category/Type 011
Candidate Name		
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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Planned Parenthood Advocates of Wisconsin Political Fund</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2016
Mailing Address 111 King St.#23		FEC Identification Number C 090008673 <b>Transaction ID : B632917</b> Amount of Each Disbursement this Period 180000.00 Contribution
City Madison	State WI	Zip Code 53701
Purpose of Disbursement Contribution to federal committee in WI		Category/Type 011
Candidate Name		
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:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	94666.66
<b>TOTAL</b> This Period (last page this line number only).....▶	94666.66

**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**

Full Name (Last, First, Middle Initial)

**A. Pol. Cmte. of Planned Parenthood Advocates of AZ**

Mailing Address 4751 N. 15th Street

City  
Phoenix

State  
AZ

Zip Code  
85014

Purpose of Disbursement  
Contribution to non-federal state committee in AZ

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	6

FEC Identification Number

C [REDACTED]

Transaction ID : B632921

Amount of Each Disbursement this Period

[REDACTED] 100000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Planned Parenthood Votes Colorado Independent Expenditure Committee**

Mailing Address 7155 E 38th

City  
Denver

State  
CO

Zip Code  
80207

Purpose of Disbursement  
Contribution to non-federal state committee in CO

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	6

FEC Identification Number

C [REDACTED]

Transaction ID : B632927

Amount of Each Disbursement this Period

[REDACTED] 150000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Planned Parenthood Votes New Mexico Independent Expenditure PAC**

Mailing Address 7155 E 38th

City  
Denver

State  
CO

Zip Code  
80207

Purpose of Disbursement  
Contribution to non-federal state committee in NM

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

FEC Identification Number

C [REDACTED]

Transaction ID : B632928

Amount of Each Disbursement this Period

[REDACTED] 80000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 330000.00

[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 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

## A. Planned Parenthood Advocates of MT PAC

Mailing Address 2525 Fourth Avenue North Suite 201

City Billings State MT Zip Code 59101

Purpose of Disbursement  
Contribution for non-federal State Committee in MT

011  
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  
09 / 14 / 2016

FEC Identification Number

C

Transaction ID : B632918

Amount of Each Disbursement this Period

200000.00

Memo Item

Full Name (Last, First, Middle Initial)

## B. FedEx Print Center

Mailing Address 3 Colby Ct.

City Bedford State NH Zip Code 03110

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

011  
Category/  
Type

Candidate Name

Van Ostern, Colin, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: NH District:

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2016

FEC Identification Number

C

Transaction ID : B627070

Amount of Each Disbursement this Period

1470.00

MEMO

Memo Item

Full Name (Last, First, Middle Initial)

## C. Community Outreach Group LLC

Mailing Address 1110 Vermont Ave N.W. #300

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Canvassing for NH State office/candidates

011  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2016

FEC Identification Number

C

Transaction ID : B627075

Amount of Each Disbursement this Period

26723.24

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

226723.24

**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**

Full Name (Last, First, Middle Initial) <b>A. The Journeyman Press</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2016
Mailing Address 11 Malcolm Hoyt Dr.		FEC Identification Number C [ ] <b>Transaction ID : B627073</b> Amount of Each Disbursement this Period [ ] 315.75
City Newburyport	State MA	Zip Code 01950
Purpose of Disbursement Canvass Lit in support of Colin Van Ostern for Gov. starting on 9/3/16		Category/ Type 011
Candidate Name <b>Van Ostern, Colin, , ,</b>		Amount of Each Disbursement this Period [ ] 315.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH	District:	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. The Journeyman Press</b>		Date of Disbursement MM / DD / YYYY 09 / 12 / 2016
Mailing Address 11 Malcolm Hoyt Dr.		FEC Identification Number C [ ] <b>Transaction ID : B627076</b> Amount of Each Disbursement this Period [ ] 947.25
City Newburyport	State MA	Zip Code 01950
Purpose of Disbursement Canvass Lit in support of Colin Van Ostern for Gov. starting on 9/12/16		Category/ Type 011
Candidate Name <b>Van Ostern, Colin, , ,</b>		Amount of Each Disbursement this Period [ ] 947.25
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH	District:	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Planned Parenthood Advocates of WI, Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2016
Mailing Address 302 N Jackson St		FEC Identification Number C [ ] <b>Transaction ID : B632923</b> Amount of Each Disbursement this Period [ ] 80000.00
City Milwaukee	State WI	Zip Code 53202
Purpose of Disbursement Contribution to Non-federal State Committee in WI		Category/ Type 011
Candidate Name		Amount of Each Disbursement this Period [ ] 80000.00
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) ▼	
State:	District: Not Applicable	<input type="checkbox"/> Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[ ] 80000.00
[ ]

**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 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**

Full Name (Last, First, Middle Initial) <b>A. Planned Parenthood Action Fund Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2016
Mailing Address 434 West 33rd Street		FEC Identification Number C [ ] <b>Transaction ID : B635165</b> Amount of Each Disbursement this Period [ ] 6753.50
City New York	State NY	Zip Code 10001
Purpose of Disbursement Inkind staff support to The Political Cmte of PP Advocates of AZ, a nonfed cmte		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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Planned Parenthood Action Fund Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2016
Mailing Address 434 West 33rd Street		FEC Identification Number C [ ] <b>Transaction ID : B635167</b> Amount of Each Disbursement this Period [ ] 6753.50
City New York	State NY	Zip Code 10001
Purpose of Disbursement Inkind staff support to PP Votes New Mexico IE PAC, a nonfed cmte		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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY [ ] / [ ] / [ ]
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ]
City	State	Zip Code
Purpose of Disbursement		Category/Type [ ]
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 13507.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 650230.24

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 36 OF 120
	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 <b>MackCrouse Group</b>			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"/>	<b>Transaction ID : D439020</b>	
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="3950.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SKDKnickerbocker LLC</b>			Nature of Debt (Purpose): Production Fees: Television Advertisement
Mailing Address 1150 18th Street NW/Ste. 800			
City Washington	State DC	Zip Code 20036	

Outstanding Balance Beginning This Period <input type="text" value="5000.00"/>	<b>Transaction ID : D439027</b>	
Amount Incurred This Period <input type="text" value="2736.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="7736.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>O'Brien Garrett (formerly known as OMP Inc.)</b>			Nature of Debt (Purpose): Printing of IE mail piece and fundraising mailer. See schedule E
Mailing Address 1133 19th St. NW #300			
City Washington	State DC	Zip Code 20036	

Outstanding Balance Beginning This Period <input type="text" value="23788.68"/>	<b>Transaction ID : D439029</b>	
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="23788.68"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="35474.68"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 37 OF 120
	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 <b>Itzamna Translations Company</b>			Nature of Debt (Purpose): Translation services. See schedule E
Mailing Address P.O. Box 1015			
City Glendale	State AZ	Zip Code 85311	

Outstanding Balance Beginning This Period 112.58	<b>Transaction ID : D439030</b>	
Amount Incurred This Period 254.67	Payment This Period 0.00	Outstanding Balance at Close of This Period 367.25

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

Outstanding Balance Beginning This Period 884.58	<b>Transaction ID : D439032</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 884.58

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1267.82
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 38 OF 120
	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 <b>Planned Parenthood Advocates of Ohio</b>			Nature of Debt (Purpose): Canvassing. See schedule E
Mailing Address 206 E. State Street			
City Columbus	State OH	Zip Code 43215	

Outstanding Balance Beginning This Period	Transaction ID : <b>D439037</b>	
<input type="text" value="78331.58"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="78331.58"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Planned Parenthood Rocky Mountains Action Fund</b>			Nature of Debt (Purpose): Events. See schedule E
Mailing Address 7155 E. 38th Avenue			
City Denver	State CO	Zip Code 80207	

Outstanding Balance Beginning This Period	Transaction ID : <b>D439038</b>	
<input type="text" value="12411.10"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="12411.10"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Latino Decisions</b>			Nature of Debt (Purpose): Polling. See schedule E
Mailing Address 15 South Grady Way, Suite 620			
City Seattle	State WA	Zip Code 98057	

Outstanding Balance Beginning This Period	Transaction ID : <b>D439039</b>	
<input type="text" value="55300.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="55300.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="55300.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 39 OF 120
	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 <b>Planned Parenthood Pennsylvania Advocates</b>			Nature of Debt (Purpose): Phone calls, events, Consultant: strategy and messaging, canvassing. See schedule E
Mailing Address 1514 North 2nd Street			
City Harrisburg	State PA	Zip Code 17102	

Outstanding Balance Beginning This Period 25000.00	Transaction ID : D439040	
Amount Incurred This Period 15730.00	Payment This Period 40730.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 1732.67	Transaction ID : D439041	
Amount Incurred This Period 16472.40	Payment This Period 0.00	Outstanding Balance at Close of This Period 18205.07

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : D439042	
Amount Incurred This Period 126708.02	Payment This Period 0.00	Outstanding Balance at Close of This Period 126708.02

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	144913.09
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 40 OF 120
	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 <b>Planned Parenthood Action Fund Inc.</b>			Nature of Debt (Purpose): Event tickets, staff time, video footage. See schedule E
Mailing Address 123 William St. 10th Flr			
City New York	State NY	Zip Code 10038	

Outstanding Balance Beginning This Period 5629.44	<b>Transaction ID : D439035</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5629.44

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Pivot Group</b>			Nature of Debt (Purpose): Canvassing Lit. See Schedule E
Mailing Address 1720 I Street NW Suite 550			
City Washington	State DC	Zip Code 20005	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D439043</b>	
Amount Incurred This Period 3540.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3540.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Journeyman Press</b>			Nature of Debt (Purpose): Canvassing Lit. See Line 29
Mailing Address 11 Malcolm Hoyt Dr.			
City Newburyport	State MA	Zip Code 01950	

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	10432.44
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 41 OF 120
	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 <b>FedEx Print Center</b>			Nature of Debt (Purpose): Canvassing Lit. See Line 29
Mailing Address 3 Colby Ct.			
City Bedford	State NH	Zip Code 03110	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D439045</b>	
Amount Incurred This Period 1470.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1470.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Drew &amp; Rogers, Inc.</b>			Nature of Debt (Purpose): Small items & distribution. See Schedule E
Mailing Address 30 Plymouth Street			
City Fairfield	State NJ	Zip Code 07004	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D439046</b>	
Amount Incurred This Period 3612.93	Payment This Period 0.00	Outstanding Balance at Close of This Period 3612.93

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Blueprint Interactive</b>			Nature of Debt (Purpose): Online Advertising. See Schedule E
Mailing Address 2229 North Pollard St			
City Arlington	State VA	Zip Code 22207	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D439047</b>	
Amount Incurred This Period 35250.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 35250.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	40332.93
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 42 OF 120
	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 <b>API Source</b>			Nature of Debt (Purpose): Distribution Costs. See Schedule E
Mailing Address 2229 North Pollard St			
City Lanham	State MD	Zip Code 20706	

Outstanding Balance Beginning This Period		Transaction ID : <b>D439048</b>	
<input type="text" value="0.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="1427.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1427.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
<input type="text"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
<input type="text"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="1427.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="289147.96"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="289147.96"/>

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> 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 <b>Catalist LLC</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 06 / 2016			
Mailing Address 1090 Vermont Ave./Ste. 300	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">325.58</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Washington</td> <td style="width:17%; padding: 2px;">State DC</td> <td style="width:50%; padding: 2px;">Zip Code 20006</td> </tr> </table>		City Washington	State DC	Zip Code 20006
City Washington		State DC	Zip Code 20006	
Purpose of Expenditure Database Services				
Name of Federal Candidate: Heck, Joseph, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NV			
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">550037.95</span>	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 <b>Catalist LLC</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 06 / 2016			
Mailing Address 1090 Vermont Ave./Ste. 300	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">325.58</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Washington</td> <td style="width:17%; padding: 2px;">State DC</td> <td style="width:50%; padding: 2px;">Zip Code 20006</td> </tr> </table>		City Washington	State DC	Zip Code 20006
City Washington		State DC	Zip Code 20006	
Purpose of Expenditure Database Services				
Name of Federal Candidate: Cortez-Masto, Catherine, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NV			
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">550037.95</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">651.16</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; 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.

Gustafson, Liz, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00489799
--	--

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 <b>Catalist LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 06 / 2016
Mailing Address 1090 Vermont Ave./Ste. 300	Amount <span style="border: 1px solid black; padding: 2px;">325.58</span>
City Washington State DC Zip Code 20006	
Purpose of Expenditure Database Services Category/Type 004	
Name of Federal Candidate: Clinton, Hillary, , , <input checked="" type="checkbox"/> Support <input 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 <span style="border: 1px solid black; padding: 2px;">2149965.77</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Catalist LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 06 / 2016
Mailing Address 1090 Vermont Ave./Ste. 300	Amount <span style="border: 1px solid black; padding: 2px;">325.59</span>
City Washington State DC Zip Code 20006	
Purpose of Expenditure Database Services Category/Type 004	
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 <span style="border: 1px solid black; padding: 2px;">2149965.77</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;">651.17</span>
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>
(a) <b>TOTAL</b> Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

Gustafson, Liz, , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
12 / 23 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00489799
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>Community Outreach Group LLC</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1110 Vermont Ave N.W. #300		Amount <input type="text"/>
City Washington	State DC	Zip Code 20005
Purpose of Expenditure Volunteer Recruitment. Pre-paid on M9 report.		Transaction ID : <b>B625151</b>
Category/Type <input type="text"/>		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Heck, Joseph, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		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 <b>Community Outreach Group LLC</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1110 Vermont Ave N.W. #300		Amount <input type="text"/>
City Washington	State DC	Zip Code 20005
Purpose of Expenditure Volunteer Recruitment. Pre-paid on M9 report.		Transaction ID : <b>B625152</b>
Category/Type <input type="text"/>		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Cortez-Masto, Catherine, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

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

Gustafson, Liz, , ,

*[Electronically Filed]*

Date

/  /

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
Community Outreach Group LLC
Mailing Address 1110 Vermont Ave N.W. #300
City Washington State DC Zip Code 20005
Purpose of Expenditure Volunteer Recruitment. Pre-paid on M9 report.
Category/Type 004
Name of Federal Candidate: Clinton, Hillary, ,
Support Oppose
Office Sought: President Senate State: US
Calendar Year-To-Date Per Election for Office Sought 2149965.77
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
Community Outreach Group LLC
Mailing Address 1110 Vermont Ave N.W. #300
City Washington State DC Zip Code 20005
Purpose of Expenditure Volunteer Recruitment.
Category/Type 004
Name of Federal Candidate: Clinton, Hillary, ,
Support Oppose
Office Sought: President Senate State: US
Calendar Year-To-Date Per Election for Office Sought 2149965.77
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 5382.33
(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.

Gustafson, Liz, ,

[Electronically Filed]

Date

12 / 23 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 2px;">C</span> 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 <b>Community Outreach Group LLC</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 06 / 2016			
Mailing Address 1110 Vermont Ave N.W. #300	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     6418.07                 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Washington</td> <td style="width:17%; padding: 2px;">State DC</td> <td style="width:50%; padding: 2px;">Zip Code 20005</td> </tr> </table>		City Washington	State DC	Zip Code 20005
City Washington		State DC	Zip Code 20005	
Purpose of Expenditure Volunteer Recruitment. Pre-paid on M9 report.				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Trump, Donald, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate 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;">                     2149965.77                 </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 <b>Community Outreach Group LLC</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 06 / 2016			
Mailing Address 1110 Vermont Ave N.W. #300	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     38508.42                 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Washington</td> <td style="width:17%; padding: 2px;">State DC</td> <td style="width:50%; padding: 2px;">Zip Code 20005</td> </tr> </table>		City Washington	State DC	Zip Code 20005
City Washington		State DC	Zip Code 20005	
Purpose of Expenditure Phone Calls. Pre-paid on M9 report.				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Trump, Donald, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate 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;">                     2149965.77                 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 44926.49             </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 _____             </div>
<b>(a) TOTAL</b> 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.

Gustafson, Liz, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2016

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
Community Outreach Group LLC
Mailing Address 1110 Vermont Ave N.W. #300
City Washington State DC Zip Code 20005
Purpose of Expenditure Phone Calls. Pre-paid on M9 report.
Category/Type 004
Date of Public Distribution/Dissemination 09/06/2016
Amount 38508.42
Transaction ID : B625157
Date of Disbursement or Obligation 08/31/2016

Name of Federal Candidate: Clinton, Hillary, ,
Support Oppose
Office Sought: House District:
President Senate State: US
Calendar Year-To-Date Per Election for Office Sought 2149965.77
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee
Community Outreach Group LLC
Mailing Address 1110 Vermont Ave N.W. #300
City Washington State DC Zip Code 20005
Purpose of Expenditure Phone Calls. Pre-paid on M9 report.
Category/Type 004
Date of Public Distribution/Dissemination 09/06/2016
Amount 38508.42
Transaction ID : B625159
Date of Disbursement or Obligation 08/31/2016

Name of Federal Candidate: Cortez-Masto, Catherine, ,
Support Oppose
Office Sought: House District:
President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 550037.95
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 77016.84
(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.

Gustafson, Liz, ,

[Electronically Filed]

Date

12/23/2016

Signature



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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> 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 <b>Community Outreach Group LLC</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 06 / 2016			
Mailing Address 1110 Vermont Ave N.W. #300	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     85618.26                 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Washington</td> <td style="width:17%; padding: 2px;">State DC</td> <td style="width:50%; padding: 2px;">Zip Code 20005</td> </tr> </table>		City Washington	State DC	Zip Code 20005
City Washington		State DC	Zip Code 20005	
Purpose of Expenditure Canvassing. Pre-paid on M9 report.				
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 <span style="float: right;">2149965.77</span>	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 <b>Community Outreach Group LLC</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 06 / 2016			
Mailing Address 1110 Vermont Ave N.W. #300	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     85618.26                 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Washington</td> <td style="width:17%; padding: 2px;">State DC</td> <td style="width:50%; padding: 2px;">Zip Code 20005</td> </tr> </table>		City Washington	State DC	Zip Code 20005
City Washington		State DC	Zip Code 20005	
Purpose of Expenditure Canvassing. Pre-paid on M9 report.				
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 <span style="float: right;">2149965.77</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 171236.52             </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 _____             </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 _____             </div>

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Gustafson, Liz, ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799
--	---

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>Community Outreach Group LLC</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1110 Vermont Ave N.W. #300	Amount <input type="text"/>
City State Zip Code Washington DC 20005	Transaction ID : <b>B625106</b>
Purpose of Expenditure Canvassing. Pre-paid on M9 report. Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
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: _____ State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	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 <b>Community Outreach Group LLC</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1110 Vermont Ave N.W. #300	Amount <input type="text"/>
City State Zip Code Washington DC 20005	Transaction ID : <b>B625107</b>
Purpose of Expenditure Canvassing. Pre-paid on M9 report. Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
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: _____ State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

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

Gustafson, Liz, , ,

[Electronically Filed]

Date

/  /

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00489799
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Advocates of Ohio</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 206 E State St.		Amount <input type="text"/>
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure Phone Calls		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Clinton, Hillary, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Category/Type <input type="text"/>		Transaction ID : <b>B625109</b>

Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Advocates of Ohio</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 206 E State St.		Amount <input type="text"/>
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure Phone Calls		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Trump, Donald, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Category/Type <input type="text"/>		Transaction ID : <b>B625110</b>

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

Gustafson, Liz, ,

*[Electronically Filed]*

Date

/  /

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00489799
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Advocates of Ohio</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 206 E State St.		Amount <input type="text"/> 3237.53
City Columbus	State OH	
Zip Code 43215	Purpose of Expenditure Phone Calls	Transaction ID : <b>B625111</b>
Name of Federal Candidate: Strickland, Ted, , ,	Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Strickland, Ted, , ,	<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: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 798633.79	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 <b>Planned Parenthood Advocates of Ohio</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 206 E State St.		Amount <input type="text"/> 3237.54
City Columbus	State OH	
Zip Code 43215	Purpose of Expenditure Phone Calls	Transaction ID : <b>B625112</b>
Name of Federal Candidate: Portman, Rob, , ,	Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Portman, Rob, , ,	<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: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 798633.79	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 6475.07
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> 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.

Gustafson, Liz, , ,

*[Electronically Filed]*

Date

12 /  23 /  2016

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 Advocates of Ohio
Mailing Address 206 E State St.
City Columbus State OH Zip Code 43215
Purpose of Expenditure Canvassing Category/Type 004
Date of Public Distribution/Dissemination 09/06/2016
Amount 6475.07
Transaction ID : B625113
Date of Disbursement or Obligation 09/09/2016

Name of Federal Candidate: Clinton, Hillary, ,
Support Oppose
Office Sought: House District:
President Senate State: US
Calendar Year-To-Date Per Election for Office Sought 2149965.77
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
Planned Parenthood Advocates of Ohio
Mailing Address 206 E State St.
City Columbus State OH Zip Code 43215
Purpose of Expenditure Canvassing Category/Type 004
Date of Public Distribution/Dissemination 09/06/2016
Amount 6475.07
Transaction ID : B625114
Date of Disbursement or Obligation 09/09/2016

Name of Federal Candidate: Trump, Donald, ,
Support Oppose
Office Sought: House District:
President Senate State: US
Calendar Year-To-Date Per Election for Office Sought 2149965.77
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 12950.14
(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.

Gustafson, Liz, ,

[Electronically Filed]

Date

12/23/2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> 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 <b>Planned Parenthood Advocates of Ohio</b>		Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 09 / 06 / 2016
Mailing Address 206 E State St.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6475.07</div>
City Columbus State OH Zip Code 43215		
Purpose of Expenditure Canvassing Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Transaction ID : <b>B625116</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 09 / 09 / 2016
Name of Federal Candidate: Strickland, Ted, , , <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: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">798633.79</span>		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 <b>Planned Parenthood Advocates of Ohio</b>		Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 09 / 06 / 2016
Mailing Address 206 E State St.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6475.07</div>
City Columbus State OH Zip Code 43215		
Purpose of Expenditure Canvassing Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Transaction ID : <b>B625117</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 09 / 09 / 2016
Name of Federal Candidate: Portman, Rob, , , <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: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">798633.79</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">12950.14</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> 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.

Gustafson, Liz, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> 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 <b>Planned Parenthood Advocates of Ohio</b>			Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 09 / 06 / 2016
Mailing Address 206 E State St.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4316.71</div> Transaction ID : <b>B625118</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 09 / 09 / 2016
City Columbus	State OH	Zip Code 43215	
Purpose of Expenditure Events		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
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; text-align: right;">2149965.77</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 <b>Community Outreach Group LLC</b>			Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 09 / 06 / 2016
Mailing Address 1110 Vermont Ave N.W. #300			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">100000.00</div> Transaction ID : <b>B625119</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 08 / 31 / 2016
City Washington	State DC	Zip Code 20005	
Purpose of Expenditure Canvassing. Pre-paid on M9 report.		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" 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; text-align: right;">2149965.77</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">104316.71</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> 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.

Gustafson, Liz, ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2016

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
Community Outreach Group LLC
Mailing Address 1110 Vermont Ave N.W. #300
City Washington State DC Zip Code 20005
Purpose of Expenditure
Canvassing. Pre-paid on M9 report.
Category/Type 004
Date of Public Distribution/Dissemination 09/06/2016
Amount 100000.00
Transaction ID : B625129
Date of Disbursement or Obligation 08/31/2016

Name of Federal Candidate:
Clinton, Hillary, ,
Support Oppose
Office Sought: House District:
President Senate State: US
Calendar Year-To-Date
Per Election for Office Sought 2149965.77
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee
Community Outreach Group LLC
Mailing Address 1110 Vermont Ave N.W. #300
City Washington State DC Zip Code 20005
Purpose of Expenditure
Canvassing. Pre-paid on M9 report.
Category/Type 004
Date of Public Distribution/Dissemination 09/06/2016
Amount 100000.00
Transaction ID : B625130
Date of Disbursement or Obligation 08/31/2016

Name of Federal Candidate:
McGinty, Katie, ,
Support Oppose
Office Sought: House District:
President Senate State: PA
Calendar Year-To-Date
Per Election for Office Sought 2045878.96
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 200000.00
(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.

Gustafson, Liz, ,

[Electronically Filed]

Date

12/23/2016

Signature



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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <b>Community Outreach Group LLC</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1110 Vermont Ave N.W. #300	Amount <input type="text"/>
City Washington State DC Zip Code 20005	Transaction ID : <b>B625160</b>
Purpose of Expenditure Phone Calls. Pre-paid on M9 report. Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Heck, Joseph, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 550037.95	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 <b>Community Outreach Group LLC</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1110 Vermont Ave N.W. #300	Amount <input type="text"/>
City Washington State DC Zip Code 20005	Transaction ID : <b>B625161</b>
Purpose of Expenditure Canvassing. Pre-paid on M9 report. Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Heck, Joseph, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 550037.95	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 51344.56
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> 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.

Gustafson, Liz, , ,

[Electronically Filed]

Date

/  /

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> 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 <b>Community Outreach Group LLC</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 06 / 2016			
Mailing Address 1110 Vermont Ave N.W. #300	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     12836.14                 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Washington</td> <td style="width:17%; padding: 2px;">State DC</td> <td style="width:50%; padding: 2px;">Zip Code 20005</td> </tr> </table>		City Washington	State DC	Zip Code 20005
City Washington		State DC	Zip Code 20005	
Purpose of Expenditure Canvassing. Pre-paid on M9 report.				
Name of Federal Candidate: Cortez-Masto, Catherine, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶ _____ District: _____ State: NV			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     550037.95                 </div>			

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Community Outreach Group LLC</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 06 / 2016			
Mailing Address 1110 Vermont Ave N.W. #300	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     12836.14                 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Washington</td> <td style="width:17%; padding: 2px;">State DC</td> <td style="width:50%; padding: 2px;">Zip Code 20005</td> </tr> </table>		City Washington	State DC	Zip Code 20005
City Washington		State DC	Zip Code 20005	
Purpose of Expenditure Canvassing				
Name of Federal Candidate: Clinton, Hillary, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶ _____ District: _____ State: US			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     2149965.77                 </div>			

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 12836.14             </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 _____             </div>
<b>(a) TOTAL</b> 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.

Gustafson, Liz, ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2016

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: Community Outreach Group LLC
Mailing Address: 1110 Vermont Ave N.W. #300
City: Washington, State: DC, Zip Code: 20005
Purpose of Expenditure: Canvassing
Category/Type: 004
Name of Federal Candidate: Trump, Donald, Support/Oppose
Office Sought: President
Date of Public Distribution/Dissemination: 09/06/2016
Amount: 12836.14
Transaction ID: B625164
Date of Disbursement or Obligation: 09/06/2016
Calendar Year-To-Date Per Election for Office Sought: 2149965.77
Disbursement For: General 2016

Full Name of Payee: Community Outreach Group LLC
Mailing Address: 1110 Vermont Ave N.W. #300
City: Washington, State: DC, Zip Code: 20005
Purpose of Expenditure: Events. Pre-paid on M9 report.
Category/Type: 004
Name of Federal Candidate: Clinton, Hillary, Support/Oppose
Office Sought: President
Date of Public Distribution/Dissemination: 09/06/2016
Amount: 25672.28
Transaction ID: B625165
Date of Disbursement or Obligation: 08/31/2016
Calendar Year-To-Date Per Election for Office Sought: 2149965.77
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures: 25672.28
(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.

Gustafson, Liz, ,

[Electronically Filed]

Date

12 / 23 / 2016

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: Community Outreach Group LLC
Mailing Address: 1110 Vermont Ave N.W. #300
City: Washington, State: DC, Zip Code: 20005
Purpose of Expenditure: Canvassing, Category/Type: 004
Name of Federal Candidate: Toomey, Pat, , Support: [ ], Oppose: [x]
Office Sought: [ ] House, [x] Senate, State: PA
Amount: 100000.00
Transaction ID: B625131
Date of Disbursement or Obligation: 09/06/2016
Disbursement For: [ ] Primary, [x] General 2016

Full Name of Payee: Planned Parenthood Pennsylvania Advocates
Mailing Address: 1514 North 2nd Street, Harrisburg,
City: Harrisburg, State: PA, Zip Code: 17102
Purpose of Expenditure: Phone Calls, Category/Type: 004
Name of Federal Candidate: Toomey, Pat, , Support: [ ], Oppose: [x]
Office Sought: [ ] House, [x] Senate, State: PA
Amount: 1875.00
Transaction ID: B625138
Date of Disbursement or Obligation: 09/06/2016
Disbursement For: [ ] Primary, [x] General 2016

(a) SUBTOTAL of Itemized Independent Expenditures ..... 1875.00
(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.

Gustafson, Liz, ,

[Electronically Filed]

Date

12 / 23 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Planned Parenthood Pennsylvania Advocates</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount <input type="text"/>
City Harrisburg	State PA	Zip Code 17102
Purpose of Expenditure Phone Calls		Category/Type <input type="text"/>
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose McGinty, Katie, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: PA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		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 <b>Planned Parenthood Pennsylvania Advocates</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount <input type="text"/>
City Harrisburg	State PA	Zip Code 17102
Purpose of Expenditure Phone Calls		Category/Type <input type="text"/>
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Clinton, Hillary, , ,		Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: US
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

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

Gustafson, Liz, , ,

[Electronically Filed]

Date

/  /

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00489799
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Pennsylvania Advocates</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount <input type="text"/>	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : <b>B625141</b>
Purpose of Expenditure Phone Calls		Category/ Type <input type="text"/>	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: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		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 <b>Planned Parenthood Pennsylvania Advocates</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount <input type="text"/>	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : <b>B625142</b>
Purpose of Expenditure Consultant: strategy and messaging		Category/ Type <input type="text"/>	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: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

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

Gustafson, Liz, , ,

*[Electronically Filed]*

Date

/  /

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00489799
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Pennsylvania Advocates</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount <input type="text"/> 937.50		
City Harrisburg	State PA	Zip Code 17102			
Purpose of Expenditure Consultant: strategy and messaging		Category/ Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Clinton, Hillary, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u> District: _____		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2149965.77			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 <b>Planned Parenthood Pennsylvania Advocates</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount <input type="text"/> 937.50		
City Harrisburg	State PA	Zip Code 17102			
Purpose of Expenditure Events		Category/ Type <input type="text"/> 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 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u> District: _____		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2149965.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 1875.00
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> 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.

Gustafson, Liz, , ,

*[Electronically Filed]*

Date

12 /  23 /  2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00489799
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Pennsylvania Advocates</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount <input type="text"/> 937.50
City Harrisburg	State PA	
Purpose of Expenditure Events	Category/ Type <input type="text"/> 004	Transaction ID : <b>B625134</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Clinton, Hillary, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2149965.77		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 <b>Planned Parenthood Pennsylvania Advocates</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount <input type="text"/> 937.50
City Harrisburg	State PA	
Purpose of Expenditure Consultant: strategy and messaging	Category/ Type <input type="text"/> 004	Transaction ID : <b>B625135</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: McGinty, Katie, , , <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: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2045878.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 1875.00
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> 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.

Gustafson, Liz, ,

*[Electronically Filed]*

Date

12 /  23 /  2016

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 Pennsylvania Advocates
Mailing Address: 1514 North 2nd Street, Harrisburg, PA 17102
Purpose of Expenditure: Events
Category/Type: 004
Name of Federal Candidate: Toomey, Pat, , , Oppose
Office Sought: Senate
Date of Public Distribution/Dissemination: 09/06/2016
Amount: 937.50
Transaction ID: B625136
Date of Disbursement or Obligation: 09/07/2016
Calendar Year-To-Date Per Election for Office Sought: 2045878.96
Disbursement For: General

Full Name of Payee: Planned Parenthood Pennsylvania Advocates
Mailing Address: 1514 North 2nd Street, Harrisburg, PA 17102
Purpose of Expenditure: Consultant: strategy and messaging
Category/Type: 004
Name of Federal Candidate: Toomey, Pat, , , Oppose
Office Sought: Senate
Date of Public Distribution/Dissemination: 09/06/2016
Amount: 937.50
Transaction ID: B625144
Date of Disbursement or Obligation: 09/07/2016
Calendar Year-To-Date Per Election for Office Sought: 2045878.96
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 1875.00
(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.

Gustafson, Liz, ,

[Electronically Filed]

Date

12 / 23 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> 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 <b>Planned Parenthood Pennsylvania Advocates</b>		Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 09 / 06 / 2016
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                      937.50                 </div>
City Harrisburg	State PA Zip Code 17102	
Purpose of Expenditure Events		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate: McGinty, Katie, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">2045878.96</span>		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 <b>Planned Parenthood Pennsylvania Advocates</b>		Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 08 / 09 / 2016
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                      1562.50                 </div>
City Harrisburg	State PA Zip Code 17102	
Purpose of Expenditure Full payment of transaction B621998 originally reported on 2016 FEC M9 report. See Schedule D		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate: Toomey, Pat, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">2045878.96</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                      2500.00                 </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                      _____                 </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                      _____                 </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.

Gustafson, Liz, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> 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 <b>Planned Parenthood Pennsylvania Advocates</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 08 / 09 / 2016
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     1562.50                 </div>
City Harrisburg State PA Zip Code 17102		
Purpose of Expenditure Full payment of transaction B621999 originally reported on 2016 FEC M9 report. See Schedule D		Transaction ID : <b>B621999</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 07 / 2016
Name of Federal Candidate: Toomey, Pat, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: PA
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">2045878.96</span>		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 <b>Planned Parenthood Pennsylvania Advocates</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 08 / 09 / 2016
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     1562.50                 </div>
City Harrisburg State PA Zip Code 17102		
Purpose of Expenditure Full payment of transaction B622000 originally reported on 2016 FEC M9 report. See Schedule D		Transaction ID : <b>B622000</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 07 / 2016
Name of Federal Candidate: Toomey, Pat, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: PA
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">2045878.96</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 3125.00             </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 _____             </div>
<b>(a) TOTAL</b> 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.

Gustafson, Liz, ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00489799                 </div>
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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 <b>Planned Parenthood Pennsylvania Advocates</b>			Date of Public Distribution/Dissemination <span style="font-size: 18px;">MM / DD / YYYY</span> 08 / 09 / 2016
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1562.50</div>
City Harrisburg	State PA	Zip Code 17102	
Purpose of Expenditure Full payment of transaction B622001 originally reported on 2016 FEC M9 report. See Schedule D		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>B622001</b> Date of Disbursement or Obligation <span style="font-size: 18px;">MM / DD / YYYY</span> 09 / 07 / 2016
Name of Federal Candidate: Toomey, Pat, , ,		<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: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; margin-left: 20px;">2045878.96</span>		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 <b>Planned Parenthood Pennsylvania Advocates</b>			Date of Public Distribution/Dissemination <span style="font-size: 18px;">MM / DD / YYYY</span> 08 / 09 / 2016
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1562.50</div>
City Harrisburg	State PA	Zip Code 17102	
Purpose of Expenditure Full payment of transaction B622002 originally reported on 2016 FEC M9 report. See Schedule D		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>B622002</b> Date of Disbursement or Obligation <span style="font-size: 18px;">MM / DD / YYYY</span> 09 / 07 / 2016
Name of Federal Candidate: McGinty, Katie, , ,		<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: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; margin-left: 20px;">2045878.96</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; font-size: 18px;">3125.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; font-size: 18px;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; font-size: 18px;"> </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.

Gustafson, Liz, , ,

*[Electronically Filed]*

Date

MM / DD / YYYY  
12 / 23 / 2016

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 Pennsylvania Advocates
Mailing Address 1514 North 2nd Street, Harrisburg,
City Harrisburg State PA Zip Code 17102
Purpose of Expenditure
Full payment of transaction B622003 originally reported on
2016 FEC M9 report. See Schedule D
Category/Type 004
Date of Public Distribution/Dissemination 08/09/2016
Amount 1562.50
Transaction ID: B622003
Date of Disbursement or Obligation 09/07/2016

Name of Federal Candidate:
McGinty, Katie, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
2016 Other (specify)

Full Name of Payee
Planned Parenthood Pennsylvania Advocates
Mailing Address 1514 North 2nd Street, Harrisburg,
City Harrisburg State PA Zip Code 17102
Purpose of Expenditure
Full payment of transaction B622004 originally reported on
2016 FEC M9 report. See Schedule D
Category/Type 004
Date of Public Distribution/Dissemination 08/09/2016
Amount 1562.50
Transaction ID: B622004
Date of Disbursement or Obligation 09/07/2016

Name of Federal Candidate:
McGinty, Katie, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3125.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Gustafson, Liz, ,

[Electronically Filed]

Date

12/23/2016

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 Pennsylvania Advocates
Mailing Address 1514 North 2nd Street, Harrisburg,
City Harrisburg State PA Zip Code 17102
Purpose of Expenditure
Full payment of transaction B622005 originally reported on
2016 FEC M9 report. See Schedule D
Category/Type 004
Date of Public Distribution/Dissemination 08/09/2016
Amount 1562.50
Transaction ID: B622005
Date of Disbursement or Obligation 09/07/2016

Name of Federal Candidate:
McGinty, Katie, ,
Support Oppose
Office Sought: House District:
President Senate State: PA
Calendar Year-To-Date
Per Election for Office Sought 2045878.96
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee
Planned Parenthood Pennsylvania Advocates
Mailing Address 1514 North 2nd Street, Harrisburg,
City Harrisburg State PA Zip Code 17102
Purpose of Expenditure
Full payment of transaction B622006 originally reported on
2016 FEC M9 report. See Schedule D
Category/Type 004
Date of Public Distribution/Dissemination 08/09/2016
Amount 1562.50
Transaction ID: B622006
Date of Disbursement or Obligation 09/07/2016

Name of Federal Candidate:
Clinton, Hillary, ,
Support Oppose
Office Sought: House District:
President Senate State: US
Calendar Year-To-Date
Per Election for Office Sought 2149965.77
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3125.00
(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.

Gustafson, Liz, ,

[Electronically Filed]

Date

12/23/2016

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 Pennsylvania Advocates
Mailing Address
1514 North 2nd Street, Harrisburg,
City
Harrisburg State
PA Zip Code
17102
Purpose of Expenditure
Full payment of transaction B622007 originally reported on
2016 FEC M9 report. See Schedule D
Category/Type
004
Date of Public Distribution/Dissemination
08 / 09 / 2016
Amount
1562.50
Transaction ID : B622007
Date of Disbursement or Obligation
09 / 07 / 2016

Name of Federal Candidate:
Clinton, Hillary, ,
Support
Office Sought:
President
Disbursement For:
General
2016

Full Name of Payee
Planned Parenthood Pennsylvania Advocates
Mailing Address
1514 North 2nd Street, Harrisburg,
City
Harrisburg State
PA Zip Code
17102
Purpose of Expenditure
Full payment of transaction B622008 originally reported on
2016 FEC M9 report. See Schedule D
Category/Type
004
Date of Public Distribution/Dissemination
08 / 09 / 2016
Amount
1562.50
Transaction ID : B622008
Date of Disbursement or Obligation
09 / 07 / 2016

Name of Federal Candidate:
Clinton, Hillary, ,
Support
Office Sought:
President
Disbursement For:
General
2016

(a) SUBTOTAL of Itemized Independent Expenditures ..... 3125.00
(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.

Gustafson, Liz, ,

[Electronically Filed]

Date

12 / 23 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00489799
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Pennsylvania Advocates</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount <input type="text"/> 1562.50
City Harrisburg	State PA	
Zip Code 17102	Category/ Type <input type="text"/> 004	<b>Transaction ID : B622009</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Full payment of transaction B622009 originally reported on 2016 FEC M9 report. See Schedule D		
Name of Federal Candidate: Clinton, Hillary, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u> District: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2149965.77		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 <b>Planned Parenthood Pennsylvania Advocates</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount <input type="text"/> 1562.50
City Harrisburg	State PA	
Zip Code 17102	Category/ Type <input type="text"/> 004	<b>Transaction ID : B622010</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Full payment of transaction B622010 originally reported on 2016 FEC M9 report. See Schedule D		
Name of Federal Candidate: Trump, Donald, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u> District: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2149965.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 3125.00
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> 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.

Gustafson, Liz, ,

*[Electronically Filed]*

Date

12 /  23 /  2016

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 Pennsylvania Advocates
Mailing Address: 1514 North 2nd Street, Harrisburg, PA 17102
Purpose of Expenditure: Full payment of transaction B622011 originally reported on 2016 FEC M9 report. See Schedule D
Category/Type: 004
Date of Public Distribution/Dissemination: 08/09/2016
Amount: 1562.50
Transaction ID: B622011
Date of Disbursement or Obligation: 09/07/2016
Name of Federal Candidate: Trump, Donald, , , Oppose
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought: 2149965.77

Full Name of Payee: Planned Parenthood Pennsylvania Advocates
Mailing Address: 1514 North 2nd Street, Harrisburg, PA 17102
Purpose of Expenditure: Full payment of transaction B622012 originally reported on 2016 FEC M9 report. See Schedule D
Category/Type: 004
Date of Public Distribution/Dissemination: 08/09/2016
Amount: 1562.50
Transaction ID: B622012
Date of Disbursement or Obligation: 09/07/2016
Name of Federal Candidate: Trump, Donald, , , Oppose
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought: 2149965.77

(a) SUBTOTAL of Itemized Independent Expenditures 3125.00
(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.

Gustafson, Liz, ,

[Electronically Filed]

Date

12 / 23 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> 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 <b>Planned Parenthood Pennsylvania Advocates</b>		Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 08 / 09 / 2016
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1562.50</div>
City Harrisburg State PA Zip Code 17102		
Purpose of Expenditure Full payment of transaction B622013 originally reported on 2016 FEC M9 report. See Schedule D		Transaction ID : <b>B622013</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 09 / 07 / 2016
Name of Federal Candidate: Trump, Donald, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u> District: _____
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">2149965.77</span>		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 <b>76 Words</b>		Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 09 / 08 / 2016
Mailing Address 1806 Vernon Street, Ste. #100		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11100.00</div>
City Washington State DC Zip Code 20009		
Purpose of Expenditure Digital Ad Production		Transaction ID : <b>B625367</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 09 / 02 / 2016
Name of Federal Candidate: Heck, Joseph, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate State: <u>NV</u> District: _____
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">550037.95</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">12662.50</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> 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.

Gustafson, Liz, ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2016

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: 76 Words
Mailing Address: 1806 Vernon Street, Ste. #100
City: Washington, State: DC, Zip Code: 20009
Purpose of Expenditure: Digital Ad Production and Commission
Category/Type: 004
Name of Federal Candidate: Heck, Joseph, , ,
Office Sought: Senate, State: NV
Disbursement For: General 2016
Amount: 33141.97
Transaction ID: B625368

Full Name of Payee: Bully Pulpit Interactive
Mailing Address: 1140 Connecticut Ave NW #800
City: Washington, State: DC, Zip Code: 20036
Purpose of Expenditure: Digital Ad Buy
Category/Type: 004
Name of Federal Candidate: Heck, Joseph, , ,
Office Sought: Senate, State: NV
Disbursement For: General 2016
Amount: 226957.00
Transaction ID: B625369

(a) SUBTOTAL of Itemized Independent Expenditures: 260098.97
(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.

Gustafson, Liz, ,
Signature

[Electronically Filed]

Date: 12 / 23 / 2016

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
Itzamna Translations Company
Memo Item
Date of Public Distribution/Dissemination
09 / 08 / 2016
Amount
44.07
Transaction ID : B625370
Date of Disbursement or Obligation
09 / 08 / 2016
Purpose of Expenditure
Translation services
Category/Type
004
Name of Federal Candidate:
Heck, Joseph, , ,
Support Oppose
Office Sought:
House Senate
District:
State: NV
Calendar Year-To-Date
Per Election for Office Sought
550037.95
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Planned Parenthood Pennsylvania Advocates
Memo Item
Date of Public Distribution/Dissemination
09 / 08 / 2016
Amount
730.00
Transaction ID : B625371
Date of Disbursement or Obligation
09 / 08 / 2016
Purpose of Expenditure
Facility Rental
Category/Type
003
Name of Federal Candidate:
Heck, Joseph, , ,
Support Oppose
Office Sought:
House Senate
District:
State: NV
Calendar Year-To-Date
Per Election for Office Sought
550037.95
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ..... 730.00
(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.

Gustafson, Liz, ,

[Electronically Filed]

Date

12 / 23 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>SKDKnickerbocker</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1150 18th St., NW #800	Amount <input type="text"/> 500844.00 <b>Transaction ID : B625999</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington State DC Zip Code 20036	
Purpose of Expenditure Television Ad Buy Category/Type <input type="text"/> 004	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Trump, Donald, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2149965.77	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 <b>SKDKnickerbocker</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1150 18th St., NW #800	Amount <input type="text"/> 500844.00 <b>Transaction ID : B626000</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington State DC Zip Code 20036	
Purpose of Expenditure Television Ad Buy Category/Type <input type="text"/> 004	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Ayotte, Kelly, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 687249.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text"/> 1001688.00
(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.

Gustafson, Liz, , ,

[Electronically Filed]

Date

/  /

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 Advocates of Ohio
Mailing Address 206 E State St.
City Columbus State OH Zip Code 43215
Purpose of Expenditure
Full payment of transaction B621425 originally reported on
2016 FEC M9 report. See Schedule D
Category/Type 004
Date of Public Distribution/Dissemination 08/02/2016
Amount 8912.13
Transaction ID : B621425
Date of Disbursement or Obligation 09/09/2016

Name of Federal Candidate: Clinton, Hillary, ,
Support Oppose
Office Sought: House District:
President Senate State: US
Calendar Year-To-Date Per Election for Office Sought 2149965.77
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee
Planned Parenthood Advocates of Ohio
Mailing Address 206 E State St.
City Columbus State OH Zip Code 43215
Purpose of Expenditure
Full payment of transaction B621426 originally reported on
2016 FEC M9 report. See Schedule D
Category/Type 004
Date of Public Distribution/Dissemination 08/02/2016
Amount 8912.13
Transaction ID : B621426
Date of Disbursement or Obligation 09/09/2016

Name of Federal Candidate: Trump, Donald, ,
Support Oppose
Office Sought: House District:
President Senate State: US
Calendar Year-To-Date Per Election for Office Sought 2149965.77
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 17824.26
(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.

Gustafson, Liz, ,

[Electronically Filed]

Date

12/23/2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00489799
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Advocates of Ohio</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 206 E State St.		Amount <input type="text"/> 8912.13
City Columbus	State OH	
Zip Code 43215	Category/ Type <input type="text"/> 004	<b>Transaction ID : B621427</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Full payment of transaction B621427 originally reported on 2016 FEC M9 report. See Schedule D		Name of Federal Candidate: Strickland, Ted, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate: Strickland, Ted, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 798633.79		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 <b>Planned Parenthood Advocates of Ohio</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 206 E State St.		Amount <input type="text"/> 8912.13
City Columbus	State OH	
Zip Code 43215	Category/ Type <input type="text"/> 004	<b>Transaction ID : B621428</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Full payment of transaction B621428 originally reported on 2016 FEC M9 report. See Schedule D		Name of Federal Candidate: Portman, Rob, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate: Portman, Rob, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 798633.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 17824.26
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> 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.

Gustafson, Liz, , ,

*[Electronically Filed]*

Date

/  /

Signature

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

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

Full Name of Payee <b>Planned Parenthood Advocates of Ohio</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 206 E State St.	Amount <input type="text"/>
City Columbus State OH Zip Code 43215	
Purpose of Expenditure Full payment of transaction B621429 originally reported on 2016 FEC M9 report. See Schedule D	Transaction ID : <b>B621429</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Portman, Rob, , , <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: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 798633.79	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Planned Parenthood Advocates of Ohio</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 206 E State St.	Amount <input type="text"/>
City Columbus State OH Zip Code 43215	
Purpose of Expenditure Full payment of transaction B621430 originally reported on 2016 FEC M9 report. See Schedule D	Transaction ID : <b>B621430</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Strickland, Ted, , , <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: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 798633.79	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text"/> 8912.14
(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.

Gustafson, Liz, , [Electronically Filed] Date  /  /

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 Advocates of Ohio
Mailing Address 206 E State St.
City Columbus State OH Zip Code 43215
Purpose of Expenditure
Full payment of transaction B621431 originally reported on 2016 FEC M9 report. See Schedule D
Category/Type 004
Date of Public Distribution/Dissemination 08/02/2016
Amount 4456.07
Transaction ID : B621431
Date of Disbursement or Obligation 09/09/2016

Name of Federal Candidate:
Trump, Donald, ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 2149965.77

Full Name of Payee
Planned Parenthood Advocates of Ohio
Mailing Address 206 E State St.
City Columbus State OH Zip Code 43215
Purpose of Expenditure
Full payment of transaction B621432 originally reported on 2016 FEC M9 report. See Schedule D
Category/Type 004
Date of Public Distribution/Dissemination 08/02/2016
Amount 4456.07
Transaction ID : B621432
Date of Disbursement or Obligation 09/09/2016

Name of Federal Candidate:
Clinton, Hillary, ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 2149965.77

(a) SUBTOTAL of Itemized Independent Expenditures 8912.14
(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.

Gustafson, Liz, ,

[Electronically Filed]

Date

12/23/2016

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 Advocates of Ohio
Mailing Address 206 E State St.
City Columbus State OH Zip Code 43215
Purpose of Expenditure
Full payment of transaction B621444 originally reported on 2016 FEC M9 report. See Schedule D
Category/Type 004
Date of Public Distribution/Dissemination 08/02/2016
Amount 5941.41
Transaction ID: B621444
Date of Disbursement or Obligation 09/09/2016

Name of Federal Candidate: Clinton, Hillary, ,
Support Oppose
Office Sought: President Senate State: US
Calendar Year-To-Date Per Election for Office Sought 2149965.77
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
Planned Parenthood Advocates of Ohio
Mailing Address 206 E State St.
City Columbus State OH Zip Code 43215
Purpose of Expenditure
Full payment of transaction B621105 originally reported on 2016 FEC M8 report. See Schedule D
Category/Type 004
Date of Public Distribution/Dissemination 07/29/2016
Amount 4256.41
Transaction ID: B621105
Date of Disbursement or Obligation 09/09/2016

Name of Federal Candidate: Clinton, Hillary, ,
Support Oppose
Office Sought: President Senate State: US
Calendar Year-To-Date Per Election for Office Sought 2149965.77
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 10197.82
(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.

Gustafson, Liz, ,

[Electronically Filed]

Date

12/23/2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00489799
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Advocates of Ohio</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 206 E State St.		Amount <input type="text"/> 4256.41
City Columbus	State OH	
Zip Code 43215	Category/ Type <input type="text"/> 004	<b>Transaction ID : B621106</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Full payment of transaction B621106 originally reported on 2016 FEC M8 report. See Schedule D		Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate: Trump, Donald, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2149965.77		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 <b>Planned Parenthood Advocates of Ohio</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 206 E State St.		Amount <input type="text"/> 4256.41
City Columbus	State OH	
Zip Code 43215	Category/ Type <input type="text"/> 004	<b>Transaction ID : B621107</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Full payment of transaction B621107 originally reported on 2016 FEC M8 report. See Schedule D		Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate: Strickland, Ted, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 798633.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 8512.82
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> 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.

Gustafson, Liz, , [Electronically Filed] Date  /  /

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 Advocates of Ohio
Mailing Address 206 E State St.
City Columbus State OH Zip Code 43215
Purpose of Expenditure
Full payment of transaction B621108 originally reported on
2016 FEC M8 report. See Schedule D
Category/Type 004
Date of Public Distribution/Dissemination 07/29/2016
Amount 4256.41
Transaction ID : B621108
Date of Disbursement or Obligation 09/09/2016

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 Advocates of Ohio
Mailing Address 206 E State St.
City Columbus State OH Zip Code 43215
Purpose of Expenditure
Full payment of transaction B621109 originally reported on
2016 FEC M8 report. See Schedule D
Category/Type 004
Date of Public Distribution/Dissemination 07/31/2016
Amount 1891.73
Transaction ID : B621109
Date of Disbursement or Obligation 09/09/2016

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 6148.14
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Gustafson, Liz, , [Electronically Filed] Date 12/23/2016
Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> 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 <b>Blueprint Interactive</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 12 / 2016						
Mailing Address 2229 North Pollard St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">66400.00</div> Transaction ID : <b>B625996</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 12 / 2016						
<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>Arlington</td> <td>VA</td> <td>22207</td> </tr> </table>		City	State	Zip Code	Arlington	VA	22207
City		State	Zip Code				
Arlington	VA	22207					
Purpose of Expenditure Digital Ad Buy and Commission							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Trump, Donald, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    District: _____ State: <u>US</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2149965.77</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 <b>Blueprint Interactive</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 12 / 2016						
Mailing Address 2229 North Pollard St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">66400.00</div> Transaction ID : <b>B625997</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 12 / 2016						
<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>Arlington</td> <td>VA</td> <td>22207</td> </tr> </table>		City	State	Zip Code	Arlington	VA	22207
City		State	Zip Code				
Arlington	VA	22207					
Purpose of Expenditure Digital Ad Buy and Commission							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Ayotte, Kelly, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President    District: _____ State: <u>NH</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">687249.22</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">132800.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> 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.

Gustafson, Liz, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00489799
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Action Fund Inc.</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 123 William St, 10th Floor	Amount <input type="text"/> 182.94 <b>Transaction ID : B629971</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code New York NY 10038	
Purpose of Expenditure Direct voter contact-staff time; see Line 21b Category/Type <input type="text"/> 001	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Toomey, Pat, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: PA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2045878.96	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 <b>Planned Parenthood Action Fund Inc.</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 123 William St, 10th Floor	Amount <input type="text"/> 182.94 <b>Transaction ID : B628829</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code New York NY 10038	
Purpose of Expenditure Direct voter contact-staff time; see Line 21b Category/Type <input type="text"/> 001	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Ayotte, Kelly, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 687249.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 365.88
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> 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.

Gustafson, Liz, ,

[Electronically Filed]

Date

/  /

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> 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 <b>Planned Parenthood Action Fund Inc.</b>	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 09 / 13 / 2016						
Mailing Address 123 William St, 10th Floor	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                  182.94             </div> Transaction ID : <b>B629963</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 09 / 13 / 2016						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">City</td> <td style="width:20%;">State</td> <td style="width:45%;">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 Direct voter contact-staff time; see Line 21b							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Heck, Joseph, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: <u>NV</u>						
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">▶</span> <span style="border: 1px solid black; padding: 2px;">550037.95</span>	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 <b>Planned Parenthood Action Fund Inc.</b>	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 09 / 13 / 2016						
Mailing Address 123 William St, 10th Floor	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                  182.94             </div> Transaction ID : <b>B629968</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 09 / 13 / 2016						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">City</td> <td style="width:20%;">State</td> <td style="width:45%;">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 Direct voter contact-staff time; see Line 21b							
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 checked="" type="checkbox"/> State: <u>OH</u>						
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">▶</span> <span style="border: 1px solid black; padding: 2px;">798633.79</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                  365.88             </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                  _____             </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                  _____             </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.

*Gustafson, Liz, ,*

**[Electronically Filed]**

Date

M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2016

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: Direct voter contact - staff time; see Line 21b
Category/Type: 001
Amount: 182.94
Transaction ID: B633615
Date of Disbursement or Obligation: 09/13/2016
Name of Federal Candidate: Burr, Richard, ,
Support: [ ], Oppose: [x]
Office Sought: [ ] House, [x] Senate, District: , State: NC
Disbursement For: [ ] Primary, [x] General 2016, [ ] Other (specify)

Full Name of Payee: Planned Parenthood Advocates Mar Monte
Mailing Address: 1605 The Alameda
City: San Jose, State: CA, Zip Code: 95126
Purpose of Expenditure: Volunteer Recruitment
Category/Type: 004
Amount: 897.90
Transaction ID: B625179
Date of Disbursement or Obligation: 09/14/2016
Name of Federal Candidate: Clinton, Hillary, ,
Support: [x], Oppose: [ ]
Office Sought: [x] President, [ ] Senate, District: , State: US
Disbursement For: [ ] Primary, [x] General 2016, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ..... 1080.84
(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.

Gustafson, Liz, ,

[Electronically Filed]

Date

12 / 23 / 2016

Signature



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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> 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 <b>Planned Parenthood Advocates Mar Monte</b>		Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 09 / 06 / 2016
Mailing Address 1605 The Alameda		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                      897.90                 </div>
City San Jose	State CA Zip Code 95126	
Purpose of Expenditure Volunteer Recruitment		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate: Trump, Donald, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 2149965.77		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 <b>Planned Parenthood Advocates Mar Monte</b>		Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 09 / 06 / 2016
Mailing Address 1605 The Alameda		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                      897.90                 </div>
City San Jose	State CA Zip Code 95126	
Purpose of Expenditure Volunteer Recruitment		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate: Heck, Joseph, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 550037.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                      1795.80                 </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                      0.00                 </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                      1795.80                 </div>

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Gustafson, Liz, ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <b>Planned Parenthood Advocates Mar Monte</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1605 The Alameda		Amount <input type="text"/>	
City San Jose	State CA	Zip Code 95126	Transaction ID : <b>B625183</b>
Purpose of Expenditure Volunteer Recruitment		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Cortez-Masto, Catherine, , ,		<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: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		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 <b>Planned Parenthood Advocates Mar Monte</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1605 The Alameda		Amount <input type="text"/>	
City San Jose	State CA	Zip Code 95126	Transaction ID : <b>B625184</b>
Purpose of Expenditure Phone Calls		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Cortez-Masto, Catherine, , ,		<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: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

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

Gustafson, Liz, , ,

[Electronically Filed]

Date

/  /

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00489799
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Advocates Mar Monte</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 1605 The Alameda			Amount <input type="text"/>		
City San Jose	State CA	Zip Code 95126	Transaction ID : <b>B625185</b>		
Purpose of Expenditure Phone Calls		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Heck, Joseph, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>NV</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			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 <b>Planned Parenthood Advocates Mar Monte</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 1605 The Alameda			Amount <input type="text"/>		
City San Jose	State CA	Zip Code 95126	Transaction ID : <b>B625186</b>		
Purpose of Expenditure Phone Calls		Category/ Type <input type="text"/>	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 checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

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

Gustafson, Liz, , ,

*[Electronically Filed]*

Date

/  /

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00489799
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Advocates Mar Monte</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1605 The Alameda		Amount <input type="text"/>	
City San Jose	State CA	Zip Code 95126	Transaction ID : <b>B625187</b>
Purpose of Expenditure Phone Calls		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		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 <b>Planned Parenthood Advocates Mar Monte</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1605 The Alameda		Amount <input type="text"/>	
City San Jose	State CA	Zip Code 95126	Transaction ID : <b>B625188</b>
Purpose of Expenditure Canvassing		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

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

Gustafson, Liz, , ,

*[Electronically Filed]*

Date

/  /

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 Advocates Mar Monte
Mailing Address 1605 The Alameda
City San Jose State CA Zip Code 95126
Purpose of Expenditure
Canvassing Category/Type 004
Date of Public Distribution/Dissemination 09/06/2016
Amount 1346.85
Transaction ID : B625189
Date of Disbursement or Obligation 09/14/2016

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

Full Name of Payee
Planned Parenthood Advocates Mar Monte
Mailing Address 1605 The Alameda
City San Jose State CA Zip Code 95126
Purpose of Expenditure
Canvassing Category/Type 004
Date of Public Distribution/Dissemination 09/06/2016
Amount 1346.85
Transaction ID : B625190
Date of Disbursement or Obligation 09/14/2016

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

(a) SUBTOTAL of Itemized Independent Expenditures 2693.70
(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.

Gustafson, Liz, ,

[Electronically Filed]

Date

12/23/2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00489799
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Advocates Mar Monte</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 1605 The Alameda			Amount <input type="text"/>		
City San Jose	State CA	Zip Code 95126	Transaction ID : <b>B625191</b>		
Purpose of Expenditure Canvassing		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Cortez-Masto, Catherine, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>The Pivot Group</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 1720 I Street NW Suite 550			Amount <input type="text"/>		
City Washington	State DC	Zip Code 20005	Transaction ID : <b>B629884</b>		
Purpose of Expenditure Canvass Lit		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Cortez-Masto, Catherine, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

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

Gustafson, Liz, , ,

*[Electronically Filed]*

Date

/  /

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00489799
--	--

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

Full Name of Payee <b>The Pivot Group</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1720 I Street NW Suite 550	Amount <input type="text"/>
City Washington State DC Zip Code 20005	Transaction ID : <b>B629885</b>
Purpose of Expenditure Canvass Lit Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Heck, Joseph, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 550037.95	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Itzamna Translations Company</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P.O. Box 1015	Amount <input type="text"/>
City Glendale State AZ Zip Code 85311	Transaction ID : <b>B629886</b>
Purpose of Expenditure Translation services Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Heck, Joseph, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 550037.95	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 0.00
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> 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.

Gustafson, Liz, , ,

*[Electronically Filed]*

Date

/  /

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> 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 checked="" type="checkbox"/> Memo Item <b>Itzamna Translations Company</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid gray; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 18 / 2016
Mailing Address P.O. Box 1015			Amount <span style="border: 1px solid gray; padding: 2px; display: inline-block; width: 150px;">52.65</span>
City Glendale	State AZ	Zip Code 85311	Transaction ID : <b>B629887</b> Date of Disbursement or Obligation <span style="border: 1px solid gray; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 18 / 2016
Purpose of Expenditure Translation services		Category/Type <span style="border: 1px solid gray; padding: 2px;">004</span>	Name of Federal Candidate: Cortez-Masto, Catherine, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid gray; padding: 2px; display: inline-block; width: 150px;">550037.95</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Itzamna Translations Company</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid gray; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 18 / 2016
Mailing Address P.O. Box 1015			Amount <span style="border: 1px solid gray; padding: 2px; display: inline-block; width: 150px;">52.65</span>
City Glendale	State AZ	Zip Code 85311	Transaction ID : <b>B628175</b> Date of Disbursement or Obligation <span style="border: 1px solid gray; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 18 / 2016
Purpose of Expenditure Translation Services		Category/Type <span style="border: 1px solid gray; padding: 2px;">004</span>	Name of Federal Candidate: Trump, Donald, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> House <input type="checkbox"/> State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid gray; padding: 2px; display: inline-block; width: 150px;">2149965.77</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<span style="border: 1px solid gray; padding: 2px; display: inline-block; width: 150px;">0.00</span>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid gray; padding: 2px; display: inline-block; width: 150px;"></span>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<span style="border: 1px solid gray; padding: 2px; display: inline-block; width: 150px;"></span>

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.

Gustafson, Liz, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2016

Signature



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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00489799
--	--

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

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Itzamna Translations Company</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address P.O. Box 1015		Amount <input type="text"/>	
City Glendale	State AZ	Zip Code 85311	Transaction ID : <b>B628176</b>
Purpose of Expenditure Translation Services		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Terris Barnes &amp; Walters</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 400 Montgomery St # 700		Amount <input type="text"/>	
City San Francisco	State CA	Zip Code 94104	Transaction ID : <b>B628177</b>
Purpose of Expenditure Canvass Lit		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

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

Gustafson, Liz, , ,

*[Electronically Filed]*

Date

/  /

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
Terris Barnes & Walters
Memo Item
Date of Public Distribution/Dissemination
09 / 19 / 2016
Mailing Address
400 Montgomery St # 700
Amount
1875.60
City
San Francisco State
CA Zip Code
94104
Purpose of Expenditure
Canvass Lit Category/Type
004
Transaction ID : B628178
Date of Disbursement or Obligation
09 / 19 / 2016

Name of Federal Candidate:
Trump, Donald, ,
Support Oppose
Office Sought:
House District:
President Senate State: US
Calendar Year-To-Date
Per Election for Office Sought
2149965.77
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Terris Barnes & Walters
Memo Item
Date of Public Distribution/Dissemination
09 / 19 / 2016
Mailing Address
400 Montgomery St # 700
Amount
1875.60
City
San Francisco State
CA Zip Code
94104
Purpose of Expenditure
Canvass Lit Category/Type
003
Transaction ID : B629972
Date of Disbursement or Obligation
09 / 19 / 2016

Name of Federal Candidate:
Toomey, Pat, ,
Support Oppose
Office Sought:
House District:
President Senate State: PA
Calendar Year-To-Date
Per Election for Office Sought
2045878.96
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ..... 0.00
(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.

Gustafson, Liz, ,

[Electronically Filed]

Date

12 / 23 / 2016

Signature

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

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

Full Name of Payee <b>Terris Barnes &amp; Walters</b>	<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 400 Montgomery St # 700		Amount <input type="text"/>
City San Francisco	State CA	Zip Code 94104
Purpose of Expenditure Canvass Lit	Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: McGinty, Katie, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>SKDKnickerbocker LLC</b>	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1150 18th Street NW/Ste. 800		Amount <input type="text"/>
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Ad Production	Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Ayotte, Kelly, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

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

Gustafson, Liz, , ,

[Electronically Filed]

Date

/  /

Signature

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

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

Full Name of Payee <b>SKDKnickerbocker</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1150 18th St., NW #800	Amount <input type="text"/>
City Washington State DC Zip Code 20036	Transaction ID : <b>B626004</b>
Purpose of Expenditure Ad Production 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 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2149965.77	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Planned Parenthood Action Fund Inc.</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 123 William St, 10th Floor	Amount <input type="text"/>
City New York State NY Zip Code 10038	Transaction ID : <b>B628179</b>
Purpose of Expenditure List rental; see Line 21b Category/Type 003	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 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2149965.77	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text"/> 7477.20
(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.

Gustafson, Liz, ,

[Electronically Filed]

Date

/  /

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; see Line 21b
Category/Type 003
Date of Public Distribution/Dissemination 09/21/2016
Amount 42.92
Transaction ID: B629969
Date of Disbursement or Obligation 09/21/2016

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
Drew & Rogers, Inc.
Mailing Address 30 Plymouth Street
City Fairfield State NJ Zip Code 07004
Purpose of Expenditure Small items & distribution
Category/Type 003
Date of Public Distribution/Dissemination 09/23/2016
Amount 3612.93
Transaction ID: B628180
Date of Disbursement or Obligation 09/23/2016

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 42.92
(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.

Gustafson, Liz, ,

[Electronically Filed]

Date

12/23/2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 2px;">C</span> 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 <b>Planned Parenthood Action Fund Inc.</b>			Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 26 / 2016</div>		
Mailing Address 123 William St, 10th Floor			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">42.58</div>		
City New York	State NY	Zip Code 10038			
Purpose of Expenditure List rental; see line 21b		Category/Type <span style="border: 1px solid black; padding: 2px;">003</span>	Transaction ID : <b>B628181</b> Date of Disbursement or Obligation <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 26 / 2016</div>		
Name of Federal Candidate: <input type="checkbox"/> Support Trump, Donald, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">2149965.77</span>			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 <b>Community Outreach Group LLC</b>			Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 26 / 2016</div>		
Mailing Address 1110 Vermont Ave N.W. #300			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">44893.74</div>		
City Washington	State DC	Zip Code 20005			
Purpose of Expenditure Canvassing. Pre-paid on M9 report.		Category/Type <span style="border: 1px solid black; padding: 2px;">007</span>	Transaction ID : <b>B628182</b> Date of Disbursement or Obligation <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 20 / 2016</div>		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support Clinton, Hillary, , , <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">2149965.77</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">44936.32</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
<b>(a) TOTAL</b> 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.

*Gustafson, Liz, ,*

**[Electronically Filed]**

Date

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

12 / 23 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> 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 <b>Community Outreach Group LLC</b>			Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 09 / 26 / 2016		
Mailing Address 1110 Vermont Ave N.W. #300			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">44893.74</div>		
City Washington	State DC	Zip Code 20005			
Purpose of Expenditure Canvassing. Pre-paid on M9 report.		Category/Type <span style="border: 1px solid black; padding: 2px;">007</span>	Transaction ID : <b>B628183</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 08 / 31 / 2016		
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 <span style="border: 1px solid black; padding: 2px; text-align: right;">2149965.77</span>			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 <b>Community Outreach Group LLC</b>			Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 09 / 26 / 2016		
Mailing Address 1110 Vermont Ave N.W. #300			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">44893.74</div>		
City Washington	State DC	Zip Code 20005			
Purpose of Expenditure Canvassing. Pre-paid on M9 report.		Category/Type <span style="border: 1px solid black; padding: 2px;">007</span>	Transaction ID : <b>B628185</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 08 / 31 / 2016		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Johnson, Ron, , ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>WI</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">98736.48</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">89787.48</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> 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.

Gustafson, Liz, , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y  
12 / 23 / 2016  
Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 0 2px;">C</span> 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 <b>Community Outreach Group LLC</b>			Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 09 / 26 / 2016		
Mailing Address 1110 Vermont Ave N.W. #300			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                     12188.80                 </div>		
City Washington	State DC	Zip Code 20005			
Purpose of Expenditure Canvassing.Pre-paid on M9 report.		Category/ Type <span style="border: 1px solid black; padding: 0 5px;">007</span>	Transaction ID : <b>B628186</b> Date of Disbursement or Obligation <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 08 / 31 / 2016		
Name of Federal Candidate: Feingold, Russ, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: <u>WI</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 5px;">98736.48</span>			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 <b>Community Outreach Group LLC</b>			Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 09 / 26 / 2016		
Mailing Address 1110 Vermont Ave N.W. #300			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                     32704.95                 </div>		
City Washington	State DC	Zip Code 20005			
Purpose of Expenditure Canvassing		Category/ Type <span style="border: 1px solid black; padding: 0 5px;">007</span>	Transaction ID : <b>B928186</b> Date of Disbursement or Obligation <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 08 / 31 / 2016		
Name of Federal Candidate: Feingold, Russ, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: <u>WI</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 5px;">98736.48</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                 44893.75             </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                 _____             </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                 _____             </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.

*Gustafson, Liz, ,*

**[Electronically Filed]**

Date

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2016

Signature



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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00489799
--	--

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

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Terris Barnes &amp; Walters</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 400 Montgomery St # 700		Amount <input type="text"/>	
City San Francisco	State CA	Zip Code 94104	Transaction ID : <b>B628187</b>
Purpose of Expenditure Canvass Lit		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Johnson, Ron, , ,		<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: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Terris Barnes &amp; Walters</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 400 Montgomery St # 700		Amount <input type="text"/>	
City San Francisco	State CA	Zip Code 94104	Transaction ID : <b>B628188</b>
Purpose of Expenditure Canvass Lit		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Feingold, Russ, , ,		<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: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

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

Gustafson, Liz, , ,

*[Electronically Filed]*

Date

/  /

Signature

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

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

Full Name of Payee <b>Terris Barnes &amp; Walters</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 400 Montgomery St # 700	Amount <input type="text"/> 2242.50
City San Francisco State CA Zip Code 94104	
Purpose of Expenditure Canvass Lit	Transaction ID : <b>B628190</b>
Name of Federal Candidate: Trump, Donald, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2149965.77	

Full Name of Payee <b>Terris Barnes &amp; Walters</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 400 Montgomery St # 700	Amount <input type="text"/> 2242.50
City San Francisco State CA Zip Code 94104	
Purpose of Expenditure Canvass Lit	Transaction ID : <b>B628191</b>
Name of Federal Candidate: Clinton, Hillary, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2149965.77	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text"/> 0.00
(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.

Gustafson, Liz, , ,

[Electronically Filed]

Date

/  /

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 2px;">C</span> 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 <b>Planned Parenthood Action Fund Inc.</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 26 / 2016			
Mailing Address 123 William St, 10th Floor	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     42.57                 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City New York</td> <td style="width:33%; padding: 2px;">State NY</td> <td style="width:33%; padding: 2px;">Zip Code 10038</td> </tr> </table>		City New York	State NY	Zip Code 10038
City New York		State NY	Zip Code 10038	
Purpose of Expenditure List rental; see Line 21b				
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: _____ State: OH			
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 100px;">798633.79</span>	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 <b>Blueprint Interactive</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 27 / 2016			
Mailing Address 2229 North Pollard St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     100100.00                 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Arlington</td> <td style="width:33%; padding: 2px;">State VA</td> <td style="width:33%; padding: 2px;">Zip Code 22207</td> </tr> </table>		City Arlington	State VA	Zip Code 22207
City Arlington		State VA	Zip Code 22207	
Purpose of Expenditure Digital Ad Buy				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Trump, Donald, , ,	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: US			
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 100px;">2149965.77</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 100142.57             </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 _____             </div>
<b>(a) TOTAL</b> 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.

Gustafson, Liz, , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y  
 Signature 12 / 23 / 2016

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

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

Full Name of Payee <b>Blueprint Interactive</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 2229 North Pollard St		Amount <input type="text"/>	
City Arlington	State VA	Zip Code 22207	Transaction ID : <b>B628831</b>
Purpose of Expenditure Digital Ad Buy		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Ayotte, Kelly, , , <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: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>SKDKnickerbocker</b> <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1150 18th St., NW #800		Amount <input type="text"/>	
City Washington	State DC	Zip Code 20036	Transaction ID : <b>B628832</b>
Purpose of Expenditure Digital Ad Commission		Category/ Type <input type="text"/>	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: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

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

Gustafson, Liz, , ,

*[Electronically Filed]*

Date

/  /

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 SKDKnickerbocker
Mailing Address 1150 18th St., NW #800
City Washington State DC Zip Code 20036
Purpose of Expenditure Digital Ad Commission
Category/Type 004
Date of Public Distribution/Dissemination 09/27/2016
Amount 1368.00
Transaction ID: B628833
Date of Disbursement or Obligation 09/27/2016

Name of Federal Candidate: Ayotte, Kelly, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 687249.22

Full Name of Payee Blueprint Interactive
Mailing Address 2229 North Pollard St
City Arlington State VA Zip Code 22207
Purpose of Expenditure Online Advertising-note update to estimated cost previously reported
Category/Type 004
Date of Public Distribution/Dissemination 09/27/2016
Amount 17625.00
Transaction ID: B628193
Date of Disbursement or Obligation 09/27/2016

Name of Federal Candidate: Trump, Donald, ,
Support Oppose
Office Sought: President Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 2149965.77

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

Gustafson, Liz, ,

[Electronically Filed]

Date

12/23/2016

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: Blueprint Interactive
Mailing Address: 2229 North Pollard St
City: Arlington, VA, Zip Code: 22207
Purpose of Expenditure: Online Advertising-note update to estimated cost previously reported
Category/Type: 004
Name of Federal Candidate: Clinton, Hillary, , Support
Office Sought: President
Amount: 17625.00
Transaction ID: B628196
Date of Disbursement or Obligation: 09/27/2016
Disbursement For: General 2016

Full Name of Payee: API Source
Mailing Address: 4471 Nicole Dr.
City: Lanham, MD, Zip Code: 20706
Purpose of Expenditure: Apparel and Distribution
Category/Type: 004
Name of Federal Candidate: Clinton, Hillary, , Support
Office Sought: President
Amount: 1427.00
Transaction ID: B629888
Date of Disbursement or Obligation: 09/30/2016
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

Gustafson, Liz, ,

[Electronically Filed]

Date

12 / 23 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> 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 <b>Planned Parenthood Rocky Mountains Action Fund</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 08 / 03 / 2016		
Mailing Address 7155 E. 38th Avenue			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2792.50</div>		
City Denver	State CO	Zip Code 80207			
Purpose of Expenditure Full payment of transaction B621446 originally reported on 2016 FEC M9 report. See Schedule D		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>B621446</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 30 / 2016		
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 <span style="border: 1px solid black; padding: 2px; text-align: right;">2149965.77</span>			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 <b>Planned Parenthood Rocky Mountains Action Fund</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 08 / 03 / 2016		
Mailing Address 7155 E. 38th Avenue			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2792.50</div>		
City Denver	State CO	Zip Code 80207			
Purpose of Expenditure Full payment of transaction B621447 originally reported on 2016 FEC M9 report. See Schedule D		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>B621447</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 30 / 2016		
Name of Federal Candidate: Trump, Donald, , , <input type="checkbox"/> Support <input checked="" 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 <span style="border: 1px solid black; padding: 2px; text-align: right;">2149965.77</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">5585.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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*Gustafson, Liz, ,*  
 Signature
 

**[Electronically Filed]**

 Date M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2016

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <b>Planned Parenthood Rocky Mountains Action Fund</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 7155 E. 38th Avenue	Amount <input type="text"/>
City State Zip Code Denver CO 80207	<b>Transaction ID : B621448</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Full payment of transaction B621448 originally reported on 2016 FEC M9 report. See Schedule D	Category/Type <input type="text"/>

Name of Federal Candidate: Heck, Joseph, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 550037.95	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 <b>Planned Parenthood Rocky Mountains Action Fund</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 7155 E. 38th Avenue	Amount <input type="text"/>
City State Zip Code Denver CO 80207	<b>Transaction ID : B621449</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Full payment of transaction B621449 originally reported on 2016 FEC M9 report. See Schedule D	Category/Type <input type="text"/>

Name of Federal Candidate: Cortez-Masto, Catherine, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 550037.95	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 5585.00
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> 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.

Gustafson, Liz, , ,

[Electronically Filed]

Date

/  /

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 Rocky Mountains Action Fund
Mailing Address 7155 E. 38th Avenue
City Denver State CO Zip Code 80207
Purpose of Expenditure
Full payment of transaction B621450 originally reported on 2016 FEC M9 report. See Schedule D
Category/Type 004
Date of Public Distribution/Dissemination 08/03/2016
Amount 1241.10
Transaction ID : B621450
Date of Disbursement or Obligation 09/30/2016

Name of Federal Candidate:
Clinton, Hillary, ,
Support
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 2149965.77

Full Name of Payee
Planned Parenthood Rocky Mountains Action Fund
Mailing Address 7155 E. 38th Avenue
City Denver State CO Zip Code 80207
Purpose of Expenditure
Events
Category/Type 004
Date of Public Distribution/Dissemination 09/06/2016
Amount 1241.10
Transaction ID : B625166
Date of Disbursement or Obligation 09/30/2016

Name of Federal Candidate:
Clinton, Hillary, ,
Support
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 2149965.77

(a) SUBTOTAL of Itemized Independent Expenditures 2482.20
(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.

Gustafson, Liz, ,

[Electronically Filed]

Date

12/23/2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; margin-right: 5px;">C</span> 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 <b>Planned Parenthood Rocky Mountains Action Fund</b>			Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 06 / 2016</div>
Mailing Address 7155 E. 38th Avenue			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1861.66</div> <b>Transaction ID : B625167</b> Date of Disbursement or Obligation <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 30 / 2016</div>
City Denver	State CO	Zip Code 80207	
Purpose of Expenditure Phone Calls		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: Heck, Joseph, , ,		<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: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">550037.95</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 <b>Planned Parenthood Rocky Mountains Action Fund</b>			Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 06 / 2016</div>
Mailing Address 7155 E. 38th Avenue			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1861.67</div> <b>Transaction ID : B625168</b> Date of Disbursement or Obligation <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 30 / 2016</div>
City Denver	State CO	Zip Code 80207	
Purpose of Expenditure Phone Calls		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: Cortez-Masto, Catherine, , ,		<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: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">550037.95</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">3723.33</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>
<b>(a) TOTAL</b> 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.

*Gustafson, Liz, ,*

**[Electronically Filed]**

Date

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

12 / 23 / 2016

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 Rocky Mountains Action Fund
Mailing Address 7155 E. 38th Avenue
City Denver State CO Zip Code 80207
Purpose of Expenditure Phone Calls Category/Type 004
Date of Public Distribution/Dissemination 09/06/2016
Amount 1861.66
Transaction ID : B625169
Date of Disbursement or Obligation 09/30/2016

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

Full Name of Payee
Planned Parenthood Rocky Mountains Action Fund
Mailing Address 7155 E. 38th Avenue
City Denver State CO Zip Code 80207
Purpose of Expenditure Phone Calls Category/Type 004
Date of Public Distribution/Dissemination 09/06/2016
Amount 1861.67
Transaction ID : B625170
Date of Disbursement or Obligation 09/30/2016

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

(a) SUBTOTAL of Itemized Independent Expenditures 3723.33
(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.

Gustafson, Liz, ,

[Electronically Filed]

Date

12/23/2016

Signature

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

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

Full Name of Payee <b>Planned Parenthood Rocky Mountains Action Fund</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 7155 E. 38th Avenue	Amount <input type="text"/> 620.56
City: Denver State: CO Zip Code: 80207	
Purpose of Expenditure Canvassing Category/Type <input type="text"/> 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 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2149965.77	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Planned Parenthood Rocky Mountains Action Fund</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 7155 E. 38th Avenue	Amount <input type="text"/> 620.55
City: Denver State: CO Zip Code: 80207	
Purpose of Expenditure Canvassing Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Clinton, Hillary, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2149965.77	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text"/> 1241.11
(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.

Gustafson, Liz, , [Electronically Filed] Date  /  /

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 0 2px;">C</span> 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 <b>Planned Parenthood Rocky Mountains Action Fund</b>			Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 09 / 06 / 2016
Mailing Address 7155 E. 38th Avenue			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     620.55                 </div>
City Denver	State CO	Zip Code 80207	<b>Transaction ID : B625173</b> Date of Disbursement or Obligation <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 09 / 30 / 2016
Purpose of Expenditure Canvassing		Category/Type <span style="border: 1px solid black; padding: 0 5px;">004</span>	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Heck, Joseph, , ,
Name of Federal Candidate: Heck, Joseph, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 50px;">550037.95</span>		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 <b>Planned Parenthood Rocky Mountains Action Fund</b>			Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 09 / 06 / 2016
Mailing Address 7155 E. 38th Avenue			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     620.56                 </div>
City Denver	State CO	Zip Code 80207	<b>Transaction ID : B625174</b> Date of Disbursement or Obligation <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 09 / 30 / 2016
Purpose of Expenditure Canvassing		Category/Type <span style="border: 1px solid black; padding: 0 5px;">004</span>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Cortez-Masto, Catherine, , ,
Name of Federal Candidate: Cortez-Masto, Catherine, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 50px;">550037.95</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 1241.11             </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 _____             </div>
<b>(a) TOTAL</b> 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.

Gustafson, Liz, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00489799
--	--

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

Full Name of Payee <b>Planned Parenthood Rocky Mountains Action Fund</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 7155 E. 38th Avenue		Amount <input type="text"/> 310.27
City Denver	State CO	
Zip Code 80207	Purpose of Expenditure Volunteer Recruitment	Transaction ID : <b>B625175</b>
Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	Name of Federal Candidate: Cortez-Masto, Catherine, , ,
Name of Federal Candidate: Cortez-Masto, Catherine, , ,	<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: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 550037.95	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Planned Parenthood Rocky Mountains Action Fund</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 7155 E. 38th Avenue		Amount <input type="text"/> 310.27
City Denver	State CO	
Zip Code 80207	Purpose of Expenditure Volunteer Recruitment	Transaction ID : <b>B625176</b>
Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	Name of Federal Candidate: Heck, Joseph, , ,
Name of Federal Candidate: Heck, Joseph, , ,	<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: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 550037.95	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 620.54
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> 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.

Gustafson, Liz, , ,

*[Electronically Filed]*

Date

12 /  23 /  2016

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 Rocky Mountains Action Fund
Mailing Address: 7155 E. 38th Avenue
City: Denver, State: CO, Zip Code: 80207
Purpose of Expenditure: Volunteer Recruitment
Category/Type: 004
Name of Federal Candidate: Clinton, Hillary, Support
Office Sought: President
Disbursement For: General
Amount: 310.27
Transaction ID: B625177
Date of Disbursement or Obligation: 09/30/2016

Full Name of Payee: Planned Parenthood Rocky Mountains Action Fund
Mailing Address: 7155 E. 38th Avenue
City: Denver, State: CO, Zip Code: 80207
Purpose of Expenditure: Volunteer Recruitment
Category/Type: 004
Name of Federal Candidate: Trump, Donald, Oppose
Office Sought: President
Disbursement For: General
Amount: 310.27
Transaction ID: B625178
Date of Disbursement or Obligation: 09/30/2016

(a) SUBTOTAL of Itemized Independent Expenditures 620.54
(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.

Gustafson, Liz, ,

[Electronically Filed]

Date

12 / 23 / 2016

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 Magdalena Irigaray
Mailing Address Riobamba 480 Edif. French 1 PB D Beccar (1643)
City Buenos Aires State ZZ Zip Code 00000
Purpose of Expenditure Translation Services Category/Type 001
Date of Public Distribution/Dissemination 09/23/2016
Amount 312.90
Transaction ID: B633616
Date of Disbursement or Obligation 09/23/2016

Name of Federal Candidate: Trump, Donald, ,
Support Oppose
Office Sought: President Senate State: US
Calendar Year-To-Date Per Election for Office Sought 2148286.04
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: House Senate State:
Disbursement For: Primary General Other (specify)

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures 312.90
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures 2874542.10

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.

Gustafson, Liz, ,

[Electronically Filed]

Date

12/23/2016

Signature