24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

S	chedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼		
Ν	II Planned Parenthood Votes	
		C C00568931
Check if X 24-hour report 48-hour report New report Amends report filed on		
	Full Name of Payee	Date of Public Distribution/Dissemination
	The Pivot Group	M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
	Mailing Address 1720 I St NW	Amount
	Ste. 550	Allouit
	City State Zip Code	23096.15
	Washington DC 20006	Transaction ID : SE.4145 Date of Disbursement or Obligation
	Purpose of Expenditure mail Category/ Type 006	M = M / D = D / Y = Y = Y
	Name of Federal Candidate Support Offic	e Sought: House District:
	Gary Peters Oppose	President State: MI
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
	Full Name of Payee	Date of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y
	Mailing Address	
		Amount
	City State Zip Code	
		Date of Disbursement or Obligation
	Purpose of Expenditure Category/	M M / D D / Y Y Y Y
	Type	
	Name of Federal Candidate Support Office	e Sought: House District:
	Oppose	President Senate State:
	Galorida Todi To Balo	ursement For: Primary General
	Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	23096.15
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.		
	Libby McGaughey [Electronically Filed] Date	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	2014