

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

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) OUR VALUES POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00675207 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Convention Services of the Southwest, Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2018	
Mailing Address 1921 Bellamah Ave NW		Amount 2996.51	
City Albuquerque	State NM	Zip Code 87104	Transaction ID : SE.4415
Purpose of Expenditure Media Advertisement	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2018	
Name of Federal Candidate HERRELL, STELLA YVETTE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NM	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Gannette Papers		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2018	
Mailing Address PO Box 128		Amount 3628.10	
City Ruidoso	State NM	Zip Code 88355	Transaction ID : SE.4414
Purpose of Expenditure Media Advertisement	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2018	
Name of Federal Candidate HERRELL, STELLA YVETTE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NM	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6624.61
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Taylor, Richard, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 25 / 2018

Signature

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) OUR VALUES POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00675207
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Full Name of Payee OKC Backup		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2018	
Mailing Address 17705 SE 66th St		Amount 3175.00	
City Newalla	State OK	Zip Code 74857	Transaction ID : SE.4416
Purpose of Expenditure Media Advertisement	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2018	
Name of Federal Candidate HERRELL, STELLA YVETTE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NM
Calendar Year-To-Date Per Election for Office Sought 54499.43		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

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

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3175.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	9799.61

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.

Taylor, Richard, , ,

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Date

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10 / 25 / 2018

Signature