

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

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 FOR SE OF FORM 24/48

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;"> <b>C</b> C00489799       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Community Outreach Group LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 17 / 2018</div> </div>	
Mailing Address 1110 Vermont Ave NW Ste 300			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10964.25</div>	
City Washington	State DC	Zip Code 20005-6300	<b>Transaction ID : VV0P99HA2C8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 17 / 2018</div> </div>	
Purpose of Expenditure Staff Time		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate Sinema, Kyrsten, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AZ</u>	
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 <b>Garcimonde-Fisher, Lauren, , ,</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 17 / 2018</div> </div>	
Mailing Address 1750 30th St # 217			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>	
City Boulder	State CO	Zip Code 80301-1029	<b>Transaction ID : VV0P99HA2J6</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 17 / 2018</div> </div>	
Purpose of Expenditure Digital Advertising Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate Nelson, Bill, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>	
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) ►	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">11014.25</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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

Hubbard, Tshombe, , ,

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Date

MM / DD / YYYY  
10 / 19 / 2018

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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FOR SE OF FORM 24/48

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

Full Name of Payee <b>Garcimonde-Fisher, Lauren, , ,</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 17 / 2018</b>		
Mailing Address <b>1750 30th St # 217</b>			Amount <b>50.00</b>		
City <b>Boulder</b>	State <b>CO</b>	Zip Code <b>80301-1029</b>	Transaction ID : <b>VV0P99HA2K4</b>		
Purpose of Expenditure <b>Digital Advertising Production</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2018</b>		
Name of Federal Candidate <b>Scott, Rick, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>FL</b>		
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
Calendar Year-To-Date Per Election for Office Sought			<b>25732.74</b>		

Full Name of Payee <b>Lincoln Loop</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 08 / 2018</b>		
Mailing Address <b>4845 Pearl East Cir Ste 118</b>			Amount <b>35.86</b>		
City <b>Boulder</b>	State <b>CO</b>	Zip Code <b>80301-6112</b>	Transaction ID : <b>VV0P99HA295</b>		
Purpose of Expenditure <b>Digital Advertising Production</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 08 / 2018</b>		
Name of Federal Candidate <b>Nelson, Bill, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>FL</b>		
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
Calendar Year-To-Date Per Election for Office Sought			<b>25732.74</b>		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>85.86</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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FOR SE OF FORM 24/48

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

Full Name of Payee <b>Lincoln Loop</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 08 / 2018</b>		
Mailing Address <b>4845 Pearl East Cir</b> <b>Ste 118</b>			Amount <b>35.86</b>		
City <b>Boulder</b>	State <b>CO</b>	Zip Code <b>80301-6112</b>	Transaction ID : <b>VV0P99HA2A3</b>		
Purpose of Expenditure <b>Digital Advertising Production</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 08 / 2018</b>		
Name of Federal Candidate <b>Sinema, Kyrsten, , ,</b>			<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"/> State: <b>AZ</b>		
Calendar Year-To-Date Per Election for Office Sought <b>1125960.78</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>M+R Strategic Services</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 17 / 2018</b>		
Mailing Address <b>1901 L St NW</b> <b>Ste 800</b>			Amount <b>5125.00</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036-3510</b>	Transaction ID : <b>VV0P99HA2G0</b>		
Purpose of Expenditure <b>Digital Advertising Production and Buy</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2018</b>		
Name of Federal Candidate <b>Nelson, Bill, , ,</b>			<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"/> State: <b>FL</b>		
Calendar Year-To-Date Per Election for Office Sought <b>25732.74</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>5160.86</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Full Name of Payee <b>M+R Strategic Services</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 17 / 2018</b>	
Mailing Address 1901 L St NW Ste 800		Amount <b>5125.00</b>	
City Washington	State DC	Zip Code 20036-3510	Transaction ID : <b>VV0P99HA2H8</b>
Purpose of Expenditure Digital Advertising Production and Buy	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2018</b>	
Name of Federal Candidate Scott, Rick, , ,		<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: <b>FL</b>	
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		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..... ►	<b>5125.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ►	
(c) TOTAL Independent Expenditures..... ►	<b>21385.97</b>

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