10/27/2016 09 : 31

Image# 201610279034642740 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 1 OF 9 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Human Rights Campaign Equality Votes	C C00508440
Check if X 24-hour report 48-hour report New report X Amends report filed on	10 / 25 / 2016
Full Name of Payee Date Human Rights Campaign	e of Public Distribution/Dissemination
[МЕМО ІТЕМ]	M M / D D / Y Y Y Y 10 24 2016
Mailing Address 1640 Rhode Island Ave NW	ount
City State Zip Code	500.00
Date	nsaction ID : D637394 te of Disbursement or Obligation
Purpose of Expenditure Phones - staff time Category/ Type	10 / D D / Y Y Y Y 2016
Name of Federal Candidate Support Office Sou	ight: House District: 00
Masto, Catherine Cortez, , , Oppose Pres	sident 🔀 Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought	nent For: Primary
	te of Public Distribution/Dissemination
Human Rights Campaign	10 / Y Y Y Y Y 10 24 2016
Mailing Address 1640 Rhode Island Ave NW	
Am	nount
City State Zip Code	514.40
	te of Disbursement or Obligation
Purpose of Expenditure Phones - staff time Category/ Type	10 / D = D / 24 2016
Name of Federal Candidate Support Office Sou	ught: House District: 00
Hassan Margaret Wood	sident 🗴 Senate State: <u>NH</u>
Calendar Year-To-DateDisbursemPer Election for Office Sought1934.18	nent For: Primary X General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	0
(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 with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Rinefierd, James, , Mr.,	
[Electronically Filed] Date 10	24 2016

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F24A Transaction ID :

Amending FEC-1115239. Deborah Ross (Senate, NC) was accidently left off of the original report.

Form/Schedule: Transaction ID:

Image# 201610279034642742 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	hedule E)		ITUNES			PAGE 3 OF 9 FOR SE OF FORM 24/48
					FEC I	DENTIFICATION NUMBER V
H	uman Rights Campaign Equality V	C00508440				
Ch	eck if 🗶 24-hour report 🗌 48-hour report	New rep	ort X Amends repo	ort filed on	^M 10	25 2016
	Full Name of Payee Human Rights Campaign			Dat	M M	ic Distribution/Dissemination
	X Mailing Address 1640 Rhode Island Ave NW			Am	10 ount	24 2016
	City	State	Zip Code			257.20
	Washington	DC	20036			ID : D637396 ursement or Obligation
	Purpose of Expenditure Phones - staff time		Category/ Type		^M 10	/ D D / Y Y Y Y 24 2016
	Name of Federal Candidate		X Support	Office Sou	ght:	House District: 00
	Murphy, Patrick, , ,		Oppose	Pres	ident	Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought		984.70	Disbursem	ent For: Other (s	Primary X General pecify) ►
	Full Name of Payee			Dat	e of Publ	ic Distribution/Dissemination
	Human Rights Campaign x				^M 10	/ D D / Y Y Y Y 24 2016
	Mailing Address 1640 Rhode Island Ave NW			Am	ount	
			7. 0. 1			544.00
	City Washington	State DC	Zip Code 20036			514.40 D: D637397 ursement or Obligation
	Purpose of Expenditure Phones - staff time		Category/ Type		10 ^M	/ D D / Y Y Y Y 24 / 2016
	Name of Federal Candidate		x Support	Office Sou	ght:	House District: 00
	McGinty, Kathleen, Alana, ,		Oppose	Pres	ident [Senate State: PA
	Calendar Year-To-Date Per Election for Office Sought	- y - y	1934.18	Disbursem 2016		Primary X General pecify) ►
	(a) SUBTOTAL of Itemized Independent Expendit	ures		▶		0.00
	(b) SUBTOTAL of Uniternized Independent Exper	iditures		••• •	-7	
	(c) TOTAL Independent Expenditures			►		
,	Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	lidate or authorized				
	Rinefierd, James, , Mr.,	[Electron	<i>tically Filed]</i> Date	e 10	/ 24	2016
	Signature					

FEC Schedule E (Form 24/28) Rev. 09/2013

Image# 201610279034642743 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	nedule E)		ITUNES			PAGE 4 OF 9 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)				FEC II	DENTIFICATION NUMBER V
HU	ıman Rights Campaign Equ	C00508440				
Che	ck if 🗶 24-hour report 🗌 48-hour r	report New rep	ort X Amends repo		10	25 / Y Y Y Y 2016
Τ	Full Name of Payee Human Rights Campaign x				of Public	c Distribution/Dissemination
	A Mailing Address 1640 Rhode Island Ave	NW		Amou		24 2016
	City	State	Zip Code			350.00
	Washington	DC	20036			ID : D637398 ursement or Obligation
	Purpose of Expenditure Phones - equipment		Category/ Type		10	/ D D / Y Y Y Y 24 2016
	Name of Federal Candidate		X Support	Office Sough	nt:	House District: 00
	Masto, Catherine Cortez, , ,		Oppose	Presid	ent	Senate State: <u>NV</u>
	Calendar Year-To-Date Per Election for Office Sought		1932.50	Disbursemer 2016		Primary X General Decify) ►
	Full Name of Payee			Date	of Publi	c Distribution/Dissemination
	Human Rights Campaign x			- I P	10	/ D D / Y Y Y Y 24 2016
	Mailing Address 1640 Rhode Island Av	e NW		Amou		
	Cit.	Ctata	Zin Code			250.00
	City Washington	State DC	Zip Code 20036			350.00 D : D637399 ursement or Obligation
	Purpose of Expenditure Phones - equipment		Category/ Type		10 ^M	/ <u>24</u> / <u>2016</u>
	Name of Federal Candidate		X Support	Office Soug	nt:	House District: 00
	Hassan, Margaret, Wood, ,		Oppose	Presid	ent	Senate State: <u>NH</u>
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	1934.18	Disbursemen 2016		Primary X General Decify) ►
(8	a) SUBTOTAL of Itemized Independent I	Expenditures				0.00
(1	b) SUBTOTAL of Unitemized Independer	nt Expenditures				
					-7-	
(0	c) TOTAL Independent Expenditures				-7-	
w	nder penalty of perjury I certify that the ith, or at the request or suggestion of, a arty committee) any political party comm	ny candidate or authorized				
	Rinefierd, James, , Mr.,	[Electron	nically Filed] Date	e 10 /	24	/ 2016
	Signature				<u> </u>	

Image# 201610279034642744 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	hedule E)		ITUNES			PAGE 5 OF 9 FOR SE OF FORM 24/48
					FEC II	DENTIFICATION NUMBER V
Н	uman Rights Campaign Equality Vot	C00508440				
Ch	eck if 🗶 24-hour report 🗌 48-hour report	New rep	ort 🗶 Amends repo	ort filed on	M M 10	25 2016
	Full Name of Payee Human Rights Campaign			Da	M M	ic Distribution/Dissemination
	X Mailing Address 1640 Rhode Island Ave NW			An	10 nount	24 2016
	City	State	Zip Code	— Г		350.00
	Washington	DC	20036			ID : D637400 ursement or Obligation
	Purpose of Expenditure Phones - equipment		Category/ Type		^M 10	/ D D / Y Y Y Y 24 2016
	Name of Federal Candidate		x Support	Office So	ught:	House District: 00
	Murphy, Patrick, , ,		Oppose	Pre	sident	Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought	7	984.70	Disburser 2016	nent For: Other (sp	Primary
	Full Name of Payee			Da	te of Publ	ic Distribution/Dissemination
	Human Rights Campaign x				10 ^M	/ D D / Y Y Y Y 24 2016
	Mailing Address 1640 Rhode Island Ave NW			Ar	nount	
				F		
	City Washington	State DC	Zip Code 20036			350.00 D : D637401 ursement or Obligation
	Purpose of Expenditure Phones - equipment		Category/ Type		^M 10 ^M	/ D D / Y Y Y Y 24 / 2016
	Name of Federal Candidate		x Support	Office So	ught:	House District: 00
	McGinty, Kathleen, Alana, ,		Oppose	Pre	sident	Senate State: PA
	Calendar Year-To-Date Per Election for Office Sought	7 7	1934.18	Disburser 2016	nent For:] Other (s	Primary Seneral
	(a) SUBTOTAL of Itemized Independent Expenditure	25.				0.00
					-7-	
	(b) SUBTOTAL of Unitemized Independent Expenditures					
	(c) TOTAL Independent Expenditures					
,	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized				
	Rinefierd, James, , Mr.,	[Electron	<i>ically Filed]</i> Date	e 10	/ D D 24	/ Y Y Y Y Y Y 2016
	Signature					

Image# 201610279034642745 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	chedule E)		ITUNES			PAGE 6 OF 9 FOR SE OF FORM 24/48
					FEC I	DENTIFICATION NUMBER V
	luman Rights Campaign Equ	C00508440				
Ch	eck if 🗶 24-hour report 🗌 48-hour	report New rep	ort X Amends repo		10	25 2016
	Full Name of Payee Impact Dialing					ic Distribution/Dissemination
	Mailing Address 400 SW 6th Ave Suite 8	300		L	^M 10 ^M	/ <u>24</u> / <u>2016</u>
				Amo	unt	
	City	State	Zip Code			40.00
	Portland	OR	97204			ID: D637410 ursement or Obligation
	Purpose of Expenditure Telephone calls		Category/ Type		10 ^M	/ D D / Y Y Y Y 24 2016
	Name of Federal Candidate		X Support	Office Soug	ht:	House District: 00
	Masto, Catherine Cortez, , ,		Oppose	Presic	lent	Senate State: <u>NV</u>
	Calendar Year-To-Date Per Election for Office Sought		1932.50	Disburseme		Primary X General pecify) ►
	Full Name of Payee			Date	of Publ	ic Distribution/Dissemination
	Impact Dialing				^M 10	/ D D / Y Y Y Y 24 2016
	Mailing Address 400 SW 6th Ave Suite	≥ 800		Amo	unt	
	City	State	Zip Code			40.00
	Portland	OR	97204			D : D637411 bursement or Obligation
	Purpose of Expenditure Telephone calls		Category/ Type		^M 10	/ D D / Y Y Y Y 24 / 2016
	Name of Federal Candidate		x Support	Office Soug	ht:	House District: 00
	Hassan, Margaret, Wood, ,		Oppose	Presid	L T	Senate State: NH
	Calendar Year-To-Date Per Election for Office Sought		1934.18	Disburseme 2016		Primary X General
	(a) SUBTOTAL of Itemized Independent	Expenditures				80.00
					-7-	
	(b) SUBTOTAL of Unitemized Independe	nt Expenditures				
	(c) TOTAL Independent Expenditures			▶		
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized				
	Rinefierd, James, , Mr.,	[Electron	<i>tically Filed]</i> Date	e 10 /	24	/ 2016
	Signature					

Image# 201610279034642746 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Scł	nedule E)			FOR SE OF FORM 24/48
NAN	IE OF COMMITTEE (In Full)		EEC ID	ENTIFICATION NUMBER V
Ηι	uman Rights Campaign Equality Votes			
			C	C00508440
Che	ck if 🗶 24-hour report 🗌 48-hour report 🗌 New rep	port 🗴 Amends report	filed on 10	25 / Y Y Y Y 2016
Т	Full Name of Payee		Date of Public	Distribution/Dissemination
	Impact Dialing		M _ M /	DD/YYYY
	Mailing Address 400 SW 6th Ave Suite 800		10 Amount	242016
	City State	Zip Code		40.00
	Portland OR	97204	Transaction I Date of Disbu	D: D637412 rsement or Obligation
	Purpose of Expenditure Telephone calls	Category/ Type	M M /	24 / Y Y Y Y 2016
	Name of Federal Candidate	X Support	Office Sought:	House District: 00
	Murphy, Patrick, , ,	Oppose	President >	Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 Other (sp	Primary X General ecify) ►
Γ	Full Name of Payee			Distribution/Dissemination
			10	24 2016
	Mailing Address 400 SW 6th Ave Suite 800		Amount	
ŀ	City State	Zip Code		40.00
	Portland OR	97204	Transaction ID Date of Disbu	D: D637413 Irsement or Obligation
	Purpose of Expenditure Telephone calls	Category/ Type	10 ^M	24 / <u>2016</u>
	Name of Federal Candidate	X Support	Office Sought:	House District: 00
	McGinty, Kathleen, Alana, ,	Oppose		Senate State: PA
	Calendar Year-To-Date Per Election for Office Sought	1934.18	Disbursement For: 2016 Other (sp	Primary
(;	a) SUBTOTAL of Itemized Independent Expenditures			80.00
(1	b) SUBTOTAL of Unitemized Independent Expenditures		►	
(0	c) TOTAL Independent Expenditures		•	
w	nder penalty of perjury I certify that the independent expenditure ith, or at the request or suggestion of, any candidate or authorize arty committee) any political party committee or its agent.			
		nically Filed] Date	M M / D D D 10 24	2016
	Signature			

Image# 201610279034642747 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Sc	hedule E)		FOR SE OF FOF	DF 9 3M 24/48
NA	ME OF COMMITTEE (In Full)			
Н	uman Rights Campaign Equality Votes			
			C C00508440	
Ch	eck if 🗶 24-hour report 🗌 48-hour report 🗌 New rep	port 🗶 Amends report	filed on 10 / 25 / 2	2016
	Full Name of Payee		Date of Public Distribution/Disse	emination
	Impact Dialing			Y Y Y
	Mailing Address 400 SW 6th Ave Suite 800		1024 Amount	2016
	City State Portland OR	Zip Code	Transaction ID - D627445	20.00
		97204	Transaction ID : D637415 Date of Disbursement or Obliga	ition
	Purpose of Expenditure Telephone calls	Category/ Type	10 ^D ^D ^D ^Y	2016 Y
	Name of Federal Candidate	X Support	Dffice Sought: House Distri	ct:
	Ross, Deborah, K., ,	Oppose	President X Senate Sta	te: NC
	Calendar Year-To-Date			X General
	Per Election for Office Sought	235.18	016 Other (specify) ▶	
	Full Name of Payee Human Rights Campaign		Date of Public Distribution/Diss	emination
	X		10 24 Y	2016
	Mailing Address 1640 Rhode Island Ave NW		Amount	
	City State	Zip Code		40.18
	Washington DC	20036	Transaction ID : D637721 Date of Disbursement or Obliga	ation
	Purpose of Expenditure Phones - staff time	Category/ Type		2016 Y
	Name of Federal Candidate	X Support	Dffice Sought: House Distr	ict:
	Ross, Deborah, K., ,	Oppose		ite: NC
	Calendar Year-To-Date		Disbursement For: Primary	X General
	Per Election for Office Sought	235.18	Other (specify)	
	(a) SUBTOTAL of Itemized Independent Expenditures			20.00
	(b) SUBTOTAL of Unitemized Independent Expenditures			
	(c) TOTAL Independent Expenditures			-
,	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.			
		nically Filed] Date	M M / D D / Y Y Y 10 24 2016	Y
	Signature			_

Image# 201610279034642748 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	chedule E)	JII UNES			PAGE 9 FOR SE OF	OF 9 FORM 24/48
				FEC II		N NUMBER V
	luman Rights Campaign Equality Votes			С	C00508440	
Ch	neck if X 24-hour report 48-hour report New rep	port 🗴 Amends rep		10	25 /	2016
	Full Name of Payee Human Rights Campaign			1 M	c Distribution/I	YYYYY
	X Mailing Address 1640 Rhode Island Ave NW		Amou	10 Int	24	2016
	City State	Zip Code				175.00
	Washington DC	20036			ID: D637724 ursement or O	
	Purpose of Expenditure Phones - equipment	Category/ Type		10 ^M	/ D D / 24	2016 Y
	Name of Federal Candidate	x Support	Office Sough	ıt:	House I	District:
	Ross, Deborah, K., ,	Oppose	Presid	ent	× Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought	235.18	Disbursemer 2016		Primary	X General
	Full Name of Payee		_	of Publi	ic Distribution/	Dissemination
	Mailing Address		Amou	Int		
	City State	Zip Code			,	
			Date	of Disb	ursement or C	bligation
	Purpose of Expenditure	Category/ Type		M M	/ D D /	ŶŶŶŶŶŶ
	Name of Federal Candidate	Support Oppose	Office Sough			District:
	Calendar Year-To-Date		Disbursemer	L	Senate	State:
	Per Election for Office Sought				pecify) ►	
	(a) SUBTOTAL of Itemized Independent Expenditures					0.00
	(b) SUBTOTAL of Uniternized Independent Expenditures		•• ▶	-7-		
	(c) TOTAL Independent Expenditures		••	-7		1194.40
	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.					
		nically Filed] Date	e 10	D D D 24	/ Y Y 201	5
	Signature					