24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (S

Schedule E)		PAGE 1 OF 7 FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FE	EC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes		C00489799
		5 000 100 100
Check if X 24-hour report 48-hour report New report	Amends report filed on	M / D = D / Y = Y = Y
Full Name of Payee	Date of	Public Distribution/Dissemination
O'Brien Garrett [MEMO ITEM] *	08	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1133 19th St NW		2010
Ste 300	Amount	
City State Zip C	Code	1045.69
Washington DC 2003		tion ID : VV0P99H9M39 Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Direct Mail Printing, Production and Postage	egory/ Type 004	
Name of Federal Candidate	Support Office Sought:	House District:
Sinema, Kyrsten, , ,	Oppose President	Senate State: AZ
Calendar Year-To-Date	Disbursement F	For: 🗶 Primary General
Per Election for Office Sought	080.55 2018 Othe	er (specify)
Full Name of Payee	Date of	Public Distribution/Dissemination
O'Brien Garrett [MEMO ITEM] *	08	
Mailing Address 1133 19th St NW	Amount	
Ste 300	Amount	
City State Zip C	Code	418.28
Washington DC 2003		ion ID: VV0P99H9M45 Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Direct Mail Printing, Production and Postage	egory/ Type 004	M / D = D / Y = Y = Y
Name of Federal Candidate	Support Office Sought:	House District:
Scott, Rick, , ,	X Oppose President	Senate State: FL
Calendar Year-To-Date	Disbursement F 2018	For: 🗶 Primary 🔲 General
Per Election for Office Sought		er (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures		0
		7 1 7 1 7
(b) SUBTOTAL of Unitemized Independent Expenditures		7 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(c) TOTAL Independent Expenditures		7 1 1 7 1 1 7 1
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, , , [Electronically	Filed] Date 08	10 2018
Signature		

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

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Planned Parenthood Votes	C C00489799	
	C00409799	
Check if 24-hour report 48-hour report New report Amends report	t filed on	
Full Name of Payee	Date of Public Distribution/Dissemination	
O'Brien Garrett	08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1133 19th St NW		
Ste 300	Amount	
City State Zip Code	627.41	
Washington DC 20036-3610	Transaction ID: VV0P99H9M53 Date of Disbursement or Obligation	
Purpose of Expenditure Estimated Cost for Direct Mail Printing, Production and Postage Category/ Type 004	M = M / D = D / Y = Y = Y	
Name of Federal Candidate Support	Office Sought: House District:	
Nelson, Bill, , ,	President Senate State: FL	
Calendar Year-To-Date	Disbursement For: X Primary General	
Per Election for Office Sought	2018 Other (specify) ▶	
Full Name of Payee O'Brien Garrett	Date of Public Distribution/Dissemination	
<u> </u>	08 10 2018	
Mailing Address 1133 19th St NW	Amount	
Ste 300	Amount	
City State Zip Code	41.83	
Washington DC 20036-3610	Transaction ID: VV0P99H9M61 Date of Disbursement or Obligation	
Purpose of Expenditure Estimated Cost for Direct Mail Printing, Production and Postage Category/ Type 004	M M / D D / Y Y Y Y	
Name of Federal Candidate Support	Office Sought: House District:	
Klobuchar, Amy, , , Oppose	President Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ✓ Primary General 2018 Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	0.00	
(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.		
Hubbard, Tshombe, , , [Electronically Filed] Date	08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 7 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Planned Parenthood Votes	C C00489799		
Check if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y		
Full Name of Payee	Date of Public Distribution/Dissemination		
O'Brien Garrett x	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1133 19th St NW	Amount		
Ste 300			
City State Zip Code Washington DC 20036-3610	1045.69 Transaction ID : VV0P99H9M79		
	Date of Disbursement or Obligation		
Purpose of Expenditure Estimated Cost for Direct Mail Printing, Production and Postage Category/ Type 004	M M / D D / Y Y Y Y		
Name of Federal Candidate Support Office	e Sought: House District:		
Smith, Tina, Flint, , Oppose	President State: MN		
Calendar Year-To-Date Per Election for Office Sought Disbut 2018	orsement For: ✓ Primary General Other (specify) ✓		
Full Name of Payee	Date of Public Distribution/Dissemination		
O'Brien Garrett x *	08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1133 19th St NW	10 2010		
Ste 300	Amount		
City State Zip Code	1045.69		
Washington DC 20036-3610	Transaction ID: VV0P99H9M87 Date of Disbursement or Obligation		
Purpose of Expenditure Estimated Cost for Direct Mail Printing, Production and Postage Category/ Type 004	M = M / D = D / Y = Y = Y		
Name of Federal Candidate Support Office	e Sought: House District:		
Baldwin, Tammy, , ,	President Senate State: WI		
Calendar Year-To-Date Per Election for Office Sought Disbut 2018	ursement For: Primary General Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	0.00		
(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.			
Hubbard, Tshombe, , , [Electronically Filed] Date			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 4 OF 7 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	IDENTIFICATION NUMBER ▼		
Planned Parenthood Votes C	C00489799		
Check if X 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y		
Full Name of Payee Date of Pub	olic Distribution/Dissemination		
O'Brien Garrett x * 08	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1133 19th St NW Amount			
Ste 300			
City State Zip Code	188.22		
	n ID: VV0P99H9M94 bursement or Obligation		
Purpose of Expenditure Estimated Cost for Direct Mail Printing, Production and Postage Category/ Type 004	/ D = D / Y = Y = Y		
Name of Federal Candidate Support Office Sought:	House District:		
Nicholson, Kevin, , , Nicholson, Kevin, , , President	Senate State: WI		
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2018 Other (s	✓ Primary General specify) ►		
	blic Distribution/Dissemination		
Planned Parenthood Action Fund	10 2018		
Mailing Address 123 William St	10 2010		
FI 10			
City State Zip Code	34.86		
	ID: VV0P99H9MA2 sbursement or Obligation		
Purpose of Expenditure Estimated Cost for List Rental Category/ Type 004	/ D = D / Y = Y = Y		
Name of Federal Candidate X Support Office Sought:	House District:		
Sinema, Kyrsten, , , Oppose President	Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2018 Other (Primary General (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures	0.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7 1		
(c) TOTAL Independent Expenditures	7		
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, , , [Electronically Filed] Date 08 10			

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

	include Ly	FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
۲	lanned Parenthood Votes	C C00489799	
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y	
	Full Name of Payee	Date of Public Distribution/Dissemination	
	Planned Parenthood Action Fund	08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Mailing Address 123 William St	Amount	
	FI 10	1001	
	City State Zip Code New York NY 10038-3844	13.94 Transaction ID: VV0P99H9MB0 Date of Disbursement or Obligation	
	Purpose of Expenditure Estimated Cost for List Rental Category/ Type 004	M M / D D / Y Y Y Y	
	Name of Federal Candidate Support Office	e Sought: House District:	
	Scott, Rick, , ,	President Senate State: FL	
	Calendar Year-To-Date Per Election for Office Sought Disbut 2018	ursement For: X Primary General	
		Other (specify) ▶	
	Full Name of Payee Planned Parenthood Action Fund *	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Mailing Address 123 William St	08 10 2018 Amount	
	FI 10	Amount	
	City State Zip Code	20.92	
	New York NY 10038-3844	Transaction ID: VV0P99H9MC8 Date of Disbursement or Obligation	
	Purpose of Expenditure Estimated Cost for List Rental Category/ Type 004	M = M / D = D / Y = Y = Y	
	Name of Federal Candidate Support Office	e Sought: House District:	
	Nelson, Bill, , ,	President Senate State: FL	
	Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For: Primary General Other (specify) ▶	
	(a) SUBTOTAL of Itemized Independent Expenditures	0.00	
(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.			
	[E1 - 4	8 10 2018	
	Signature Date 0	2010	

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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INDENT EXTEND	TOTILO		PAGE 6 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC. II	DENTIFICATION NUMBER ▼
Planned Parenthood Votes			C	C00489799
Check if 24-hour report 48-hour re	port New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee	Tund		Date of Publi	ic Distribution/Dissemination
Planned Parenthood Action I	-una		08	10 2018
Mailing Address 123 William St			Amount	
City	State	Zip Code		1.39
New York	NY	10038-3844		ID: VV0P99H9MD6 ursement or Obligation
Purpose of Expenditure Estimated Cost for List Rental		Category/ Type 004	M = M	/ D = D / Y = Y = Y
Name of Federal Candidate		X Support	Office Sought:	House District:
Klobuchar, Amy, , ,		Oppose	President	Senate State: MN
Calendar Year-To-Date Per Election for Office Sought	111111111111111111111111111111111111111	1123.77	Disbursement For: 2018 Other (s	✗ Primary General pecify) ▶
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Planned Parenthood Action Fu	nd		08	10 2018
Mailing Address 123 William St			Amount	
Fl 10			Amount	
City	State	Zip Code		34.86
New York	NY	10038-3844		D: VV0P99H9ME4 oursement or Obligation
Purpose of Expenditure Estimated Cost for List Rental		Category/ Type 004	M = M	/ D = D / Y = Y = Y
Name of Federal Candidate		x Support	Office Sought:	House District:
Smith, Tina, Flint, ,		Oppose	President	Senate State: MN
Calendar Year-To-Date Per Election for Office Sought		1123.77	Disbursement For: 2018 Other (s	Primary General pecify) ▶
(a) SUBTOTAL of Itemized Independent E	vnandituras			0.00
(a) SOBTOTAL OF REMIZED INDEPENDENT L	хренициез			0.00
(b) SUBTOTAL of Unitemized Independent	Expenditures		• •	7
(c) TOTAL Independent Expenditures			•	4
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, , ,	[Electron	ically Filed] Date	08 / 10	2018

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

Octional Ly		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes		C C00489799
Check if 24-hour report 48-hour report	New report Amends report filed o	n
Full Name of Payee		Date of Public Distribution/Dissemination
Planned Parenthood Action Fund		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 123 William St		Amount
City Stat	te Zip Code	34.86
New York NY	10038-3844	Transaction ID : VV0P99H9MF2 Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for List Rental	Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate	🗶 Support Office S	Sought: House District:
Baldwin, Tammy, , ,		President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	Disburs 1275.05 2018	sement For: X Primary General
	, , , , ,	Other (specify) -
Full Name of Payee Planned Parenthood Action Fund		Date of Public Distribution/Dissemination
X Mailing Address 123 William St		08 10 2018
FI 10		Amount
City	te Zip Code	6.28
New York N		Transaction ID: VV0P99H9MG0 Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for List Rental	Category/ Type 004	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support Office	Sought: House District:
Nicholson, Kevin, , ,	X Oppose	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	1275.05 Disburg 2018	sement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		0.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		1463.97
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, , ,	[Electronically Filed] Date 08	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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