

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

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;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00489799                 </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Community Outreach Group LLC</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 06 / 2016						
Mailing Address 1110 Vermont Ave N.W. #300	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     38508.42                 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20005</td> </tr> </table>		City	State	Zip Code	Washington	DC	20005
City		State	Zip Code				
Washington	DC	20005					
Purpose of Expenditure Phone Calls. Pre-paid on M9 report.	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>						
Name of Federal Candidate: Clinton, Hillary, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>US</u>						
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; margin-left: 20px;">2149965.77</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item <b>Community Outreach Group LLC</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 06 / 2016						
Mailing Address 1110 Vermont Ave N.W. #300	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     38508.42                 </div>						
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City		State	Zip Code				
Washington	DC	20005					
Purpose of Expenditure Phone Calls. Pre-paid on M9 report.	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>						
Name of Federal Candidate: Cortez-Masto, Catherine, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>NV</u>						
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; margin-left: 20px;">550037.95</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 77016.84             </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 _____             </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 _____             </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, , ,*  
 Signature
 

 [Electronically Filed]
 

 Date M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2017