

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ C C00489799
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Lincoln Loop * <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 4845 Pearl East Cir Ste 118	Amount <input type="text"/> 35.86
City Boulder State CO Zip Code 80301-6112	
Purpose of Expenditure Digital Advertising Production	Transaction ID : VV0P99HACF4 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Kopser, Joseph, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>21</u> State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 35.86	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Lincoln Loop * <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 4845 Pearl East Cir Ste 118	Amount <input type="text"/> 35.86
City Boulder State CO Zip Code 80301-6112	
Purpose of Expenditure Digital Advertising Production	Transaction ID : VV0P99HACG2 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Ortiz Jones, Gina, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>23</u> State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 35.86	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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 / /

Signature