

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
INDIVISIBLE PROJECT INC.

Full Name (Last, First, Middle Initial) of Payee The Spoken Hub		Date of Public Distribution/Dissemination 07 / 29 / 2018	
Mailing Address PO Box 615		Amount 192.90	
City Manhasset	State NY	Zip Code 11030	
Purpose of Expenditure Phone Bank Service		Category/ Type	Office Sought: <input type="checkbox"/> House State: TX <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: O'ROURKE, ROBERT (BETO), , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1507.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Transaction ID : F57.4146

Full Name (Last, First, Middle Initial) of Payee The Spoken Hub		Date of Public Distribution/Dissemination 07 / 29 / 2018	
Mailing Address PO Box 615		Amount 115.60	
City Manhasset	State NY	Zip Code 11030	
Purpose of Expenditure Phone Bank Service		Category/ Type	Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIPIRNENI, HIRAL, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 359.70		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Transaction ID : F57.4152

Full Name (Last, First, Middle Initial) of Payee The Spoken Hub		Date of Public Distribution/Dissemination 07 / 29 / 2018	
Mailing Address PO Box 615		Amount 64.30	
City Manhasset	State NY	Zip Code 11030	
Purpose of Expenditure Phone Bank Service		Category/ Type	Office Sought: <input type="checkbox"/> House State: MS <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARIA, DAVID WAYNE, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 416.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Transaction ID : F57.4157

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	372.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)	