

**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 08 / 10 / 2018	
Mailing Address PO Box 615		Amount 48.30	
City Manhasset	State NY	Zip Code 11030	
Purpose of Expenditure Phone Bank Service		Category/ Type	Office Sought: <input type="checkbox"/> House State: TN <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BREDESEN, PHILIP, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		2018	
		795.16	

Transaction ID : F57.4172

Full Name (Last, First, Middle Initial) of Payee The Spoken Hub		Date of Public Distribution/Dissemination 08 / 10 / 2018	
Mailing Address PO Box 615		Amount 27.30	
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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		2018	
		1927.14	

Transaction ID : F57.4175

Full Name (Last, First, Middle Initial) of Payee The Spoken Hub		Date of Public Distribution/Dissemination 08 / 10 / 2018	
Mailing Address PO Box 615		Amount 15.80	
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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		2018	
		568.51	

Transaction ID : F57.4179

(a) SUBTOTAL of Itemized Independent Expenditures.....	91.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	