

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation Independent Women's Voice		3. FEC Identification Number C C00000000
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 4400 Jenifer Street NW Suite 240		
(c) City, State and ZIP Code Washington DC 20015		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Individual filers only Name of Employer		Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 24-Hour Notice 48-Hour Notice
 July 15 Quarterly Report
 October Quarterly Report
 January 31 Year-End Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM ^M0^M4 / ^D0^D1 / ^Y2^Y0^Y1^Y0

THROUGH

^M0^M6 / ^D3^D0 / ^Y2^Y0^Y1^Y0

6. TOTAL CONTRIBUTIONS00

7. TOTAL INDEPENDENT EXPENDITURES..... 22500.00

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a cand date or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Heather Higgins	_____	07/14/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.

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For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9630, Local 202-694-1100

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Independent Women's Voice

Full Name (Last, First, Middle Initial) of Payee Victory Media Group	Date M M / D D / Y Y Y Y 05 / 15 / 2010
Mailing Address 1816 Garfield	Amount 14000.00
City State Zip Code Aurora IL 60506	

Purpose of Expenditure Phone Bank - In Support of Tim Burns	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: PA House <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Timothy Burns		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 14000.00		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Special

Full Name (Last, First, Middle Initial) of Payee Antietam Communications	Date M M / D D / Y Y Y Y 05 / 15 / 2010
Mailing Address 2101 Mill Road Suite 314	Amount 8500.00
City State Zip Code Alexandria VA 22314	

Purpose of Expenditure Voter List Rental - In Support of Tim Burns	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: PA House <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Timothy Raymond Burns		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 22500.00		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Special

Empty section for additional itemized expenditures.

(a) SUBTOTAL of Itemized Independent Expenditures	22500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	22500.00
(carry total from last page forward to Line 7)	

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify): <i>Web form # 465</i>	Date of Receipt or Postmarked

JMS
 PREPARER

7/14/10
 DATE PREPARED

10030371002