

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 C90011115 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 4400 JENIFER STREET NW STE 204 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

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

THROUGH

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

6. TOTAL CONTRIBUTIONS 0.00

7. TOTAL INDEPENDENT EXPENDITURES..... 0.00

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 candidate 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 R. Higgins | | 10/27/2010 |

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

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, 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
Revolution Media Group, LLC

Date

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Mailing Address

1090 Vermont Avenue NW, #1230

Amount

37859.87

City

Washington

State

DC

Zip Code

20006

Purpose of Expenditure

Creative Design, Production & Postage - Direct Mail - NY

Category/
4 Type

Office Sought:

House

State: NY

House

Senate

District: 04

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

FRANCIS X JR BECKER

Disbursement For:
2010

Primary

General

Other (specify)

Calendar Year-To-Date Per Election
for Office Sought

37859.87

(a) **SUBTOTAL** of Itemized Independent Expenditures

37859.87

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

37859.87