

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

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 1875 I Street NW 5th Floor		
(c) City, State and ZIP Code WASHINGTON DC 20006		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

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

b) Is this Report an amendment? No Yes, it amends the report filed on

M M M	/	D D D	/	Y Y Y Y Y

5. COVERING PERIOD:

FROM

M M M	/	D D D	/	Y Y Y Y Y
04		01		2014

THROUGH

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

6. TOTAL CONTRIBUTIONS.....	209327.74
7. TOTAL INDEPENDENT EXPENDITURES	209327.74

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 any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Heather R. Higgins

Heather R. Higgins

07/11/2014

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

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)
INDEPENDENT WOMEN'S VOICE

A. Full Name (Last, First, Middle Initial) Independent Womens Voice - General Treasury Funds			Date of Receipt 06 / 30 / 2014		
Mailing Address 1875 I Street NW, 5th Floor			Transaction ID : F56.4410		
City Washington	State DC	Zip Code 20006	Amount of Each Receipt this Period 209327.74		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

B. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			M M / D D / Y Y Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

C. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			M M / D D / Y Y Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

D. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			M M / D D / Y Y Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

SUBTOTAL of Receipts This Page (optional)	209327.74
TOTAL This Period (last page carry total to Line 6)	209327.74

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Antietam Communications		Date of Public Distribution/Dissemination 06 / 19 / 2014	
Mailing Address 710 East Northway Lane		Amount 1000.00	
City Atlanta	State GA	Zip Code 30342	Transaction ID : F57.4394
Purpose of Expenditure Script Writing 'ObamaCare Quiz'	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MS District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: THAD COCHRAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 169755.08		Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

Full Name (Last, First, Middle Initial) of Payee Antietam Communications		Date of Public Distribution/Dissemination 06 / 23 / 2014	
Mailing Address 710 East Northway Lane		Amount 1000.00	
City Atlanta	State GA	Zip Code 30342	Transaction ID : F57.4395
Purpose of Expenditure Script Writing 'GOTV ObamaCare Quiz'	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MS District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: THAD COCHRAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 201790.56		Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination 06 / 19 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 20740.02	
City Glenview	State IL	Zip Code 60025	Transaction ID : F57.4387
Purpose of Expenditure Direct Mail 'Test'	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MS District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: THAD COCHRAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 20740.02		Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

(a) SUBTOTAL of Itemized Independent Expenditures.....	22740.02
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**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 of Public Distribution/Dissemination MM / DD / YYYY 06 / 19 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 112372.46	
City Glenview	State IL	Zip Code 60025	Transaction ID : F57.4389
Purpose of Expenditure Direct Mail 'Scowl'	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MS District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: THAD COCHRAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 133112.48		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 19 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 4607.12	
City Glenview	State IL	Zip Code 60025	Transaction ID : F57.4391
Purpose of Expenditure List Acquisition 'ObamaCare Quiz'	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MS District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: THAD COCHRAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 137719.60		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 19 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 31035.48	
City Glenview	State IL	Zip Code 60025	Transaction ID : F57.4393
Purpose of Expenditure Telephone Banks 'ObamaCare Quiz'	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MS District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: THAD COCHRAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 168755.08		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

(a) SUBTOTAL of Itemized Independent Expenditures.....	148015.06
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**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 of Public Distribution/Dissemination 06 / 21 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 31035.48	
City Glenview	State IL	Zip Code 60025	Transaction ID : F57.4392
Purpose of Expenditure Telephone Banks 'ObamaCare Quiz'	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MS District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: THAD COCHRAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 200790.56		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination 06 / 23 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 7537.18	
City Glenview	State IL	Zip Code 60025	Transaction ID : F57.4396
Purpose of Expenditure List Acquisition 'GOTV ObamaCare Quiz'	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MS District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: THAD COCHRAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 209327.74		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	38572.66
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	209327.74