

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

WOMEN'S VOICES WOMEN VOTE ACTION FUND

(b) Address (number and street) ☐ check if different than previously reported

1640 RHODE ISLAND AVE. NW SUITE 825

(c) City, State and ZIP Code

WASHINGTON

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30001754

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

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

through

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

(b) Communication Title

Titles: Protect, St-
and and Respect

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

8. Custodian of Records

(a) Name

Kim Griffin

(b) Address (number and street)

1640 Rhode Island Ave., NW

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

55008.96

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Monica Prah

SIGNATURE Electronically Filed by Monica Prah

DATE 10/29/2010

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

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A.	(a) Name Page Gardner	Transaction ID : F91.000001	
	(b) Address (number and street) 1640 Rhode Island Ave., NW Suite 825 Suite 825		
	(c) City, State and Zip Code Washington DC 20036		
	(d) Name of Employer or Principal Place of Business Women's Voices Women Vote Action Fund	(e) Occupation President	
B.	(a) Name Amy Young	Transaction ID : F91.000002	
	(b) Address (number and street) 1640 Rhode Island Ave., NW Suite 825 Suite 825		
	(c) City, State and Zip Code Washington DC 20036		
	(d) Name of Employer or Principal Place of Business Women's Voices Women Vote Action Fund	(e) Occupation Executive Director	
C.	(a) Name Ruth Ferguson	Transaction ID : F91.000003	
	(b) Address (number and street) 28 Washington Street		
	(c) City, State and Zip Code Marblehead MA 01945		
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
D.	(a) Name Avis Jones-DeWeever	Transaction ID : F91.000004	
	(b) Address (number and street) 633 Pennsylvania Ave., NW		
	(c) City, State and Zip Code Washington DC 20004		
	(d) Name of Employer or Principal Place of Business National Counsel of Negro Women Inc.	(e) Occupation Director	
E.	(a) Name Lisalyn Jacobs	Transaction ID : F91.000005	
	(b) Address (number and street) 1101 14th Street, NW Suite 300 Suite 300		
	(c) City, State and Zip Code Washington DC 20005		
	(d) Name of Employer or Principal Place of Business Legal Momentum	(e) Occupation Director	

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

A. Full Name (Last, First, Middle Initial) of Payee The New Media Firm				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0</div> </div>			
Mailing Address of Payee 1730 Rhode Island Ave., NW Suite 410				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20018.60</div>			
City Washington		State DC		Zip Code 20036		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0</div> </div>	
Name of Employer		Occupation		Transaction ID : F93.000001			
Purpose of Disbursement (including title(s) of communication(s)) Radio Ad; Protect							
Name of Federal Candidate Kenneth Buck		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: CO District:		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
F94.000002		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

B. Full Name (Last, First, Middle Initial) of Payee The New Media Firm				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0</div> </div>			
Mailing Address of Payee 1730 Rhode Island Ave., NW Suite 410				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9997.64</div>			
City Washington		State DC		Zip Code 20036		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0</div> </div>	
Name of Employer		Occupation		Transaction ID : F93.000002			
Purpose of Disbursement (including title(s) of communication(s)) Television Ad; Respect							
Name of Federal Candidate Kenneth Buck		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: CO District:		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
F94.000004		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursement/Obligation This Page (optional)	<div style="border: 1px solid black; padding: 2px; text-align: right;">30016.24</div>
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

PAGE 4 / 4

A. Full Name (Last, First, Middle Initial) of Payee The New Media Firm				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0</div> </div>	
Mailing Address of Payee 1730 Rhode Island Ave., NW Suite 410				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">24992.72</div>	
City Washington	State DC	Zip Code 20036	Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0</div> </div>		
Name of Employer			Occupation		
Purpose of Disbursement (including title(s) of communication(s)) Television Ad; Stand					
Name of Federal Candidate Kenneth Buck	Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: _____	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000006					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursement/Obligation This Page (optional)				<div style="border: 1px solid black; padding: 2px; text-align: right;">24992.72</div>	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				<div style="border: 1px solid black; padding: 2px; text-align: right;">55008.96</div>	