Image# 15950562043 PAGE 1 / 317

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
NAME OF COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Women Speak Out PAC	,		1
ADDRESS (number and street)	1200 New Hampshire Ave NW	<i>!</i>	
Check if different	Suite 750		
than previously reported. (ACC)	Washington		DC 20036 -
2. FEC IDENTIFICATION NUM	IBER ▼ CITY	A	STATE ▲ ZIP CODE ▲
C C00530766	3. IS	THIS NEW PORT (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report	0 (M2) May 20 (M5	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		0 (M3) Jun 20 (M6	(Non-Election Year Only)
April 15 Quarterly Report (Q1)	Apr 20		
July 15 Quarterly Report (Q2)	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (YE)	Election	on//	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	X General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on//	in the State of
5. Covering Period 11	17 2014	through 11	24 2014
I certify that I have examined this	Report and to the best of m	ny knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer	Ms. Emily Buchanan		
Signature of Treasurer Ms. Emi	ily Buchanan	[Electronically Filed]	Date 01 / 30 / 2015
NOTE: Submission of false, erroneo	us, or incomplete information :	may subject the person signing	this Report to the penalties of 2 U.S.C. §437g.
Office Use			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Women Speak Out PAC 2014 24 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 1842.48 January 1, 2014 (b) Cash on Hand at 397489.56 Beginning of Reporting Period..... 3682448.71 34065.49 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 431555.05 3684291.19 6(a) and 6(c) for Column B)..... 60130.23 3312866.37 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 371424.82 371424.82 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

	Women	Speak	Out	PAC
--	-------	-------	-----	------------

I. Receipts ibutions (other than loans) From: individuals/Persons Other Than Political Committees i) Itemized (use Schedule A) ii) Unitemized	COLUMN A Total This Period 16475.00 17590.49	COLUMN B Calendar Year-to-Date 3507449.09
ndividuals/Persons Other Than Political Committees i) Itemized (use Schedule A) ii) Unitemized		
Than Political Committees i) Itemized (use Schedule A)iii) Unitemizediiii) TOTAL (add		
i) Itemized (use Schedule A)ii) Unitemizediii) TOTAL (add		
ii) Unitemized		
iii) TOTAL (add	17590.49	104999.62
iii) TOTAL (add	17590.49	104999.07
		1.5 1000.02
LIIICS (a)(i) allu (ii)	34065.49	3612448.71
(-///	34003.43	3012110.11
Political Party Committees	0.00	0.00
Other Political Committees		
such as PACs)	0	70000
otal Contributions (add Lines		
1(a)(iii), (b), and (c)) (Carry		
otals to Line 33, page 5)▶	34065.49	3682448.71
fers From Affiliated/Other		
Committees	0.00	0.00
pans Received	0	C
Repayments Received	0.00	0.00
ts To Operating Expenditures		7
nds, Rebates, etc.)		
/ Totals to Line 37, page 5)	0.00	0.00
nds of Contributions Made	,	,
	0.00	0.00
-		
	0.00	0.00
	0.00	0.00
TOTT SCHEdule 110)	0.00	0.00
Caballa (france Caballa LIE)	0.00	0.00
will runds (from Schedule H5)	0.00	0.00
otal Transfers (add 18(a) and 18(b))	0	
	Such as PACs)	such as PACs)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Operating Expenditures: ——	iotai iino i enou	Calcilual Teal-10-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
_		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	05007.40	4000047.74
Expenditures	25967.46	1232317.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	25967.46	1232317.74
2. Transfers to Affiliated/Other Party	20007.40	1202017.14
Committees	0.00	0.00
Contributions to Federal Candidates/Committees		
and Other Political Committees	0	3000
I. Independent Expenditures		
(use Schedule E)	34162.77	2077548.63
5. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	
(use Schedule F)	0.00	0.00
C. Lean Dengumente Made	0.00	0.00
S. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To:	7	
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
F		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0	0
(add Lines 20(a), (b), and (c),	7	
O. Other Disbursements	0.00	0.00
	7	
D. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) III origin Chara	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	7	
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	60130.23	3312866.37
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	60130.33	3312866.37
from Line 31)	60130.23	3312000.37

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	34065.49	3682448.71
4. Total Contribution Refunds (from Line 28(d))	0	0
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34065.49	3682448.71
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	25967.46	1232317.74
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	25967.46	1232317.74

FOR LINE NUMBER: **PAGE** 6 OF 317 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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 COMMITTEE (In Full) Women Speak Out PAC Full Name (Last, First, Middle Initial) Thomas Posatko Date of Receipt Mailing Address 507 West 9th Street 2014 24 City Zip Code State Transaction ID: 58-AD63-3472AC066158 DE Wilmington 19801 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Robert Michalewicz Date of Receipt Mailing Address 337 Michalewicz Road 17 11 2014 City State Zip Code Transaction ID: 75-BDFF-6B306945438A TX **Best** 76932 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self-Employed Rancher Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Paul McFadden Date of Receipt Mailing Address 9504 Indianfield Drive 17 2014 City Zip Code State Transaction ID: 79-BCCE-3B14F6A486A8 Mechanicsville VA 23116 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: **PAGE** 7 OF 317 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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 COMMITTEE (In Full) Women Speak Out PAC Full Name (Last, First, Middle Initial) John Hoch Date of Receipt Mailing Address 580 West 215th Street Apt. 4a 2014 City Zip Code State Transaction ID: B1-AB3C-82FB7863BEB5 NY New York 10034 Amount of Each Receipt this Period FEC ID number of contributing C 1250.00 federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** John Valerius Date of Receipt Mailing Address 1909 Canterbury Street 17 11 2014 City State Zip Code Transaction ID: 10-9E8C-229C37C1405E TX Irving 75062 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Henry Davison Date of Receipt Mailing Address 7821 Buist Avenue 19 2014 City State Zip Code Transaction ID: A5-AD62-B34279183569 PΑ Philadelphia 19153 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation SSA Civil Servant Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: **PAGE** 8 OF 317 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

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 COMMITTEE (In Full) Women Speak Out PAC Full Name (Last, First, Middle Initial) George Bridgman Date of Receipt Mailing Address 1092 87th Avenue West 2014 City Zip Code State Transaction ID: 3D-8EE7-8103D49928DA MN Duluth 55808 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Stephen Good Date of Receipt Mailing Address 3304 Grand Avenue 17 11 2014 City State Zip Code Transaction ID: 3B-8E51-D4EAF42EEBEE WA **Everett** 98201 Amount of Each Receipt this Period FEC ID number of contributing 225.00 federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ralph Schmidt Date of Receipt Mailing Address 2925 Piano Bridge Road 17 2014 City Zip Code State Transaction ID: FA-BBF9-771B2A08D7E1 TX Schulenburg 78956 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1525.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	FOF	R LINE	NU	MBER	:	PAGE	9	OF	317
Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page	X	11a		11b		11c	12		
		13		14		15	16	Г	7 17

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Women Speak Out PAC		
Full Name (Last, First, Middle Initial) Lawrence Rakunas Mailing Address 1150 Willowgate Lane		Date of Receipt
City	State Zip Code	11 17 2014 Transaction ID : A3-A93C-A19AE4E22FBC
Saint Charles	IL 60174	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer	Occupation	
Northwest Airlines	Retired	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Pamela Gilardi		Date of Receipt
Mailing Address 105 Due East Avenue		11 21 2014
City	State Zip Code	11 21 2014 Transaction ID : C1-9195-B78E5E261EB4
New Smyrna Beach	FL 32169	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer Retired	Occupation Retired	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Nancy Reed		Date of Receipt
Mailing Address 2201 E Hickory Hill Road		11 17 2014
City Argyle	State Zip Code TX 76226	Transaction ID: 34-9553-C364637DCA7D Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		2300.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 10 OF 317 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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 COMMITTEE (In Full) Women Speak Out PAC Full Name (Last, First, Middle Initial) Mary Murphy Date of Receipt Mailing Address 46 Central Drive 20 2014 City Zip Code State Transaction ID: DA-9FCC-78DA9DA599BC NY Plandome 11030 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Josephine Noetzel Date of Receipt Mailing Address 238 Surrey Lane 11 17 2014 City State Zip Code Transaction ID: 53-842F-CE7BCCBC1497 IL Lake Forest 60045 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Deloitte Mgmt Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Carol Crossed Date of Receipt Mailing Address 1675 Clover Street 24 2014 City Zip Code State Transaction ID: C2-81FD-11FD1EAE910F NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing 3000.00 С federal political committee. Name of Employer Occupation President, SBA Museum Seamless Garment Network Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) 5000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 11 OF 317 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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 COMMITTEE (In Full) Women Speak Out PAC Full Name (Last, First, Middle Initial) Anne Perri Date of Receipt Mailing Address 4975 Southwest 65th Avenue 2014 City Zip Code State Transaction ID: 89-B08F-53725CA54E5D OR Portland 97221 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Best Buy In Town, Inc. Secretary/Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rosemary Perez Date of Receipt Mailing Address 6822 Oregon Street 20 11 2014 City State Zip Code Transaction ID: E7-BA94-779B2FC1D07B Buena Park CA 90621 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation St. Joseph Hospital Mammographer Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Elaine Moczygemba Date of Receipt Mailing Address 452 K D M Lane 17 2014 City Zip Code State Transaction ID: A9-8E54-9D6BBF46529C TX Hobson 78117 Amount of Each Receipt this Period FEC ID number of contributing 400.00 С federal political committee. Name of Employer Occupation **Dry-Land Farmer** Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 2400.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 12 OF 317 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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 COMMITTEE (In Full) Women Speak Out PAC Full Name (Last, First, Middle Initial) David Ream Date of Receipt Mailing Address 19514 Orrick Trail 2014 City Zip Code State Transaction ID: DD-9B35-F6002C8972EE MO Kirksville 63501 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Self-Employed Clergyman Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Anthony Dimaggio Date of Receipt Mailing Address 28001 Southfield Road 20 11 2014 City State Zip Code Transaction ID: F1-9CCE-E5F2F7907C3C Lathrup Village MI 48076 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation **General Motors** Engineer Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... 16475.00 TOTAL This Period (last page this line number only).....

	HEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		317
ITE	MIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only X 21b 27	one) 22 23 24 25 28a 28b 28c 29	26
	r information copied from such Reports and Stater or commercial purposes, other than using the name				
\	NAME OF COMMITTEE (In Full) Women Speak Out PAC	to and address of any point	car committee to	Solicit community from Such communication	-
_	Full Name (Last, First, Middle Initial)			Data of Dishurasment	
ч.	Petrina Williams	Date of Disbursement	-		
i	Mailing Address 3007 Darden Rd	11 19 2014	J		
	,	State Zip Code		Transaction ID : 17A19322-CB7B-422	2A-8
	Greensboro Purpose of Disbursement	NC 27407			_,
	Travel Reimbursement		002	Amount of Each Disbursement this Per	riod
Ī	Candidate Name		Category/	1067.31	1
-	Office Sought: House Disburser	nent For:	Туре	1001.0	
•		Primary General Other (specify) ▼			
,	State: District:				
	Full Name (Last, First, Middle Initial) Activist Manager			Date of Disbursement	
i	Mailing Address PO Box 601			11 21 7 2014	
	City Supplies Supplie	State Zip Code VA 22066		Transaction ID : FA6AC11A-E059-45	E5-8
	Purpose of Disbursement	22000			
7	Consulting Candidate Name		001	Amount of Each Disbursement this Per	riod
,	Sandidate Name		Category/ Type	3087.00	0
		nent For: Primary General Other (specify) ▼			
	State: District: Full Name (Last, First, Middle Initial)				
_	PayChex			Date of Disbursement	
Ī	Mailing Address 911 Panorama Trail S		11 17 2014	J	
- 1	Rochester	State Zip Code NY 14625		Transaction ID : 6699BD7A-AB91-49)43-A
	Purpose of Disbursement Payroll Processing		001	Amount of Each Disbursement this Per	wia d
Ī	Candidate Name		Category/ Type	125.28	-
	Office Sought: House Disburser	nent For: Primary General Other (specify) ▼			
SI	JBTOTAL of Disbursements This Page (optional)		·····	4279.59)

	CHEDULE B (FEC Form 3X)	Lloo congrete cohectule/	FOR LINE		PAGE 14 OF 31
ITI	EMIZED DISBURSEMENTS	Use separate schedule(for each category of the Detailed Summary Page	(official offing	v one) 22 23	24 25 26
		age	27	28a 28b	28c 29 30
	y information copied from such Reports and Stater for commercial purposes, other than using the nan				
\	NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·			
$\Big /$	Women Speak Out PAC				
^	Full Name (Last, First, Middle Initial)			Data of Diahuraama	ant.
Α.	PayChex			Date of Disburseme	/ Y Y Y Y Y
	Mailing Address 911 Panorama Trail S	11 18	2014		
	•	State Zip Code		Transaction ID · F	B755035-857D-41AC-8
	Rochester Purpose of Disbursement	NY 14625	1	Transaction is .	.D100000 001D 41A0 0
	Payroll Processing		001	Amount of Each Dis	sbursement this Period
	Candidate Name	Category/		48.80	
	Office Cought		Туре		48.00
	Office Sought: House Disburser Senate	ment For: Primary General			
	President	Other (specify)			
	State: District:	,			
	Full Name (Last, First, Middle Initial)				
В.	PayChex			Date of Disburseme	ent
	Mailing Address 911 Panorama Trail S			M = M / D = D 11 21	2014
	Maning Address 911 Pandiania Ifan 5				2014
	•	State Zip Code		Transaction ID : E	ED24493F-F231-4862-9
	Rochester Purpose of Disbursement	NY 14625			
	Payroll Processing		001	Amount of Each Dis	sbursement this Period
	Candidate Name		Category/ Type		173.73
	Office Sought: House Disburser	ment For:			
	Senate	Primary General			
	State: District:	Other (specify)			
	Full Name (Last, First, Middle Initial)				
C.	Intuit			Date of Disburseme	ent
				M M / D D	/ Y T Y T Y T Y
	Mailing Address 2632 Marine Way			11 20	2014
	City	State Zip Code		Transaction ID · 1	83F24F2-CFFA-4233-B
	Mountain View	CA 94042		Transaction iD . I	001 241 2-0FFM-4233-D
	Purpose of Disbursement Credit Card Processing Fees		001	Amount of Feet Di	sbursement this Period
	Candidate Name		Category/ Type	Amount of Each Dis	7.75
	Office Sought: House Disburser	ment For:	1 7/2-		
	Senate	Primary General			
	President	Other (specify) ▼			
	State: District:				
S	UBTOTAL of Disbursements This Page (optional)				230.28
Т	OTAL This Period (last page this line number only))			

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CHEDULE B (FEC Form 3X)			PAGE 15 OF 317	
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(oricon orin)		
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b
Any information copied from such Reports and Sta or for commercial purposes, other than using the r				
NAME OF COMMITTEE (In Full)	lame and address of any point	icai committee to	Solicit Continuations	s nom sach commuee.
Women Speak Out PAC				
Full Name (Last, First, Middle Initial)			5	
A. Intuit			Date of Disburse	
Mailing Address 2632 Marine Way			11 2	2014
City	State Zip Code		Transaction ID	: B4BB5D13-2C16-4B49-9
Mountain View Purpose of Disbursement	CA 94042		Transaction ib	. 64665615-2010-4649-9
Credit Card Processing Fees		001	Amount of Each	Disbursement this Period
Candidate Name		Category/		0.48
Office County House		Type		0.40
Office Sought: House Disburs Senate	sement For: Primary General			
President	Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial)				
B. Intuit			Date of Disburse	
Mailing Address 2632 Marine Way			M M / D 1	7 2014
Mailing Address 2002 Mailine Way				2014
City	State Zip Code		Transaction ID	: 6A8EB39B-7B23-485F-8
Mountain View Purpose of Disbursement	CA 94042			
Credit Card Processing Fees		001	Amount of Each	Disbursement this Period
Candidate Name		Category/		
		Type		39.65
	sement For:			
Senate President	Primary General Other (specify) ▼			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)				
C. Intuit			Date of Disburse	ement
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Mailing Address 2632 Marine Way			11 2	0 2014
City	State Zip Code		Transaction ID	: 6AED2660-0050-4ACD-B
Mountain View	CA 94042		Transaction iD	. 0AED2000-0030-4ACD-B
Purpose of Disbursement Credit Card Processing Fees	Purpose of Disbursement Credit Card Processing Fees			5.1
Candidate Name	•			Disbursement this Period
		Category/ Type		7.75
Office Sought: House Disburg	sement For:	1	,	,
Senate	Primary General			
President State: District:	Other (specify) ▼			
State. District.				
SUBTOTAL of Disbursements This Page (optional)			47.88
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TOTAL This Period (last page this line number or	nly)			

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S	CHEDULE B (FEC Form 3X)			FOR LINE	MBER: PAGE 16 OF 317					
IT	EMIZED DISBURSEMENTS	Use separate schedule for each category of the separate schedule for each category of the separate schedule for each category.		(check only	check only one)					
		Detailed Summary Pa		X 21b 27	22 28a	23 28b		24 28c	25 29	26 30b
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	for commercial purposes, other than using the name									
$ \setminus $	NAME OF COMMITTEE (In Full)									
/	Women Speak Out PAC									
_	Full Name (Last, First, Middle Initial)									
A.	Intuit				Date of	Disburs	eme		Y	V
	Mailing Address 2632 Marine Way				11		21		2014	Y
		State Zip Code			Trans	action II):2	6A4E47 <i>A</i>	\-F6C2-	4F8E-A
	Mountain View Purpose of Disbursement	CA 94042						o, (. <u>_</u> ,		02 /
	Credit Card Processing Fees		-11	001	Amount	of Each	n Dis	burseme	nt this	Period
	Candidate Name			Category/					5′	1.28
	Office Sought: House Disbursen	nent For:		Туре		7		-		
		Primary Gener	al							
		Other (specify) ▼								
_	State: District: Full Name (Last, First, Middle Initial)									
В.	Intuit				Date of	Disburs	eme	nt		
					M = M		D		Y	Υ
	Mailing Address 2632 Marine Way				11		24		2014	
	City S Mountain View	State Zip Code CA 94042			Trans	action I	D : B	23D0019	9-458F-	4142-8
	Purpose of Disbursement	54042								
	Credit Card Processing Fees		_	001	Amount	of Each	Dis	burseme	nt this	Period
	Candidate Name			Category/ Type		,				1.81
	Office Sought: House Disbursen	nent For:				,				
		Primary General Gener	al							
	State: District:	Other (specify)								
_	Full Name (Last, First, Middle Initial)									
C.	Intuit				Date of	Disburs	eme			
	Mailing Address 2632 Marine Way				11		24		y y 2014	Y
	City	State Zin Code								
	•	State Zip Code CA 94042			Trans	action I) : A	39A84F2	2-D7C7	-46A3-B
	Purpose of Disbursement Credit Card Processing Fees									
	Candidate Name		L	001	Amount	of Each	Dis	burseme	nt this	Period
				Category/ Type		45			30).17
	Office Sought: House Disbursen									
		Other (specify) Gener	al							
	State: District:	onioi (apooliy) ▼								
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s	SUBTOTAL of Disbursements This Page (optional)							,	83	3.26
Γ,	OTAL This Period (last page this line number only)									
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SCHEDULE B (FEC Form 3X)	Llea caparata ashadula(=)	FOR LINE		PAGE 17 OF 317
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28a 28b	24 25 26 28c 29 30
Any information copied from such Reports and States or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full) Women Speak Out PAC	ine and address of any points	ar committee to	SONOR CONTRIBUTIONS	on don dominico.
Full Name (Last, First, Middle Initial)				
A. Chain Bridge Bank	Date of Disbursem			
Mailing Address 1445-A Laughlin Avenue			11 20	2014
•	State Zip Code		Transaction ID :	F2DFBF71-8258-4AC0-B
McLean Purpose of Disbursement	VA 22101			
Wire Transfer Fee		001	Amount of Each D	isbursement this Period
Candidate Name		Category/		15.00
Office Courbby House		Type	7	15.00
Senate President	ment For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) B. Chain Bridge Bank			Date of Disbursem	ent
Mailing Address 1445-A Laughlin Avenue			11 24	2014
Mailing Address 1445-A Laughiin Avenue			11 24	2014
,	State Zip Code		Transaction ID :	26591F4F-D60B-4124-9
McLean Purpose of Disbursement	VA 22101			
Wire Transfer Fee		001	Amount of Each D	isbursement this Period
Candidate Name		Category/ Type		15.00
Office Sought: House Senate President State: Disburser	ment For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Chain Bridge Bank			Date of Disbursem	ent
Mailing Address 1445-A Laughlin Avenue				2014
City McLean	State Zip Code VA 22101		Transaction ID :	4968ABFA-199C-422E-E
Purpose of Disbursement Wire Transfer Fee				
Candidate Name		001 Category/	Amount of Each D	isbursement this Period 15.00
Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify)	Туре		
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)				45.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s			PAGE 18 OF 31
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(crieck only 21b 27	22 23 23 28a 28b	24 25 26 28c 29 30
Any information copied from such Reports and S or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) Women Speak Out PAC	, p			
Full Name (Last, First, Middle Initial)			5	
A. DC Unemployment Services			Date of Disburseme	
Mailing Address 501 C St. NW #501			11 21	2014
City Washington	Transaction ID : D94692A5-1D9F-4744-I			
Purpose of Disbursement Taxes		001	Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type		1.60
Office Sought: House Disbring Senate President	rrsement For: Primary General Other (specify) ▼	Турс		, , , , , , , , , , , , , , , , , , , ,
State: District:				
Full Name (Last, First, Middle Initial) B. IRS			Date of Disburseme	
Mailing Address IRS			11 18	2014
City Cincinnati	State Zip Code OH 45999		Transaction ID : E	E140281E-F89F-40E8-9
Purpose of Disbursement Taxes		001	Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type	7	110.66
Senate President	orsement For: Primary General Other (specify) ▼			
State: District: Full Name (Last, First, Middle Initial)				
C. IRS			Date of Disburseme	ent / Y Y Y Y Y Y Y
Mailing Address IRS			11 21	2014
City Cincinnati Purpose of Disbursement	State Zip Code OH 45999		Transaction ID : F	F549F0B3-86A4-4115-B
Taxes Candidate Name		001	Amount of Each Dis	sbursement this Period
		Category/ Type		1453.11
Office Sought: House Disbuter Senate President State: District:	orsement For: Primary General Other (specify) ▼		,	
<u> </u>				1565.37
SUBTOTAL of Disbursements This Page (option	al)	<u> </u>		1005.37
TOTAL This Period (last page this line number	only)		1	

	X 21b 27 sed by any person	Date of Disbursement Transaction ID: A7740E11-9B33-47D4-9 Amount of Each Disbursement Date of Disbursement Date of Disbursement this Period Transaction ID: 23545FF5-7AC6-43C5-A Amount of Each Disbursement this Period
Zip Code 20170 General Zip Code	sed by any persocial committee to	Date of Disbursement Transaction ID: A7740E11-9B33-47D4-9 Amount of Each Disbursement this Period Date of Disbursement Transaction ID: 2270.12 Date of Disbursement Date of Disbursement this Period 2270.12
Zip Code 20170 General V) ▼	002 Category/	Date of Disbursement Transaction ID: A7740E11-9B33-47D4-9 Amount of Each Disbursement this Period 2270.12 Date of Disbursement Transaction ID: 23545FF5-7AC6-43C5-A
General ✓ Zip Code	Category/	Transaction ID: A7740E11-9B33-47D4-9 Amount of Each Disbursement this Period 2270.12 Date of Disbursement 11 19 2014 Transaction ID: 23545FF5-7AC6-43C5-A
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General ✓ Zip Code	Category/	Amount of Each Disbursement this Period 2270.12 Date of Disbursement 11 19 2014 Transaction ID: 23545FF5-7AC6-43C5-A
y) ▼ Zip Code	Category/	Date of Disbursement 11 19 2014 Transaction ID: 23545FF5-7AC6-43C5-A
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		Amount of Each Dishursement this Period
	002	ount of Euch Dioparconion tino i Gilou
	Category/ Type	158.51
General √) ▼		
		Date of Disbursement
		11 19 2014
Zip Code 27609		Transaction ID: 672D98DB-139F-437A-A
	002	Amount of Each Disbursement this Period
	Category/ Type	116.66
General y) ▼	l	<u> </u>
	27609 General	27609 002 Category/ Type General

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			PAGE 20 OF 317				
IT	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(orlook orn	·			
		Detailed Summary Page		22 23 28a 28b	24 25 26 28c 29 30b		
	ly information copied from such Reports and Stater for commercial purposes, other than using the nan						
Ĺ.	NAME OF COMMITTEE (In Full)	and address of drift poli		- John Commissions	cach committee.		
\rangle	Women Speak Out PAC						
Full Name (Last, First, Middle Initial)				5 . (5)			
Α.	Mary Katherine Collins			Date of Disburser			
	Mailing Address 15 1/2 Magnoila Circle			11 17			
	City	State Zip Code		Transaction ID : 024197A6-D6E0-4FF1-			
	Searcy Purpose of Disbursement	AR 72143		- ITAIISACIIOII ID	. 024197A0-D0E0-411 1-9		
	Mary Kate Collins Bonus for KS Work		001	Amount of Each I	Disbursement this Period		
	Candidate Name		Category/		427.59		
	Office Sought: House Disburser	mont For:	Type				
	Senate Disburser	Primary General					
	President	Other (specify) ▼					
_	State: District:						
D	Full Name (Last, First, Middle Initial)			Data of Diahuwaa			
В.	· Laurie Lee			Date of Disburser			
	Mailing Address 11104 Westpoint Court			11 19			
	,	State Zip Code		Transaction ID	: 75B0CC1D-4636-47F4-8		
	Little Rock Purpose of Disbursement	AR 72211		_			
	Travel Reimbursement		002	Amount of Each I	Disbursement this Period		
	Candidate Name		Category/ Type		1130.43		
	Office Sought: House Disburser	ment For:					
	Senate	Primary General					
	President State: District:	Other (specify) ▼					
_	Full Name (Last, First, Middle Initial)						
C.	Christopher Crawford			Date of Disburser	ment		
	Mailing Address 18 Fairhaven road			11 19			
	City	State Zip Code		Transaction ID	. 1007012D 7020 4055 D		
	Nashua	NH 03060		I ransaction ID	: 1827813D-7938-4C5F-B		
	Purpose of Disbursement Travel Reimbursement		002	Amount of Foot I	Disbursement this Period		
	Candidate Name		Category/	Amount of Each i			
			Type		1316.16		
	Office Sought: House Disburser						
	Senate President	Primary General Other (specify)					
	State: District:	Silici (opooliy) ▼					
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s	UBTOTAL of Disbursements This Page (optional)			7	2874.18		
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 21 OF 317
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(Criccit Offis	· — ′ —	
	Detailed Summary Page	X 21b	22	23 24 25 26
[27	28a	28b 28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
Women Speak Out PAC				
Full Name (Last, First, Middle Initial)				
A. Garland Honeycutt			Date of Dis	bursement / Y Y Y Y Y Y
Mailing Address 1081 Fork Mountain			11	19 2014
City S Bakersville	State Zip Code NC 28705		Transacti	on ID : 0EDCE7F1-4CB6-469E-A
Purpose of Disbursement	26705			
Travel Reimbursement		002	Amount of	Each Disbursement this Period
Candidate Name		Category/		606.33
Office Sought: House Disbursen	nent For:	Туре		
Senate	Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial)				
B. Andresen Blom			Date of Dis	
Mailing Address 101 Asbury Ct.			11	21 2014
City	State Zip Code		Transacti	on ID : EA74CC9A-D9B4-4D52-9
Winchester	VA 22602		Transacti	OII ID . EAT 4003A-D3D4-4D32-3
Purpose of Disbursement Consulting		001	Amount of	Each Disbursement this Period
Candidate Name		Category/ Type		5000.00
Office Sought: House Disbursen	nent For:	21		,
	Primary General			
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. Trace Strategies, LLC			Date of Dis	bursement
			M M /	D D / Y Y Y Y Y
Mailing Address 11104 Westpoint Court			11	19 2014
City	State Zip Code		Transacti	on ID : F4850855-05A0-4E58-A
	AR 72211		ITalisacti	OII ID . I 4030033-03A0-4E30-A
Purpose of Disbursement Consulting		001		
Candidate Name			Amount of	Each Disbursement this Period
		Category/ Type		3443.71
Office Sought: House Disbursen	nent For:			,
	Primary General			
State: President District:	Other (specify) ▼			
State. District.				
SUBTOTAL of Disbursements This Page (optional)				9050.04
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SCHEDULE B (FEC Form 3X)	Han annual colored ()	FOR LINE	NUMBER:	PAGE 22 OF 317
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)		
	Detailed Summary Page	X 21b 27	22 23 28a 28b	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
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NAME OF COMMITTEE (In Full)	addition of diffy points		22.000 00.00000000	
Women Speak Out PAC				
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Full Name (Last, First, Middle Initial)				
A. Beene Office Park, LLC			Date of Disbursen	nent
Mailing Address 2050 Heavital Drive			M M / D I	
Mailing Address 2250 Hospital Drive Suite 220			11 21	2014
	State Zip Code			F040FF0D D 100 4500 -
Bossier City	LA 71111		Transaction ID:	E610576D-BA82-4560-B
Purpose of Disbursement Rent				
		001	Amount of Each D	Disbursement this Period
Candidate Name		Category/		455.50
Office Sought: House Disburser	nent For:	Туре		
Senate Disburser	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				
B. Dueling Oak, LLC			Date of Disbursen	nent
			M M / D D	
Mailing Address PO Box 1026			11 21	2014
City	State Zip Code			
Madisonville	LA 70447		Transaction ID :	54801F37-BDF9-4356-A
Purpose of Disbursement				
Rent		001	Amount of Each D	Disbursement this Period
Candidate Name		Category/		1425.00
Office Cought: House	ant For	Туре		. 720.00
Office Sought: House Disbursen	nent For: Primary General			
	Other (specify)			
State: District:	(opooj) ▼			
Full Name (Last, First, Middle Initial)				
C. Jay Canella			Date of Disbursen	nent
			M M / D D) / Y Y Y Y Y
Mailing Address 3914 Lake Sherwood Ave			11 21	2014
City	State Zip Code			
City S East Batoun Rouge	LA 70816		Transaction ID :	FC01D6F4-6074-478B-B
Purpose of Disbursement				
Rent		001	Amount of Each D	Disbursement this Period
Candidate Name		Category/		1000.00
		Туре		1000.00
Office Sought: House Disburser				
Senate	Primary General			
State: District:	Other (specify) ▼			
otato. District.				
SUBTOTAL of Disbursements This Page (optional)				2880.50
CODICIAL OF DISDUISEMENTS THIS Fage (Optional)				7
TOTAL This Period (last page this line number only)				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting cont or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes. NAME OF COMMITTEE (In Full) Women Speak Out PAC Full Name (Last, First, Middle Initial)	mittee. 4 31-4C0F-8
Detailed Summary Page 27 28a 28b 28c 28c 28c 28c 28c 28c 28c	9 30 30 30 30 30 30 30 30 30 30 30 30 30
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting cont or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such common such c	ributions mittee.
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such com NAME OF COMMITTEE (In Full) Women Speak Out PAC Full Name (Last, First, Middle Initial) A. Orleans Place, LLC Mailing Address PO Box 52592 City Lafayette Purpose of Disbursement Rent Candidate Name Office Sought: House Senate President State: District: District: District: Date of Disbursement Transaction ID: 25A86309-E98 Amount of Each Disbursement the Category/ Type Other (specify)	mittee. 4 31-4C0F-8 nis Period
Women Speak Out PAC Full Name (Last, First, Middle Initial) A. Orleans Place, LLC Mailing Address PO Box 52592 City State Zip Code LA 70505 Purpose of Disbursement Rent Candidate Name Office Sought: House President State: District: Date of Disbursement Transaction ID: 25A86309-E98 Amount of Each Disbursement the Category/ Type Other (specify) Other (specify)	31-4C0F-8
Full Name (Last, First, Middle Initial) A. Orleans Place, LLC Mailing Address PO Box 52592 City State Zip Code Lafayette LA 70505 Purpose of Disbursement Rent Candidate Name Office Sought: House Senate Primary General President State: District: Date of Disbursement Transaction ID: 25A86309-E98 Amount of Each Disbursement the Category/ Type Other (specify) State: District:	31-4C0F-8
Full Name (Last, First, Middle Initial) A. Orleans Place, LLC Mailing Address PO Box 52592 City State Zip Code Lafayette LA 70505 Purpose of Disbursement Rent Candidate Name Office Sought: House Senate Primary General Other (specify) State: District: Date of Disbursement Transaction ID: 25A86309-E98 Amount of Each Disbursement the Category/ Type Other (specify) State: District:	31-4C0F-8
A. Orleans Place, LLC Mailing Address PO Box 52592 City Lafayette LA 70505 Purpose of Disbursement Rent Candidate Name Office Sought: House Senate President State: District: Date of Disbursement Transaction ID: 25A86309-E98 Amount of Each Disbursement the Category/ Type Office Sought: Other (specify) Total	31-4C0F-8
Mailing Address PO Box 52592 City State Zip Code Lafayette LA 70505 Purpose of Disbursement Rent O01 Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Transaction ID : 25A86309-E98 Amount of Each Disbursement the General Other (specify) ▼	31-4C0F-8
City State Zip Code Lafayette LA 70505 Purpose of Disbursement Rent Candidate Name Category/ Type Office Sought: House Primary General President State: District: Name Primary General Primary General Primary General Other (specify) ▼	31-4C0F-8
Lafayette LA 70505 Purpose of Disbursement Rent 001 Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ State: District:	nis Period
Lafayette LA 70505 Purpose of Disbursement Rent 001 Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ State: District:	nis Period
Rent Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ State: District:	
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ State: District:	
Office Sought: House	900.00
Office Sought: House Senate Primary Other (specify) State: District: Disbursement For: Primary General Other (specify) ▼	
Senate Primary General President Other (specify) ▼ State: District:	
President Other (specify) ▼ State: District:	
State: District:	
Full Name (Last, First, Middle Initial)	
B. Discount Bankcard Date of Disbursement	V V
Mailing Address 21215 Burbank Blvd Suite 300	
City State Zip Code Transaction ID : 9EC6A76A-9E	306-41AC-
Woodland Hills CA 91367 Purpose of Disbursement	
Credit Card Processing Fees 001 Amount of Each Disbursement th	nis Period
Candidate Name	
Category/ Type	53.01
Office Sought: House Disbursement For:	
Senate Primary General	
President Other (specify) ▼	
State: District:	
Full Name (Last, First, Middle Initial) C. Discount Bankcard Date of Disbursement	
or Discourt Barreard	
Mailing Address 21215 Burbank Blvd 11 18 201	
Suite 300 City State Zip Code Table 15 7570045 AF	
Woodland Hills CA 91367 Transaction ID : 7E73941E-AE	CB-4A9E-
Purpose of Disbursement	
Credit Card Processing Fees 001 Amount of Each Disbursement the	nis Period
Candidate Name Category/	1.24
Type Dishura most Fau	1.4
Office Sought: House Disbursement For:	
Senate Primary General	
Senate Primary General President Other (specify) ▼	
Senate Primary General	
Senate Primary Other (specify) State: District: Primary General Other (specify) ▼	954.25
Senate Primary Other (specify) State: District: Senate Primary Other (specify) ▼	954.25

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 24 OF 31
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	X 21b 27	22 23 24 25 2 28a 28b 28c 29 3
Any information copied from such Reports and Staten	lents may not be sold or use		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
Women Speak Out PAC			
Full Name (Last, First, Middle Initial)			
A. Discount Bankcard			Date of Disbursement
Mailing Address 21215 Burbank Blvd Suite 300			11 18 2014
•	State Zip Code		Transaction ID: 83E89090-D48D-4250-B
Woodland Hills Purpose of Disbursement	CA 91367		
Credit Card Processing Fees		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2.67
Office Sought: House Disburser	nent For:	Турс	
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Data of Dishara and
B. Discount Bankcard			Date of Disbursement
Mailing Address 21215 Burbank Blvd Suite 300			11 20 2014
,	State Zip Code		Transaction ID : BC446E5D-B858-43C7-
Woodland Hills Purpose of Disbursement	CA 91367		
Credit Card Processing Fees		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	0.48
Office Sought: House Disburser	nent For:		
Senate	Primary General		
President State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. Discount Bankcard			Date of Disbursement
Mailing Address 21215 Burbank Blvd Suite 300			11 24 2014
,	State Zip Code		Transaction ID : A61DEB24-2AEB-4C9A
Woodland Hills Purpose of Disbursement	CA 91367		
Credit Card Processing Fees		001	Amount of Each Disbursement this Period
Candidate Name		Category/	11.59
Office Sought: House Disbursen	nent For:	Туре	
	Primary General		
President	Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)			14.74
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		PAGE 25 OF 317		
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	one)	
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b
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NAME OF COMMITTEE (In Full)				
Women Speak Out PAC				
Full Name (Last, First, Middle Initial)			Date of Disburse	ment
A. Discount Bankcard			M M / D	
Mailing Address 21215 Burbank Blvd			11 24	
Suite 300				
,	State Zip Code CA 91367		Transaction ID	: 20C6A12D-0482-4417-B
Woodland Hills Purpose of Disbursement	CA 91367			
Credit Card Processing Fees		001	Amount of Each	Disbursement this Period
Candidate Name		Category/		47.00
		Туре		17.30
	ment For:			
Senate President	Primary General Other (specify) ▼			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)				
B. Cleco Power, LLC			Date of Disburse	ment
<u> </u>			M M / D	D / Y Y Y Y Y
Mailing Address PO Box			11 2	1 2014
City	State Zip Code			
Dallas	TX 75266		Transaction ID	: 3C8E07DC-3188-465D-8
Purpose of Disbursement				
Utilities		001	Amount of Each	Disbursement this Period
Candidate Name		Category/		34.85
Office Sought: House Disburse	ment For:	Туре		
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				
C. Duke Energy			Date of Disburse	
Mailing Address PO Box 70516			11 2°	
Maining Address FO Box 70310				2014
City	State Zip Code		Transaction ID	: 500A5032-28DC-4B37-9
Charlotte	NC 28272		Transaction ib	. 300A3032-20DO-4B31-3
Purpose of Disbursement Utilities		001		D. I
Candidate Name			Amount of Each	Disbursement this Period
		Category/ Type		56.38
Office Sought: House Disburse	ment For:	1		
Senate	Primary General			
President Pictrict:	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)				108.53
CODITION DISDUISEMENTS THIS Fage (Optional)				7
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	Hoo concrete cale adula (-)			PAGE 26 OF 317
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28 28b	24 25 26 28c 29 30
Any information copied from such Reports and Stater	nents may not be sold or use			
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
Women Speak Out PAC				
Full Name (Last, First, Middle Initial)				
^{A.} Joanne Filiatreau			Date of Disbursen	nent
Mailing Address 3 Putter Cove			11 / 19	
City	State Zip Code		Towns of the ID	04050070 0474 4000 0
Sherwood	AR 72120		Transaction ID:	9A3FD37D-617A-400C-B
Purpose of Disbursement Travel Reimbursement		002	Amount of Each D	Disbursement this Period
Candidate Name		Category/		987.38
Office Sought: House Disburser	nont For:	Туре		307.00
	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Data of Diskaman	1
B. Martha C Luke			Date of Disbursen	
Mailing Address 345 S Club Ave			11 19	
,	State Zip Code LA 70776		Transaction ID :	D4B04F8F-328C-4401-9
St. Gabriel Purpose of Disbursement	LA 70776			
Travel Reimbursement		002	Amount of Each D	Disbursement this Period
Candidate Name		Category/ Type		24.40
Office Sought: House Disburser				
Senate President	Primary General Other (specify) ▼			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)				
C. LA Unemployment			Date of Disbursen	nent
			M = M / D = E	
Mailing Address 1001 North 23rd St, P.O. Box 9409	4		11 21	2014
City	State Zip Code		Transaction ID :	166AF341-C731-4AE4-9
Baton Rouge	LA 70804		Transaction iD .	100AF341-C731-4AE4-9
Purpose of Disbursement Taxes		001	Assessment of Foods F	National and the Desired
Candidate Name		Category/	Amount of Each L	Disbursement this Period
		Type		225.05
Office Sought: House Disburser				
Senate President	Primary General Other (specify) ▼			
State: District:	onici (specify) ▼			
SUBTOTAL of Disbursements This Page (optional)				1236.83
3 (1 /				
TOTAL This Period (last page this line number only)			1	

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SCHEDULE B (FEC Form 3X)		FOR LIN	E NUMBER	:	PAGE	27 C	OF 317
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check or	(check only one)				
	Detailed Summary Page	X 21 27	b 22 28a	23 28b	24 28c	25 29	26 30b
Any information copied from such Reports and Staten	onte may not be cold or						
or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)							
Women Speak Out PAC							
Full Name (Last, First, Middle Initial)							
A. NC Unemployment				f Disbursem			
Mailing Address 1101 Mail Service Center						2014	
City	State Zip Code		Trong	naction ID :	6D70EE4	DZED	160E A
Raleigh	NC 27699		Irans	saction ID:	0D/9FE40		4000-A
Purpose of Disbursement Taxes		001	Amoun	t of Each D	Disburseme	ent this F	Period
Candidate Name		Category/				5 1	.72
Office Sought:	aont For	Type	_	7	7	51	.12
Office Sought: House Disbursen Senate	nent For: Primary General						
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial)			5.				
В.				f Disbursem			
Mailing Address			M = M	/ D D) / Y	Y Y	Y
O'L	7. 0. 1						
City	State Zip Code						
Purpose of Disbursement			١.				
Candidate Name			Amoun	t of Each D	Disburseme	nt this F	eriod
Candidate Name		Category/ Type					
Office Sought: House Disbursen	nent For:	- 7					
	Primary General						
President State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
C.			Date o	f Disbursem	nent		
AA-Ta- Address			м = м	/ D D) / Y	Y	Υ
Mailing Address							
City	State Zip Code						
Purpose of Disbursement	T						
. E.poss of Biobardonion			Amoun	t of Each D	Disburseme	nt this F	Period
Candidate Name		Category/					
Office Sought: House Disbursen	nent For:	Туре	-	7	,		
	Primary General						
President	Other (specify) ▼						
State: District:							
SUBTOTAL of Disbursements This Page (optional)						51.	.72
CODITION DISDUISEMENTS THIS Page (optional)		••••••	-		7		
TOTAL This Period (last page this line number only)		·····				25967	.46

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	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 28 OF 317
			FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full) Vomen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
٧	vomen Speak Out FAC		C C00530766
CI	neck if 24-hour report 48-hour report New rep	ort Amends repo	rt filed on
	Full Name of Payee Virginia T Grant		Date of Public Distribution/Dissemination
	Mailing Address 134 Shore Crest Circle		11 17 2014 Amount
	City	7:- 0	20.00
	City State Carrire MS	Zip Code 39426	Transaction ID : 9b14e229-e223-487a-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Virginia T Grant		Date of Public Distribution/Dissemination 11 17 2014
	Mailing Address 134 Shore Crest Circle		Amount
	City State	Zip Code	4.20
	Carrire MS	39426	Transaction ID : 7ba5e56c-0b43-4033-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 17 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures		24.20
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M = M / D = D / Y = Y = Y

[Electronically Filed]

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CHEDULE E (FEC Form 3X)		
EMIZED INDEPENDENT EXPENDITURES		PAGE 29 OF 317 FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Vomen Speak Out PAC		
		C C00530766
heck if 24-hour report 48-hour report New rep	ort Amends repo	ort filed on
Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination
· · · · · · · · · · · · · · · · · · ·		11 17 2014
Mailing Address Split Oak Drive		Amount
City State	Zip Code	80.00
charlotte NC	28227	Transaction ID : 2eef6dd0-3b87-4f6c-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 17 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Amanda Boley		11 17 2014
Mailing Address Split Oak Drive		Amount
City State	Zip Code	19.02
charlotte NC	28227	Transaction ID: 0ef58d5c-8dcc-429e-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		> 99.02
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
· · · · · · · · · · · · · · · · · · ·		7 7 7
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

Ms. Emily Buchanan 30 [Electronically Filed] 01 2015 Date Signature

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	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 30 OF 317
			FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full) Vomen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
v	vomen Speak Out FAC		C C00530766
CI	neck if 24-hour report 48-hour report New rep	ort Amends repo	rt filed on
	Full Name of Payee Carla K Pilgreen		Date of Public Distribution/Dissemination
	Mailing Address 212 Stonecliff Dr		11
	City	7:- 0	30.00
	City State West Monro LA	Zip Code 71291	Transaction ID : f139e70f-cda6-4f73-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 17 / 2014 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Carla K Pilgreen		Date of Public Distribution/Dissemination
	Mailing Address 212 Stonecliff Dr		Amount
	City State	Zip Code	6.00
	West Monro LA	71291	Transaction ID: 82f8d5c6-06c3-4c99-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		36.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		>
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M = M / D = D / Y = Y = Y

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	SCHEDULE E (FEC Form 3X)				
11	EMIZED INDEPENDENT EXPENDITURES		PAGE 31 OF 317 FOR LINE 24 OF FORM 3X		
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
٧	Vomen Speak Out PAC		C C00530766		
Cł	neck if 24-hour report 48-hour report New report	ort Amends repo	rt filed on		
	Full Name of Payee Regina R Mouton		Date of Public Distribution/Dissemination		
	Mailing Address 5827 Brighton Pl		11 17 2014 Amount		
	City State	Zip Code	21.50		
	New Orleans LA	70131	Transaction ID: 53bbdc13-582e-487f-8 Date of Disbursement or Obligation		
	Purpose of Expenditure Salary	Category/ Type 001	11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Name of Federal Candidate	Support	Office Sought: House District: 00		
	Ms. Mary L Landrieu	Oppose	President State: LA		
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 General Other (specify) ▶		
	Full Name of Payee Regina R Mouton		Date of Public Distribution/Dissemination		
	Mailing Address 5827 Brighton PI		Amount		
	City State	Zip Code	3.30		
	New Orleans LA	70131	Transaction ID : 2df3bec2-852e-44d4-b Date of Disbursement or Obligation		
	Purpose of Expenditure Mileage	Category/ Type 002	11 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Name of Federal Candidate	Support	Office Sought: House District: 00		
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA		
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶		
	(a) SUBTOTAL of Itemized Independent Expenditures		24.80		
	(b) SUBTOTAL of Unitemized Independent Expenditures		•		
	(c) TOTAL Independent Expenditures		•		
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.				
	Ms. Emily Buchanan		M M / D D / Y Y Y		

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	IEDULE E (FEC Form 3X) IZED INDEPENDENT EXPENDITURES		PAGE 32 OF 317
			FOR LINE 24 OF FORM 3X
	of committee (in full) Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
VVC	inien Speak Out FAC		C C00530766
Checl	c if 24-hour report 48-hour report New rep	port Amends repo	rt filed on
	ull Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination
N	lailing Address 110 W Pecan St		11 17 2014 Amount
	rity State	Zip Code	55.00
	ille Platte LA	70586	Transaction ID : d9f61822-2a41-44c5-9 Date of Disbursement or Obligation
	urpose of Expenditure Salary	Category/ Type 001	11 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	ame of Federal Candidate	Support	Office Sought: House District: 00
N	/ls. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary
	ull Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination
N	failing Address 110 W Pecan St		Amount
	Sity State	Zip Code	36.00
\	/ille Platte LA	70586	Transaction ID: f56fb2dc-c74a-449d-b Date of Disbursement or Obligation
	rurpose of Expenditure Mileage	Category/ Type 002	11 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	lame of Federal Candidate	Support	Office Sought: House District: 00
N	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For:
(a)	SUBTOTAL of Itemized Independent Expenditures		91.00
(b)	SUBTOTAL of Unitemized Independent Expenditures		•
(c)	TOTAL Independent Expenditures		•
wit	der penalty of perjury I certify that the independent expenditures h, or at the request or suggestion of, any candidate or authorizerty committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y

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SCHEDULE E (FEC Form 3X)			
TEMIZED INDEPENDENT EXPENDITURES PAGE 33 OF 317 FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC	C C00530766		
Check if 24-hour report 48-hour report New rep	port Amends repo	rt filed on	
Full Name of Payee		Date of Public Distribution/Dissemination	
Gary W Fuhrmann		11 17 2014	
Mailing Address 9425 Jessica Drive		Amount	
City State	Zip Code	52.50	
Shreveport LA	71106	Transaction ID : e2768e54-3d90-4507-b Date of Disbursement or Obligation	
Purpose of Expenditure Salary	Category/ Type 001	11 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	Support	Office Sought: House District: 00	
Ms. Mary L Landrieu	Oppose	President Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary	
Full Name of Payee		Date of Public Distribution/Dissemination	
Gary W Fuhrmann		11 17 2014	
Mailing Address 9425 Jessica Drive	Amount		
City State	Zip Code	7.50	
Shreveport LA	71106	Transaction ID: c9f0c1c5-60b5-4122-8 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage	Category/ Type 002	11 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	Support	Office Sought: House District: 00	
Ms. Mary L Landrieu	Oppose	President Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For:	
(a) SUBTOTAL of Itemized Independent Expenditures		60.00	
C. Commonday (1) the stand bedan and ant Europe ditures			
(b) SUBTOTAL of Unitemized Independent Expenditures		>	
(c) TOTAL Independent Expenditures		>	
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 (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan [Electron	nically Filed] Date	01 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	

Date

NAME OF COMMITTEE (In Full) Women Speak Out PAC

Check if 24-hour report

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

48-hour report

	PAGE 34 OF 317 FOR LINE 24 OF FORM 3X
	FEC IDENTIFICATION NUMBER ▼
	C C00530766
lew report Amends report fil	led on Man / Dad / Yayayay
	Date of Public Distribution/Dissemination
	11 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Amount
Zip Code	40.00
22801	Transaction ID: f3932ca4-0422-4be0-8 Date of Disbursement or Obligation
Category/ Type 001	11 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Support Of	ffice Sought: House District: 00
X Oppose	President Senate State: LA
	sbursement For: Primary X General 114 Other (specify) ▶
	Date of Public Distribution/Dissemination
	11 17 2014
	Amount
Zip Code	12.50
70001	Transaction ID: 8192a80e-9fc8-42a1-9 Date of Disbursement or Obligation
Category/ Type 001	11 17 17 2014
Support Of	ffice Sought: House District: 00
Oppose	President Senate State: LA
	isbursement For: Primary General
, , , , , , , , ,	Other (specify)
······	52.50
······	
•	
aditures reported bersin were not	made in cooperation, consultation, or concert

Laura U Logie		Date of Public Distribution/Dissemination
Laura O Logie		11 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2565 Shire Circle		
		Amount
City State	Zip Code	40.00
Harrisonburg VA	22801	Transaction ID : f3932ca4-0422-4be0-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Lesley Lennox		11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2305 Cleary Ave		Amount
City State	Zip Code	12.50
Metairie LA	70001	Transaction ID : 8192a80e-9fc8-42a1-9
	10001	Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 / 17 / 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		52.50
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		
(2) 12112 Hooperident Experiancio		•
Under penalty of perjury I certify that the independent expe with, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.		
Ms. Emily Buchanan	Electronically Filed] Date	01 30 2015
Signature	Date	لتنتا ليا ليا
		FEC Schedule E (Form 3X) Rev. 09/2013
		, · · · · , · · · · · · · · · · · · · ·

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Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X)				
TEMIZED INDEPENDENT EXPENDITURES		PAGE 35 OF 317 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC		C C00530766		
Check if 24-hour report 48-hour report New report	ort Amends repor	t filed on Man / Dab / Yayayay		
Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination		
Mailing Address 2305 Cleary Ave		Amount 17 2014		
City State	Zip Code	1.50		
Metairie LA	70001	Transaction ID : 55c16141-f37c-424a-9 Date of Disbursement or Obligation		
Purpose of Expenditure Mileage	Category/ Type 002	11 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	Support	Office Sought: House District: 00		
Ms. Mary L Landrieu	X Oppose	President Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
Full Name of Payee		Date of Public Distribution/Dissemination		
Tammay Williams		11 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 924 N. Prieur St		Amount		
City State	Zip Code	60.00		
New Orleans LA	70116	Transaction ID: 6702fcd5-7e86-47d6-b Date of Disbursement or Obligation		
Purpose of Expenditure Salary	Category/ Type 001	11 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	Support	Office Sought: House District: 00		
Ms. Mary L Landrieu	X Oppose	President Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures		61.50		
(b) SUBTOTAL of Unitemized Independent Expenditures		>		
(c) TOTAL Independent Expenditures		>		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.				

[Electronically Filed]

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Date

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Ms. Emily Buchanan

Signature

CHEDULE E (FEC Form 3X)				
TEMIZED INDEPENDENT EXPENDITURES		PAGE 36 OF 317 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC				
		C C00530766		
Check if 24-hour report 48-hour report New report	Amends report filed	on M = M / D = D / Y = Y = Y		
Full Name of Payee Tammay Williams		Date of Public Distribution/Dissemination		
Taninay Williams		11 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 924 N. Prieur St		Amount		
City State Zip C	Code	15.00		
New Orleans LA 701		Transaction ID : 9d99c983-5fcf-4020-8 Date of Disbursement or Obligation		
Purpose of Expenditure Mileage Cat	tegory/ Type 002	11 / 17 / Y Y Y Y Y Y 2014		
Name of Federal Candidate	Support Office	Sought: House District:00		
Ms. Mary L Landrieu	X Oppose	President State: LA		
Calendar Year-To-Date Per Election for Office Sought 554	Disbu 2014	rsement For: Primary		
Full Name of Payee		Date of Public Distribution/Dissemination		
Antoinette Franklin		11 17 2014		
Mailing Address 8822 Apple St		Amount		
City State Zip (Code	30.00		
New Orleans LA 701	88	Transaction ID: 73281243-1c5d-407a-a Date of Disbursement or Obligation		
Purpose of Expenditure Salary Cat	tegory/ Type 001	11 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	Support Office	Sought: House District: 00		
Ms. Mary L Landrieu	Oppose	President X Senate State: LA		
Calendar Year-To-Date		rsement For: Primary X General		
Per Election for Office Sought 55	34635.78 2014	Other (specify) ▶		
_				
(a) SUBTOTAL of Itemized Independent Expenditures		45.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	·····			
(c) TOTAL Independent Expenditures	······	7 7		
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.				

[Electronically Filed]

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S IT

Ms. Emily Buchanan

Signature

CHEDULE E (FEC Form 3X)						
EMIZED INDEPENDENT EXPENDITUR	RES				PAGE 37 FOR LINE 2	OF 317 24 OF FORM 3X
IAME OF COMMITTEE (In Full)				FEC	IDENTIFICATI	ON NUMBER ▼
Women Speak Out PAC				C	C00530766	
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed o	n M M	/ D = D /	Y Y Y Y Y
Full Name of Payee Antoinette Franklin					olic Distribution	
				11	17	2014
Mailing Address 8822 Apple St				Amount		
City	State	Zip Code				9.00
New Orleans	LA	70188			ID: 6734d3ad- bursement or (
Purpose of Expenditure Mileage		Category/ Type 002		11	17	2014
Name of Federal Candidate		Support	Office S	Sought:	House	District: 00
Ms. Mary L Landrieu		Oppose		President	X Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disburs 2014	ement For: Other (Primary specify) ▶	General
Full Name of Payee				Date of Pub	olic Distribution	/Dissemination
Francis Richardson				11	/ D T D /	2014
Mailing Address 220 Doucet Rd				Amount		
City	State	Zip Code				30.00
Lafayette	LA	70503			ID: 4a105b39 bursement or	
Purpose of Expenditure Salary		Category/ Type 001		M M M	17	2014
Name of Federal Candidate		Support	Office S	Sought:	House	District: 00
Ms. Mary L Landrieu		Oppose		President	Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disburs 2014	sement For: Other (Primary	y Seneral
(a) SUBTOTAL of Itemized Independent Expendent	ditures					39.00
			· .		7	
(b) SUBTOTAL of Unitemized Independent Exp	enditures		·· •		<u></u>	
(c) TOTAL Independent Expenditures			·· •		7	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee of	ndidate or authorized					

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SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES	PAGE 38 OF 317
	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
Women Speak Out FAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee Francis Richardson	Date of Public Distribution/Dissemination
Mailing Address 220 Doucet Rd	11 17 2014 Amount
Chala Zin Codo	0.63
City State Zip Code Lafayette LA 70503	0.63 Transaction ID : 0ecf2723-35dd-4476-b
Purpose of Evpanditure	Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 / 17 / 2014
Name of Federal Candidate Support Office	ice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Dist 2014	bursement For: Primary
Full Name of Payee Sheri J Peace	Date of Public Distribution/Dissemination
Mailing Address 9685 Paula St	Amount
City State Zip Code	75.00
Keithville LA 71047	Transaction ID : 6cd9fa6a-2660-4f26-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	Date of Disbursement or Obligation 11 17 2014
Name of Federal Candidate Support Office	ice Sought: House District:00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
(E.S)	bursement For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures	75.63
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan	W M / D D / Y Y Y

[Electronically Filed]

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	EMIZED INDEPENDENT EXPENDITURES		PAGE 39 OF 317
			FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Nomen Speak Out PAC		C C00530766
Ch	heck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on
	Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination
	Mailing Address 9685 Paula St		11 17 2014
	1		Amount
	City State	Zip Code	14.40
	Keithville LA	71047	Transaction ID: 852c2294-11ba-4003-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee	Date of Public Distribution/Dissemination	
	Felicia A Jones		11 17 2014
	Mailing Address 4106 Martha St		Amount
	City State	Zip Code	80.00
	Shreveport LA	71109	Transaction ID : f68dd5de-4df1-4b61-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 17 7 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) CURTOTAL of Hamilton Independent Evenediture		0440
	(a) SUBTOTAL of Itemized Independent Expenditures		94.40
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
	(c) TOTAL Independent Expenditures		· • · · · · · · · · · · · · · · · · · ·
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electron	nically Filed]	01 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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SCHEDULE E (FEC Form 3X)

SCHEDOLL L (FLC FOIII 3A)			
TEMIZED INDEPENDENT EXPENDITUR	ES		PAGE 40 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination
Mailing Address 4106 Martha St			11 17 2014 Amount
	01-1-	7. 0.1.	10.50
City Shreveport	State LA	Zip Code 71109	10.50 Transaction ID: ab5dd95f-39da-4a64-9
· ·			Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 / 17 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination
Mailing Address 1731 Frenchmen St			Amount
City New Orleans	State LA	Zip Code 70116	80.00 Transaction ID: 45665842-ffc0-4ede-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 17 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		▶ 90.50
(b) SUBTOTAL of Unitemized Independent Expe	enditures		
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electro	onically Filed] Date	e 01 30 2015

TEMIZED INDEPENDENT EXPENDITURES	PAGE 41 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report A	Amends report filed on Man / Dab / Yayayay
Full Name of Payee Cynthia J Christmas	Date of Public Distribution/Dissemination
	11 / 17 / 2014
Mailing Address 1731 Frenchmen St	Amount
City State Zip Code	10.50
New Orleans LA 70116	Transaction ID : 2bda7e4a-b4e7-4edf-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category Type	
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.	Disbursement For: Primary General 2014
Full Name of Payer	Other (specify)
Full Name of Payee Christopher L Gilbert	Date of Public Distribution/Dissemination
·	11 17 2014
Mailing Address 55 Lovell Johnson Rd	Amount
City State Zip Code	
Picayune MS 39466	Transaction D: 7db6f2fb-1f56-40de-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category Type	y/ 001 M / D D / Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.	Disbursement For: Primary General Other (specify)
(-) CURTOTAL of Hamited Independent Evpenditures	00.50
(a) SUBTOTAL of Itemized Independent Expenditures	90.50
(b) SUBTOTAL of Unitemized Independent Expenditures	·······
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported h with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	7 Date 01 30 2015

16	EMIZED INDEPENDENT EXPENDITURES		PAGE 42 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC		C C00530766
Ch	neck if 24-hour report 48-hour report New report	ort Amends repo	ort filed on
	Full Name of Payee		Date of Public Distribution/Dissemination
	Christopher L Gilbert		11 17 2014
	Mailing Address 55 Lovell Johnson Rd		Amount
	City State	Zip Code	46.20
	Picayune MS	39466	Transaction ID : e5c8edac-e997-4023-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 D D / Y Y Y Y Y Y Y 17 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Lilly Green		11 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 205 Medallion Circle		Amount
	City State	Zip Code	80.00
	Shreveport LA	71119	Transaction ID : c03f8e6d-9f23-4412-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 17 7 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 Other (specify) ▶
_	<u></u>		Cariot (opcony)
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 126.20
	(b) SUBTOTAL of Unitemized Independent Expenditures		-
	(c) TOTAL Independent Expenditures		
	(c) TOTAL Independent Experialities		•
,	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	·
	Ms. Emily Buchanan [Electroni	ically Filed] Date	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	_ bale	25.6

TE	EMIZED INDEPENDENT EXPENDITURES					PAGE 43 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDE	ENTIFICATION NUMBER ▼
۷	Nomen Speak Out PAC				C	00530766
Ch	heck if 24-hour report 48-hour report	New repo	ort Amends	report file	ed on /	D = D / Y = Y = Y
	Full Name of Payee				Date of Public	Distribution/Dissemination
	Lilly Green				11 /	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 205 Medallion Circle				Amount	
	City	State	Zip Code			50.40
	Shreveport	LA	71119			: 8a9b63d1-b5e7-4ac2-a sement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	11 /	17 / 2014
	Name of Federal Candidate		Suppo	ort Offi	ce Sought:	House District: 00
	Ms. Mary L Landrieu		Oppos		President X	
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disl 201	bursement For: 4 Other (spe	Primary
	Full Name of Payee				Date of Public	Distribution/Dissemination
	Gregory Green				M M /	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2506 Bolch Street				Amount	17 2017
	C'h.	Ctoto	Zin Codo		<u> </u>	80.00
	City Shreveport	State LA	Zip Code 71104			: c2319680-67c6-4383-8 sement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	11 /	17 / 2014
	Name of Federal Candidate		Suppo	ort Offi	ce Sought:	House District:00
	Ms. Mary L Landrieu		Noppos		President X	
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Dis 201	bursement For: 14 Other (spe	Primary X General ecify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	'S		·····	1 7	130.40
	(b) SUBTOTAL of Unitemized Independent Expenditu	ures		····· >	1 1 2	
	(c) TOTAL Independent Expenditures			······ >		
	Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	01 / 30	2015
	Signature		_			

TE	EMIZED INDEPENDENT EXPENDITURES				PAGE 44 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
۷	Nomen Speak Out PAC				C C00530766
Ch	heck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	n M = M / D = D / Y = Y = Y
	Full Name of Payee			1	Date of Public Distribution/Dissemination
	Gregory Green				11 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2506 Bolch Street			F	Amount
	City Stat	ute	Zip Code		64.50
	Shreveport LA		71104		ransaction ID: e252f1a2-a5c0-4af0-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	_	Category/ Type 002	$\exists \lfloor$	11 17 / 2014
	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disburse 2014	ement For:
	Full Name of Payee			Г	Date of Public Distribution/Dissemination
	Zachary Vidrine				11 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 202 Rue Des Cajun			1	Amount
	City Stat	ate	Zip Code		65.00
	Ville Platte LA		70586		ransaction ID : 7a6998f9-fab2-49bf-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	_	Category/ Type 001		11 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose	Р	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disburse 2014	sement For: Primary X General Other (specify) ▶
•	(a) SUBTOTAL of Itemized Independent Expenditures			• [129.50
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures			· [
	Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M M	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		_ Date		

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	CHEDULE E (FEC Form 3X)		
H	EMIZED INDEPENDENT EXPENDITURES		PAGE 45 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Nomen Speak Out PAC		C C00530766
Cł	heck if 24-hour report 48-hour report New report Ame	nends report	filed on M = M / D = D / Y = Y = Y
_	Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination
	Mailing Address 202 Rue Des Cajun		11 17 2014
			Amount
	City State Zip Code Ville Platte LA 70586		Transaction ID : 42b05423-f148-4d99-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type	002	11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support C	Office Sought: House District:00
	Ms. Mary L Landrieu	Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought 554635.78		oisbursement For: ☐ Primary ☐ General Other (specify) ▶
	Full Name of Payee Joshua J Huffman		Date of Public Distribution/Dissemination
	Mailing Address 211 Dixie Ave		Amount
	City State Zip Code		70.00
	Harrisonburg VA 22801		Transaction ID : 7c4ea002-263b-4b70-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type	001	11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support C	Office Sought: House District:00
	Ma Marriel Landrica	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures)	87.10
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures)	
	Under penalty of perjury I certify that the independent expenditures reported her with, or at the request or suggestion of, any candidate or authorized committee of party committee) any political party committee or its agent.		
	Ms. Emily Buchanan	1	M M / D D / Y Y Y

[Electronically Filed]

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	MIZED INDEPENDENT EXPENDITURES		PAGE 46 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full) Omen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
Vv	omen Speak Out FAC		C C00530766
Che	eck if 24-hour report 48-hour report New repo	ort Amends repo	ort filed on
T	Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination
-	Mailing Address		11 / 17 / 2014
	629 Radiance Ave		Amount
ŀ	City State	Zip Code	80.00
	Metairie LA	70001	Transaction ID : a7ef21b0-91ea-4b23-9 Date of Disbursement or Obligation
Ī	Purpose of Expenditure Salary	Category/ Type 001	11
ı	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary
	Full Name of Payee		Date of Public Distribution/Dissemination
	Evelyn Lesaicherre		11 17 2014
	Mailing Address 629 Radiance Ave		Amount
-	City State	Zip Code	4.50
	Metairie LA	70001	Transaction ID : 581078ae-36f3-4d92-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 17 2014
ľ	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Other (openity)
_			Other (specify)
((a) SUBTOTAL of Itemized Independent Expenditures		▶ 84.50
((b) SUBTOTAL of Unitemized Independent Expenditures		•
((c) TOTAL Independent Expenditures		•
W	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	•
	Ms. Emily Buchanan [Electroni	ically Filed]	of 01 30 2015
	Signature	Date	, 01 00 12010

TEMIZED INDEPENDENT EXPEND	ITURES			PAGE 47 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour	report New repo	ort Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Jenny N Brown			M	11 17 2014
Mailing Address 1270 Lovelady Rd			Amou	
City	State	Zip Code	— [40.00
West Monroe	LA	71292		ction ID: 46785a8b-7611-4bce-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursemen 2014	t For: Primary X General
			0	ther (specify) ▶
Full Name of Payee Jenny N Brown			Date o	of Public Distribution/Dissemination
Mailing Address 1270 Lovelady Rd			Amou	
07.	Ctata	7'> 0-4-		7.50
City West Monroe	State LA	Zip Code 71292		ction ID: 989dbd45-a2c7-4840-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	it: House District:00
Ms. Mary L Landrieu		Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursemen 2014 O	rt For:
(a) SUBTOTAL of Itemized Independent	Expenditures		· [47.50
(b) SUBTOTAL of Unitemized Independe	nt Expenditures		·· •	711717
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	o1 /	30 / 2015
Signature				

TE	MIZED INDEPENDENT EXPENDITURES						PAGE 48 FOR LINE 24	OF 317 FORM 3X
	ME OF COMMITTEE (In Full)					FEC ID	ENTIFICATIO	N NUMBER ▼
W	omen Speak Out PAC					C	C00530766	
Che	eck if 24-hour report 48-hour report	New repo	ort Am	ends repo	ort filed	on M M /	D D /	Y Y Y Y
Т	Full Name of Payee					Date of Public	Distribution/E	Dissemination
	Cynthia N Schmit					11 /	17	2014
	Mailing Address 2226 Taft Circle Apt 1					Amount		
ŀ	City Stat	te	Zip Code					22.50
	Winchester VA		22601			Transaction ID Date of Disbu		
	Purpose of Expenditure Salary		Category/ Type	001		11	17	2014
ľ	Name of Federal Candidate			Support	Office	Sought:	House D	District: 00
	Ms. Mary L Landrieu		X	Oppose		President >	Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	3	Disbur 2014	sement For: Other (sp	Primary ecify) ▶	X General
ſ	Full Name of Payee					Date of Public	c Distribution/[Dissemination
	Virginia T Grant					M = M /	17	2014
ľ	Mailing Address 134 Shore Crest Circle					Amount		
1						Amount		
ľ	City Sta	te	Zip Code					40.00
	Carrire MS	S	39426		-	Transaction ID Date of Disbu	: 519f3da5-4 ursement or O	
	Purpose of Expenditure Salary		Category/ Type	001		11	17	2014
ľ	Name of Federal Candidate			Support	Office	Sought:	House [District: 00
	Ms. Mary L Landrieu			Oppose		President >	Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.7	8	Disbui 2014	rsement For:	Primary	General
		,				Other (sp		
((a) SUBTOTAL of Itemized Independent Expenditures				·· •	7		62.50
((b) SUBTOTAL of Unitemized Independent Expenditures.				·· •			
((c) TOTAL Independent Expenditures				▶			
٧	Under penalty of perjury I certify that the independent exvith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized						
	Ms. Emily Buchanan	[Electroni	ically Filed]	D	M 01	M / D D	/ Y Y Y 2015	
	Signature		_	Date	, 01	30	2013	

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES		PAGE 49 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report	filed on M = M / D = D / Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
Virginia T Grant		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 134 Shore Crest Circle		Amount
City Sta	te Zip Code	8.70
Carrire MS	•	Transaction ID : 50e95738-9f33-414f-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 17 7 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General Other (specify) ▶
Full Name of Payee	,	Date of Public Distribution/Dissemination
ERIC TABARY		11 17 2014
Mailing Address 6101 NORA ST		Amount
City Sta	te Zip Code	60.00
METAIRIE L		Transaction ID : 50a525d2-2e32-4012-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 17 2014
Name of Federal Candidate	Support	Office Sought: House District:00
Ms. Mary L Landrieu	Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶
,		
(a) SUBTOTAL of Itemized Independent Expenditures		68.70
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent entity with, or at the request or suggestion of, any candidate of party committee) any political party committee or its ager	authorized committee or agent of e	
Ms. Emily Buchanan	[Electronically Filed]	01 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cignoture	Date	2010

TE	EMIZED INDEPENDENT EXPENDI	TURES			PAGE 50 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
۷	Nomen Speak Out PAC				C C00530766
Ch	heck if 24-hour report 48-hour re	report New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
	Full Name of Payee ERIC TABARY			Da	ate of Public Distribution/Dissemination
	Mailing Address 6101 NORA ST			An	11 17 2014 nount
					1.50
	City METAIRIE	State LA	Zip Code 70003		1.50 nsaction ID : ed33df19-b9d1-487d-a tete of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	Da	11 17 2014
	Name of Federal Candidate		Support	Office Sou	ught: House District:00
	Ms. Mary L Landrieu		X Oppose		sident State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursen 2014	ment For:
	Full Name of Payee Francesca Blom			Da	ate of Public Distribution/Dissemination
	Mailing Address 101 Asbury Ct			An	mount
	City	State	Zip Code	$ +$ Γ	90.00
	Winchester	VA	22602		nsaction ID : 4e2acc58-e79c-4302-a ate of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 17 2014
	Name of Federal Candidate		Support	Office So	ought: House District: 00
	Ms. Mary L Landrieu		X Oppose	Pre	esident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7	554635.78	Disbursen 2014	ment For:
_	(a) SUBTOTAL of Itemized Independent E.	expenditures			91.50
	(b) SUBTOTAL of Unitemized Independent	it Expenditures			
	(c) TOTAL Independent Expenditures			· • [
	Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party committee	ny candidate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed]		30 2015
	Signature		Date	, 01	30 2013

TE	EMIZED INDEPENDENT EXPEND	ITURES			PAGE 51 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC				C C00530766
Ch	neck if 24-hour report 48-hour	report New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Full Name of Payee Theresa a Youngblood			M	Public Distribution/Dissemination
	Mailing Address 102 S Main Street Apt A	A2		Amount	
	City	State	Zip Code		80.00
	Berryville	VA	22611		tion ID: 99def949-713e-4f4e-b f Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office Sought:	House District:00
	Ms. Mary L Landrieu		Oppose	Presiden	
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
	Full Name of Payee Julia Perry			М	f Public Distribution/Dissemination
	Mailing Address 2046 Perrin St Apt C			Amount	t
	City	State	Zip Code	- $ $ $-$	100.00
	Shreveport	LA	71101		tion ID : 2855c73a-e632-4d95-9 f Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	М	11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office Sought:	: House District:00
	Ms. Mary L Landrieu		X Oppose	Presiden	nt Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement 2014 Oth	For: Primary X General her (specify) ▶
	(a) SUBTOTAL of Itemized Independent I	Expenditures		>	180.00
	(b) SUBTOTAL of Unitemized Independent	nt Expenditures		· •	7 1 7 1 7
	(c) TOTAL Independent Expenditures			· -	7 7 7
1	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	0.4	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		_ Date		'

TE	EMIZED INDEPENDENT EXPENDITURES	S			PAGE 52 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
۷	Nomen Speak Out PAC				C C00530766
Ch	heck if 24-hour report 48-hour report	New repo	oort Amends repo	ort filed o	on M M / D D / Y Y Y Y
	Full Name of Payee				Date of Public Distribution/Dissemination
	Julia Perry				11 17 2014
	Mailing Address 2046 Perrin St Apt C				Amount
	City	State	Zip Code		12.90
	Shreveport	LA	71101		Transaction ID : 4cb17c15-9e4b-4a9a-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		11 17 2014
	Name of Federal Candidate		Support	Office	Sought: House District: 00
	Ms. Mary L Landrieu		Oppose		President State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disburs 2014	rsement For: Primary
	Full Name of Payee				Date of Public Distribution/Dissemination
	Carl Brent				11 17 2014
	Mailing Address 6718 Lake Willow Dr				Amount
	City New Orleans	State LA	Zip Code 70126	Т	80.00 Transaction ID: a4611787-2221-4e58-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 17 2014
	Name of Federal Candidate		Support	Office	Sought: House District:00
	Ms. Mary L Landrieu		X Oppose		President State: LA
	Calendar Year-To-Date		554635.78	Disbur 2014	rsement For: Primary X General
	Per Election for Office Sought		00-1000.70		Other (specify) -
	(a) SUBTOTAL of Itemized Independent Expenditu	ıres		▶	92.90
	(b) SUBTOTAL of Unitemized Independent Expend	ditures		·· •	
	(c) TOTAL Independent Expenditures			·· •	
	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or its	date or authorized			
	Ms. Emily Buchanan	[Flectron	nically Filed]	M = 0.4	M / D D / Y Y Y Y
	Signature		Date	9 01	30 2015

TEMIZED INDEPENDENT EXPENDITURE	ES		PAGE 53 OF 317
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New re	report Amends repo	ort filed on M M / D D / Y Y Y Y Y Y
Full Name of Payee Carl Brent	<u> </u>		Date of Public Distribution/Dissemination
Mailing Address 6718 Lake Willow Dr			11 17 2014 Amount
City New Orleans	State LA	Zip Code	12.00
New Orleans		70126	Transaction ID: 869fc139-b0de-4735-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 17 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: Primary General 2014
Full Name of Payee			Other (specify)
Michael Vidrine			Date of Public Distribution/Dissemination
Mailing Address 1402 West Wilson Street			11 17 2014
1103 West Wilson Street			Amount
City	State	Zip Code	80.00
Ville Platte	LA	70586	Transaction ID : deb2cca3-8ff7-4fde-8
Purpose of Expenditure		Category/	Date of Disbursement or Obligation
Salary		Type 001	11 17 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expendi	tures		92.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		
(c) TOTAL Independent Expenditures			
	didate or authoriz		e not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electr	ronically Filed] Date	e 01 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

	EMIZED INDEFENDENT EXPENDITORES		FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC		C C00530766
			O statistics
Ch	neck if 24-hour report 48-hour report New report	oort Amends repo	ort filed on M M / D D / Y Y Y Y Y
	Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination
			11 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1103 West Wilson Street		Amount
	City State	Zip Code	30.90
	Ville Platte LA	70586	Transaction ID : 8c52a14c-a217-488c-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 / 17 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Jeanne Tribou		11 17 2014
	Mailing Address 22369 Ponderosa Dr.		Amount
	City State	Zip Code	40.00
	Mandeville LA	70471	Transaction ID: ed870f42-6e8a-4361-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 17 17 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		70.90
	(b) SUBTOTAL of Unitemized Independent Expenditures		·
	(c) TOTAL Independent Expenditures		•
,	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	•
	Ms. Emily Buchanan [Electroni	nically Filed]	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	Date	2010

TE	EMIZED INDEPENDENT EXPENDITURES		I	AGE 55 OF 317 OR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDE	NTIFICATION NUMBER ▼
V	Vomen Speak Out PAC		C co	0530766
Ch	neck if 24-hour report 48-hour report New report	Amends report	filed on/	D D / Y Y Y Y Y
	Full Name of Payee		Date of Public D	Distribution/Dissemination
	Jeanne Tribou Mailing Address		11 /	17 / 2014
	22369 Ponderosa Dr.		Amount	
	City State Zip C	Code		6.90
	Mandeville LA 7047			9d64e171-f66c-445e-b ement or Obligation
	Purpose of Expenditure Mileage Cate	tegory/ Type 002	M M /	17 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Mary L Landrieu	Oppose	President X	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 554		Disbursement For: 2014 Other (spec	Primary
	Full Name of Payee		Date of Public [Distribution/Dissemination
	Colton R Overcash		11	17 / 2014
	Mailing Address 121 Ohara Dr		Amount	
	City State Zip C	Code		95.00
	Salisbury NC 2814	47		5d686bd9-6553-475d-a ement or Obligation
	Purpose of Expenditure Salary Cate	tegory/ Type 001	11 /	17 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Mary L Landrieu	X Oppose	President X	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 554		Disbursement For: 2014 Other (spec	Primary
	(a) SUBTOTAL of Itemized Independent Expenditures		>	101.90
	(b) SUBTOTAL of Unitemized Independent Expenditures			
			4	7
	(c) TOTAL Independent Expenditures		>	4
	Under penalty of perjury I certify that the independent expenditures repor with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically I	Filed] Date	M / D D D 30	2015
	Signature	Dale	لتا لتا	

	EMIZED INDEPENDENT EXPEND	ITURES			PAGE 56 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
٧	Nomen Speak Out PAC			С	C00530766
Ch	heck if 24-hour report 48-hour r	report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
	Full Name of Payee			Date of Pub	olic Distribution/Dissemination
	Colton R Overcash			11	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 121 Ohara Dr			Amount	
	City	State	Zip Code		72.90
	Salisbury	NC	28147		ID: 6768bb8a-c18d-4dee-8 bursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	M M M	17 2014
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7	554635.78	Disbursement For: 2014 Other (Primary ⊠ General
	Full Name of Payee Christine Stevens			Date of Pul	blic Distribution/Dissemination
	Mailing Address 100 Asbury Ct			Amount	
	City	State	Zip Code		70.00
	Winchester	VA	22602		ID: 10493cd5-82b6-4d62-9 sbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	M M M 11	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office Sought:	House District:00
	Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: 2014 Other (: Primary
	(a) SUBTOTAL of Itemized Independent I	Expenditures		>	142.90
	(b) SUBTOTAL of Unitemized Independen	nt Expenditures		· •	7
	(c) TOTAL Independent Expenditures			>	7
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	o 01 / 30	
	Signatura		_ Date	, L.,	

TE	EMIZED INDEPENDENT EXPENDI	TURES					PAGE 57 FOR LINE 24	OF 317 4 OF FORM 3X
	AME OF COMMITTEE (In Full)					FEC I	DENTIFICATIO	N NUMBER ▼
٧	Vomen Speak Out PAC					С	C00530766	
Ch	neck if 24-hour report 48-hour re	eport New repo	ort Am	ends repo	ort filed on	M = M	/ D = D /	Y Y Y Y Y
	Full Name of Payee				Date	e of Publ	ic Distribution/[Dissemination
	Jazmine d Conner					M M M	17	2014
	Mailing Address 100 ASBURY CT				Amo	ount		
	City	State	Zip Code					60.00
	WINCHESTER	VA	22602				D : 67311cc0-1 ursement or O	
	Purpose of Expenditure Salary		Category/ Type	001		M 11	17	^Y 2014
	Name of Federal Candidate			Support	Office Sou	ght:	House [District: 00
	Ms. Mary L Landrieu		X	Oppose	Pres	ident	Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	3	Disbursem 2014		Primary pecify) ▶	General
	Full Name of Payee				Dat	e of Publ	lic Distribution/I	Dissemination
	Jon E Conner					11	/ D D /	2014
	Mailing Address 100 Asbury Ct				Am	ount		
	City	State	Zip Code		— r			60.00
	Winchester	VA	22602				D: 5f5dd19e-7 oursement or O	780e-4f88-b
	Purpose of Expenditure Salary		Category/ Type	001		M M 11	17	2014
	Name of Federal Candidate			Support	Office Sou	ght:	House I	District: 00
	Ms. Mary L Landrieu		X	Oppose	Pres	ident	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.7	8	Disbursem 2014		Primary pecify) ►	General
						`	. ,,	
	(a) SUBTOTAL of Itemized Independent E	xpenditures			· •			120.00
	(b) SUBTOTAL of Unitemized Independent	Expenditures						
					, r	7	7	- 45
	(c) TOTAL Independent Expenditures				•		- 7	
	Under penalty of perjury I certify that the with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authorized						
	Ms. Emily Buchanan	[Electron:	ically Filed]		M M	/ 30) / Y Y Y 2015	
	Signature	Elicatom		Date	9 01	30	2015	

TI	EMIZED INDEPENDENT EXPENDITURES		PAGE 58 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Nomen Speak Out PAC		C C00530766
Cł	heck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on
_	Full Name of Payee		Date of Public Distribution/Dissemination
	Rodney O Culbreath		11 17 2014
	Mailing Address 100 Asbury Ct		Amount
	City State	Zip Code	70.00
	Winchester VA	22602	Transaction ID: 7879ef91-c001-4e55-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 17 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Rodney D Culbreth		11 17 2014
	Mailing Address 100 Asbury CT		Amount
	3200 Dam Neck Rd	7'- 0-4-	70.00
	City State Winchester VA	Zip Code 22602	Transaction ID : e123f00e-9d25-4186-8
	Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation 11 17 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 140.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		· • · · · · · · · · · · · · · · · · · ·
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electron	nically Filed]	on 30 2015
	Signature	Date	2010

S

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
ΓE	EMIZED INDEPENDENT EXPENDITURES		PAGE 59 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC		C C00530766
Ch	neck if 24-hour report 48-hour report New rep	port Amends repo	rt filed on
	Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination
	Mailing Address 100 Asbury Ct		11 17 2014 Amount
			Amount
	City State Winchester VA	Zip Code 22602	70.00 Transaction ID : c1aa9ba3-02ec-4b34-a
	Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation 11 17 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 General Other (specify) ▶
	Full Name of Payee Michael B Fuhrmann		Date of Public Distribution/Dissemination
	Mailing Address 329 Columbia St		Amount
	City State	Zip Code	30.00
	Shreveport LA	71104	Transaction ID : f044b2d1-44f9-4931-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 17 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Gther (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		. 100.00
			7 7
	(b) SUBTOTAL of Unitemized Independent Expenditures		>
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

[Electronically Filed]

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TEMIZED INDEPENDENT EXPENDITURES				PAGE	E 60 OF 317
					LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTI	FICATION NUMBER ▼
Women Speak Out PAC				C C0053	30766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D	D / Y = Y = Y
Full Name of Payee Michael B Fuhrmann			Date		ribution/Dissemination
Mailing Address 329 Columbia St			Ame		2014
				Juni	
City	State	Zip Code			4.20
Shreveport	LA	71104			6794d-23e3-4209-b ent or Obligation
Purpose of Expenditure Mileage		Category/ Type 002			17 Y Y Y Y Y Y Y Y 2014
Name of Federal Candidate		Support	Office Sou	aht: Ho	use District: 00
Ms. Mary L Landrieu		Oppose		ident X Se	
Calendar Year-To-Date Per Election for Office Sought	7 7	554635.78	Disbursem 2014	ent For: Other (specify)	Primary X General
Full Name of Payee			Dat	e of Public Dist	ribution/Dissemination
Timothy Foley					17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 20679 Glenbrook Terrace			Am	ount	ستا لت
City	State	Zip Code			15.00
Sterling	VA	20165			65c13f-a520-4a60-8 ent or Obligation
Purpose of Expenditure Salary		Category/ Type 001		M = M / D	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sou	aht: Ho	ouse District: 00
Ms. Mary L Landrieu		Oppose			enate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	554635.78	Disbursem 2014	ent For: Other (specify)	Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	-7-	19.20
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		•	7	4
(c) TOTAL Independent Expenditures				7	4
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized				
Ms. Emily Buchanan	[Electron	nically Filed]	M M M	/ 30 /	2015

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Check if

NAME OF COMMITTEE (In Full) Women Speak Out PAC

> Full Name of Payee Hannah J Landry

Mailing Address

24-hour report

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

1110 N Coolidge

48-hour report

New report

		PAGE 61 OF 317 FOR LINE 24 OF FORM 3X
		FEC IDENTIFICATION NUMBER ▼
		C C00530766
mends report	t filed	on M M / D D / Y Y Y Y Y
		Date of Public Distribution/Dissemination
		11 17 2014 2014
		Amount
		100.00
		Transaction ID : 6968fdd3-f2f6-434a-b Date of Disbursement or Obligation
y/ ne 001		11 17 2014
Support	Office	e Sought: House District: 00
Oppose		President State: LA
	Disbu	rsement For: Primary X General
78	2014	Other (specify) ▶
		Date of Public Distribution/Dissemination
		11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Amount
ı		19.50 Transaction ID : 9accd929-4eb4-4e75-b
		Date of Disbursement or Obligation
y/ e 002		11 / 17 / 2014
Support	Office	e Sought: House District: 00
Oppose		President Senate State: LA
.78	Disbu 2014	
		Other (specify)
	•	119.50
		7 7

City State Zip Code LA Gonzales 70737 Purpose of Expenditure Category/ Salary 001 Type Name of Federal Candidate Support 0 Ms. Mary L Landrieu Oppose D Calendar Year-To-Date 20 554635.78 Per Election for Office Sought Full Name of Payee Hannah J Landry Mailing Address 1110 N Coolidge City State Zip Code Gonzales LA 70737 Purpose of Expenditure Category/ Mileage 002 Type Name of Federal Candidate 0 Support Ms. Mary L Landrieu Oppose D Calendar Year-To-Date 20 554635.78 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] 01 30 2015 Date Signature FEC Schedule E (Form 3X) Rev. 09/2013

TE	EMIZED INDEPENDENT EXPENDITURES		PAGE 62 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC		C C00530766
Ch	neck if 24-hour report 48-hour report New re	eport Amends repor	rt filed on
	Full Name of Payee		Date of Public Distribution/Dissemination
	Mary C Lee		11 17 2014
	Mailing Address 1030 N Coolidge Ave		Amount
	City State	Zip Code	100.00
	Gonzales LA	70737	Transaction ID: 16962c86-27ea-4f0e-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary
	Full Name of Payee		Date of Public Distribution/Dissemination
	Mary C Lee		11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1030 N Coolidge Ave		Amount
	City State	Zip Code	19.50
	Gonzales LA	70737	Transaction ID : b7384863-6341-481a-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 / 17 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		119.50
	(b) SUBTOTAL of Unitemized Independent Expenditures		>
	(c) TOTAL Independent Expenditures		>
	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electro	conically Filed] Date	01 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 63 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Heather Ainsworth			Date of Pu	ublic Distribution/Dissemination
Mailing Address			11	17 2014
9685 Paula St			Amount	
City	State	Zip Code		100.00
Keithville	LA	71047		n ID : fe9dfc1e-b6cc-4067-8 isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M M	17 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	554635.78	Disbursement Fo 2014 Other	or: Primary X General (specify) ▶
Full Name of Payee Heather Ainsworth			Date of Pi	rublic Distribution/Dissemination
Mailing Address 9685 Paula St			Amount	التنا لتنا
				45.00
City Keithville	State LA	Zip Code 71047		15.60 on ID : e01e83d9-203f-41d0-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of D	bisbursement or Obligation 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate			25. 20.0014	House District: 00
Ms. Mary L Landrieu		Support	Office Sought:	Tiouse District.
Mo. Mary E Editarios		X Oppose	President	Seriale State.
Calendar Year-To-Date Per Election for Office Sought	, ,	554635.78	Disbursement Fo 2014 Other	or:
(a) SUBTOTAL of Itemized Independent Expenditures	\$		>	115.60
(b) SUBTOTAL of Unitemized Independent Expenditure	res		·	
(c) TOTAL Independent Expenditures			·	4
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its at	e or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	04	30 2015
Signature		_ J J Date	, 01	2010

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Ms. Emily Buchanan

Signature

CHEDULE E (FEC Form 3X)		
EMIZED INDEPENDENT EXPENDITURES		PAGE 64 OF 317 FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
heck if 24-hour report 48-hour report New report	ort Amends report fil	iled on
Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination
Mailing Address Split Oak Drive		Amount
City State	Zip Code	67.50
charlotte NC	28227	Transaction ID: b6073003-8fc0-41f7-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	ffice Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination
Mailing Address Split Oak Drive		11 18 2014 Amount
City State charlotte NC	Zip Code 28227	17.37 Transaction ID : 390bd59a-f375-4994-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 18 / 2014
Name of Federal Candidate	Support Of	office Sought: House District: 00
Ms. Mary L Landrieu	Support Oi	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		isbursement For: ☐ Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	•	84.87
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

[Electronically Filed]

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Date

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	CHEDULE E (FEC Form 3X)		
	EMIZED INDEPENDENT EXPENDITURES		PAGE 65 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Nomen Speak Out PAC		C C00530766
Ch	heck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on
	Full Name of Payee Joshua J Huffman		Date of Public Distribution/Dissemination
	Mailing Address 211 Dixie Ave		11 18 2014 Amount
	City State Harrisonburg VA	Zip Code 22801	62.50 Transaction ID: 6623a7d9-3453-47e5-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 18 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Other (specify) ▶
	Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination
	Mailing Address 8822 Apple St		Amount 2014
	City State	Zip Code	60.00
	New Orleans LA	70188	Transaction ID : d996caa3-6039-4910-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 18 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 122.50
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		·
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

Ms. Emily Buchanan 30 [Electronically Filed] 01 2015 Date Signature

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	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 66 OF 317
_			FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full) Vomen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
٧	vomen Speak Out FAC		C C00530766
CI	neck if 24-hour report 48-hour report New rep	port Amends repo	rt filed on
	Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination
	Mailing Address 8822 Apple St		11
	City.	Zin Cada	12.00
	City State New Orleans LA	Zip Code 70188	Transaction ID : ad279371-feb5-4663-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 18 / 2014 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For:
	Full Name of Payee Tammay Williams		Date of Public Distribution/Dissemination 11 18 2014
	Mailing Address 924 N. Prieur St		Amount
	City State	Zip Code	80.00
	New Orleans LA	70116	Transaction ID : 3296874a-99c7-47ec-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 18 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures		92.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y Y

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CHEDULE E (FEC FORM 3X) FEMIZED INDEPENDENT EXPENDITURES		PAGE 67 OF 317
TENNIZED INDEPENDENT EXPENDITURES		PAGE 67 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report file	ed on M M / D D / Y Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
Tammay Williams		11 18 2014
Mailing Address 924 N. Prieur St		Amount
City	tate Zip Code	15.00
1 ·	_A 70116	Transaction ID : 4ef025f9-09e3-4865-a
Purpose of Expenditure Mileage	Category/	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Type 002	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Name of Federal Candidate	Support Offi	ce Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78 Dis 201	bursement For: Primary General Other (specify) ▶
Full Name of Payee	<u> </u>	Date of Public Distribution/Dissemination
Francesca Blom		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 101 Asbury Ct		Amount
City	State Zip Code	75.00
· ·	VA 22602	Transaction ID : 69d643d0-95de-4105-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	ice Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78 Dis	bursement For: Primary General Other (specify)
,	,	Curer (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·····	90.00
(b) SUBTOTAL of Unitemized Independent Expenditure	s	
(c) TOTAL Independent Expenditures	·	1 4 1 4 1 4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized committee or agent of eith	
Ms. Emily Buchanan	[Electronically Filed]	01 30 2015

SCHEDULE E (FEC Form 3X)

EMIZED INDEPENDENT EXPENDITURES	PAGE 68 OF 317 FOR LINE 24 OF FORM 3X
Women Speak Out PAC	DENTIFICATION NUMBER ▼ C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
Eva M Johnston Mailing Address 2517 N 47th St City State Zip Code Milwaukee WI 53210 Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Par Election for Office Sought Disbursement For: 2014	25.00 D: 2e219066-8e9c-4319-b Dursement or Obligation / Barriage State: LA Primary General
Full Name of Payee Noah J Smith Mailing Address 41174 Bertville Rd City State Zip Code Gonzales LA 70737 Transaction	lic Distribution/Dissemination 18 2014 25.00 1D: edc2187b-4ff7-4023-9 pursement or Obligation
Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Flection for Office Sought Support Office Sought: Disbursement For: 2014	House District: 00 Senate State: LA Primary ☐ General Specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures. (b) SUBTOTAL of Unitemized Independent Expenditures. (c) TOTAL Independent Expenditures.	50.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coopera with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 01 30	2015

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
TΙ	EMIZED INDEPENDENT EXPENDITURES		PAGE 69 OF 317 FOR LINE 24 OF FORM 3X
V/	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
	Vomen Speak Out PAC		
			C C00530766
Cł	neck if 24-hour report 48-hour report New report	Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination
			11 18 2014
	Mailing Address 110 W Pecan St		Amount
	City State Zip	Code	50.00
			Transaction ID: 8022696e-fc88-4934-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 18 2014
	Name of Federal Candidate	Support Office	Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought 5	Disbu 2014	orsement For: Primary X General Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Christopher Marquess		11 18 2014
	Mailing Address 110 W Pecan St		Amount
	City State Zip	o Code	37.20
	Ville Platte LA 70	0586	Transaction ID: 87b85ccb-5b85-4280-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 18 2014
	Name of Federal Candidate	Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu	▼ Oppose □	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	Disbu 2014	orsement For: Primary
		·	
	(a) SUBTOTAL of Itemized Independent Expenditures	······	87.20
	(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
	(c) TOTAL Independent Expenditures	·····	
	Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.		

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	CHEDULE E (FEC Form 3X)		
П	EMIZED INDEPENDENT EXPENDITURES		PAGE 70 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New rep	oort Amends repo	rt filed on
	Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination
	Mailing Address 110 W Pecan St		11 18 2014 Amount
	City State	Zip Code	50.00
	Ville Platte LA	70586	Transaction ID: 75ce202f-d427-4b98-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Other (specify) ▶
	Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination 11 18 2014
	Mailing Address 110 W Pecan St		Amount
	City State	Zip Code	37.20
	Ville Platte LA	70586	Transaction ID: 409d2c50-fa67-404e-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 18 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		87.20
	(b) SUBTOTAL of Unitemized Independent Expenditures		>
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
ΓE	EMIZED INDEPENDENT EXPENDITURES		PAGE 71 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New rep	ort Amends repo	ort filed on
	Full Name of Payee Donna S Wilson		Date of Public Distribution/Dissemination
	Mailing Address		11 / 18 / 2014
	4456 Country Hill Dr		Amount
	City State	Zip Code	10.00
	Baton Rouge LA	70816	Transaction ID : ac0386eb-bef9-4f68-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 18 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Other (specify) ▶
	Full Name of Payee Donna S Wilson		Date of Public Distribution/Dissemination
	Mailing Address 4456 Country Hill Dr		11 18 2014
			Amount
	City State Baton Rouge LA	Zip Code 70816	7.20 Transaction ID : 74885bd9-c4a5-44a2-9
	Purpose of Expenditure		Date of Disbursement or Obligation
	Mileage	Category/ Type 002	11 / 18 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 17.20
	(b) SUBTOTAL of Unitemized Independent Expenditures		. •
	(c) TOTAL Independent Expenditures		· ·
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

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Ms. Emily Buchanan

Signature

36	CHEDULE E (FEC Form 3X)		
T	EMIZED INDEPENDENT EXPENDITURES		PAGE 72 OF 317 FOR LINE 24 OF FORM 3X
V/	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Ch	neck if 24-hour report 48-hour report New	report Amends repo	ort filed on
	Full Name of Payee		Date of Public Distribution/Dissemination
	Francis Richardson		11 18 2014
	Mailing Address 220 Doucet Rd		Amount
	City State	Zip Code	35.00
	Lafayette LA	70503	Transaction ID : 078279d3-cd44-49ea-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 18 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Francis Richardson Mailing Address 220 Deveat Rd		Date of Public Distribution/Dissemination 11 18 2014
	220 Doucet Rd		Amount
	City State	Zip Code	0.81
	Lafayette LA	70503	Transaction ID: 54b2e827-3946-42d2-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 / 18 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Gther (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		. 35.81
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		

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TE	EMIZED INDEPENDENT EXPENI	DITURES			PAGE 73 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC				C C00530766
Ch	neck if 24-hour report 48-hour	report New report	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
	Full Name of Payee Timothy Foley			Dat	e of Public Distribution/Dissemination
	Mailing Address 20679 Glenbrook Terra	ace		Am	11 19 2014 ount
					45.00
	City Sterling	State VA	Zip Code 20165		15.00 saction ID : a34ce1c1-22fd-4b72-8
	Purpose of Expenditure Salary		Category/ Type 001	Dai	te of Disbursement or Obligation
	Name of Federal Candidate		Support	Office Sou	ight: House District: 00
	Ms. Mary L Landrieu		X Oppose		sident State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursem 2014	nent For:
	Full Name of Payee Colton R Overcash			Da	te of Public Distribution/Dissemination
	Mailing Address 121 Ohara Dr			Am	nount
	City	State	Zip Code	$-+$ Γ	96.00
	Salisbury	NC	28147		nsaction ID : b9f8b1bf-d659-4b38-a te of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 18 2014
	Name of Federal Candidate		Support	Office Sou	ught: House District: 00
	Ms. Mary L Landrieu		X Oppose	Pres	sident State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursen 2014	nent For: Primary General Other (specify)
_	(a) SUBTOTAL of Itemized Independent	Expenditures			111.00
	(b) SUBTOTAL of Unitemized Independe	ent Expenditures		•	
	(c) TOTAL Independent Expenditures			•	
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed]	. 01	/ 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		Date	9 01	2013

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PAGE 74 OF 31 FOR LINE 24 OF FORM NAME OF COMMITTEE (In Full) Women Speak Out PAC Check if 24-hour report 48-hour report New report Amends report filed on Manual Page Colton R Overcash Mailing Address 121 Ohara Dr State Zip Code Salisbury NC 28147 PAGE 74 OF 31 FOR LINE 24 OF FORM PEC IDENTIFICATION NUMBER C 000530766 Date of Public Distribution/Dissemination Amount Transaction ID : 5d33a7c3-15a5-46dc-8	M 3X ER ▼ ion
Women Speak Out PAC Coopside	ion
Women Speak Out PAC Check if 24-hour report 48-hour report New report Amends report filed on 5 Payee Colton R Overcash Mailing Address 121 Ohara Dr City State Zip Code Salisbury NC 28147 Transaction ID: 5d33a7c3-15a5-46dc-8	ion Y
Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Colton R Overcash Mailing Address 121 Ohara Dr City State Zip Code Salisbury NC 28147 Transaction ID: 5d33a7c3-15a5-46dc-8	ion Y 70
Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Colton R Overcash Mailing Address 121 Ohara Dr City State Zip Code Salisbury NC 28147 Transaction ID: 5d33a7c3-15a5-46dc-8	ion Y 70
Colton R Overcash Mailing Address 121 Ohara Dr City State Zip Code Salisbury NC 28147 Transaction ID: 5d33a7c3-15a5-46dc-8	70
Mailing Address 121 Ohara Dr	70
Amount Amount	
Salisbury NC 28147 Transaction ID : 5d33a7c3-15a5-46dc-8	
	8
Date of Disbursement or Obligation	U
Purpose of Expenditure Category/ Category/	Y
Mileage 002 11 18 2014	
Name of Federal Candidate Support Office Sought: House District: 00	00
Ms. Mary L Landrieu	_A
Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary X General 2014 Other (specify) ▶	neral
Full Name of Payee Date of Public Distribution/Dissemination	ion
Felicia A Jones	
Mailing Address 4106 Martha St Amount	
City State Zip Code 80.00	00
Shreveport LA 71109 Transaction ID : 817f5da6-f8a8-4dc5-b Date of Disbursement or Obligation	
Purpose of Expenditure Salary Category/ Type O01 11 19 2014	
Support Office Sought. Trouse District.	00
Ms. Mary L Landrieu	LA
Calendar Year-To-Date Disbursement For: Primary General Gener	neral
Per Election for Office Sought 554635.78 2014 Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	П
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conc with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politic party committee) any political party committee or its agent.	

Ms. Emily Buchanan 30 [Electronically Filed] 01 2015 Date Signature

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Ms. Emily Buchanan

Signature

CHEDULE E (FEC Form 3X)					
EMIZED INDEPENDENT EXPENDITURES		PAGE 75 OF 317 FOR LINE 24 OF FORM 3X			
AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
Nomen Speak Out PAC					
		C C00530766			
heck if 24-hour report 48-hour report New rep	port Amends report	t filed on M M / D D / Y Y Y Y Y			
Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 4106 Martha St		Amount			
City State	Zip Code	8.40			
Shreveport LA	71109	Transaction ID : dd400484-a9c8-41ed-b Date of Disbursement or Obligation			
Purpose of Expenditure Mileage	Category/ Type 002	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	Support	Office Sought: House District: 00			
Ms. Mary L Landrieu	X Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary			
Full Name of Payee		Date of Public Distribution/Dissemination			
Julia Perry		11 19 / 2014			
Mailing Address 2046 Perrin St Apt C		Amount			
City State	Zip Code	100.00			
Shreveport LA	71101	Transaction ID: b8d973e8-5e6d-49a0-9 Date of Disbursement or Obligation			
Purpose of Expenditure Salary	Category/ Type 001	11 19 / 2014			
Name of Federal Candidate	Support	Office Sought: House District: 00			
Ms. Mary L Landrieu	∑ Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2014 Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures		108.40			
(b) SUBTOTAL of Unitemized Independent Expenditures		·			
(c) TOTAL Independent Expenditures		>			
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.					

[Electronically Filed]

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TEMIZED INDEPENDENT EXPEND	DÍTURES			PAGE 76 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour	report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Julia Perry			M M M	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2046 Perrin St Apt C			Amount	
City	State	Zip Code		10.50
Shreveport	LA	71101		D: 2a6d7fa0-58dc-42e4-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Mark of Disb	19 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Christopher L Gilbert			Date of Publ	ic Distribution/Dissemination
Mailing Address 55 Lovell Johnson Rd			Amount	18 2014
City	State	Zip Code		80.00
Picayune	MS	39466		D: e61a59eb-20fd-4317-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	18 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent	Expenditures			90.50
				7-
(b) SUBTOTAL of Unitemized Independent	nt Expenditures		•	7
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized			
Ms. Emily Buchanan	[Electron:	ically Filed]	on 01 30	/ Y Y Y Y Y Y 2015
Signature		Date	, 0, 30	2010

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Ms. Emily Buchanan

Signature

CHEDULE E (FEC Form 3X)		
TEMIZED INDEPENDENT EXPENDITURES		PAGE 77 OF 317 FOR LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New rep	ort Amends repo	ort filed on
Full Name of Payee		Date of Public Distribution/Dissemination
Christopher L Gilbert		11 18 / 2014
Mailing Address 55 Lovell Johnson Rd		Amount
City State	Zip Code	45.00
Picayune MS	39466	Transaction ID: 5db6da3e-1f74-4af0-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Christine Stevens		11 18 2014
Mailing Address 100 Asbury Ct		Amount
City State	Zip Code	70.00
Winchester	22602	Transaction ID: 4b0ab6d8-0ee4-4a81-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 18 2014
	.,,,,,	
Name of Federal Candidate	Support	Office Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
<u>-</u>		
(a) SUBTOTAL of Itemized Independent Expenditures		▶ 115.00
(b) SUBTOTAL of Unitemized Independent Expenditures		- •
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

[Electronically Filed]

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TE	EMIZED INDEPENDENT EXPENDI	ITURES			PAGE 78 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC				C00530766
Ch	neck if 24-hour report 48-hour re	report New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
	Full Name of Payee			Date of I	Public Distribution/Dissemination
	Jon E Conner			11	
	Mailing Address 100 Asbury Ct			Amount	
	City	State	Zip Code		70.00
	Winchester	VA	22602		on ID: 0ff1fa74-338b-4b46-b Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	M 11	
	Name of Federal Candidate		Support	Office Sought:	House District:00
	Ms. Mary L Landrieu		X Oppose	President	
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement F 2014 Othe	For: Primary
	Full Name of Payee Rodney D Culbreth				Public Distribution/Dissemination M / D D D / Y D Y D Y D Y D D D D D D D D
	Mailing Address 100 Asbury CT			Amount	
	3200 Dam Neck Rd	State	Zip Code		70.00
	Winchester	VA	22602		ion ID : 49d8ee7d-0f1d-4a8e-b Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	Date of	M / D D / Y Y Y
	Name of Federal Candidate		Support	Office Sought:	House District:00
	Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement F 2014 Other	For: Primary X General er (specify) ▶
	(a) SUBTOTAL of Itemized Independent E	Expenditures		•	140.00
	(b) SUBTOTAL of Unitemized Independent	ıt Expenditures		• •	7
	(c) TOTAL Independent Expenditures			· •	7 1 7 1 7
	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	any candidate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	0.4	30 / 2015
	Signature		_ Date	′ [الننسا لت

TE	EMIZED INDEPENDENT EXPENDITURES						PAGE 79 FOR LINE 24	OF 317 OF FORM 3X
	AME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION	I NUMBER ▼
W	Vomen Speak Out PAC					C	C00530766	
	neck if 24-hour report 48-hour report	New repo	ort Ame	nds repor	ort filed	on M M /	/ D = D /	Y = Y = Y
T	Full Name of Payee					Date of Public	c Distribution/Di	ssemination
	Jazmine d Conner					11	18	2014
	Mailing Address 100 ASBURY CT					Amount		
1	City State		Zip Code					70.00
	WINCHESTER VA		22602				D: e98dbe52-d4 ursement or Obl	l63-40b7-8
	Purpose of Expenditure Salary		Category/ Type	001		11		2014
	Name of Federal Candidate		Sı	upport	Office	Sought:	House Di	strict: 00
	Ms. Mary L Landrieu			ppose		President 2		State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78		Disbui 2014	rsement For: Other (sp	Primary Decify) ▶	X General
	Full Name of Payee					Date of Publi	c Distribution/Di	ssemination
	Rze Culbreath					M M 11	/ D D / 18	2014
	Mailing Address 100 Asbury Ct					Amount	ا لنا ا	
								=2.00
	City State Winchester VA		Zip Code 22602		,		D : 59b39fe1-a7	
	Purpose of Expenditure Salary		Category/ Type	001		Date of Disbu	ursement or Ob	igation Y Y Y Y 2014
	Name of Federal Candidate		Sı	upport	Office	Sought:	House Di	istrict:00
	Ms. Mary L Landrieu		=	ppose		<u> </u>		State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78		Disbu 2014	rsement For: Other (sp	Primary Decify) ▶	X General
-	(a) SUBTOTAL of Itemized Independent Expenditures				. •			140.00
					-		7	
((b) SUBTOTAL of Unitemized Independent Expenditures				. ▶	4	7	-
((c) TOTAL Independent Expenditures			•••••	•	-9-		
١	Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.	authorized						
	Ms. Emily Buchanan	[Electron	nically Filed]	Date	. 01	M / D D D	/ Y Y Y Y Y 2015	Y
	Signature			Date			2010	

ΤΕΝ	MIZED INDEPENDENT EXPENDITURES		PAGE 80 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC		C C00530766
 Che	ck if 24-hour report 48-hour report New report	oort Amends repo	ort filed on
T	Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination
	Mailing Address 100 Asbury Ct		11 18 2014 Amount
	City State Winchester VA	Zip Code 22602	70.00 Transaction ID : 65a04e44-cd69-494e-9
	Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation 11 18 2014
-	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination 11 18 2014
	Mailing Address 605 W Houston St		Amount
-	City State	Zip Code	70.00
	Marshall TX	75633	Transaction ID: 803475f4-f277-4e06-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 18 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(8	a) SUBTOTAL of Itemized Independent Expenditures		▶ 140.00
(I	b) SUBTOTAL of Unitemized Independent Expenditures		-
((c) TOTAL Independent Expenditures		•
W	Inder penalty of perjury I certify that the independent expenditures vith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electroni	nically Filed] Date	9 01 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		

S

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
TΕ	EMIZED INDEPENDENT EXPENDITURES		PAGE 81 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New rep	port Amends repo	rt filed on
	Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination
	Mailing Address 605 W Houston St		11 18 2014 Amount
			Amount
	City State Marshall TX	Zip Code 75633	48.90 Transaction ID : 0135de0e-0191-44f3-b
	Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation 11 18 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Other (specify) ▶
	Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination
	Mailing Address 9685 Paula St		11 18 2014 Amount
	City State	Zip Code	90.00
	Keithville LA	71047	Transaction ID : 8229d69a-0a32-416c-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 18 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		. ▶ 138.90
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

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TEMIZED INDEPENDENT EXPENDITURE	S			PAGE 82 OF 317
				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) Women Speak Out PAC				FEC IDENTIFICATION NUMBER ▼
Women opean out i 710				C C00530766
Check if 24-hour report 48-hour report	New re	eport Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee Jessica R Resendiz				of Public Distribution/Dissemination
Mailing Address 9685 Paula St			Amou	11 18 2014 nt
City	State	Zip Code		25.80
Keithville	LA	71047		ction ID: 197d7433-1ed5-483a-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 18 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursemen 2014	
Full Name of Payee				of Public Distribution/Dissemination
Sheri J Peace				I = M / D = D / Y = Y = Y
Mailing Address 9685 Paula St			L	11 18 2014
3000 i adia St			Amou	nt
City	State	Zip Code		90.00
Keithville	LA	71047		oction ID: 7c957ffd-22d2-4844-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 18 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date			Disbursemen	nt For: Primary X General
Per Election for Office Sought		554635.78	2014 C	Other (specify)
(a) SUBTOTAL of Itemized Independent Expendit	tures			115.80
(4) 353.67.12 6. 10.11.252 11.12.252 11.12.252	ui 00			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	iditures		· •	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorize			
Ms. Emily Buchanan	[Electro	onically Filed] Date	M M /	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEN	MIZED INDEPENDENT EXPENDITURES		PAGE 83 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷۷۷	omen Speak Out PAC		C C00530766
Chec	ck if 24-hour report 48-hour report New rep	eport Amends repo	ort filed on Man / Dan / Yayayay
	Full Name of Payee		Date of Public Distribution/Dissemination
L	Theresa a Youngblood		11 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 102 S Main Street Apt A2		Amount
	City State	Zip Code	100.00
- 1	Berryville VA	22611	Transaction ID : 342a199b-22ce-4028-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	M M / D D / Y Y Y Y
1	Name of Federal Candidate	Support	Office Sought: House District:00
1	Ms. Mary L Landrieu	Oppose	President Senate State: LA
\vdash	Calendar Year-To-Date		Disbursement For: Primary X General
	Per Election for Office Sought	554635.78	2014 Other (specify) ▶
	Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination
-	Mailing Address		11 18 2014
	6718 Lake Willow Dr		Amount
	City State	Zip Code	80.00
	New Orleans LA	70126	Transaction ID: 22f279b5-ebe9-481c-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures		▶ 180.00
(b	SUBTOTAL of Unitemized Independent Expenditures		··· >
(с	c) TOTAL Independent Expenditures		··· •
wi	nder penalty of perjury I certify that the independent expenditure ith, or at the request or suggestion of, any candidate or authorize arty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electron	onically Filed] Date	e 01 30 / Y Y Y Y
	Signature	Date	

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
	EMIZED INDEPENDENT EXPENDITURES		PAGE 84 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC		C C00530766
- Ch	neck if 24-hour report 48-hour report New report	port Amends repo	ort filed on
	Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination
	Mailing Address 6718 Lake Willow Dr		11 18 2014 Amount
	Chole		15.60
	City State New Orleans LA	Zip Code 70126	Transaction ID : 70615535-1f4f-4a4e-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 18 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Felicia A Jones		11 18 2014
	Mailing Address 4106 Martha St		Amount
	City State	Zip Code	80.00
	Shreveport LA	71109	Transaction ID : cb8f1d4f-1e5b-4945-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 18 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	1. Company of the standard Standard Expany of the standard Standar		25.60
	(a) SUBTOTAL of Itemized Independent Expenditures		> 95.60
	(b) SUBTOTAL of Unitemized Independent Expenditures		-
_	(c) TOTAL Independent Expenditures		
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

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Check if

NAME OF COMMITTEE (In Full) Women Speak Out PAC

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

MIZED INDEPENDENT EXPENDITURES		PAGE 85 OF 317 FOR LINE 24 OF FORM 3X
IE OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
omen Speak Out PAC		C C00530766
ck if 24-hour report 48-hour report New rep	port Amends repor	t filed on
Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination
Mailing Address 4106 Martha St		11 18 2014 Amount
Dity State	Zip Code	8.40
Shreveport LA	71109	Transaction ID : 34cecbcd-6acb-4d91-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 18 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Gregory Green		11 18 2014
Mailing Address 2506 Bolch Street		Amount
City State	Zip Code	80.00
Shreveport LA	71104	Transaction ID: 3362366c-6bd2-4eb4-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 18 7 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014
Tel Election for Office Sought		Other (specify) ►
a) SUBTOTAL of Itemized Independent Expenditures		88.40
SUBTOTAL of Unitemized Independent Expenditures		

Under penalty of perjury I certify that the independent expen with, or at the request or suggestion of, any candidate or aut party committee) any political party committee or its agent.

Ms. Emily Buchanan	[Electronically Filed]	Date	01 /	30	2015
Signature					

TE	EMIZED INDEPENDENT EXPENDITURES					PAGE 86 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC	IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC				С	C00530766
 Ch	neck if 24-hour report 48-hour report	New repo	ort Amends	report f	filed on	/ D = D / Y = Y = Y
	Full Name of Payee				Date of Pul	olic Distribution/Dissemination
	Gregory Green				M M 11	18 / 2014
	Mailing Address 2506 Bolch Street				Amount	
	City	State	Zip Code			43.20
	Shreveport	LA	71104			ID: b3141f3f-609d-4f70-a bursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	M 11	18 / 2014
	Name of Federal Candidate		Suppo	ort C	Office Sought:	House District:00
	Ms. Mary L Landrieu		Oppos		President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78		oisbursement For: 014 Other (Primary X General Specify) ▶
	Full Name of Payee				Date of Pul	blic Distribution/Dissemination
	Lilly Green				M = M	/ D D / Y Y Y Y
	Mailing Address				11	18 2014
	205 Medallion Circle				Amount	
	City	State	Zip Code			80.00
	Shreveport	LA	71119			ID: 4d532fa3-badf-4e2b-b sbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	11	18 / 2014
	Name of Federal Candidate		Suppo	ort C	Office Sought:	House District:00
	Ms. Mary L Landrieu		X Oppos		President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78		Disbursement For:	Primary
لـ						(Specify) F
	(a) SUBTOTAL of Itemized Independent Expenditures.)		123.20
	(b) SUBTOTAL of Unitemized Independent Expenditure	'es		1		
						
	(c) TOTAL Independent Expenditures			·······)	,	<i>y</i> 1 2 1 2 2 1
1	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M / D 30	
	Signature		-	Date		

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Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 87 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report 48-hour report New report Amends report	filed on Man / Dab / Yayayay
Full Name of Payee Lilly Green	Date of Public Distribution/Dissemination
Lilly Green	11 18 2014
Mailing Address 205 Medallion Circle	Amount
City State Zip Code	54.30
Shreveport LA 71119	Transaction ID : 62f4410c-6c72-4d7f-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 18 2014
Name of Federal Candidate Support C	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Jeanne Tribou Mailing Address	11 18 2014
22369 Ponderosa Dr.	Amount
City State Zip Code	25.00
Mandeville LA 70471	Transaction ID : aa9abab4-c79a-4cd4-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 18 2014
Name of Federal Candidate Support C	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
	Disbursement For: Primary X General
Per Election for Office Sought 554635.78	Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures	79.30
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	

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SCHEDULE E (FEC Foi			
TEMIZED INDEPENDENT EX	PENDITURES		PAGE 88 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 4	18-hour report New report	ort Amends repo	ort filed on
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination
Mailing Address 22369 Ponderos	sa Dr.		11 18 2014
	Ju 5		Amount
City	State	Zip Code	7.80
Mandeville	LA	70471	Transaction ID: 9c85cc03-f289-45c0-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 18 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Soug	ht	554635.78	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Cynthia N Schmit			Date of Public Distribution/Dissemination 11 18 2014
Mailing Address 2226 Taft Circle			Amount 2014
City	State	Zip Code	22.50
Winchester	VA	22601	Transaction ID : c4c36e8e-00d8-4c3e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Soug	Jht	554635.78	Disbursement For: Primary General 2014 General
(a) SUBTOTAL of Itemized Indepe	endent Expenditures		> 30.30
" OURTON of Unitemized Ind	· · · · · · · · · · · · · · · · · · ·		
(b) SUBTUTAL OF UTILIZED HIGH	lependent Expenditures		
(c) TOTAL Independent Expenditu	ures		· >
. , , , , ,	ion of, any candidate or authorized	•	e not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political

Ms. Emily Buchanan	[Electronically Filed]	Date	01 /	30	2015
Signature					

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party committee) any political party committee or its agent.

Ms. Emily Buchanan

Signature

CHEDULE E (FEC Form 3X)			
EMIZED INDEPENDENT EXPENDITUR	RES		PAGE 89 OF 317 FOR LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Full)			
Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼
· 			C C00530766
heck if 24-hour report 48-hour report	New	report Amends repo	rt filed on
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination
Mailing Address 1731 Frenchmen St			11 17 2014 Amount
City	State	Zip Code	65.00
New Orleans	LA	70116	Transaction ID : 5b04a487-3b1a-4a5a-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 17 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		∑ Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1 7 1 1	554635.78	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination
Mailing Address			11 / 17 / 2014
1731 Frenchmen St			Amount
City	State	Zip Code	12.00
New Orleans	LA	70116	Transaction ID : bd443ed8-383a-415e-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 17 17 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		77.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
			not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political

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Date

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TEN	MIZED INDEPENDENT EXPEND	DITURES			PAGE 90 OF 317 FOR LINE 24 OF FORM 3X
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC				C C00530766
Chec	ck if 24-hour report 48-hour	report New repo	ort Amends repo		M = M / D = D / Y = Y = Y
	Full Name of Payee Elvis Spears				of Public Distribution/Dissemination
	·			[11 18 2014 Y
I N	Mailing Address 2150 Hope St			Amou	unt
C	City	State	Zip Code		80.00
L	New Orleans	LA	70119		action ID: d2b52d52-1f45-47bb-8 of Disbursement or Obligation
_	Purpose of Expenditure Salary		Category/ Type 001	$\exists \mid c$	11 18 2014
Ν	Name of Federal Candidate		Support	Office Sough	ht: House District:00
N	Ms. Mary L Landrieu		Oppose	Presid	dent State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursemer 2014	nt For:
	Full Name of Payee Elvis Spears				of Public Distribution/Dissemination
N	Mailing Address 2150 Hope St			Amou	
_	City	State	Zip Code		12.60
- 1	New Orleans	LA	70119		action ID : 1eb6247d-0184-4782-9 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		11 18 2014
١	Name of Federal Candidate		Support	Office Soug	ht: House District: 00
L	Ms. Mary L Landrieu		Oppose	Presid	dent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement 2014	ont For:
_					(-1)
(a) SUBTOTAL of Itemized Independent	Expenditures		· •	92.60
(b	s) SUBTOTAL of Unitemized Independe	ent Expenditures			
(c	e) TOTAL Independent Expenditures			_	
(0)	TOTAL Independent Experiences			<u> </u>	7 7 7
wit	nder penalty of perjury I certify that the th, or at the request or suggestion of, arty committee) any political party comm	any candidate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed]	M M /	30 / 2015
	Signature		Date	01	2013

TE	EMIZED INDEPENDENT EXPENDI	ITURES			PAGE 91 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
٧	Nomen Speak Out PAC				C C00530766
Ch	heck if 24-hour report 48-hour re	report New repo	ort Amends repo		M
	Full Name of Payee Heather Ainsworth				of Public Distribution/Dissemination
	Mailing Address 9685 Paula St			Amou	
	City	State	Zip Code	$ $ Γ	100.00
	Keithville	LA	71047		ction ID: 44428f79-f546-455e-b of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11
	Name of Federal Candidate		Support	Office Sough	nt: House District:00
	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursemen 2014 O	other (specify) ▶
	Full Name of Payee Heather Ainsworth				of Public Distribution/Dissemination
					11 18 2014
	Mailing Address 9685 Paula St			Amou	ınt
	City	State	Zip Code	$ \Gamma$	16.20
	Keithville	LA	71047		oction ID: 77d1ac5a-eeac-48b8-9 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		11 18 / 2014
	Name of Federal Candidate		Support	Office Sough	nt: House District:00
	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursemen 2014	nt For: Primary
_	•				
	(a) SUBTOTAL of Itemized Independent E	Expenditures		·· >	116.20
	(b) SUBTOTAL of Unitemized Independent	nt Expenditures			
	(c) TOTAL Independent Expenditures			·· •	
	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	ny candidate or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed]	_ M_M /	30 / 2015
	Signature		Date	, 01	2013

SCHEDULE E (FEC FORM 3X)	202 00 07 047
TEMIZED INDEPENDENT EXPENDITURES	PAGE 92 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	0 00000100
Check if 24-hour report 48-hour report New	ew report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
American Airlines	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 619616 MD 5675	Amount
City State	Zip Code 244.20
DW Airport TX	75261 Transaction ID : eba8fb66-cc8e-47b5-a
Purpose of Expenditure	Date of Disbursement or Obligation
Travel	Category/ Type 004 11 19 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Greg Orman	Oppose President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ►
Full Name of Payee	Date of Public Distribution/Dissemination
Orbitz	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 500 W Madison	11 19 2014
1000	Amount
City State	Zip Code 544.70
Chicago IL	Transaction ID: e9b56cf7-f8cc-4a91-9 Date of Disbursement or Obligation
Purpose of Expenditure Travel	Category/ Type 004 11 19 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Greg Orman	Oppose President X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
-	
(a) SUBTOTAL of Itemized Independent Expenditures	788.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	>
	ditures reported herein were not made in cooperation, consultation, or concert norized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	lectronically Filed] Date 01 30 2015

Date

SCHEDULE E (FEC FORM 3X)		
TEMIZED INDEPENDENT EXPENDITURES		PAGE 93 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		
		C C00530766
Check if 24-hour report 48-hour report New	report Amends report filed of	on Mam / Dad / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Orbitz		11 19 2014
Mailing Address 500 W Madison		Amount
1000		Amount
City State	Zip Code	544.70
Chicago IL		Transaction ID: 0e2a29e5-63f1-49e6-b Date of Disbursement or Obligation
Purpose of Expenditure Travel	Category/ Type 004	11 19 / 2014
Name of Federal Candidate	Support Office	Sought: House District:00
Mr. Greg Orman		President Senate State: KS
Colonday Voor To Data		sement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	261541.03 Disbuts 2014	Other (specify)
Full Name of Payee		Date of Public Distribution/Dissemination
Delta		11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 20706		
		Amount
City State	Zip Code	789.20
Atlanta GA		Transaction ID: 266938ad-e29b-4c06-a Date of Disbursement or Obligation
Purpose of Expenditure Travel	Category/ Type 004	M M / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	Sought: House District: 00
Mr. Greg Orman		President X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03 Disburs 2014	sement For: Primary General
	7	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	>	1333.90
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures		
(4)	•	7 7 7
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authori party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Elect	ronically Filed] Date 01	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Date

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SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 94 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee United Airlines Date	e of Public Distribution/Dissemination
Mailing Address	11 19 / 2014
Mailing Address PO Box 66100 Amo	ount
City State Zip Code	598.20
	saction ID: ca43f31e-22a0-457c-a e of Disbursement or Obligation
Purpose of Expenditure Travel Category/ Type 004	11 19 / 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Mr. Greg Orman Presi	ident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014 2014	ent For:
Full Name of Payee United Airlines Date	e of Public Distribution/Dissemination
Mailing Address PO Box 66100 Amo	
City State Zip Code	155.10
onloage := cccc	saction ID: 6e0423e0-5600-4bc1-b e of Disbursement or Obligation
Purpose of Expenditure Travel Category/ Type 004	11 19 / 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Mr. Greg Orman Oppose Presi	ident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014 2014	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	753.30
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	171171171
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (in party committee) any political party committee or its agent.	
Ms. Emily Buchanan	/ D D / Y Y Y

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Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X)		
TEMIZED INDEPENDENT EXPENDITURES		PAGE 95 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		
		C C00530766
Check if 24-hour report 48-hour report New report	t Amends report f	filed on M M M / D D / Y Y Y Y Y Y
Full Name of Payee Enterprise		Date of Public Distribution/Dissemination
Litterprise		11 19 2014
Mailing Address 600 Corporate Park Dr		Amount
City State Z	ip Code	3759.80
St Louis MO 6	53105	Transaction ID: 89318e7c-dd5c-4a2d-9 Date of Disbursement or Obligation
Purpose of Expenditure Travel	Category/ Type 004	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	Office Sought: House District: 00
Mr. Greg Orman	X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		oisbursement For: Primary General Other (specify)
Full Name of Payee		Date of Public Distribution/Dissemination
Enterprise Mailing Address Con Corrected Bart Dr		11 19 / 2014
600 Corporate Park Dr		Amount
City State Z	Zip Code	3615.41
	63105	Transaction ID : 5f6bbd71-9095-4f4f-b Date of Disbursement or Obligation
Purpose of Expenditure Travel	Category/ Type 004	11 19 2014
Name of Federal Candidate	Support C	Office Sought: House District: 00
Mr. Mark L Pryor	Oppose	President Senate State: AR
Calendar Year-To-Date		Disbursement For: Primary X General
Per Election for Office Sought	292434.22	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		7375.21
(b) SUBTOTAL of Unitemized Independent Expenditures)	
(c) TOTAL Independent Expenditures		
		7 7 7
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		

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CHEDULE E (FEC FORM 3X) FEMIZED INDEPENDENT EXPENDITURES		PAGE 96 OF 317
EMIZED INDEPENDENT EXPENDITURES		PAGE 96 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New rep	port Amends repor	t filed on
Full Name of Payee		Date of Public Distribution/Dissemination
Zachary Vidrine		11 18 2014
Mailing Address 202 Rue Des Cajun		Amount
City State	Zip Code	70.00
Ville Platte LA	70586	Transaction ID : de0b5c75-6659-457a-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 18 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Zachary Vidrine		11 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 202 Rue Des Cajun		Amount
City State	Zip Code	18.90
Ville Platte LA	70586	Transaction ID : bfed14a7-9a28-4668-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 / 18 / 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For:
(a) CUDTOTAL of the mineral landers and set Free and Free		
(a) SUBTOTAL of Itemized Independent Expenditures		88.90
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electron	nically Filed] Date	01 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Date

NAME OF COMMITTEE (In Full)

PAGE 97 OF 317 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00530766
M
of Public Distribution/Dissemination
11 / 19 / 2014
ınt
25.00
iction ID : 2fc10540-1ba3-4328-a of Disbursement or Obligation
11 19 / Y Y Y Y Y Y Y Y
nt: House District: 00
ent X Senate State: LA
nt For: Primary X General
Other (specify)
of Public Distribution/Dissemination
11 19 / 2014
ınt
4.74
action ID : 089319d2-60ee-402f-b of Disbursement or Obligation
11 / 19 / 2014
nt: House District: 00
ent X Senate State: LA
nt For: Primary X General
Other (specify) -
29.74

Women Speak Out PAC C c00530766						
Check if 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee	Date of Public Distribution/Dissemination					
Krista J Smith	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address 41176 Bertville Rd	Amount					
City State Zip Code	25.00					
City State Zip Code Gonzales LA 70737	Transaction ID : 2fc10540-1ba3-4328-a Date of Disbursement or Obligation					
Purpose of Expenditure Salary Category/ Type 001	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Name of Federal Candidate Support Office	e Sought: House District:00					
Ms. Mary L Landrieu Oppose	President X Senate State: LA					
Calendar Year-To-Date Disbu	ursement For: Primary X General					
Per Election for Office Sought 554635.78 2014	Other (specify)					
Full Name of Payee	Date of Public Distribution/Dissemination					
Krista J Smith	M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y					
Mailing Address 41176 Bertville Rd	Amount					
City State Zip Code	4.74					
Gonzales LA 70737	Transaction ID: 089319d2-60ee-402f-b Date of Disbursement or Obligation					
Purpose of Expenditure Mileage Category/ Type 002	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Name of Federal Candidate Support Office	e Sought: House District: 00					
Ms. Mary L Landrieu Oppose	President X Senate State: LA					
	ursement For: Primary X General					
Calendar Year-To-Date Per Election for Office Sought Disbt 2014						
(a) SUBTOTAL of Itemized Independent Expenditures	29.74					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.						
Ms. Emily Buchanan [Electronically Filed] Date	11 30 2015					
Signature						

	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 98 OF 317
			FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
_	Nomen Speak Out PAC		C C00530766
- Ch	heck if 24-hour report 48-hour report New report	Amends report file	ed on Man / Dad / Yayayay
	Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination
	Mailing Address 205 Medallion Circle		11 19 2014 Amount
	City State Zip Code	<u>—</u>	40.00
	Shreveport LA 71119		Transaction ID: 6df38875-9e93-462e-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Categor Ty	ory/ /pe 001	11 / 19 / 2014
	Name of Federal Candidate	Support Off	fice Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 554635	Dis	sbursement For: Primary X General
	Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination
	Mailing Address 205 Medallion Circle		Amount
	City State Zip Code	ie	50.10
	Shreveport LA 71119		Transaction ID: e430e533-4c15-402b-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category Type	ory/ /pe 002	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support Off	fice Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 55463		sbursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		90.10
	(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
	(c) TOTAL Independent Expenditures	······	
	Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
	Ms. Emily Buchanan	-	M = M / D = D / Y = Y = Y

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EMIZED INDEPENDENT EXPENDI	TURES		PAGE 99 OF 317 FOR LINE 24 OF FORM 3X
ME OF COMMITTEE (In Full)			
Vomen Speak Out PAC			FEC IDENTIFICATION NUMBER ▼
			C C00530766
eck if 24-hour report 48-hour re	eport New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Laura U Logie			11 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2565 Shire Circle			Amount
City	State	Zip Code	20.00
Harrisonburg	VA	22801	Transaction ID : bdada3ea-3990-4889-a Date of Disbursement or Obligation
Purpose of Expenditure		Category/	M M / D D / Y Y Y Y
Salary		Type 001	11 19 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Carla K Pilgreen Mailing Address 212 Stonecliff Dr			Date of Public Distribution/Dissemination 11 19 2014 Amount
City	State	Zip Code	35.00
West Monro	LA	71291	Transaction ID: 729b1b0a-bf63-4205-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		> Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Ex			

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Ms. Emily Buchanan	[Electronically Filed]	Date	M = M 01	/ 30	2015
Signature					

TEMIZED INDEPENDENT EXPENDIT	URES			PAGE 100 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			1	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour rep	port New repo	ort Amends repo		M / D D / Y T Y T Y
Full Name of Payee Carla K Pilgreen				f Public Distribution/Dissemination
Mailing Address 212 Stonecliff Dr				11 19 2014
City West Monro	State LA	Zip Code 71291		6.90 Etion ID: 498afd91-03ec-49a0-9 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	11
Name of Federal Candidate		Support	Office Sought:	: House District: 00
Ms. Mary L Landrieu		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement 2014	
Full Name of Payee Bobbie M Steinsholt Mailing Address 3009 Skelly St City Shreveport Purpose of Expenditure Salary Name of Federal Candidate	State LA	Zip Code 71107 Category/ Type 001 Support	Amoun Transac Date o	10.00 ction ID: ab7d65ae-b8cf-4017-8 of Disbursement or Obligation 11
Ms. Mary L Landrieu		∑ Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement 2014	
(a) SUBTOTAL of Itemized Independent Ex(b) SUBTOTAL of Unitemized Independent	•			16.90
(c) TOTAL Independent Expenditures			· •	7 7 7
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M /	30 2015
Signature		_ Date	′	

ΤE	EMIZED INDEPENDENT EXPENDITURES					PAGE 101 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC	IDENTIFICATION NUMBER ▼
۷۷	Vomen Speak Out PAC				C	C00530766
 Che	eck if 24-hour report 48-hour report	New repo	ort Amends	report file	led on	/ D D / Y Y Y Y Y
T	Full Name of Payee Jenny N Brown		-			blic Distribution/Dissemination
					11	19 / 2014
	Mailing Address 1270 Lovelady Rd				Amount	
ŀ	City Stat	ate	Zip Code		1	40.00
	West Monroe LA		71292			ID: b383f66c-b0d7-4483-8 sbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	11	19 / 2014
Ì	Name of Federal Candidate		Suppo	ort Of	ffice Sought:	House District:00
Ī	Ms. Mary L Landrieu		X Oppos	se [President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Dis 201		Primary
	Full Name of Payee				Date of Pul	blic Distribution/Dissemination
Ì	Jenny N Brown				M = M	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ì	Mailing Address 1270 Lovelady Rd				Amount	
ŀ	City Sta	ate	Zip Code		-	7.50
	West Monroe LA	Α	71292			ID: 0edf8571-c04c-496f-a sbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	M = M 11	19 / 2014
Ì	Name of Federal Candidate		Suppo	ort Of	ffice Sought:	House District:00
Ì	Ms. Mary L Landrieu		X Oppos	se	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78		isbursement For: 014 Other (: Primary
_						
((a) SUBTOTAL of Itemized Independent Expenditures			······ >		47.50
,	(b) SUBTOTAL of Unitemized Independent Expenditures.					
				•		
	(c) TOTAL Independent Expenditures			······		7 7 7
١	Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	r authorized				
	Ms. Emily Buchanan	[Electron]	ically Filed]	[M / D 30	2015
	Signature		-	Date	01 30	2013

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party committee) any political party committee or its agent.

Ms. Emily Buchanan

Signature

	(FEC Form 3					
TEMIZED INDEP	PENDENT EXPENI	DITURES			PAGE 10	02 OF 317 E 24 OF FORM 3X
NAME OF COMMITT	EE (In Full)				FEC IDENTIFICATION	
Women Spea					C C00530766	
Check if 24-hou	r report 48-hour	report New re	port Amends repo		M = M / D = D	/ Y = Y = Y = Y
Full Name of Pay Maegan E M					of Public Distribution	on/Dissemination
Mailing Address	3009 Skelly St			Amo	نا لـــ	2014
City Shreveport		State LA	Zip Code 71107		action ID : ebd190c	
Purpose of Experimental Salary	nditure		Category/ Type 001		11 19	2014
Name of Federal Ms. Mary L Land			Support Oppose	Office Soug		District: 00 State: LA
Calendar Ye Per Election	ar-To-Date for Office Sought		554635.78	Disburseme 2014	ent For: Prima Other (specify) ▶ _	ary X General
Full Name of Pay Maegan E I Mailing Address				Date	e of Public Distribution 11 19 punt	on/Dissemination
City		State	Zip Code			3.90
Shreveport		LA	71107		saction ID : 3cdc615 of Disbursement o	
Purpose of Expe Mileage	nditure		Category/ Type 002		11 / 19	2014
Name of Federal	Candidate		Support	Office Soug	ght: House	District:00
Ms. Mary L Land	rieu		X Oppose	Presid	dent Senate	State: LA
Calendar Ye Per Election	ear-To-Date n for Office Sought		554635.78	Disburseme 2014	ent For: Prima Other (specify) ▶ _	ary X General
(a) SUBTOTAL of	Itemized Independent	Expenditures			7 7	13.90
(b) SUBTOTAL of	Unitemized Independe	ent Expenditures		•		
(c) TOTAL Indepe	endent Expenditures			•		
		e independent expenditure any candidate or authorize				

[Electronically Filed]

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Date

2015

Check if

City

Salary

NAME OF COMMITTEE (In Full) Women Speak Out PAC

> Full Name of Payee Susan K Hamby

Mailing Address

West Monroe

Purpose of Expenditure

Ms. Mary L Landrieu

Full Name of Payee Susan K Hamby

Mailing Address

West Monroe

Mileage

Purpose of Expenditure

Ms. Mary L Landrieu

Name of Federal Candidate

Calendar Year-To-Date Per Election for Office Sought

City

Name of Federal Candidate

Calendar Year-To-Date Per Election for Office Sought

24-hour report

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

202 Violet St

202 Violet St

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

(b) SUBTOTAL of Unitemized Independent Expenditures

48-hour report

State LA

State

LA

	PAGE 103 OF 317
	FOR LINE 24 OF FORM 3X
	FEC IDENTIFICATION NUMBER ▼
	C C00530766
report Amends report filed	on M = M / D = D / Y = Y = Y
	Date of Public Distribution/Dissemination
	M 1
	Amount
Zip Code	20.00
71292	Transaction ID : dd54fe30-5945-46c6-a
Category/	Date of Disbursement or Obligation
Type 001	11 19 2014
Support Office	Sought: House District: 00
	President X Senate State: LA
554635.78 Disbur 2014	rsement For: Primary X General
334033.76	Other (specify)
	Date of Public Distribution/Dissemination
	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Amount
Zip Code	0.45
71292	Transaction ID : 9fbcea36-8908-4f1f-8 Date of Disbursement or Obligation
Category/ Type 002	11 / 19 / 2014
Support Office	Sought: House District: 00
	President State: LA
∑ Oppose □	

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
П	EMIZED INDEPENDENT EXPENDITURES		PAGE 104 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New report	port Amends repo	ort filed on
	Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination
	Mailing Address 22369 Ponderosa Dr.		11 19 2014 Amount
	City State Mandeville LA	Zip Code 70471	40.00 Transaction ID : b2b57eb9-962f-400d-8
	Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Jeanne Tribou Mailing Address 22369 Ponderosa Dr.		Date of Public Distribution/Dissemination M M M / 19 / Y Y Y Y Y Amount
	City State	Zip Code	5.70
	Mandeville LA	70471	Transaction ID : 123d9114-d263-446e-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 19 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 45.70
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		·
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		

[Electronically Filed]

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Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X)		
TEMIZED INDEPENDENT EXPENDITURES		PAGE 105 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		
		C C00530766
Check if 24-hour report 48-hour report New report	Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination
		11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Split Oak Drive		Amount
City State Zip	Code	81.50
charlotte NC 282		Transaction ID : 98afe913-8017-4ba1-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Ca	tegory/ Type 001	11 19 / Y Y Y Y Y Y 2014
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President State: LA State:
Calendar Year-To-Date Per Election for Office Sought 55	Disb 2014	ursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Amanda Boley		11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Split Oak Drive		Amount
City State Zip	Code	23.61
charlotte NC 282	227	Transaction ID : 1fb7e4ab-76f9-4156-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Ca	tegory/ Type 002	11 19 / 2014
Name of Federal Candidate	Support Office	ee Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date		ursement For: Primary X General
Per Election for Office Sought	54635.78 2014	Other (specify) >
	·	
(a) SUBTOTAL of Itemized Independent Expenditures	·····	105.11
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7
(c) TOTAL Independent Expenditures		
· 		7 7 7
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com- party committee) any political party committee or its agent.		

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SCHEDULE E (FEC Form 3X)				
11	EMIZED INDEPENDENT EXPENDITURES		PAGE 106 OF 317 FOR LINE 24 OF FORM 3X	
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼	
۷	Vomen Speak Out PAC		C C00530766	
Cł	neck if 24-hour report 48-hour report New report	rt Amends report	filed on	
	Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination	
	Mailing Address 2506 Bolch Street		11 19 2014 Amount	
	City State 2	Zip Code	40.00	
	Shreveport LA	71104	Transaction ID : e84da8b8-8e90-4054-9 Date of Disbursement or Obligation	
	Purpose of Expenditure Salary	Category/ Type 001	11 / 19 / 2014	
	Name of Federal Candidate	Support	Office Sought: House District:00	
	Ms. Mary L Landrieu	Oppose	President Senate State: LA	
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary ☐ General Other (specify) ►	
	Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination	
	Mailing Address 2506 Bolch Street		11	
	City State 2	Zip Code	17.10	
	Shreveport LA	71104	Transaction ID: 18789041-d721-439e-8 Date of Disbursement or Obligation	
	Purpose of Expenditure Mileage	Category/ Type 002	11 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Name of Federal Candidate	Support	Office Sought: House District: 00	
	Ms. Mary L Landrieu	Oppose	President Senate State: LA	
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2014 Other (specify) ▶	
	(a) SUBTOTAL of Itemized Independent Expenditures		57.10	
	(b) SUBTOTAL of Unitemized Independent Expenditures			
	(c) TOTAL Independent Expenditures		•	
	Under penalty of perjury I certify that the independent expenditures r with, or at the request or suggestion of, any candidate or authorized oparty committee) any political party committee or its agent.			
	Ms. Emily Buchanan		M M / D D / Y Y Y	

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Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X)					
TΕ	EMIZED INDEPENDENT EXPENDITURES		PAGE 107 OF 317 FOR LINE 24 OF FORM 3X		
N/	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
٧	Vomen Speak Out PAC		C C00530766		
Ch	eck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on		
	Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination		
	Mailing Address 9685 Paula St		11 19 2014 Amount		
	City State Keithville LA	Zip Code 71047	95.00 Transaction ID: 0f36fd53-84ea-4f34-a Date of Disbursement or Obligation		
	Purpose of Expenditure Salary	Category/ Type 001	11 19 / 2014		
	Name of Federal Candidate	Support	Office Sought: House District: 00		
	Ms. Mary L Landrieu	Oppose	President Senate State: LA		
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶		
	Full Name of Payee Sheri J Peace Mailing Address 9685 Paula St		Date of Public Distribution/Dissemination 11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City State	Zip Code	16.80		
	Keithville LA	71047	Transaction ID: 270cf308-d310-4b16-b Date of Disbursement or Obligation		
	Purpose of Expenditure Mileage	Category/ Type 002	11 19 7 2014		
	Name of Federal Candidate	Support	Office Sought: House District: 00		
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA		
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 General Other (specify) ▶		
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 111.80		
	(b) SUBTOTAL of Unitemized Independent Expenditures		. •		
	(c) TOTAL Independent Expenditures		•		
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.				

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	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 108 OF 317 FOR LINE 24 OF FORM 3X
N	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
	Nomen Speak Out PAC		C C00530766
С	heck if 24-hour report 48-hour report New rep	ort Amends repo	rt filed on
	Full Name of Payee		Date of Public Distribution/Dissemination
	Beau Autin		11 19 2014
	Mailing Address 345 Auroura Ave		Amount
	City State	Zip Code	35.00
	Metairie LA	70006	Transaction ID: b007ffe1-6fd9-41b2-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Beau Autin		11 19 2014
	Mailing Address 345 Auroura Ave		Amount
	City State	Zip Code	1.11
	Metairie LA	70006	Transaction ID: 40c361d0-4d19-4ab3-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 19 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		36.11
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electron	ically Filed]	01 30 2015

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TE	EMIZED INDEPENDENT EXPEND	DITURES			PAGE 109 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)			ſ	FEC IDENTIFICATION NUMBER ▼
۷	Nomen Speak Out PAC				C C00530766
Ch	heck if 24-hour report 48-hour	report New report	ort Amends repo		M / D D / Y Y Y Y Y
	Full Name of Payee			Date of	f Public Distribution/Dissemination
	Alice K Salazar				11 19 2014
	Mailing Address 605 W Houston St			Amoun	t
	City	State	Zip Code	$ $ Γ $-$	80.00
	Marshall	TX	75633		tion ID: c59f4a75-641c-4bdb-9 f Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	М	11 19 2014
	Name of Federal Candidate		Support	Office Sought:	: House District:00
	Ms. Mary L Landrieu		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7 7	554635.78	Disbursement 2014 Ott	For: Primary
	Full Name of Payee			Date o	f Public Distribution/Dissemination
	Alice K Salazar			M	11 19 2014
	Mailing Address 605 W Houston St			Amoun	nt
	City	State	Zip Code		50.40
	Marshall	TX	75633		ction ID : 562be618-689d-4235-8 If Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	М	11 19 2014
	Name of Federal Candidate		Support	Office Sought	: House District:00
	Ms. Mary L Landrieu		Oppose	Preside	nt Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement 2014	
		, , , , , , , , , , , , , , , , , , ,			her (specify) ▶
	(a) SUBTOTAL of Itemized Independent	Expenditures		•	130.40
	(b) SUBTOTAL of Unitemized Independe	ent Expenditures		.	
	(-) TOTAL Is dependent Evpenditures				
	(c) TOTAL Independent Expenditures			·· •	7 7
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed]	01 / O1	30 2015
	Signature		Date	, 01	30 2013

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	CHEDULE E (FEC Form 3X)				
TE	EMIZED INDEPENDENT EXPENDITURES				PAGE 110 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC				C C00530766
Ch	neck if 24-hour report 48-hour report	New repo	port Amends	report fi	led on M M / D = D / Y = Y = Y
_	T II N OF BOOK				
	Full Name of Payee Julia Perry				Date of Public Distribution/Dissemination 11 19 2014
	Mailing Address 2046 Perrin St Apt C				Amount
	City State		Zip Code		80.00
	Shreveport LA		71101		Transaction ID : b9b51457-7230-46b3-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Suppor	ort Of	ffice Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78		sbursement For:
	Full Name of Payee Julia Perry				Date of Public Distribution/Dissemination
	Mailing Address 2046 Perrin St Apt C				11 19 2014 Amount
	Stok				7.50
	City State Shreveport LA		Zip Code 71101		7.50 Transaction ID: a8885d64-6917-455d-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	Date of Disbursement of Obligation
	Name of Federal Candidate		Suppo		ffice Sought: House District: 00
	Ms. Mary L Landrieu		Suppos		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78		isbursement For: Primary General 014 Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures				87.50
	(b) SUBTOTAL of Unitemized Independent Expenditures			······ >	
	(c) TOTAL Independent Expenditures			······ >	
1	Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or an party committee) any political party committee or its agent.				

Und with par

Ms. Emily Buchanan	[Electronically Filed]	Date	01	30	2015
Signature					

PAGE	111	OF	317 ORM 3X
FOR L	INE 24	OF FO	ORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	d on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Jessica R Resendiz	11 19 / 2014
Mailing Address 9685 Paula St	Amount
City State Zip Code	100.00
Keithville LA 71047	Transaction ID : c38de1d4-a481-44c5-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disk 2014	
5 11 11 12	Other (specify) -
Full Name of Payee Jessica R Resendiz	Date of Public Distribution/Dissemination
Mailing Address 9685 Paula St	Amount
City State Zip Code	26.10
Keithville LA 71047	Transaction ID : aa138cf9-bce1-4de9-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 19 / 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: Primary General Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures	126.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	01 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE	112	OF	317
FOR L	INE 24	OF	FORM 3X

						FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full)					FEC ID	DENTIFICATIO	N NUMBER ▼
Women Speak Out PAC					C	C00530766	
Check if 24-hour report 48-hour report	New repo	ort Am	ends repo	ort filed on	M = M /	D D /	Y = Y = Y
Full Name of Payee				Date	of Public	c Distribution/[Dissemination
Ana L Esquivel Mailing Address 204 Cr 4404				[11 /	19	2014
284 Cr 1401				Amo	unt		
City	State	Zip Code					60.00
Carthage	TX	75633				: d1439af9-3 ursement or O	
Purpose of Expenditure Salary		Category/ Type	001		M M /	19	2014
Name of Federal Candidate			Support	Office Soug	jht:	House [District: 00
Ms. Mary L Landrieu		X	Oppose	Presi	dent	Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	554635.78	3	Disburseme 2014	ent For: Other (sp	Primary	X General
Full Name of Payee Hilary Townsend						c Distribution/	Dissemination 2014
Mailing Address 4506 US Hwy 79 North				Amo			
City	State	Zip Code					60.00
Deberry	TX	75639		I		D: 9d9b85e3- ursement or C	
Purpose of Expenditure Salary		Category/ Type	001		11	19	2014
Name of Federal Candidate		;	Support	Office Soug	ght:	House I	District:00
Ms. Mary L Landrieu		X	Oppose	Presi	dent	Senate	State:LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	554635.7	8	Disburseme 2014	ent For: Other (sp	Primary Decify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures	i			. [T-	7	120.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res			· •			
(c) TOTAL Independent Expenditures				•	7		
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	e or authorized						
Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M = M 01	30	/ Y Y 2015	
Signature		_				-	

PAGE		OF	317
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New rep	port Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee Heather Ainsworth		Date of Public Distribution/Dissemination 11 19 2014
Mailing Address 9685 Paula St		Amount
City	7in Code	110.00
City State Keithville LA	Zip Code 71047	Transaction ID : 394d6fd7-c309-4558-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 19 / 2014
Name of Federal Candidate	Support Offi	ce Sought: House District:00
Ms. Mary L Landrieu	Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	Disl 554635.78 201	bursement For: Primary General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Heather Ainsworth		11 19 2014
Mailing Address 9685 Paula St		Amount
City State	Zip Code	49.80
Keithville LA	71047	Transaction ID : 618762ab-442f-4288-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 / 19 / 2014
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78 Dis 20°	bursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	159.80
(b) SUBTOTAL of Unitemized Independent Expenditures	•	
(c) TOTAL Independent Expenditures	·····	
		7 7 7
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electron	nically Filed]	01 30 2015
Signature		

PAGE 114 OF 317 FOR LINE 24 OF FORM 3X
C IDENTIFICATION NUMBER ▼
C00530766
/ D.D / Y.Y.Y.Y
ublic Distribution/Dissemination
19 / 2014
60.00
n ID: 73ed2f8f-747f-40be-8 hisbursement or Obligation

			_	TOTT LINE 24 OF TOTAL 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee			Dat	e of Public Distribution/Dissemination
Taylor De Julian-Hernandez				11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 284 Cr 1401			Am	ount
City	State	Zip Code		60.00
Carthage	TX	75633		saction ID: 73ed2f8f-747f-40be-8 e of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 19 / 2014
Name of Federal Candidate		Support	Office Sou	ght: House District: 00
Ms. Mary L Landrieu		X Oppose		ident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	554635.78	Disbursem 2014	
				Other (specify) -
Full Name of Payee Taylor De Julian-Hernandez			Dat	te of Public Distribution/Dissemination
Mailing Address 284 Cr 1401				11 19 2014
25 / 6/ / / /			Am	ount
City	State	Zip Code		43.80
Carthage	TX	75633		saction ID: 878cf3ab-883f-4c63-9 te of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sou	ight: House District: 00
Ms. Mary L Landrieu		Oppose		sident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursem 2014	
				Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		•	103.80
(b) SUBTOTAL of Unitemized Independent Expe	nditures			
(c) TOTAL Independent Expenditures				
(v) TOTAL independent Expenditures			· • L	7 7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized	•		• •
Ms. Emily Buchanan	[Electron	ically Filed]	M = M 01	/ 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	31	2010

Check if

NAME OF COMMITTEE (In Full) Women Speak Out PAC

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

MIZED INDEPENDENT EXPENDIT	URES		PAGE 115 OF 317 FOR LINE 24 OF FORM 3X
ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
omen Speak Out PAC			C C00530766
ck if 24-hour report 48-hour report	ort New	report Amends report	filed on/ D D / Y Y Y Y
Full Name of Payee			Date of Public Distribution/Dissemination
Lesley Lennox			11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2305 Cleary Ave			Amount
City	State	Zip Code	20.00
Metairie	LA	70001	Transaction ID : 1b5e6121-4878-40ec-a
Purpose of Expenditure			Date of Disbursement or Obligation
Salary		Category/ Type 001	11 19 2014
Name of Federal Candidate		Support C	Office Sought: House District: 00
Ms. Mary L Landrieu		Support C	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Primary
Full Name of Payee Lesley Lennox Mailing Address 2305 Cleary Ave			Date of Public Distribution/Dissemination 11 19 2014 Amount
City	State	Zip Code	1.20
Metairie	LA	70001	Transaction ID : ec41b26f-f85a-4864-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 19 / 2014
Name of Federal Candidate		Support C	Office Sought: House District:00
Ms. Mary L Landrieu		Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
a) SUBTOTAL of Itemized Independent Exp	enditures	ĺ	
a) SUBTOTAL of Itemized Independent Exp b) SUBTOTAL of Unitemized Independent E			

Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

[Electronically Filed] Date 01 30 20	15
Signature	

S IT

Ms. Emily Buchanan

Signature

CHEDULE E (FEC Form 3X)		
TEMIZED INDEPENDENT EXPENDITURES		PAGE 116 OF 317 FOR LINE 24 OF FORM 3X
JAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		
		C C00530766
Check if 24-hour report 48-hour report New rep	ort Amends repo	ort filed on
Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination
		11 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9425 Jessica Drive		Amount
City State	Zip Code	47.50
Shreveport LA	71106	Transaction ID : d5c66a2f-f1c2-45ec-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Gary W Fuhrmann		11 19 2014
Mailing Address 9425 Jessica Drive		Amount
City State	Zip Code	9.60
Shreveport LA	71106	Transaction ID: b972a626-18f1-41b6-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	1,750	
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		57.10
(b) SUBTOTAL of Unitemized Independent Expenditures		. •
(a) TOTAL Index and art Fun and itures		
(c) TOTAL Independent Expenditures		· •
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

[Electronically Filed]

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	PAGE 117 OF 317 FOR LINE 24 OF FORM 3X	4
		4
IC	ENTIFICATION NUMBER ▼	
	C00530766	

				TOTT EINE 24 OF TOTAL 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee			Da	te of Public Distribution/Dissemination
Laura U Logie				11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2565 Shire Circle			An	nount
City	State	Zip Code	— I	35.00
Harrisonburg	VA	22801		nsaction ID : ed77a3aa-bced-43c1-a tte of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Soi	ught: House District:00
Ms. Mary L Landrieu		X Oppose		sident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursen 2014	
				Other (specify)
Full Name of Payee Donavon Fusilier			Da	ate of Public Distribution/Dissemination
Mailing Address 155 Chauffpied Elmer Rd Lot 19				11 19 2014
			An	nount
City	State	Zip Code		25.00
Marksville	LA	71351		nsaction ID: c207162c-5d25-4a1d-a ate of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office So	ught: House District: 00
Ms. Mary L Landrieu		Oppose		esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disburser 2014	
				Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditure	es		• •	60.00
(b) SUBTOTAL of Unitemized Independent Expendi	tures			7 7 1 7
(c) TOTAL Independent Expenditures				
,, ,				1 4 4 4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidar party committee) any political party committee or its	ate or authorized	•		
Ms. Emily Buchanan	[Electron	ically Filed]	M M M	30 2015
Signature		Date	, , ,	30 200

PAGE	118	OF	
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New report	port Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Donavon Fusilier Mailing Address 455 Ober Weight Flores Bull at 40		11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
155 Chauffpied Elmer Rd Lot 19		Amount
City State	Zip Code	8.43
Marksville LA	71351	Transaction ID: e10ad50a-534c-4dc5-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	ice Sought: House District:00
Ms. Mary L Landrieu	∑ Oppose □	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78 Dis 20°	sbursement For: Primary X General Other (specify) Other
Full Name of Payers		
Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination 11 19 2014
Mailing Address 55 Lovell Johnson Rd		Amount
City State	Zip Code	80.00
Picayune MS	39466	Transaction ID: 0fe95509-9b07-4698-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 / 19 / 2014
Name of Federal Candidate	Support Off	fice Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary X General 14 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	88.43
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electron	nically Filed] Date	01 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

NAME OF COMMITTEE (In Full)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 119 OF 317 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00530766
on M = M / D = D / Y = Y = Y
Date of Public Distribution/Dissemination
11 / 19 / Y Y Y Y Y Y Y
Amount
44.40 ransaction ID : e0935820-8366-4d6c-b
Date of Disbursement or Obligation 11 19 2014
Sought: House District: 00
President X Senate State: LA
sement For: Primary X General
Other (specify)
Date of Public Distribution/Dissemination
M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
Amount
80.00
ransaction ID : f122f11c-b704-475c-b Date of Disbursement or Obligation
11 19 / 2014
Sought: House District: 00
President X Senate State: LA
riesideni 🔨 Senale State
sement For: Primary General
sement For: Primary General
sement For: Primary General
sement For: Primary X General Other (specify) ▶
sement For: Primary X General Other (specify) ▶
sement For: Primary X General Other (specify) ▶

Women Speak Out PAC Check if 24-hour report 48-hour report New report Amends report filed o Full Name of Payee Christopher L Gilbert Mailing Address 55 Lovell Johnson Rd City State Zip Code MS Picayune 39466 Ti Purpose of Expenditure Category/ Mileage 002 Type Name of Federal Candidate Support Office Ms. Mary L Landrieu Oppose Disburs Calendar Year-To-Date 554635.78 2014 Per Election for Office Sought Full Name of Payee Felicia A Jones Mailing Address 4106 Martha St City State Zip Code Shreveport LA 71109 T Purpose of Expenditure Category/ 001 Salary Type Name of Federal Candidate Support Office Ms. Mary L Landrieu Oppose Disburs Calendar Year-To-Date 554635.78 2014 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... 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 (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] 01 30 2015 Date Signature

Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 120 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report 48-hour report New report	Amends report filed on
Full Name of Payee Felicia A Jones	Date of Public Distribution/Dissemination
	11 19 / 2014
Mailing Address 4106 Martha St	Amount
City State Zip C	Code 11.10
Shreveport LA 7110	09 Transaction ID : ac257667-c0ae-4b86-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Cate	tegory/ Type 002 11 19 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Tammay Williams	11 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 924 N. Prieur St	Amount
City State Zip C	Code 80.00
New Orleans LA 7011	16 Transaction ID : ba4be977-1dcd-4fbb-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Cate	tegory/ Type 001 11 19 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554	Disbursement For: Primary General 2014 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	91.10
(b) SUBTOTAL of Unitemized Independent Expenditures	······
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized commarty committee) any political party committee or its agent.	

[Electronically Filed]

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Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X)		
TEMIZED INDEPENDENT EXPENDITURES		PAGE 121 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		
		C C00530766
Check if 24-hour report 48-hour report New report	Amends report filed on	M / D D / Y D Y D Y
Full Name of Payee	Date c	of Public Distribution/Dissemination
Tammay Williams		11 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 924 N. Prieur St	Amour	nt
City State Zip Cod	lo	15.00
New Orleans LA 70116	Transac	ction ID : 838f5939-0487-43ba-9
Purpose of Expenditure Cotogo		of Disbursement or Obligation
Mileage	ype 002	11 19 2014
Name of Federal Candidate	Support Office Sought	t: House District: 00
Ms. Mary L Landrieu	C Oppose Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 55463	Disbursement 2014 Ot	t For: Primary X General
Full Name of Payee	Date of	of Public Distribution/Dissemination
Antoinette Franklin	М	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8822 Apple St	Amour	nt
City State Zip Coc	de	60.00
New Orleans LA 70188	Transac	ction ID: bd0b2b5f-4866-496c-8 of Disbursement or Obligation
Purpose of Expenditure Salary Categor	ory/ OO1	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- In	ype 001	11 10 2014
Name of Federal Candidate	Support Office Sought	t: District: 00
Ms. Mary L Landrieu	✓ Oppose Preside	ent X Senate State: LA
Calendar Year-To-Date	Disbursement	t For: Primary X General
Per Election for Office Sought 55463		ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······	75.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
	,	
(c) TOTAL Independent Expenditures	······	4-14-14-1
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committed.		
party committee) any political party committee or its agent.	oo or agont or entier, or (II t	and reporting entity is not a political

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		_	
TΕ	EMIZED INDEPENDENT EXPENDITURES			PAGE 122 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDI	ENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC		C	000530766
Ch	neck if 24-hour report 48-hour report New rep	ort Amends repo	rt filed on	D D / Y Y Y Y Y
	Full Name of Payee Antoinette Franklin			Distribution/Dissemination
	Mailing Address		11 /	19 2014
	8822 Apple St		Amount	
	City State New Orleans LA	Zip Code 70188	Transaction ID	12.00 : e854d49f-1bac-42bf-b
	Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbur	rsement or Obligation
	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Mary L Landrieu	X Oppose	President X	
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
	Full Name of Payee Cynthia N Schmit			Distribution/Dissemination
	Mailing Address 2226 Taft Circle Apt 1		11 /	19 / 2014
			Amount	
	City State Winchester VA	Zip Code 22601		30.00 : c7b4691a-e052-45a6-9 rsement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	Date of Disbut	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Mary L Landrieu	X Oppose	President >	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 Other (spe	Primary X General
	(a) CURTOTAL of hamined lader and art Funced lives			10.00
	(a) SUBTOTAL of Itemized Independent Expenditures		· •	42.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		•	
	(c) TOTAL Independent Expenditures		•	
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			

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PAGE		OF	
FOR L	INE 24	OF F	ORM 3X

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends re	eport filed	on M M / D D / Y Y Y Y Y
Full Name of Payee				Date of Public Distribution/Dissemination
Zachary Vidrine Mailing Address 202 Due Des Caire				11 / 19 / 2014
202 Rue Des Cajun				Amount
City	State	Zip Code		30.00
Ville Platte	LA	70586		Transaction ID : 6c8f7265-1930-4a4c-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 00	01	11 19 / 2014
Name of Federal Candidate		Support	t Office	Sought: House District:00
Ms. Mary L Landrieu		X Oppose		President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	554635.78	Disbur 2014	rsement For: Primary General Other (specify) ▶
Full Name of Payee Zachary Vidrine				Date of Public Distribution/Dissemination
Mailing Address 202 Rue Des Cajun				Amount
City	State	Zip Code		17.10
Ville Platte	LA	70586		Transaction ID: 5a30d74a-e00e-4ccd-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 00	02	11 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Suppor	t Office	Sought: House District:00
Ms. Mary L Landrieu		X Oppose		President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	554635.78	Disbu 2014	rsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ures		····· •	47.10
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		····· >	
(c) TOTAL Independent Expenditures			······ >	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan	[Electron	ically Filed]	oate 01	M / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Ms. Emily Buchanan

Signature

36	CHEDULE E (FEC Form 3)	()						
TΕ	EMIZED INDEPENDENT EXPEND	ITURES				PAGE 124 FOR LINE 24	OF 31	
V/	AME OF COMMITTEE (In Full)							
	Vomen Speak Out PAC					ENTIFICATIO	N NUMBER	- T
	·				C	C00530766		<u></u>
Ch	neck if 24-hour report 48-hour r	report New rep	port Amends repo	ort filed on	M = M /	D D /	Y = Y = Y	Y
	Full Name of Payee			Date	e of Public	Distribution/E	Disseminatio	วท
	Joshua J Huffman				11 /	19	2014	Y
	Mailing Address 211 Dixie Ave			Amo	ount			
	City	State	Zip Code				55.00	3
	Harrisonburg	VA	22801			: 3c275085-f 8	806-47ba-b	_
	Purpose of Expenditure Salary		Category/ Type 001		M M /	19	2014	Y
	Name of Federal Candidate							
			Support	Office Sou	_	_	District:0	_
	Ms. Mary L Landrieu		X Oppose	Pres	ident	Senate	State: LA	
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disburseme 2014	ent For: Other (spe	Primary ecify) ▶	X Gene	eral
	Full Name of Payee			Dat	e of Public	: Distribution/[Disseminatio	on
	Stephanie L Heun				M = M /	D D /	YYYY	Y
	Mailing Address	404			11	19	2014	
	8026 S Wilwood Dr Apt	101		Am	ount			_
	City	State	Zip Code				10.00)
	Oak Creek	WI	53154			: 56d7167a- 4)
	Purpose of Expenditure Salary		Category/ Type 001		11 /	19	2014	Y
	Name of Federal Candidate							20
	Ms. Mary L Landrieu		Support	Office Sou	_	_	JISTITICT:	00
	IVIS. IVIALY E CALIGITEU		X Oppose	Pres	ident >	Senate	State: L	<u>A</u>
	Calendar Year-To-Date		554635.78	Disbursem 2014	ent For:	Primary	X Gen	ieral
	Per Election for Office Sought		334033.76	2014	Other (spe	ecify) ►		
	(a) SUBTOTAL of Itemized Independent E	Expenditures		▶			65.00	
	(b) SUBTOTAL of Unitemized Independent	nt Expenditures		•				П
								_
	(c) TOTAL Independent Expenditures			·· •		-		Ш
	Under penalty of perjury I certify that the with, or at the request or suggestion of, are party committee) any political party committee.	ny candidate or authorized						

[Electronically Filed]

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
ΓE	EMIZED INDEPENDENT EXPENDITURES		PAGE 125 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New report	rt Amends repo	rt filed on
	Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination
	Mailing Address		11 19 / 2014
	180 McNeil Steep Hollow Rd		Amount
	_ ·	Zip Code	67.50
	Carriere MS Purpose of Expenditure	39426	Transaction ID: 7e59fc97-f9ea-4a89-b Date of Disbursement or Obligation
	Salary	Category/ Type 001	11 / 19 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Other (specify) ▶
	Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination
	Mailing Address 180 McNeil Steep Hollow Rd		11 / 19 / 2014
	100 Martell Gleep Hollow Ru		Amount
		Zip Code	41.40 Transaction ID : aeb04024-3876-4c4c-9
	Carriere MS Purpose of Expenditure	39426	Date of Disbursement or Obligation
	Mileage	Category/ Type 002	11 / 19 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Gther (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		108.90
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
П	EMIZED INDEPENDENT EXPENDITURES		PAGE 126 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New report	port Amends repo	ort filed on
	Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination
	Mailing Address 1110 N Coolidge		11 19 2014 Amount
	City State Gonzales LA	Zip Code	70.00 Transaction ID : a157c676-151e-4250-a
	Purpose of Expenditure		Date of Disbursement or Obligation
	Salary	Category/ Type 001	11 / 19 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Hannah J Landry Mailing Address 4440 N Coolidge		Date of Public Distribution/Dissemination
	TTTO N Cooliage		Amount
	City State Gonzales LA	Zip Code 70737	21.09 Transaction ID : 5de2c40e-3e08-4a77-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 19 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 91.09
	, ,		7 7 7
	(b) SUBTOTAL of Unitemized Independent Expenditures		· • · · · · · · · · · · · · · · · · · ·
	(c) TOTAL Independent Expenditures		
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
TΕ	EMIZED INDEPENDENT EXPENDITURES		PAGE 127 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC		C C00530766
Ch	eck if 24-hour report 48-hour report New report	ort Amends repo	ort filed on
	Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination
	Mailing Address		11 / 19 / 2014
	1030 N Coolidge Ave		Amount
	City State	Zip Code	70.00
	Gonzales LA	70737	Transaction ID: c6f4cf20-6e4f-4ccd-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Mailing Address Mailing Address A020 N Coolidge Ave		11 / 19 / 2014
	1030 N Coolidge Ave		Amount
	City State	Zip Code	21.09
	Gonzales LA	70737	Transaction ID: c170c421-928e-40d4-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 19 7 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		91.09
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
	(c) TOTAL Independent Expenditures		
			492 492 402
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

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	CHEDULE E (FEC Form 3X)				
	EMIZED INDEPENDENT EXPENDITUR	ES			PAGE 128 OF 317
					FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)			1	FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC				C C00530766
Ch	neck if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y B Y B Y
	Full Name of Payee Theresa a Youngblood			M	F Public Distribution/Dissemination
	Mailing Address 102 S Main Street Apt A2			Amoun	
	City	Ctoto	Zin Cada		35.00
	City	State VA	Zip Code 22611	Transas	tion ID : 10dbc516-2281-48d8-b
	Berryville		22011		Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 19 2014
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement 2014 Otl	For: Primary
	Full Name of Payee				f Public Distribution/Dissemination
	Evelyn Lesaicherre			M	11 19 2014
	Mailing Address 629 Radiance Ave			Amoun	t l
	City	State	Zip Code		80.00
	Metairie	LA	70001		tion ID: 03f1cad7-95d1-4e43-8 f Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 19 / 2014
	Name of Federal Candidate		Support	Office Sought	: House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement 2014 Ot	For: Primary
	(a) SUBTOTAL of Itemized Independent Expend	litures		.	115.00
	(b) SUBTOTAL of Unitemized Independent Expe	enditures		•	7 7
	(c) TOTAL Independent Expenditures			•	7 1 7 1 7
	Under penalty of perjury I certify that the indepe	endent expenditures	reported herein were	not made in co	operation, consultation, or concert

with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan	[Electronically Filed]	Date	M - M 01	/ 30	2015
Signature					

	age# 15950562171 CHEDULE E (FEC Form 3	Y)			
	EMIZED INDEPENDENT EXPENI				PAGE 129 OF 317
					FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER
٧	Vomen Speak Out PAC			C	C00530766
Ch	neck if 24-hour report 48-hour	report New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y
	Full Name of Payee Evelyn Lesaicherre			Date of F	Public Distribution/Dissemination
				M 11	
	Mailing Address 629 Radiance Ave			Amount	
	City	State	Zip Code		3.60
	Metairie	LA	70001		on ID: 7ad054a1-fbc5-4431-a Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	11	M / D D / Y Y Y Y
	Name of Federal Candidate		Support	Office Sought:	House District:00
	Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement F 2014 Othe	or: Primary X General or (specify) ▶
	Full Name of Payee			Date of	Public Distribution/Dissemination
	Brogan A Benoit			11	
	Mailing Address 7144 South River Rd			Amount	
	City	State	Zip Code		60.00
	Addis	LA	70710		on ID: 17ed1cad-8a3e-4fb1-8 Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	M 11	
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement F	
	. o			Othe	er (specify)
	(a) SUBTOTAL of Itemized Independent	Expenditures		·	63.60
	(b) SUBTOTAL of Unitemized Independent	ent Expenditures		·	
				· —	Ap 1 Ap 1 Ap 1
	(c) TOTAL Independent Expenditures			·	7 1 1 7 1 1 7 1

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan	[Electronically Filed]	Date	01 M	/ 30	2015
Signature					

Signature

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	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 130 OF 317
			FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full) Vomen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
٧	vomen Speak Out FAC		C C00530766
CI	neck if 24-hour report 48-hour report New report	Amends report	filed on Mam / Dab / Yayayay
	Full Name of Payee Brogan A Benoit		Date of Public Distribution/Dissemination
	Mailing Address 7144 South River Rd		11 19 2014 Amount
	l ·	Code 710	6.30 Transaction ID: 812c6e23-067d-48e9-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	ategory/ Type 002	11 19 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ►
	Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination 11 19 2014
	Mailing Address 1103 West Wilson Street		Amount
	City State Zip	Code	75.00
		0586	Transaction ID: 3279104b-d3ae-449a-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Ca	ategory/ Type 001	11 / 19 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures		81.30
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
	(c) TOTAL Independent Expenditures		·
	Under penalty of perjury I certify that the independent expenditures repwith, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M = M / D = D / Y = Y = Y

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PAGE 131 OF 317 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00530766
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of Public Distribution/Dissemination
11 19 / 2014
unt
22.20
oction ID: e6aa84f9-1aaa-496b-b of Disbursement or Obligation
11 19 / Y Y Y Y 1
nt: House District: 00
ent X Senate State: LA
nt For: Primary X General
Other (specify)
of Public Distribution/Dissemination
11 19 7 2014
unt
80.00
action ID : 6b4f4f6e-b73e-411d-8 of Disbursement or Obligation
11 19 / 2014
ht: House District: 00
ht: House District: 00 Hent Senate State: LA
Tiouse District.
lent X Senate State: LA
lent Senate State: LA nt For: Primary General
lent Senate State: LA nt For: Primary General
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NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		0 00000700
Check if 24-hour report 48-hour report New report	ort Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
Michael Vidrine		11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1103 West Wilson Street		
1103 West Wilson Street		Amount
City State	Zip Code	22.20
Ville Platte LA	70586	Transaction ID : e6aa84f9-1aaa-496b-b
Durage of Eugenditure	T	Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
Calendar Year-To-Date		Disbursement For: Primary X General
Per Election for Office Sought		Other (specify)
Full Name of Page		
Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination
		11 19 2014
Mailing Address 6718 Lake Willow Dr		Amount
	7: 0 1	20.00
City State New Orleans LA	Zip Code	80.00 Transaction ID : 6b4f4f6e-b73e-411d-8
Their Griedine	70126	Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		
	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date		Disbursement For: Primary X General
Per Election for Office Sought	554635.78	2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		102.20
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		·
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electron	ically Filed] Date	01 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

PAGE 132 OF 317 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00530766
n M = M / D = D / Y = Y = Y
Date of Public Distribution/Dissemination
11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Amount
12.60
ansaction ID: 8aed296e-206b-4fe9-a Date of Disbursement or Obligation
11 19 / 2014
Sought: House District: 00
resident X Senate State: LA
ement For: Primary X General
Other (specify) ▶
Date of Public Distribution/Dissemination
11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Amount
70.00
70.00 ransaction ID : 543752fd-941d-4503-b
70.00 ransaction ID : 543752fd-941d-4503-b Date of Disbursement or Obligation
70.00 ransaction ID : 543752fd-941d-4503-b Date of Disbursement or Obligation 11
70.00 ransaction ID: 543752fd-941d-4503-b Date of Disbursement or Obligation M 1 M
70.00 ransaction ID: 543752fd-941d-4503-b Date of Disbursement or Obligation M 11
70.00 ransaction ID: 543752fd-941d-4503-b Date of Disbursement or Obligation M 11
70.00 ransaction ID: 543752fd-941d-4503-b Date of Disbursement or Obligation M 11
70.00 ransaction ID: 543752fd-941d-4503-b Date of Disbursement or Obligation M 1
70.00 ransaction ID: 543752fd-941d-4503-b Date of Disbursement or Obligation M 1
70.00 ransaction ID: 543752fd-941d-4503-b Date of Disbursement or Obligation M 1
ansaction ID: 543752fd-941d-4503-b Date of Disbursement or Obligation M 11

Full Name of Payee Carl Brent Mailing Address 6718 Lake Willow Dr Date of Public Distribution/Dissemina 11 19 / 2014 Amount	tion 60
Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemina Full Name of Payee Carl Brent Mailing Address 6718 Lake Willow Dr City State Zip Code New Orleans LA 70126 Purpose of Expenditure Milongre Category/ 002	tion Y
Check if 24-hour report 48-hour report New report Amends report filed on Man / Date of Public Distribution/Dissemina Carl Brent Date of Public Distribution/Dissemina	tion Y
Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Carl Brent Mailing Address 6718 Lake Willow Dr City State Zip Code New Orleans LA 70126 Purpose of Expenditure Mileage Category/ Mileage Category/ Memount Amends report filed on Date of Public Distribution/Dissemina Amount Transaction ID: 8aed296e-206b-4fe9 Date of Disbursement or Obligation	tion Y
Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Carl Brent Mailing Address 6718 Lake Willow Dr City State Zip Code New Orleans LA 70126 Purpose of Expenditure Mileage Category/ Mileage Category/ Memount Amends report filed on Date of Public Distribution/Dissemina Amount Transaction ID: 8aed296e-206b-4fe9 Date of Disbursement or Obligation	tion Y
Carl Brent Mailing Address 6718 Lake Willow Dr City State Zip Code New Orleans LA 70126 Purpose of Expenditure Mileage Category/ Mileage Category/ Mileage Category/ O02	60
Mailing Address 6718 Lake Willow Dr City State Zip Code New Orleans LA 70126 Purpose of Expenditure Mileage Category/ Mailing Address 6718 Lake Willow Dr Amount Transaction ID: 8aed296e-206b-4fe9 Date of Disbursement or Obligation	60
City State Zip Code New Orleans LA 70126 Purpose of Expenditure Mileage Category/ 002 Amount Amount Transaction ID: 8aed296e-206b-4fe9 Date of Disbursement or Obligation	
New Orleans LA 70126 Transaction ID: 8aed296e-206b-4fe9 Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ O03	
New Orleans LA 70126 Transaction ID: 8aed296e-206b-4fe9 Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ O03	
Purpose of Expenditure Mileage Category/ O02 Date of Disbursement or Obligation	a
Miloggo Category 002	
Name of Federal Candidate Support Office Sought: House District:	00
Ma Marcel Landston	LA
President State.	
Calendar Year-To-Date Disbursement For: Primary G	eneral
Per Election for Office Sought 554635.78 2014 Other (specify) ▶	
Full Name of Payee Date of Public Distribution/Dissemina	tion
Christine Stevens	
11 19 201.	
Mailing Address 100 Asbury Ct	
Amount	
City State Zip Code 70	00
Winchester VA 22602 Transaction ID : 543752fd-941d-4503	-b
Date of Disbursement or Obligation	
Purpose of Expenditure Salary Category/ Type 001 11 19 201	
Type 001 11 19 201	+
Name of Federal Candidate Support Office Sought: House District:	00
Mc Many L Landriou	LA
President State:	
554005.70	eneral
Per Election for Office Sought 554635.78 2014 Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	-
(c) TOTAL Independent Expenditures	
	: :
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or co with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a possible of the cooperation).	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or co with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a poparty committee) any political party committee or its agent. Ms. Emily Buchanan	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or co with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a poparty committee) any political party committee or its agent.	

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
П	EMIZED INDEPENDENT EXPENDITURES		PAGE 133 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New report	port Amends repo	ort filed on
	Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination
	Mailing Address 100 ASBURY CT		Amount
	City State WINCHESTER VA	Zip Code 22602	70.00 Transaction ID : 12941d59-e7bd-4e08-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Jon E Conner Mailing Address 100 Asbury Ct		Date of Public Distribution/Dissemination 11 19 2014
			Amount
	City State Winchester VA	Zip Code 22602	70.00 Transaction ID: 6c4cd450-f739-44c6-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 19 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		. ▶ 140.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		

[Electronically Filed]

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Signature

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURE	:0		PAGE 134 OF 317
TEMPER INDEFERDENT EXPENDITIONS	.5		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New	report Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee	<u></u>		Date of Public Distribution/Dissemination
Rodney O Culbreath			11 19 2014
Mailing Address 100 Asbury Ct			Amount
- C75.	Ctoto	7:- O-do	70.00
City Winchester	State VA	Zip Code 22602	70.00 Transaction ID: 3e7df017-a353-4192-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 19 2014
Name of Federal Candidate		Support Off	fice Sought: House District:00
Ms. Mary L Landrieu		Support Oil	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Dis 201	sbursement For: Primary X General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Rze Culbreath			Mam / Dab / Yayayaya
Mailing Address 100 Asbury Ct			Amount
	21-15	7 0 4	70.00
City Winchester	State VA	Zip Code 22602	70.00 Transaction ID: 25a14d1c-b02a-4766-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 19 2014
Name of Federal Candidate		Support Off	fice Sought: House District:00
Ms. Mary L Landrieu		Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			sbursement For: Primary X General 114 Other (specify) ▶
			Carlot (opeciny)
(a) SUBTOTAL of Itemized Independent Expendit	ures	·····	140.00
(b) SUBTOTAL of Unitemized Independent Expen	ıditures	·····	
(c) TOTAL Independent Expenditures		·····	
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	lidate or authori		
Ms. Emily Buchanan	[Elec	tronically Filed] Date	01 30 2015
Cianatura		Date	

Signature

Ms. Emily Buchanan

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SCHEDULE E (FEC Form 3X)		
TEMIZED INDEPENDENT EXPENDITURES		PAGE 135 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New rep	oort Amends repor	rt filed on
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination
		11 / 19 / 2014
Mailing Address 110 W Pecan St		Amount
City State	Zip Code	50.00
Ville Platte LA	70586	Transaction ID: c976a732-f212-4e60-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 19 / 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Christopher Marquess		11 19 2014
Mailing Address 110 W Pecan St		Amount
City State	Zip Code	32.40
Ville Platte LA	70586	Transaction ID: 7cd8ce74-0e89-4293-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 19 / 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General
		Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures		82.40
(b) SUBTOTAL of Unitemized Independent Expenditures		
(b) SOBIOTAL OF OTHER HIZER HIREPERIOR EXPENDITURES)
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

[Electronically Filed]

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Date

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Check if

NAME OF COMMITTEE (In Full) Women Speak Out PAC

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

MIZED INDEPENDENT EXPENDIT	JRES			PAGE 136 OF 317 FOR LINE 24 OF FORM
ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER
omen Speak Out PAC				C C00530766
k if 24-hour report 48-hour report	rt New	report Amends rep	ort filed	d on M M M / D D / Y Y Y M
Full Name of Payee Cathy Longtin				Date of Public Distribution/Dissemination
Mailing Address 827 Navavre Ave				11 19 2014 Amount
City	State	Zip Code		85.00
New Orleans	LA	70124		Transaction ID: 1417964c-0938-4c11-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 19 2014
lame of Federal Candidate		Support	Office	ce Sought: House District: 00
/Is. Mary L Landrieu		Oppose		President State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbu 2014	oursement For: Primary X General Other (specify) ▶
Full Name of Payee Cathy Longtin				Date of Public Distribution/Dissemination
Mailing Address				11 19 2014
827 Navavre Ave				Amount
Dity	State	Zip Code		9.90
New Orleans	LA	70124		Transaction ID: 46e311dc-edbd-4c75-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 19 7 2014
Name of Federal Candidate		Support	Offic	ce Sought: House District: 00
Ms. Mary L Landrieu		Oppose		President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disb 2014	oursement For: Primary X Gene 4 Other (specify) ▶
) SUBTOTAL of Itemized Independent Exp	enditures		▶	94.90
) SUBTOTAL of Unitemized Independent E	xpenditures		··· •	

Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan	[Electronically Filed]	Date	01	30	2015
Signature					
Signature					

TEMIZED INDEPENDENT EXPENDI	TURES			PAGE 137 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour re	eport New repo	ort Amends repo		M
Full Name of Payee			Date	of Public Distribution/Dissemination
Colton R Overcash			N	11 19 2014
Mailing Address 121 Ohara Dr			Amou	nt
City	State	Zip Code	$ \Gamma$	94.00
Salisbury	NC	28147		oction ID : 0b269fbb-958e-4023-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 19 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu		Support Oppose	Preside	Σ. Ι.Δ
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursemen 2014	nt For: Primary X General
Full Name of Payee				of Public Distribution/Dissemination
Colton R Overcash				11 19 2014
Mailing Address 121 Ohara Dr			Amou	
			7 11100	
City	State	Zip Code		61.80
Salisbury	NC	28147		action ID: 89c861db-63b3-455a-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 19 2014
Name of Federal Candidate		Support	Office Sough	nt: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursemer 2014	nt For: Primary X General Other (specify) ▶
_				
(a) SUBTOTAL of Itemized Independent E	xpenditures		•	155.80
(b) SUBTOTAL of Unitemized Independent	Expenditures		•	
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party committee	y candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed]	M M /	30 2015
Signature		Date	, 01	30 2013

NAME OF COMMITTEE (In Full) Women Speak Out PAC

	PAGE 138 OF 317 FOR LINE 24 OF FORM 3X
	FEC IDENTIFICATION NUMBER ▼
	C C00530766
mends report filed	d on M M M / D D / Y Y Y Y Y
	Date of Public Distribution/Dissemination
	11 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Amount
	80.00 Transaction ID : 39c7a6fd-ad8b-49d7-b
	Date of Disbursement or Obligation
001	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Support Offic	e Sought: House District: 00
Oppose	President Senate State: LA
78 Disb 2014	ursement For: Primary ⊠ General Other (specify) ▶
	Date of Public Distribution/Dissemination
	11 19 2014
	Amount
	Amount 6.30 Transaction ID : 3dbfd972-035c-4673-8
	6.30 Transaction ID : 3dbfd972-035c-4673-8 Date of Disbursement or Obligation
// e 002	6.30 Transaction ID : 3dbfd972-035c-4673-8
e 002	Transaction ID : 3dbfd972-035c-4673-8 Date of Disbursement or Obligation
9 002	Transaction ID: 3dbfd972-035c-4673-8 Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Check if 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee				Date of Public Distribution/Dissemination	
Elvis Spears				11 19 2014	
Mailing Address 2150 Hope St				Amount	
City New Orleans	State LA	Zip Code 70119		80.00 Transaction ID : 39c7a6fd-ad8b-49d7-b	
Durnage of Europediture				Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001		11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Cupport	Office	Sought: House District: 00	
Ms. Mary L Landrieu		Support	Office	riodoc Bistriot.	
WS. Wary E Editation		X Oppose		President Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbu 2014	rsement For: Primary	
Full Name of Payee	<u> </u>				
Elvis Spears				Date of Public Distribution/Dissemination	
				11 19 2014	
Mailing Address 2150 Hope St				Amount	
City	Ctoto	Zin Codo		6.30	
City	State LA	Zip Code		Transaction ID : 3dbfd972-035c-4673-8	
New Orleans	LA	70119		Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002		11 19 / 2014	
Name of Federal Candidate		Support	Office	e Sought: House District: 00	
Ms. Mary L Landrieu		Support Oppose		President X Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbu 2014		
Tot Election for Chief Coagni		110		Other (specify)	
(a) SUBTOTAL of Itemized Independent E	expenditures		•	86.30	
(b) SUBTOTAL of Unitemized Independen	t Expenditures		•		
(c) TOTAL Independent Expenditures			•		
	ny candidate or authorized			ade in cooperation, consultation, or concert r, or (if the reporting entity is not a political	
Ms. Emily Buchanan	[Electron	ically Filed]	U,	1 30 2015	
Signature	•	Date	L	2010	

Signature

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITUR	ES		PAGE 139 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New re	report Amends repo	ort filed on
Full Name of Payee Hannah J Landry Mailing Address			Date of Public Distribution/Dissemination
1110 N Coolidge			Amount
City	State LA	Zip Code 70737	40.00 Transaction ID : 84606fcd-ab90-4e6c-b
Purpose of Expenditure		Category/	Date of Disbursement or Obligation
Salary		Type 001	11 20 2014
Name of Federal Candidate Ms. Mary L Landrieu		Support Oppose	Office Sought: House District: 00 President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Hannah J Landry Mailing Address 1110 N Coolidge			Date of Public Distribution/Dissemination 11 20 2014 Amount
City	State	Zip Code	6.33
Gonzales	LA	70737	Transaction ID : 6fa7adba-51c1-4775-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 20 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		▶ 46.33
(b) SUBTOTAL of Unitemized Independent Expe	enditures		·
(c) TOTAL Independent Expenditures			
	ndidate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electr	ronically Filed]	01 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
ΓE	EMIZED INDEPENDENT EXPENDITURES		PAGE 140 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New report	ort Amends repo	ort filed on
	Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination
			11 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1030 N Coolidge Ave		Amount
	City State	Zip Code	40.00
	Gonzales LA	70737	Transaction ID : 8d6c0bce-3aa8-4c5c-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 20 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Other (specify) ▶
	Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination
	Mailing Address 1030 N Coolidge Ave		11 20 2014
			Amount
	City State	Zip Code	6.33
	Gonzales LA	70737	Transaction ID : dfcb67a3-3c6f-4460-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 20 7 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		46.33
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

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110	age# 13930302103		
C	CHEDULE E (FEC Form 3X)		
ΓΕ	MIZED INDEPENDENT EXPENDITURES		PAGE 141 OF 317
			FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC		C C00530766
			M M / D D / Y Y Y Y
Ch	eck if 24-hour report 48-hour report Ne	ew report Amends rep	
	Full Name of Payee		Date of Public Distribution/Dissemination
	Theresa a Youngblood		11 20 Y Y Y Y Y
	Mailing Address 102 S Main Street Apt A2		
	102 0 Main 011001742		Amount
	City State	Zip Code	25.00
	Berryville VA	22611	Transaction ID : 7e4050c9-2f1e-4fc3-9
			Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 20 7 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date		Disbursement For: Primary X General
	Per Election for Office Sought	554635.78	2014 Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Lilly Green		11 20 2014
	Mailing Address 205 Medallion Circle		Amount
			10.00
	City State	Zip Code	40.00
	Shreveport LA	71119	Transaction ID: 1088350f-0d14-4221-8 Date of Disbursement or Obligation
	Purpose of Expenditure	Category/	M M / D D / Y Y Y Y
	Salary	Type 001	11 20 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date	55 1005 70	Disbursement For: Primary General
	Per Election for Office Sought	554635.78	2014 Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 65.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		··· •
			7 7
	(c) TOTAL Independent Expenditures		
			7 7
	Under penalty of periury I certify that the independent expendent	ditures 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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan	[Electronically Filed]	Date	01	30	2015
Signature					

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Ms. Emily Buchanan

Signature

CHEDULE E (FEC Form 3X)		
MIZED INDEPENDENT EXPENDITURES		PAGE 142 OF 317 FOR LINE 24 OF FORM 3X
ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
omen Speak Out PAC		C C00530766
eck if 24-hour report 48-hour report New r	report Amends repor	rt filed on
Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination
A A - 190 cm. A status and		11 20 2014
Mailing Address 205 Medallion Circle		Amount
City State	Zip Code	54.00
Shreveport LA	71119	Transaction ID: 32589fa4-0f04-4e44-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 20 / Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Stephanie L Heun		11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8026 S Wilwood Dr Apt 101		Amount 20 2014
Chata	7:- O-d-	20.00
City State Oak Creek WI	Zip Code 53154	Transaction ID : 1a29ee51-2d32-4c3a-b
		Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 20 7 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		74.00
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditur with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.		

[Electronically Filed]

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Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X)		
TEMIZED INDEPENDENT EXPENDITURES		PAGE 143 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		
		C C00530766
Check if 24-hour report 48-hour report New report	Amends report file	led on Man / Dab / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Jenny N Brown		11 20 7 2014
Mailing Address 1270 Lovelady Rd		Amount
City State Zip	Code	40.00
West Monroe LA 712		Transaction ID : fbb1b6f3-b5eb-452b-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Ca	tegory/ Type 001	11 20 / 2014
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 55		sbursement For: Primary X General 14 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Jenny N Brown		11 20 / Y Y Y Y Y Y
Mailing Address 1270 Lovelady Rd		Amount
City State Zip	Code	12.00
West Monroe LA 712	292	Transaction ID : b0be7ce7-2ed5-4a9f-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Ca	tegory/ Type 002	11 20 / 2014
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date		isbursement For: Primary X General
Per Election for Office Sought 55	54635.78	Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures	·····	52.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······································	
(c) TOTAL Independent Expenditures	······	
		7 7 7
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com- party committee) any political party committee or its agent.		

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PAGE	144	OF	317 ORM 3X
FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report file	ed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Cathy Longtin	11 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 827 Navavre Ave	Amount
City State Zip Code	45.00
New Orleans LA 70124	Transaction ID : f46d1742-9190-43e2-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M M / D D / Y Y Y Y Y Y 1 Y 2014
Name of Federal Candidate Support Offi	ice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: Primary X General Other (specify) ▶
Full Name of Payee Cathy Longtin	Date of Public Distribution/Dissemination
Mailing Address 827 Navavre Ave	Amount
City State Zip Code	6.30
New Orleans LA 70124	Transaction ID: e55b5afd-b909-4fcd-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 20 2014
Name of Federal Candidate Support Off	ice Sought: House District:00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Dis 20	sbursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	51.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	01 30 2015
Signature	

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Ms. Emily Buchanan

Signature

CHEDULE E (FEC Form 3X)				
EMIZED INDEPENDENT EXPENDIT	TURES			PAGE 145 OF 317 FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				
				C C00530766
heck if 24-hour report 48-hour rep	port New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Tammay Williams			M	11 20 2014
Mailing Address 924 N. Prieur St			Amou	nt
City	State	Zip Code	— I	80.00
New Orleans	LA	70116		ction ID: 29d8d5ab-03b0-4e76-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 20 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	ent X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
Full Name of Payee			Date	of Public Distribution/Dissemination
Tammay Williams				11 / 20 / Y Y Y Y Y Y Y
Mailing Address 924 N. Prieur St			Amou	nt
City	State	Zip Code		15.00
New Orleans	LA	70116		ction ID: 9bde1731-db80-4c3c-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	TV	11 20 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date			Disbursemen	t For: Primary X General
Per Election for Office Sought		554635.78	2014 o	ther (specify) >
(a) SUBTOTAL of Itemized Independent Ex	penditures		• •	95.00
(b) SUBTOTAL of Unitemized Independent	Expenditures		•	7 1 7 1 7
(c) TOTAL Independent Expenditures				
				7 7
Under penalty of perjury I certify that the ir with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			

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Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X)			
TEMIZED INDEPENDENT EXPENDIT	URES		PAGE 146 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
			U iiiiiii
Check if 24-hour report 48-hour report	ort New rep	ort Amends repo	ort filed on M M M / D D / Y Y Y Y Y Y
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination
Mailing Address			11 20 2014
8822 Apple St			Amount
City	State	Zip Code	60.00
New Orleans	LA	70188	Transaction ID : bfde7ab6-5bb7-4660-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 20 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Antoinette Franklin			11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8822 Apple St			Amount
City	State	Zip Code	12.00
New Orleans	LA	70188	Transaction ID: 5b4e1188-fb05-4a02-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 20 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	pandituras		72.00
(a) SOUTOTAL OF REMIZED INDEPENDENT EXP	'enditures		12.00
(b) SUBTOTAL of Unitemized Independent E	Expenditures		•
(c) TOTAL Independent Expenditures			
	candidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES			DACE 147 OF 317
				PAGE 147 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full) Vomen Speak Out PAC		F	EC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out FAC			C C00530766
Cł	neck if 24-hour report 48-hour report New report	ort Amends repo	ort filed on	M / D D / Y D Y D
_	Full Name of Payee Heather A Smith		Date of	Public Distribution/Dissemination
	Mailing Address 995 Clairborne Rd		1	1 20 2014
	Soo Sidingsine its		Amount	
	City State Calhoun LA	Zip Code 71225	Transact	10.00 ion ID : b8d29e25-01f0-40ab-a
	Purpose of Expenditure		Date of	Disbursement or Obligation
	Salary	Category/ Type 001	M 1	
	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Mary L Landrieu	Oppose	President	t X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
	Full Name of Payee Gary W Fuhrmann			Public Distribution/Dissemination
	Mailing Address		1	1 20 7 2014
	9425 Jessica Drive		Amount	
	City State	Zip Code		52.50
	Shreveport LA	71106		ion ID: 4a9a39d0-46b7-48ac-8 Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	1	1 20 7 2014
	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Mary L Landrieu	X Oppose	Presiden	state: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement I 2014 Oth	For:
	(a) SUBTOTAL of Itemized Independent Expenditures		· - -	62.50
	(b) SUBTOTAL of Unitemized Independent Expenditures		· •	7 1 7 1 1 7 1
	(c) TOTAL Independent Expenditures		•	7
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	WILLED INDEPENDENT EXPENDITURES			FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		ı	FEC IDENTIFICATION NUMBER ▼
W	/omen Speak Out PAC			C C00530766
Ch	eck if 24-hour report 48-hour report New report	ort Amends repo		/ D D / Y D Y D Y
	Full Name of Payee Gary W Fuhrmann			Public Distribution/Dissemination
	•			11 20 7 2014
	Mailing Address 9425 Jessica Drive		Amoun	t
	City State	Zip Code		8.40
	Shreveport LA	71106		tion ID: 03ba77f5-86fc-408b-a f Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	М	11 20 7 2014
	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Mary L Landrieu	Oppose	Presider	nt Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement 2014 Oth	For: ☐ Primary ☐ General ner (specify) ►
	Full Name of Payee		Date o	f Public Distribution/Dissemination
	Eva M Johnston			11 20 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2517 N 47th St		Amoun	t
	City State	Zip Code		10.00
	Milwaukee WI	53210		tion ID: e0dd9853-03b9-4876-b f Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	M	11 20 7 2014
	Name of Federal Candidate	Support	Office Sought	: House District:00
	Ms. Mary L Landrieu	Oppose	Preside	nt Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement 2014 Ot	For: Primary
	() QUIDTOTAL ():			
	(a) SUBTOTAL of Itemized Independent Expenditures		•	18.40
	(b) SUBTOTAL of Unitemized Independent Expenditures		•	
			_	
	(c) TOTAL Independent Expenditures		·	4
,	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•		•
	Ms. Emily Buchanan [Electroni	ically Filed]	M M /	30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	Date	01	30 2015

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	EDULE E (FEC Form 3X)		
I EIVI	IZED INDEPENDENT EXPENDITURES		PAGE 149 OF 317 FOR LINE 24 OF FORM 3X
	OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Wo	men Speak Out PAC		C C00530766
Check	t if 24-hour report 48-hour report New rep	ort Amends repo	ort filed on
	ull Name of Payee Maegan E McDaniel		Date of Public Distribution/Dissemination
М	ailing Address 3009 Skelly St		11 20 2014 Amount
C	ity State	Zip Code	40.00
S	hreveport LA	71107	Transaction ID : dcbe1661-c2c3-45b6-a Date of Disbursement or Obligation
	urpose of Expenditure alary	Category/ Type 001	11 / 20 / Y Y Y Y Y Y Y
N	ame of Federal Candidate	Support	Office Sought: House District: 00
N	ls. Mary L Landrieu	Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary
	ull Name of Payee Maegan E McDaniel		Date of Public Distribution/Dissemination
N	lailing Address 3009 Skelly St		Amount
С	ity State	Zip Code	13.50
	Shreveport LA	71107	Transaction ID: 8ebe2201-25d9-440b-9 Date of Disbursement or Obligation
_	urpose of Expenditure //ileage	Category/ Type 002	11 20 / Y Y Y Y Y
N	ame of Federal Candidate	Support	Office Sought: House District: 00
N	ls. Mary L Landrieu	Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures		. • 53.50
(b)	SUBTOTAL of Unitemized Independent Expenditures		-
(c)	TOTAL Independent Expenditures		
with	der penalty of perjury I certify that the independent expenditures n, or at the request or suggestion of, any candidate or authorized ty committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	PAGE 150 OF 317 FOR LINE 24 OF FORM 3X
D	ENTIFICATION NUMBER ▼

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed or	n M = M / D = D / Y = Y = Y
Full Name of Payee Bobbie M Steinsholt	Date of Public Distribution/Dissemination
	11 20 / Y Y Y Y Y
Mailing Address 3009 Skelly St	Amount
City State Zip Code	40.00
	ransaction ID: 50509e72-7a2d-4aca-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 20 / Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District:00
Ms. Mary L Landrieu Oppose P	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary X General Other (specify) ▶
Full Name of Pause	
Full Name of Payee John K Necaise III	Date of Public Distribution/Dissemination 11 20 2014
Mailing Address 1905 Franklin Ave	Amount
City State Zip Code	40.00
Tron Chicano	ransaction ID: ce993370-26e3-478a-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 01	30 / 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
Signature	

Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 151 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report 48-hour report New report Amends report	filed on Man / Dab / Yayayay
Full Name of Payee John K Necaise III	Date of Public Distribution/Dissemination
JOHN K Necalse III	11 20 / 2014
Mailing Address 1905 Franklin Ave	Amount
City State Zip Code	9.84
New Orleans LA 70117	Transaction ID : 1709c7db-e7aa-4a39-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 20 7 2014
Name of Federal Candidate Support C	Office Sought: House District:00
Ms. Mary L Landrieu Oppose	President State: LA
	Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Janet Morris	11 20 / 2014
Mailing Address 620 Old Barbome Rd Lot 2	Amount
City State Zip Code	12.50
West Monroe LA 71291	Transaction ID: 88ad587e-6c99-4e85-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 20 / Y Y Y Y Y Y
Name of Federal Candidate Support C	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date	Disbursement For: Primary X General
	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	22.34
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1 4 1 4 1 6
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	

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Ms. Emily Buchanan

Signature

TEMIZED INDEPENDENT EXPENDITURES RAGE 152 OF 371 FOR LINE 24 FOR FORM XX WAME OF COMMITTEE (in Full) Women Speak Out PAC Fec IDENTIFICATION NUMBER ▼ C C00530766		CHEDULE E (FEC Form 3X)		
Women Speak Out PAC C C00530766 C C C C C C C C C C C C C C C C C C	ΤΕ	MIZED INDEPENDENT EXPENDITURES		
Check if 24-hour report		, ,		FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Amends report Amends	V	omen Speak Out PAC		C C00530766
Mailing Address 620 Old Barborne Rd Lot 2	Ch	eck if 24-hour report 48-hour report New rep	port Amends repo	
Mailing Address 620 Old Barbome Rd Lot 2 City State Zip Code 71291 Purpose of Expenditure				
City State Zip Code Name of Federal Candidate Name of Federal Conflice Sought Full Name of Payee Amanda Boley Mailing Address Spit Oak Drive City State Zip Code Amanda Boley Mailing Address Spit Oak Drive Category' Type Odd Tity Office Sought City State Zip Code Charlotte NC 28227 Category' Type Odd Tity Office Sought Name of Federal Candidate NS. Mary L Landrieu Category' Type Odd Tity Office Sought Category Type Odd Tity Office Sough		Mailing Address		
Purpose of Expenditure Mileage Category/ Type 002 Transaction ID: 55744270-4df6-48f2-8 Date of Disbursement or Obligation		620 Old Barbome Rd Lot 2		Amount
Purpose of Expenditure Mileage Name of Federal Candidate Name of Federal Candidate Calendar Year-To-Date Per Election for Office Sought Mailing Address Split Oak Drive City Calendar Vear-To-Date Salary Name of Federal Candidate NC 28227 Purpose of Expenditure Salary Name of Federal Candidate NC 28227 Purpose of Expenditure Salary Name of Federal Candidate NC 28227 Purpose of Expenditure Salary Office Sought Amount Category' Type Office Sought Office Sought Amount Category' Type Office Sought Office Sought Office Sought Amount Category' Type Office Sought Offi		City State	Zip Code	3.72
Name of Federal Candidate Name of Federal Candidate Support Office Sought: House District: 00			71291	
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Amanda Boley Mailing Address Split Oak Drive City Charlotte NC Category/ Salary Category/ Name of Federal Candidate NC Category/ Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Category/ Salary Category/ Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Category/ Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Category/ Oppose President Senate State: LA Transaction D: 24f13988-b93d-4305-8 Date of Public Distribution/Dissemination Transaction D: 24f13988-b93d-4305-8 Date of Disbursement or Obligation Transaction D: 24f13988-b93d-4305-8 Date of Public Distribution/Dissemination Transaction D: 24f13988-b93d-4305-8 Date of Public Distribution/Dissemination Transaction D: 24f13988-b93d-4305-8 Date of Public Distribution/Dissemination Transaction D: 24f13988-b93d-4305-8 Date of Disbursement or Obligation Transaction D: 24f13988-b93d-4305-8 Date of Disbursement or O				
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Amanda Boley Mailing Address Split Oak Drive City Charlotte NC Category/ Name of Federal Candidate Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Category/ Ms. Mary L Date Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Category/ Ms. Mary L Date Ms. Mary L Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Category/ Oppose President Salate Salate Transaction ID: 24f13988-b93d-4305-8 Date of Disbursement for Obligation T		Name of Federal Candidate	Support	Office Sought: House District: 00
Per Election for Office Sought Full Name of Payee Amanda Boley Mailing Address Split Oak Drive City City Charlotte NC 28227 Salary Salary Category/ Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Category/ Ca		Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Amanda Boley Mailing Address Split Oak Drive City State NC 28227 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures 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 (if the reporting entity is not a political)			554635.78	2014
Mailing Address Split Oak Drive City State City Charlotte NC 28227 Purpose of Expenditure Salary Category/ Type Office Sought: House District: O0 Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures 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 (if the reporting entity is not a political)				Date of Public Distribution/Dissemination
City State Zip Code charlotte NC 28227 Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures 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 (if the reporting entity is not a political)		Mailing Address		
charlotte NC 28227 Transaction ID: 24f13988-b93d-4305-8 Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Calendar Expenditures (c) TOTAL Independent Expenditures 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 (if the reporting entity is not a political)		Split Oak Drive		Amount
Purpose of Expenditure Salary Category/ Type Out Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures 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 (if the reporting entity is not a political)		City State	Zip Code	81.50
Salary Name of Federal Candidate			28227	
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Cother (specify) Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Cother (specify) Cother (specify) Calendar Year-To-Date Per Election for Office Sought Cother (specify)		· · · · · · · · · · · · · · · · · · ·		
Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures 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 (if the reporting entity is not a political		Name of Federal Candidate	Support	Office Sought: House District: 00
Per Election for Office Sought 554635.78 2014 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures		Ms. Mary L Landrieu	Oppose	President Senate State: LA
(b) SUBTOTAL of Unitemized Independent Expenditures			554635.78	2014
(b) SUBTOTAL of Unitemized Independent Expenditures				
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 (if the reporting entity is not a political		(a) SUBTOTAL of Itemized Independent Expenditures		▶ 85.22
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 (if the reporting entity is not a political		(b) SUBTOTAL of Unitemized Independent Expenditures		
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political		(c) TOTAL Independent Expenditures		··· >
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political				
		with, or at the request or suggestion of, any candidate or authorized		

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDIT	URES			PAGE 153 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour rep	port New repo	ort Amends repo		
Full Name of Payee Amanda Boley				of Public Distribution/Dissemination
Mailing Address			L	11 20 2014
Split Oak Drive			Amou	ınt
City	State	Zip Code		23.19
charlotte	NC	28227		action ID: 0792fbe2-bb67-43cb-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 20 2014
Name of Federal Candidate		Support	Office Sough	nt: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursemen 2014	nt For:
Full Name of Payee Heather Ainsworth				of Public Distribution/Dissemination
Mailing Address 9685 Paula St			Amou	
City	State	Zip Code	—	90.00
Keithville	LA	71047		action ID : 2446e9da-58c7-489f-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 20 2014
Name of Federal Candidate		Support	Office Sough	ht: House District:00
Ms. Mary L Landrieu		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Ex	penditures			113.19
(b) SUBTOTAL of Unitemized Independent	Expenditures		· •	
(c) TOTAL Independent Expenditures			· [171171171
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	sically Filed]	M M /	30 2015
Signature		Date	01	2013

Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X)		
TEMIZED INDEPENDENT EXPENDITURES		PAGE 154 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New report	ort Amends repo	ort filed on
Full Name of Payee Heather Ainsworth		Date of Public Distribution/Dissemination
Mailing Address		11 20 7 2014
9685 Paula St		Amount
City State	Zip Code	22.80
Keithville LA	71047	Transaction ID : 44f67fbd-999a-48be-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 20 7 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination
Mailing Address		11 / 20 / Y Y Y Y Y Y
6101 NORA ST		Amount
City State	Zip Code	65.00
METAIRIE LA	70003	Transaction ID : acd447ea-0dbb-4f54-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 20 7 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		87.80
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
(c) 13 112 mooperison: Experience		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
party committee of any political party committee of its agent.		

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SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES	PAGE 155 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report	t filed on
Full Name of Payee	Date of Public Distribution/Dissemination
ERIC TABARY	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6101 NORA ST	Amount
City State Zip Code	2.40
METAIRIE LA 70003	Transaction ID: 93128bb2-33d6-4b39-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 20 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
Calendar Year-To-Date	Disbursement For: Primary X General
Per Election for Office Sought 554635.78	2014
Full Name of Payee Gregory Green	Date of Public Distribution/Dissemination
	11 20 / 2014
Mailing Address 2506 Bolch Street	Amount
City State Zip Code	40.00
Shreveport LA 71104	Transaction ID: 016d4ee8-53c6-4395-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date	Disbursement For: Primary General
Per Election for Office Sought 554635.78	Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures	42.40
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	
	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were n with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	01 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature Date	01 30 2013

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	CHEDULE E (FEC Form 3X) MIZED INDEPENDENT EXPENDITURES		PAGE 156 OF 317
			FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full) Omen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
V	romen Speak Out i Ao		C C00530766
Ch	eck if 24-hour report 48-hour report New rep	port Amends repor	t filed on
	Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination
	Mailing Address 2506 Bolch Street		11 20 2014 Amount
	Cit. Chate	Zin Codo	55.20
	City State Shreveport LA	Zip Code 71104	Transaction ID : 2ee8471b-799d-46ed-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 20 / Y Y Y Y Y 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary
	Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination
	Mailing Address 2565 Shire Circle		Amount
	City State	Zip Code	35.00
	Harrisonburg VA	22801	Transaction ID: 2704fdd1-823f-4d3b-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 20 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		90.20
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
	(c) TOTAL Independent Expenditures		•
1	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y

[Electronically Filed]

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
П	EMIZED INDEPENDENT EXPENDITURES		PAGE 157 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	eck if 24-hour report 48-hour report New report	port Amends repo	ort filed on
	Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination
	Mailing Address 4106 Martha St		11 20 2014 Amount
	City State Shreveport LA	Zip Code	80.00
	- Children Control	71109	Transaction ID : f7ea4a6c-9cbe-427e-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 20 7 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Felicia A Jones Mailing Address 4106 Martha St		Date of Public Distribution/Dissemination 11 20 2014 Amount
	City State Shreveport LA	Zip Code 71109	9.60 Transaction ID: 44c10542-bab4-48a6-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	M M / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 89.60
	(b) SUBTOTAL of Unitemized Independent Expenditures		. •
			4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		

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Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X)						
TEMIZED INDEPENDENT EXPENDITURES		PAGE 158 OF 317 FOR LINE 24 OF FORM 3X				
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC		C C00530766				
Check if 24-hour report 48-hour report	New report Amends report f	filed on M M / D D / Y Y Y Y Y				
Full Name of Payee Beau Autin		Date of Public Distribution/Dissemination				
Mailing Address 345 Auroura Ave		11 20 2014				
343 Autoura Ave		Amount				
City State Metairie LA	Zip Code 70006	45.00 Transaction ID : f51acbb8-beaf-4b05-8				
Purpose of Expenditure	Cotogony	Date of Disbursement or Obligation				
Salary	Category/ Type 001	11 20 7 2014				
Name of Federal Candidate	Support O	office Sought: House District: 00				
Ms. Mary L Landrieu	X Oppose	President Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary				
Full Name of Payee		Date of Public Distribution/Dissemination				
Beau Autin		11 20 / 2014				
Mailing Address 345 Auroura Ave		Amount				
City State	Zip Code	1.71				
Metairie LA	70006	Transaction ID: 13e33188-076d-40b9-9 Date of Disbursement or Obligation				
Purpose of Expenditure Mileage	Category/ Type 002	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate	Support O	Office Sought: House District: 00				
Ms. Mary L Landrieu	∑ Oppose	President Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General				
•						
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures	•					
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or an party committee) any political party committee or its agent.						

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SCHEDULE E (FEC Form 3X)

CHEDOLE L (FLC FOIII 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 159 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Brogan A Benoit	of Public Distribution/Dissemination
Mailing Address 7144 South River Rd Amou	11 18 2014 unt
	unt
City State Zip Code	60.00
Date	action ID: b246c241-9363-4d19-8 of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Mary L Landrieu Oppose President	1.0
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014	ent For: Primary
Brogan A Benoit	e of Public Distribution/Dissemination
Mailing Address 7144 South River Rd Amor	punt
	6.90 saction ID : ea94033a-e234-4055-8
Purpose of Expenditure Mileage Category/ Type 002	of Disbursement or Obligation 11 18 2014
Name of Federal Candidate Support Office Soug	ght: House District:00
Ms. Mary L Landrieu Ms. Mary L Landrieu Presid	Trodoc Biotriot.
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	66.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 01	30 / 2015

	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES					PAGE 160	OF 317
N	AME OF COMMITTEE (In Full)				FFO		
	Nomen Speak Out PAC					DENTIFICATIO	N NUMBER V
					C	C00530766	
С	heck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M	/ D D /	Y Y Y Y
	Full Name of Payee				Date of Publ	ic Distribution/D	issemination
	Eva M Johnston				M M M	/ D D / 18	2014
	Mailing Address 2517 N 47th St				Amount		
	City State		Zip Code		· · · ·		15.00
	Milwaukee WI	,	53210			D : db438013-1 oursement or Ob	8a2-44ae-b
	Purpose of Expenditure Salary		Category/ Type 001		M M M	18	2014
	Name of Federal Candidate		Support	Office	Sought:	House D	District: 00
	Ms. Mary L Landrieu		✓ Oppose			Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbu 2014	rsement For:	Primary	X General
	Full Name of Payee	, ,				pecify)	None and the settlem
	Evelyn Lesaicherre				Date of Publ	lic Distribution/E	Dissemination 2014
	Mailing Address 629 Radiance Ave				Amount		2014
	City State	e	Zip Code				80.00
	Metairie LA		70001			D: 5f21a2a1-de oursement or Ol	
	Purpose of Expenditure Salary		Category/ Type 001		11	17	2014
	Name of Federal Candidate		Support	Office	Sought:	House D	District:00
	Ms. Mary L Landrieu		Oppose		President	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbu 2014		Primary	M General
		,			Other (s	specify)	
	(a) SUBTOTAL of Itemized Independent Expenditures			▶	7		95.00
	(b) SUBTOTAL of Unitemized Independent Expenditures			··· •			
	(c) TOTAL Independent Expenditures			··· •			
	Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.	authorized					
	Ms. Emily Buchanan			M	M / D D) / Y Y	V

[Electronically Filed]

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)						
TΕ	EMIZED INDEPENDENT EXPENDITURES		PAGE 161 OF 317 FOR LINE 24 OF FORM 3X				
N/	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼				
٧	Vomen Speak Out PAC		C C00530766				
Ch	eck if 24-hour report 48-hour report New re	port Amends rep	ort filed on M M / D D / Y Y Y Y Y				
	Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination				
	Mailing Address 629 Radiance Ave		Amount				
	City State Metairie LA	Zip Code 70001	3.60 Transaction ID: 429e1cbe-9c7c-436b-8 Date of Disbursement or Obligation				
	Purpose of Expenditure Mileage	Category/ Type 002	11 17 17 2014				
	Name of Federal Candidate	Support	Office Sought: House District: 00				
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA				
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶				
	Full Name of Payee ERIC TABARY Mailing Address 6101 NORA ST		Date of Public Distribution/Dissemination 11 17 2014 Amount				
	City State	Zip Code	70.00				
	METAIRIE LA	70003	Transaction ID: 493b48af-8740-4563-a Date of Disbursement or Obligation				
	Purpose of Expenditure Salary	Category/ Type 001	11 17 7 2014				
	Name of Federal Candidate	Support	Office Sought: House District: 00				
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA				
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶				
	(a) SUBTOTAL of Itemized Independent Expenditures		> 73.60				
	(b) SUBTOTAL of Unitemized Independent Expenditures						
	(c) TOTAL Independent Expenditures		·				
	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.						

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
TΕ	EMIZED INDEPENDENT EXPENDITURES		PAGE 162 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New report	ort Amends repo	ort filed on
	Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination
	Mailing Address		11 / 17 / 2014
	6101 NORA ST		Amount
	City State METAIRIE LA	Zip Code 70003	1.50 Transaction ID : a2c10a53-e38c-456f-b
	Purpose of Expenditure	I	Date of Disbursement or Obligation
	Mileage	Category/ Type 002	11 / 17 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Other (specify) ▶
	Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination
	Mailing Address 2046 Perrin St Apt C		11 20 2014
	2010 1 011111 01.74		Amount
	City State Shreveport LA	Zip Code	80.00 Transaction ID: 83c887ee-78e0-471a-b
	Shreveport LA Purpose of Expenditure	71101	Date of Disbursement or Obligation
	Salary	Category/ Type 001	11 20 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		81.50
	(b) SUBTOTAL of Unitemized Independent Expenditures		. •
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDIT	TURES			PAGE 163 OF 317 FOR LINE 24 OF FORM 3X		
AME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼						
Women Speak Out PAC	Vomen Speak Out PAC					
Check if 24-hour report 48-hour rep	port New repo	ort Amends repo				
Full Name of Payee Julia Perry			Date	of Public Distribution/Dissemination		
				11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 2046 Perrin St Apt C			Amou	ınt		
City	State	Zip Code	$-\Gamma$	9.00		
Shreveport	LA	71101		oction ID: 3372030e-e32f-4332-a of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002		11 20 7 2014		
Name of Federal Candidate		Support	Office Sough	nt: House District:00		
Ms. Mary L Landrieu		Oppose	Presid			
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursemer 2014	nt For: Primary X General Other (specify) ▶		
Full Name of Payee Donna S Wilson				of Public Distribution/Dissemination		
Mailing Address 4456 Country Hill Dr			Amou	unt		
Cit.	State	7:2 Code		20.00		
City Baton Rouge	State LA	Zip Code 70816	I	action ID : ee4ed106-7956-4511-8 of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001		11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sough	ht: House District: 00		
Ms. Mary L Landrieu		Oppose	Presid	lent State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursemer 2014	nt For: Primary		
(a) SUBTOTAL of Itemized Independent Ex	penditures		· •	29.00		
(b) SUBTOTAL of Unitemized Independent	Expenditures					
(c) TOTAL Independent Expenditures			· -			
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized					
Ms. Emily Buchanan	[Flectron	ically Filed]	M = M /	20 / 2015		
Signature		Date	9 01	30 2015		

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	HEDULE E (FEC Form 3X) MIZED INDEPENDENT EXPENDITURES		PAGE 164 OF 317
			FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full) Omen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
V V	omen opeak out i Ao		C C00530766
Che	eck if 24-hour report 48-hour report New rep	port Amends repor	filed on Man / Dad / Yayayay
	Full Name of Payee Donna S Wilson		Date of Public Distribution/Dissemination
	Mailing Address 4456 Country Hill Dr		11 20 2014 Amount
ŀ	O'L	7'- 0-4-	7.00
	City State Baton Rouge LA	Zip Code 70816	7.80 Transaction ID : af04833d-f8d5-4e7b-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 20 2014
ı	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Gther (specify) ▶
	Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination 11
	Mailing Address 55 Lovell Johnson Rd		Amount
ŀ	City State	Zip Code	70.00
	Picayune MS	39466	Transaction ID: 44f1b3fd-76a7-43cb-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		77.80
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		•
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y

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SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 165 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report	t filed on
Full Name of Payee Christopher L Gilbert	Date of Public Distribution/Dissemination
Mailing Address 55 Lovell Johnson Rd	11 20 / 2014
33 Loveli 30illisoli Nu	Amount
City State Zip Code Picayune MS 39466	42.60 Transaction ID: 4a6dfdd6-cbe0-4bc8-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 20 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For:
Full Name of Payee Elvis Spears	Date of Public Distribution/Dissemination
Mailing Address 2150 Hope St	Amount
City State Zip Code	80.00
New Orleans LA 70119	Transaction ID: 7484d660-8254-47e9-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 DDD Y Y Y Y Y 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	122.60
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures reported herein were r with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan	M M / D D / V V V

[Electronically Filed]

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CHEDULE E (FEC FORM 3X) FEMIZED INDEPENDENT EXPENDITURE:	6			DIOS 400 OF 247
TEMIZED INDEPENDENT EXPENDITURES	5			PAGE 166 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed	on M M / D D / Y Y Y Y Y
Full Name of Payee				Date of Public Distribution/Dissemination
Elvis Spears				11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2150 Hope St				Amount
City	Ctoto	Zin Codo		9.60
City New Orleans	State LA	Zip Code 70119	-	Fransaction ID: a2752ca0-3f34-4e66-8
	27.	70113		Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office	Sought: House District: 00
Ms. Mary L Landrieu		Oppose		President State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	554635.78	Disbui 2014	rsement For: Primary General Other (specify)
Full Name of Payee				Date of Public Distribution/Dissemination
Alice K Salazar				11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 605 W Houston St				Amount
City	State	Zip Code		90.00
Marshall	TX	75633		Transaction ID : 6d346d4b-d596-4434-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 20 / 2014
Name of Federal Candidate		Support	Office	Sought: House District: 00
Ms. Mary L Landrieu		Oppose		President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	554635.78	Disbu 2014	rsement For:
(a) SUBTOTAL of Itemized Independent Expenditu	ires			99.60
(a) SSTOTAL OF ROMESCA Masperlatin Experience			🏲	33.00
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		·· •	
(c) TOTAL Independent Expenditures			·· •	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		M / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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	CHEDULE E (FEC Form 3X)		
!!	EMIZED INDEPENDENT EXPENDITURES		PAGE 167 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on
	Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination
	Mailing Address 605 W Houston St		11 20 2014 Amount
	City State	Zip Code	51.60
	Marshall TX	75633	Transaction ID : df425a9f-8469-4a5b-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 20 7 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Ana L Esquivel		Date of Public Distribution/Dissemination
	Mailing Address 284 Cr 1401		11 20 2014 Amount
	City State	Zip Code	100.00
	Carthage TX	75633	Transaction ID : 4e8cb6eb-0bc1-4abb-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 20 7 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 151.60
	(b) SUBTOTAL of Unitemized Independent Expenditures		. •
	(c) TOTAL Independent Expenditures		. •
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y

[Electronically Filed]

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	EMIZED INDEPENDENT EXPENDITURES			PAGE 168 OF 317 FOR LINE 24 OF FORM 3X
	NME OF COMMITTEE (In Full) Vomen Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766
Ch	neck if 24-hour report 48-hour report New report	oort Amends repo	rt filed on	M = M / D = D / Y = Y = Y
	Full Name of Payee Ana L Esquivel		Dat	ate of Public Distribution/Dissemination
	Mailing Address 284 Cr 1401		Am	nount
	City State Carthage TX	Zip Code 75633		69.00 nsaction ID : 52de2189-dd17-4682-9
	Purpose of Expenditure Mileage	Category/ Type 002	Dat	ate of Disbursement or Obligation
	Name of Federal Candidate Ms. Mary L Landrieu	Support Oppose	Office Sou	ught: House District: 00 sident X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursem 2014	ment For: Primary
	Full Name of Payee Jennifer F Gilbert Mailing Address 180 McNeil Steep Hollow Rd			ate of Public Distribution/Dissemination 11 20 2014 mount
	City State Carriere MS	Zip Code 39426		77.50 nsaction ID: b1eec914-7e65-4bcf-b ate of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001		11 20 / 2014
	Name of Federal Candidate Ms. Mary L Landrieu	Support Oppose	Office Sou	ought: House District: 00 esident State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursen 2014	ment For:
	(a) SUBTOTAL of Itemized Independent Expenditures		• [146.50
((b) SUBTOTAL of Unitemized Independent Expenditures		• [
	(c) TOTAL Independent Expenditures		· • [
١	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			·
		nically Filed] Date	, 01	30 2015
	Signature			

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES	PAGE 169 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Jennifer F Gilbert	M M / D D / Y Y Y Y Y 1 Y 1 1 20 2014
Mailing Address 180 McNeil Steep Hollow Rd Amo	
City State Zip Code	41.70
Carriere MS 39426 Trans	41.70 saction ID : ca3d5398-8afb-4874-9 e of Disbursement or Obligation
Purpose of Expanditure	11 / 20 / Y Y Y Y 2014
Name of Federal Candidate Support Office Soug	ght: House District: 00
Ms. Mary L Landrieu Ms. Mary L Landrieu Onice Soug	grit
Z Oppose Presid	defit Seriale State.
Per Election for Office Sought 554635.78 2014	Other (specify) General
	e of Public Distribution/Dissemination
Hilary Townsend	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4506 US Hwy 79 North Amo	
City State Zip Code	100.00
Deberry TX 75639 Trans Date	saction ID: 64d754d2-2005-4ab2-9 e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 20 / 2014
Name of Federal Candidate Support Office Sough	ght: House District: 00
Ms. Mary L Landrieu	1.0
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	141.70
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	171171171
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (in party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 01	/ 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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	(FEC Form 3X)						
IEMIZED INDEP	ENDENT EXPENDITURES					PAGE 170 FOR LINE 2	OF 317 4 OF FORM 3X
NAME OF COMMITTE					FEC	IDENTIFICATION	ON NUMBER ▼
Women Speak	Out PAC				С	C00530766	
Check if 24-hour	report 48-hour report	New rep	ort Amends	report filed on	М = М	/ D = D /	Y
Full Name of Paye Evelyn Lesaic				D	ate of Pul	olic Distribution/	Dissemination
Mailing Address	629 Radiance Ave				11	20	2014
				A	mount		
City Metairie		State LA	Zip Code 70001	-		ID: 7db41675-6	
Purpose of Expen- Salary	diture		Category/ Type	001	11	/ 20 /	2014
Name of Federal	Candidate		Suppo	rt Office So	ought:	House	District: 00
Ms. Mary L Landri	eu		X Oppos		esident	X Senate	State: LA
Calendar Yea Per Election	r-To-Date for Office Sought	, , ,	554635.78	Disburse 2014	ment For:	Primary specify) ▶	X General
Full Name of Payer Evelyn Lesa				D	ate of Pul	blic Distribution/	/Dissemination 2014
Mailing Address	629 Radiance Ave			А	mount		
City		State	Zip Code				5.10
Metairie		LA	70001			ID: e3c615c8- sbursement or C	
Purpose of Expen Mileage	diture		Category/ Type	002	11	20	2014
Name of Federal	Candidate		Suppo	rt Office S	ought:	House	District:00
Ms. Mary L Landri	eu		Oppos	e Pr	esident	X Senate	State: LA
Calendar Yea Per Election	r-To-Date for Office Sought	7 1 7	554635.78	Disburse 2014	ement For:	Primary	General
(a) SUBTOTAL of	Itemized Independent Expenditure	s		····· [85.10
(b) SUBTOTAL of	Unitemized Independent Expenditu	ures		·····		7 1 4	
(c) TOTAL Indeper	ndent Expenditures			······ >		7 - 7	
with, or at the requ	erjury I certify that the independer est or suggestion of, any candidat ny political party committee or its a	te or authorized					
Ms. En	nily Buchanan			IVI M	/ D =	D / Y Y	Y

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			FOR LINE 24 OF FORM
ie of committee (in full) omen Speak Out PAC			FEC IDENTIFICATION NUMBER
omen opeak out 1 Ao			C C00530766
ck if 24-hour report 48-hour rep	ort New	report Amends repo	ort filed on M M / D D / Y Y Y Y
-ull Name of Payee Taylor De Julian-Hernandez			Date of Public Distribution/Dissemination
Mailing Address 284 Cr 1401			Amount
City	State	Zip Code	100.00
Carthage	TX	75633	Transaction ID: 959c28bc-69bd-421c-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☐ Generation 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Taylor De Julian-Hernandez			11 20 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 284 Cr 1401			20 2014
201011101			Amount
			Amount
City	State	Zip Code	49.50
City Carthage	State TX	Zip Code 75633	49.50 Transaction ID : d355b3f8-e97e-4479-a
•		·	49.50
Carthage Purpose of Expenditure		75633 Category/ Type 002	Transaction ID: d355b3f8-e97e-4479-a Date of Disbursement or Obligation M 1
Carthage Purpose of Expenditure Mileage		75633 Category/ Type O02 Support	Transaction ID: d355b3f8-e97e-4479-a Date of Disbursement or Obligation M 11 / 20 / 2014 Office Sought: House District: 00
Carthage Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu		75633 Category/ Type 002	Transaction ID: d355b3f8-e97e-4479-a Date of Disbursement or Obligation M 11 / 20 / 2014 Office Sought: House District: 00 President X Senate State: LA
Carthage Purpose of Expenditure Mileage Name of Federal Candidate		75633 Category/ Type O02 Support	Transaction ID: d355b3f8-e97e-4479-a Date of Disbursement or Obligation M 11
Carthage Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date		75633 Category/ Type 002 Support Oppose	Transaction ID: d355b3f8-e97e-4479-a Date of Disbursement or Obligation M 11
Carthage Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date	TX	Category/ Type 002 Support Oppose 554635.78	Transaction ID: d355b3f8-e97e-4479-a Date of Disbursement or Obligation M M M / 20 / 2014 Office Sought: House District: 00 President X Senate State: LA Disbursement For: Primary General Control Contro
Carthage Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought	TX penditures	Category/ Type 002 Support Oppose 554635.78	Transaction ID: d355b3f8-e97e-4479-a Date of Disbursement or Obligation M 11

Under with, or party c

Ms. Emily Buchanan	[Electronically Filed]	Date	ate 01 30	2015	
Signature					

Ms. Emily Buchanan

Signature

	PAGE 172 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	ENTIFICATION NUMBER ▼
Women Speak Out PAC	
C	C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	D D
Full Name of Payee Date of Public Michael Vidrine	Distribution/Dissemination
11 /	20 / Y Y Y Y Y Y Y
Mailing Address 1103 West Wilson Street Amount	
City State Zip Code	60.00
	: 9de1da1d-d9e7-4e1c-b rsement or Obligation
Purpose of Expenditure Salary Category/ Type 001 11	20 / 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Mary L Landrieu President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (specific	Primary
	Distribution/Dissemination
Michael Vidrine	20 / 2014
Mailing Address 1103 West Wilson Street Amount	
City State Zip Code	34.80
Date of Disbu	0: 67938b65-a6ba-406f-b ursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002 11	20 / 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Ma Manual Landriau	Senate State: LA
Calendar Year-To-Date Disbursement For:	Primary X General
Per Election for Office Sought 554635.78 2014 Other (spo	pecify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	94.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperati with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the repo party committee) any political party committee or its agent.	

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Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 173 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report 48-hour report New report Amends	report filed on
Full Name of Payee Cynthia N Schmit	Date of Public Distribution/Dissemination
	11 20 / Y Y Y Y Y Y
Mailing Address 2226 Taft Circle Apt 1	Amount
City State Zip Code	10.00
Winchester VA 22601	Transaction ID : cef5b467-9192-4070-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 11 20 7 2014
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
Ms. Mary L Landrieu Oppos	se President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Jeanne Tribou Mailing Address 1999 Paradayan	11 20 7 2014
22369 Ponderosa Dr.	Amount
City State Zip Code	45.00
Mandeville LA 70471	Transaction ID : f092e9e8-7f12-4d35-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 11 20 7 2014
Name of Federal Candidate Supp	ort Office Sought: House District: 00
Ms. Mary L Landrieu Oppo	
Calendar Year-To-Date	Disbursement For: Primary X General
Per Election for Office Sought 554635.78	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	55.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······· >
(c) TOTAL Independent Expenditures	······· >
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or agparty committee) any political party committee or its agent.	

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	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 174 OF 317
			FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full) Vomen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
٧	vomen opeak out FAC		C C00530766
Cł	eck if 24-hour report 48-hour report New report	ort Amends report f	iled on
	Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination
	Mailing Address 22369 Ponderosa Dr.		11 20 2014 Amount
		—	
	City State Mandeville LA	Zip Code 70471	4.80 Transaction ID: a782dcde-c4f3-4864-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support O	ffice Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General Other (specify) ▶
	Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination
	Mailing Address 9685 Paula St		Amount
	City State	Zip Code	90.00
	Keithville LA	71047	Transaction ID : 61318819-d5ce-49ba-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 20 7 2014
	Name of Federal Candidate	Support C	Office Sought: House District:00
	Ms. Mary L Landrieu	∑ Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		old Other (specify) Primary General
	(a) SUBTOTAL of Itemized Independent Expenditures		94.80
	(b) SUBTOTAL of Unitemized Independent Expenditures)	
	(c) TOTAL Independent Expenditures		
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y

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	CHEDULE E (FEC Form 3X)		
	EMIZED INDEPENDENT EXPENDITURES		PAGE 175 OF 317
			FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full) Vomen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
V	vomen Speak Out FAC		C C00530766
Ch	eck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on M = M / D = D / Y = Y = Y
	Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination
			11 / 20 / Y Y Y Y Y
	Mailing Address 9685 Paula St		Amount
	City State	Zip Code	27.90
	Keithville LA	71047	Transaction ID: 08276204-be8e-4a97-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ 002	11 20 2014
		Type 002	
	Name of Federal Candidate Ms. Mary L Landrieu	Support	Office Sought: House District: 00 Proceedings: Y Sought State: LA
	·	X Oppose	Fresident State.
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Sheri J Peace		11 20 2014
	Mailing Address 9685 Paula St		Amount
	City State	Zip Code	100.00
	Keithville LA	71047	Transaction ID: d7342391-18b7-4d69-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ 001	11 20 / 2014
		Type	2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 127.90
	(b) SUBTOTAL of Unitemized Independent Expenditures		. >
			7 7 7
	(c) TOTAL Independent Expenditures)
_			
	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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan	[Electronically Filed]	Date	ate 01 30	2015	
Signature					

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
П	EMIZED INDEPENDENT EXPENDITURES		PAGE 176 OF 317 FOR LINE 24 OF FORM 3X
V/	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	eck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on
	Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination
	Mailing Address 9685 Paula St		11 20 2014 Amount
	City State Keithville LA	Zip Code 71047	50.40 Transaction ID : 667ed2c1-1e9d-4294-b
	Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation 11 20 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Christopher Marquess Mailing Address 110 W Pecan St		Date of Public Distribution/Dissemination M M M Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
	City State	Zip Code	50.00
	Ville Platte LA	70586	Transaction ID : 56cc5a69-2a11-409f-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 20 7 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Gther (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 100.40
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		·
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		

[Electronically Filed]

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Check if

NAME OF COMMITTEE (In Full) Women Speak Out PAC

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

MIZED INDEPENDENT EXPENDITURE	S		PAGE 177 OF 317 FOR LINE 24 OF FORM 3X
IE OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
omen Speak Out PAC			C C00530766
ck if 24-hour report 48-hour report	New r	report Amends repor	t filed on
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination
Mailing Address 440 W Bassa St			11 20 2014
110 W Pecan St			Amount
City	State	Zip Code	36.00
/ille Platte	LA	70586	Transaction ID : ccaf0ad5-b6a3-42b3-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
/Is. Mary L Landrieu		Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Philip Elkins			11 20 / Y Y Y Y Y Y
Mailing Address 227 Lincoln Dr			Amount
City	State	Zip Code	40.00
Bossier City	LA	71111	Transaction ID: 8137d947-be35-4dfe-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	554635.78	Disbursement For: Primary
SUBTOTAL of Itemized Independent Expendit	ures		76.00
) SUBTOTAL of Unitemized Independent Exper	ditures		>
TOTAL Independent Expenditures			

Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan	[Electronically Filed]	Date	01 N	30	2015
Signature					
Oignature					

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES		PAGE 178 OF 317 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC		C C00530766		
Check if 24-hour report 48-hour report New report	t Amends report	t filed on		
Full Name of Payee		Date of Public Distribution/Dissemination		
Philip Elkins		11 20 / Y Y Y Y Y Y		
Mailing Address 227 Lincoln Dr		Amount		
City State Zi	ip Code	7.53		
	71111	Transaction ID: a1629bef-8396-4579-a Date of Disbursement or Obligation		
Purpose of Expenditure Mileage	Category/ Type 002	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	Support	Office Sought: House District: 00		
Ms. Mary L Landrieu	∑ Oppose	President Senate State: LA		
Calendar Year-To-Date		Disbursement For: Primary General		
Per Election for Office Sought	354033.76	Other (specify)		
Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination		
Mailing Address 404 Aghuru Ct		11 20 2014		
101 Asbury Ct		Amount		
City State Zi	Zip Code	95.00		
	22602	Transaction ID: 9d35985c-d858-43a0-a Date of Disbursement or Obligation		
Purpose of Expenditure Salary	Category/ Type 001	11 20 2014		
Name of Federal Candidate	Support	Office Sought: House District: 00		
Ms. Mary L Landrieu	Oppose	President Senate State: LA		
Calendar Year-To-Date		Disbursement For: Primary General		
Per Election for Office Sought	334033.70	Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures		102.53		
(b) SUBTOTAL of Unitemized Independent Expenditures		·		
(c) TOTAL Independent Expenditures		>		
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 (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan [Electronica	ıllv Filed]	01 30 2015		
Signature	Date	2013		

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	EMIZED INDEPENDENT EXPENDITORES		FOR LINE 24 OF FORM 3X		
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
٧	Vomen Speak Out PAC	C C00530766			
Ch	neck if 24-hour report 48-hour report New report	ort Amends repor	rt filed on M = M / D = D / Y = Y = Y		
	Full Name of Payee Darius Beverly		Date of Public Distribution/Dissemination		
	Danus beveny		11 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Mailing Address 157 Bishop Drive		Amount		
	City State	Zip Code	55.00		
	Avondale LA	70094	Transaction ID: 611618ae-9714-4df2-8 Date of Disbursement or Obligation		
	Purpose of Expenditure Salary	Category/ Type 001	11 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Name of Federal Candidate	Support	Office Sought: House District: 00		
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA		
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For:		
	Full Name of Payee		Date of Public Distribution/Dissemination		
	Ms. Dinah Beverly		11 20 Y Y Y Y Y		
	Mailing Address 157 Bishop Drive		Amount		
	City State	Zip Code	55.00		
	Avondale LA	70064	Transaction ID : d05aa67d-94c6-4487-9 Date of Disbursement or Obligation		
	Purpose of Expenditure Salary	Category/ Type 001	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Name of Federal Candidate	Support	Office Sought: House District: 00		
	Ms. Mary L Landrieu	Oppose	President Senate State: LA		
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUPTOTAL of Unitemized Independent Evpanditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
	(c) TOTAL Independent Expenditures		•		
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	•		
	Ms. Emily Buchanan [Electroni	nically Filed]	01 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Signature	Date	0. 00 20.0		

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

		PAGE 180	0 OF 317
			24 OF FORM 3X
	FEC	_	ION NUMBER ▼
	С	C00530766	
on	M = M	/ D = D	Y II Y II Y
Date	e of Pub	olic Distribution	n/Dissemination
	11	20	2014
Amo	ount		
			4.80
		ID: 941bbaba bursement or	8-b9ac-4ddf-a Obligation
	11	20	2014
e Sou	ght:	House	District:00
Pres	ident	X Senate	State: LA
	ent For:	Primar	y X General
	Other (specify) ►	
Date	e of Pul	blic Distributio	n/Dissemination
	M M M	20	2014
Am	ount		
Trans	saction	ID: 8e81fe68 sbursement or	-33ca-42f4-8
Tran	saction	ID : 8e81fe68	-33ca-42f4-8
Tran :	saction e of Dis	ID: 8e81fe68 sbursement or	-33ca-42f4-8 Obligation
Trans Date	saction e of Dis	ID: 8e81fe68 bursement or	3-33ca-42f4-8 Obligation / 2014 District: 00
Trans Date e Sou Pres ursem	saction e of Dis 11	ID: 8e81fe68 sbursement or 20 House Senate	District: 00 State: LA
Trans Date e Sou Pres ursem	saction e of Dis 11 ght: ident ent For:	ID: 8e81fe68 sbursement or 20 House Senate	District: 00 State: LA
Trans Date e Sou Pres ursem	saction e of Dis 11 ght: ident ent For:	ID: 8e81fe68 sbursement or 20 House Senate : Primal (specify)	District: 00 State: LA General
Trans Date ee Sou Pres pursem	saction e of Dis 11 ght: ident ent For:	ID: 8e81fe68 sbursement or 20 House Senate : Prima	District: 00 State: LA
Trans Date e Sou Pres ursem	saction e of Dis 11 ght: ident ent For:	ID: 8e81fe68 sbursement or 20 House Senate : Primal (specify)	District: 00 State: LA General
Trans Date ee Sou	saction e of Dis 11 ght: ident ent For:	ID: 8e81fe68 sbursement or 20 House Senate : Primal (specify)	District: 00 State: LA General
Trans Date e Sou Pres ursem	saction e of Dis 11 ght: ident ent For:	ID: 8e81fe68 sbursement or 20 House Senate : Primal (specify)	District: 00 State: LA General

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC		C C00530766			
Check if 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee	Date	of Public Distribution/Dissemination			
Ms. Dinah Beverly		11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 157 Bishop Drive	Amo	Amount			
City State Zip	Code	4.80			
Avondale LA 700	64 Trans	action ID: 941bbab8-b9ac-4ddf-a of Disbursement or Obligation			
Purpose of Expenditure Mileage Ca	tegory/ Type 002	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	Support Office Soug	ht: House District: 00			
Ms. Mary L Landrieu	∑ Oppose	dent State: LA			
Calendar Year-To-Date Per Election for Office Sought 55	Disburseme 2014	ent For:			
Full Name of Payee		of Public Distribution/Dissemination			
Carl Brent		11 20 2014			
Mailing Address 6718 Lake Willow Dr	Amo				
City State Zip	Code	80.00			
New Orleans LA 701	26 Trans	action ID : 8e81fe68-33ca-42f4-8 of Disbursement or Obligation			
Purpose of Expenditure Salary Ca	tegory/ Type 001	11 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	Support Office Soug	aht: House District: 00			
Ms. Mary L Landrieu	∑ Oppose Presi				
Calendar Year-To-Date Per Election for Office Sought	Disburseme 2014	ent For:			
(a) SUBTOTAL of Itemized Independent Expenditures					
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 (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan [Electronically	Filed] Date 01	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature					

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES	PAGE 181 OF 317
	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
women Speak Out FAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report fil	led on Man / Dad / Yayayay
Full Name of Payee Carl Brent	Date of Public Distribution/Dissemination
Mailing Address 6718 Lake Willow Dr	11 20 2014 Amount
City State Zip Code	14.10
New Orleans LA 70126	Transaction ID: d28ebd69-a2fa-4263-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 20 / 2014
Name of Federal Candidate Support Off	fice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Dis 20	sbursement For: Primary X General
Full Name of Payee Cynthia J Christmas	Date of Public Distribution/Dissemination
Mailing Address 1731 Frenchmen St	Amount
City State Zip Code	60.00
New Orleans LA 70116	Transaction ID: a0f7ea54-1153-47eb-a
Purpose of Expenditure Salary Category/ Type 001	Date of Disbursement or Obligation
Name of Federal Candidate Support Of	ffice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
	sbursement For: Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	74.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Ms. Emily Buchanan	M M / D D / Y Y Y

[Electronically Filed]

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3 EMIZED INDEPENDENT EXPENI				PAGE 182	OF 317
_		J. 1 G. 1 E. 1			FOR LINE 24	
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION	NUMBER ▼
٧	Vomen Speak Out PAC				C C00530766	
CI	heck if 24-hour report 48-hour	report New report	ort Amends repo		"M / D "D / Y	/ - Y - Y - Y
	Full Name of Payee Cynthia J Christmas				of Public Distribution/Dis	ssemination
	Mailing Address			L	11 20	2014
	1731 Frenchmen St			Amou	nt	
	City	State	Zip Code			9.00
	New Orleans	LA	70116		ction ID : 7ecb0e49-6f5 of Disbursement or Obli	
	Purpose of Expenditure Mileage		Category/ Type 002		11 / 20 /	2014
	Name of Federal Candidate		Support	Office Sough	t: House Dis	strict: 00
	Ms. Mary L Landrieu		X Oppose	Preside	ent X Senate S	State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement 2014 Or	t For: Primary ther (specify) ▶	X General
	Full Name of Payee			Date of	of Public Distribution/Di	ssemination
	Joshua J Huffman			M	11 20 /	2014
	Mailing Address 211 Dixie Ave			Amou	nt	
	City	State	Zip Code	— I		67.50
	Harrisonburg	VA	22801		ction ID: 76902696-e3 of Disbursement or Obl	
	Purpose of Expenditure Salary		Category/ Type 001	IM	11 20	2014
	Name of Federal Candidate		Support	Office Sough	t: House Di	strict: 00
	Ms. Mary L Landrieu		Oppose	Preside		State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursemen 2014 O	t For: Primary ther (specify) ▶	X General
	(a) SUBTOTAL of Itemized Independent	Expenditures				76.50
				,	7	
	(b) SUBTOTAL of Unitemized Independent	ent Expenditures		·· •		
	(c) TOTAL Independent Expenditures					
	,,			•	7 7	
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party committee.	any candidate or authorized				

[Electronically Filed]

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TE	EMIZED INDEPENDENT EXPENDITURES			PAGE 183 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		1	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC			C C00530766
Ch	neck if 24-hour report 48-hour report New report	ort Amends repo		M / D = D / Y = Y = Y
	Full Name of Payee Michael B Fuhrmann		M	of Public Distribution/Dissemination
	Mailing Address 329 Columbia St		Amoun	11 20 2014 nt
	State	7 0-4-		25.00
	City State Shreveport LA	Zip Code 71104		25.00 ction ID : f83e03fb-54f7-4d4c-9 If Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	M	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought	:: House District:00
	Ms. Mary L Landrieu	X Oppose	Preside	1.0
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement 2014 Ott	For: Primary X General
	Full Name of Payee		Date o	of Public Distribution/Dissemination
	Michael B Fuhrmann			11 20 / Y Y Y Y Y Y Y
	Mailing Address 329 Columbia St		Amour	nt
	City State	Zip Code		1.80
	Shreveport LA	71104		ction ID: 8765334e-742b-44cf-9 of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002		11 20 / Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought	t: House District: 00
	Ms. Mary L Landrieu	Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement 2014 Ot	t For: Primary X General
	(a) SUBTOTAL of Itemized Independent Expenditures		• •	26.80
	(b) SUBTOTAL of Unitemized Independent Expenditures			
-	(c) TOTAL Independent Expenditures		•	7 7 7
1	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electroni	nically Filed] Date	M M / 01	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature			

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	CHEDULE E (FEC Form 3X)		
11	EMIZED INDEPENDENT EXPENDITURES		PAGE 184 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Nomen Speak Out PAC		C C00530766
Cł	heck if 24-hour report 48-hour report New report Amer	ends report f	iled on D D / Y Y Y Y Y Y
	Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination
	Mailing Address 100 Asbury Ct		11 20 2014 Amount
	City State Zip Code		70.00
	Winchester VA 22602		Transaction ID: 470c22b1-ff1a-46b4-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type	001	11 20 / Y Y Y Y Y Y
	Name of Federal Candidate Su	upport O	ffice Sought: House District: 00
	Ms. Mary L Landrieu Op	ppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought 554635.78		isbursement For: Primary
	Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination
	Mailing Address 100 ASBURY CT		Amount 20 2014
	City State Zip Code		70.00
	WINCHESTER VA 22602		Transaction ID : 57db3c9d-45a0-4bc2-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type	001	11 20 / Y Y Y Y Y Y
	Name of Federal Candidate Su	upport C	Office Sought: House District: 00
	Ms. Mary L Landrieu Qp	ppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 554635.78		oisbursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	·····••	140.00
	(b) SUBTOTAL of Unitemized Independent Expenditures)	
	(c) TOTAL Independent Expenditures	······	
	Under penalty of perjury I certify that the independent expenditures reported herei with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.		
	Ms. Emily Buchanan	ı	M M / D D / Y Y Y

[Electronically Filed]

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SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURI	ES		PAGE 185 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee Jon E Conner Mailing Address 100 Achiev Ct			Date of Public Distribution/Dissemination
100 Asbury Ct			Amount
City Winchester	State VA	Zip Code 22602	70.00 Transaction ID : 486e83d4-fab2-4521-a
Purpose of Expenditure Salary		Category/	Date of Disbursement or Obligation
		Type 001	20 2014
Name of Federal Candidate Ms. Mary L Landrieu		Support Oppose	Office Sought: House District: 00 President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: Primary
Full Name of Payee Rodney O Culbreath Mailing Address 100 Asbury Ct			Date of Public Distribution/Dissemination 11 20 2014 Amount
City Winchester	State VA	Zip Code 22602	70.00 Transaction ID: 39c9d76b-15ba-4104-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 20 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	itures		> 140.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		·
(c) TOTAL Independent Expenditures			. •
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electr	onically Filed]	01 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPENDITURES	PAGE 186 OF 317
	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report No.	ew report Amends report filed on Amends report
Full Name of Payee Rodney D Culbreth	Date of Public Distribution/Dissemination
Mailing Address 100 Asbury CT	11 20 2014
3200 Dam Neck Rd	Amount
City State	Zip Code 70.00
Winchester VA	22602 Transaction ID : 2c1fd8b3-6f44-4fe4-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 11 20 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose ☐ President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Rze Culbreath	11 20 2014
Mailing Address 100 Asbury Ct	Amount
City State	Zip Code 70.00
Winchester VA	22602 Transaction ID : 12d8d64c-7fe0-4450-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
(a) CURTOTAL of Harrison Independent For and thurs	140.00
(a) SUBTOTAL of Itemized Independent Expenditures	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •
(c) TOTAL Independent Expenditures)
	nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	Electronically Filed] Date 01 30 2015

2015

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		DAGE 197 OF 217
			PAGE 187 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full) Vomen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
_	Vomen Speak Out FAC		C C00530766
Cr	neck if 24-hour report 48-hour report New report	ort Amends repo	ort filed on
_	Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination
	Mailing Address 121 Ohara Dr		11 20 2014 Amount
	City State	Zip Code	94.00
	Salisbury NC	28147	Transaction ID : 8142c977-b831-4e6b-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	M M / D D / Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 General Other (specify) ▶
	Full Name of Payee Colton R Overcash Mailing Address 121 Ohara Dr		Date of Public Distribution/Dissemination 11 20 2014
			Amount
	City State Salisbury NC	Zip Code 28147	Transaction ID: 968964d3-0b6c-4f4d-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	M M / D D / Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
-	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary ☐ General 2014 Other (specify) ►
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 162.40
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

[Electronically Filed]

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TE	EMIZED INDEPENDENT EXPENDITURES				PAGE 188 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
۷	Nomen Speak Out PAC				C C00530766
Ch	heck if 24-hour report 48-hour report	New repo	oort Amends rep		M = M / D = D / Y = Y = Y
	Full Name of Payee Jerome M Weil	,			e of Public Distribution/Dissemination
	Mailing Address 101 Durham Drive			Amo	11 21 2014 ount
	City	State	Zip Code		35.00
	Lafayette	LA	70508		action ID : 1c74a8f6-33e5-4080-a of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 21 2014
	Name of Federal Candidate		Support	Office Soug	ht: House District: 00
	Ms. Mary L Landrieu		Oppose	Presid	dent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7	554635.78	Disburseme 2014	ent For:
	Full Name of Payee Jerome M Weil			Date	e of Public Distribution/Dissemination
	Mailing Address 101 Durham Drive			Amo	11 21 2014 ount
	City	State	Zip Code	$ +$ Γ	9.00
	Lafayette	LA	70508		saction ID : 2cfcb891-2784-4a40-b e of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002] [11 / 21 / 2014
	Name of Federal Candidate		Support	Office Soug	ght: House District: 00
	Ms. Mary L Landrieu		Oppose	Presid	dent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disburseme 2014	ent For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditure:	3S		> [44.00
	(b) SUBTOTAL of Unitemized Independent Expenditu	ures		··· \	7 1 7 1 7 1
	(c) TOTAL Independent Expenditures				
	Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	ate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Dat	te 01	30 / 2015
	Signature				

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES	PAGE 189 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Joshua J Huffman	of Public Distribution/Dissemination
Mailing Address 211 Dixie Ave	11 / 21 / 2014
Amou	unt
City State Zip Code	45.00
Date	action ID: 9179bd8d-46bc-4e62-8 of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 21 Y 2014
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Mary L Landrieu Ms. Mary L Landrieu Presid	
Calendar Year-To-Date Per Election for Office Sought 554635.78 Disbursemer 2014	nt For: Primary X General
	Other (specify)
Laura III ogie	of Public Distribution/Dissemination
Mailing Address 2565 Shire Circle	11 21 2014
Amou	unt
City State Zip Code	30.00
Date	action ID: e86f2e2c-832b-467e-a of Disbursement or Obligation
Purpose of Expenditure	11 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Mary L Landrieu Presid	
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014	ont For: Primary
	, , , , , , , , , , , , , , , , , , , ,
(a) SUBTOTAL of Itemized Independent Expenditures	75.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 . 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	30 / 2015

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES	PAGE 190 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Maegan F McDaniel	of Public Distribution/Dissemination
Mailing Address 3009 Skelly St Amou	11 21 2014
	30.00 action ID : 740eb62c-565a-4e8d-9
Purpose of Expenditure Salary Category/ Type 001	of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought Disbursemer 2014	nt For:
Maegan F McDaniel	of Public Distribution/Dissemination 11 21 2014
City State Zip Code	4.80
Office opport	action ID: 4bfd5387-4506-428d-b of Disbursement or Obligation
Purpose of Expenditure	11 21 2014
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	34.80
(b) SUBTOTAL of Unitemized Independent Expenditures	4 4
(c) TOTAL Independent Expenditures	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	30 / 2015

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
ΓE	EMIZED INDEPENDENT EXPENDITURES		PAGE 191 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Ch	neck if 24-hour report 48-hour report New report	Amends repor	t filed on
	Full Name of Payee Bobbie M Steinsholt		Date of Public Distribution/Dissemination
	Mailing Address 3009 Skelly St		11 21 2014
	cook onen, et		Amount
	City State Zip	p Code	30.00
		1107	Transaction ID: 16ba14fa-24c6-4642-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary X General 2014 Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Amanda Boley Mailing Address Split Oak Prive		11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Split Oak Drive		Amount
	City State Zip	p Code	35.00
		8227	Transaction ID: 715ff4bd-0b7d-4d86-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures		65.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures repwith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		

[Electronically Filed]

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES	PAGE 192 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
	C C00530766
Check if 24-hour report 48-hour report New report Amend	ds report filed on
Full Name of Payee Amanda Boley	Date of Public Distribution/Dissemination
Mailing Address Split Oak Drive	11 21 2014 Amount
City State Zip Code charlotte NC 28227	Transaction ID : 7d6b61f4-6f97-4ac3-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 11 21 2014
Name of Federal Candidate Sup	pport Office Sought: House District: 00
Ms. Mary L Landrieu Opp	pose President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: Primary General 2014 General
Full Name of Payee Virginia T Grant Mailing Address 134 Shore Crest Circle	Date of Public Distribution/Dissemination 11
City State Zip Code	40.00
Carrire MS 39426	Transaction ID: 9b90fa3b-44e9-4ac2-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 11 21 2014
Name of Federal Candidate Sup	oport Office Sought: House District: 00
Ms. Mary L Landrieu Opp	pose President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	58.00
(b) SUBTOTAL of Unitemized Independent Expenditures	············· •
(c) TOTAL Independent Expenditures	··············
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or a party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 01 30 2015

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	CHEDULE E (FEC Form 3X)		
11	EMIZED INDEPENDENT EXPENDITURES		PAGE 193 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New rep	oort Amends repo	ort filed on
	Full Name of Payee Virginia T Grant		Date of Public Distribution/Dissemination
	Mailing Address 134 Shore Crest Circle		11 21 2014 Amount
	City State	Zip Code	7.50
	Carrire MS	39426	Transaction ID : 5a002577-d3b1-4ac5-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 / 21 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary
	Full Name of Payee Virginia T Grant		Date of Public Distribution/Dissemination
	Mailing Address 134 Shore Crest Circle		11 21 2014 Amount
	City State	Zip Code	40.00
	Carrire MS	39426	Transaction ID: 1847a2d8-73e8-42c4-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 D 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		47.50
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y

[Electronically Filed]

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
ΓE	EMIZED INDEPENDENT EXPENDITURES		PAGE 194 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC		C C00530766
Ch	eck if 24-hour report 48-hour report New re	port Amends rep	ort filed on Man / Dad / Yayayay
	Full Name of Payee Virginia T Grant		Date of Public Distribution/Dissemination 11 21 2014
	Mailing Address 134 Shore Crest Circle		Amount
	City State Carrire MS	Zip Code 39426	7.50 Transaction ID: 3bec30d7-c6c2-4ee3-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 21 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Gther (specify) ▶
	Full Name of Payee Tammay Williams		Date of Public Distribution/Dissemination 11 21 2014
	Mailing Address 924 N. Prieur St		Amount
	City State	Zip Code	80.00
	New Orleans LA	70116	Transaction ID : 711c5bbe-4f04-4b5a-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 21 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 87.50
	`,		7 7 7
	(b) SUBTOTAL of Unitemized Independent Expenditures		. •
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		

[Electronically Filed]

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SCHEDULE E (FEC FORM 3X) TEMIZED INDEPENDENT EXPENDITURES		D. O 405 OF 247
IEMIZED INDEPENDENT EXPENDITURES		PAGE 195 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New rep	port Amends repo	rt filed on
Full Name of Payee		Date of Public Distribution/Dissemination
Tammay Williams		11 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 924 N. Prieur St		Amount
City State	Zip Code	18.00
New Orleans LA	70116	Transaction ID : dd4ff20c-5633-4138-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 / 21 / 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Beau Autin		11 21 2014
Mailing Address 345 Auroura Ave		Amount
City State	Zip Code	40.00
Metairie LA	70006	Transaction ID: 87c1c563-a0db-41bf-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 21 7 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		58.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electron	nically Filed] Date	01 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Date

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES	PAGE 196 OF 317
	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
Women Speak Out FAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee Beau Autin	Date of Public Distribution/Dissemination
Mailing Address 345 Auroura Ave	11 21 2014 Amount
Chata Zin Codo	1.86
City State Zip Code Metairie LA 70006	1.86 Transaction ID : dde5d4b0-2b43-4426-b
Purpose of Expenditure Mileage Category/ Type 002	Date of Disbursement or Obligation
Name of Endoral Condidate	
Support	ce Sought: House District: 00 President X Senate State: LA
Д оррозо	Tresident Z denate State.
Calendar Year-To-Date Per Election for Office Sought Dist 201	bursement For: Primary General Other (specify) ▶
Full Name of Payee Antoinette Franklin	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8822 Apple St	Amount
City State Zip Code	60.00
New Orleans LA 70188	Transaction ID : e5647dcd-054c-449c-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 21 2014
Name of Federal Candidate Support Offi	ice Sought: House District:00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures	61.86
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	11.7.1.7.1.7.1
Under penalty of perjury I certify that the independent expenditures reported herein were not new with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan	W M / D D / Y Y Y

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	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 197 OF 317
			FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
\ _	Nomen Speak Out PAC		C C00530766
- Ch	heck if 24-hour report 48-hour report New report	Amends report filed	d on Mam / Dab / Yayayay
_	Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination
	Mailing Address 8822 Apple St		11 21 2014 Amount
	State Zin Code		13.50
	City State Zip Code New Orleans LA 70188	,	13.50 Transaction ID : 1aa68943-ab09-401d-b
			Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Categor Typ		11 21 / 2014
	Name of Federal Candidate	Support Office	e Sought: House District:00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 554635		ursement For: Primary X General
	Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination 11 21 2014
	Mailing Address 9685 Paula St		Amount
	City State Zip Code	e	40.00
	Keithville LA 71047		Transaction ID : a5a26756-c1ea-462c-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Categor Typ		11 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support Office	ee Sought: House District: 00
	Ms. Mary L Landrieu	Coppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 554635		oursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	·····	53.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
	(c) TOTAL Independent Expenditures	·····	
	Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
	Ms. Emily Buchanan	М	M / D D / Y Y Y Y

[Electronically Filed]

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CHEDULE E (FEC Form 3X) FEMIZED INDEPENDENT EXPENDITURES		D105 100 05 217
EMIZED INDEPENDENT EXPENDITURES		PAGE 198 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New re	eport Amends report filed	d on Mam / Dab / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Sheri J Peace		11 21 2014
Mailing Address 9685 Paula St		Amount
City State	Zip Code	27.60
Keithville LA	71047	Transaction ID: b5485e7c-298b-4167-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 21 / 2014
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78 Disb 2014	ursement For: Primary
Full Name of Payee	·	Date of Public Distribution/Dissemination
Jessica R Resendiz		11 21 2014
Mailing Address 9685 Paula St		Amount
City State	Zip Code	70.00
Keithville LA	71047	Transaction ID : c0447d97-ff3c-4414-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 21 7 2014
Name of Federal Candidate	Support Office	ee Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78 Disb 2014	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·····	97.60
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electro		01 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form				
T	EMIZED INDEPENDENT EXPE	NDITURES			PAGE 199 OF 317 FOR LINE 24 OF FORM 3X
N	AME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
٧	Nomen Speak Out PAC			С	C00530766
CI	heck if 24-hour report 48-hour	ur report New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
	Full Name of Payee			Date of Publ	lic Distribution/Dissemination
	Jessica R Resendiz			11	21 / 2014
	Mailing Address 9685 Paula St			Amount	
	City	State	Zip Code		30.90
	Keithville	LA	71047		D: c706e7d2-de69-4763-a oursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	11	21 2014
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	Ms. Mary L Landrieu		X Oppose		Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: 2014 Other (s	Primary
	Full Name of Payee			Date of Publ	lic Distribution/Dissemination
	Darius Beverly			M M M	/ D D / Y Y Y Y Y Y 2014
	Mailing Address 157 Bishop Drive			Amount	
	City	State	Zip Code		60.00
	Avondale	LA	70094		D: 60c24834-459c-4a39-9 oursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	M M M	21 / 2014
	Name of Federal Candidate			055	House District: 00
	Ms. Mary L Landrieu		Support	Office Sought:	Tiouse District.
			X Oppose	President	Seriale State.
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: 2014 Other (s	Primary X General specify) ▶
	•				
	(a) SUBTOTAL of Itemized Independe	nt Expenditures		•	90.90
	(b) SUBTOTAL of Unitemized Indepen	dent Expenditures		· •	
	(c) TOTAL Independent Expenditures			•	7
	Under penalty of perjury I certify that with, or at the request or suggestion of party committee) any political party cor	f, any candidate or authorized	•		

[Electronically Filed]

2015

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	age# 15950562242 CHEDULE E (FEC Form 3X)		
	MIZED INDEPENDENT EXPENDITURES		PAGE 200 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC		C C00530766
Ch	eck if 24-hour report 48-hour report New	report Amends repo	ort filed on
	Full Name of Payee Ms. Dinah Beverly		Date of Public Distribution/Dissemination
	Mailing Address 157 Bishop Drive		Amount
	City State	Zip Code	60.00
	Avondale LA	70064	Transaction ID : 27a1b4c2-bc79-4632-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 / 21 / 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Ms. Dinah Beverly		Date of Public Distribution/Dissemination 11 21 2014
	Mailing Address 157 Bishop Drive		Amount
	City State	Zip Code	7.50
	Avondale LA	70064	Transaction ID: 2779f2eb-1558-4a49-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 21 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		67.50
	(b) SURTOTAL of Unitemized Independent Expenditures		

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

(c) TOTAL Independent Expenditures.....

Ms. Emily Buchanan	[Electronically Filed]	Date	01	30	/	2015
Signature						
0.9						

SCHEDULE E (FEC Form 3X)

SCHEDOLL L (FLC Form 3x)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 201 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M M / D D / Y Y Y Y
Check if24-hour report48-hour report New report Amends report filed on	M M / D Z J / L
Susan K Hamby	of Public Distribution/Dissemination
Mailing Address 202 Violet St	11 21 2014
Amo	unt
City State Zip Code	35.00
Date	action ID: bb5c8ebb-69c7-4693-8 of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M 11 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Soug	ght: House District: 00
Ms. Mary L Landrieu Ms. Mary L Landrieu Presid	Ι.Δ
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary
	e of Public Distribution/Dissemination
Mailing Address	11 21 2014
Amo	ount
	1.65 saction ID : a9b06055-1642-4e8a-9
Purpose of Expenditure Mileage Category/ Type O02	e of Disbursement or Obligation
Name of Federal Candidate Support Office Soug	ght: House District: 00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	36.65
(a) SOUTOTAL OF HOMELOUS HISOPOTICION EXPONENTIAL COMMISSION COMMI	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	30 / Y = Y = Y = Y

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SCHEDULE E (FEC Form TEMIZED INDEPENDENT EXPE			PAGE 202 OF 317
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼
Women Speak Out FAC			C C00530766
Check if 24-hour report 48-h	our report New rep	ort Amends repo	t filed on
Full Name of Payee Stephanie L Heun			Date of Public Distribution/Dissemination
Mailing Address 8026 S Wilwood Dr	Apt 101		Amount
City	State	Zip Code	11.60
Oak Creek	WI	53154	Transaction ID: 01a94834-92f9-4c2f-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For:
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination
Mailing Address 220 Doucet Rd			Amount
City	State	Zip Code	35.00
Lafayette	LA	70503	Transaction ID: 31fd28f8-4ab8-4875-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	7	554635.78	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independ	ent Expenditures		46.60
(b) SUBTOTAL of Unitemized Indepe	ndent Expenditures		>
(c) TOTAL Independent Expenditures			>
	of, any candidate or authorized		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan			M M / D D / Y Y Y

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SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES	PAGE 203 OF 317
	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	d on M M M / D D / Y Y Y Y Y
Full Name of Payee Francis Richardson	Date of Public Distribution/Dissemination
Mailing Address 220 Doucet Rd	11 21 2014 Amount
Chata Zin Codo	1.02
City State Zip Code Lafavette LA 70503	1.02 Transaction ID : e9cd5bfa-21c0-4fc6-a
	Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 21 2014
Name of Federal Candidate Support Office	ce Sought: House District:00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disb 2014	pursement For: Primary X General
Full Name of Payee Alice K Salazar	Date of Public Distribution/Dissemination
Mailing Address 605 W Houston St	Amount
City State Zip Code	80.00
Marshall TX 75633	Transaction ID : d4097fad-f521-4c72-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 21 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	81.02
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan	M / D D / Y Y Y

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NAME OF COMMITTEE (In Full)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 204 OF 317 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00530766
M = M / D = D / Y = Y = Y
of Public Distribution/Dissemination
11 / 21 / 2014
punt
57.90
e of Disbursement or Obligation
11 / 21 / 2014
ght: House District: 00
dent Senate State: LA
ent For: Primary X General
Other (specify) ▶
e of Public Distribution/Dissemination
11 21 / 2014
punt
100.00 saction ID : fa6c09b3-1ac5-40c7-9
e of Disbursement or Obligation 11 21 2014
ght: House District:00
ident X Senate State: LA
ent For: Primary X General
Other (specify)
157.90

Women Speak Out PAC Check if 24-hour report 48-hour report Amends report filed on New report Full Name of Payee Date Alice K Salazar Mailing Address 605 W Houston St Amo City State Zip Code ΤX Marshall 75633 Trans Date Purpose of Expenditure Category/ Mileage 002 Type Name of Federal Candidate Support Office Soud Ms. Mary L Landrieu Oppose Presi Disburseme Calendar Year-To-Date 2014 554635.78 Per Election for Office Sought Full Name of Payee Date Ana L Esquivel Mailing Address 284 Cr 1401 Amo City State Zip Code Carthage TX 75633 Trans Date Purpose of Expenditure Category/ 001 Salary Type Name of Federal Candidate Support Office Sough Ms. Mary L Landrieu Oppose Presi Disburseme Calendar Year-To-Date 554635.78 2014 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... 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 (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] 01 30 2015 Date Signature

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES	PAGE 205 OF 317
	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
Full Name of Payee Hilary Townsend	Date of Public Distribution/Dissemination
Mailing Address 4506 US Hwy 79 North	11 21 2014 Amount
City State Zip Code	100.00
Deberry TX 75639	Transaction ID : a3cc42e4-f88a-4988-b
Purpose of Expenditure Salary Category/ Type 001	Date of Disbursement or Obligation 11 21 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Support Office	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General
Full Name of Payee Taylor De Julian-Hernandez	Date of Public Distribution/Dissemination 11 21 2014
Mailing Address 284 Cr 1401	Amount
City State Zip Code	100.00
Carthage TX 75633	Transaction ID: 38d7b3b3-4e39-4bd0-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	200.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan	M / D D / Y Y Y

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	CHEDULE E (FEC Form 3X)		
11	EMIZED INDEPENDENT EXPENDITURES		PAGE 206 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on
	Full Name of Payee Taylor De Julian-Hernandez		Date of Public Distribution/Dissemination
	Mailing Address 284 Cr 1401		11 21 2014 Amount
	City State	Zip Code	52.80
	Carthage TX	75633	Transaction ID : 9d19ac0b-7405-4606-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 / 21 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Elvis Spears		Date of Public Distribution/Dissemination
	Mailing Address 2150 Hope St		Amount 21 2014
	City State	Zip Code	35.00
	New Orleans LA	70119	Transaction ID: c7843c80-c483-470b-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 21 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 87.80
	(b) SUBTOTAL of Unitemized Independent Expenditures		-
	(c) TOTAL Independent Expenditures		. •
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y

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SCHEDULE E (FEC Form 3	X)		
TEMIZED INDEPENDENT EXPENI	DITURES		PAGE 207 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour	report New re	eport Amends repo	ort filed on M M / D D / Y Y Y Y Y
Full Name of Payee			Date of Public Distribution/Dissemination
Elvis Spears			11 21 2014
Mailing Address 2150 Hope St			Amount
City	State	Zip Code	10.50
New Orleans	LA	70119	Transaction ID : dc2ce21b-8ada-482d-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M / D D / Y Y Y Y
Name of Federal Candidate		Cunnart	Office Sought: House District: 00
Ms. Mary L Landrieu		Support Oppose	Office Sought: House District: 00 President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Francesca Blom			Date of Public Distribution/Dissemination
Mailing Address 101 Asbury Ct			Amount
City	State	Zip Code	70.00
Winchester	VA	22602	Transaction ID: fb0b57c4-5fef-4825-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent	Expenditures		▶ 80.50
(b) SUBTOTAL of Unitemized Independent	ent Expenditures		·· •
(c) TOTAL Independent Expenditures			
	any candidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political

Ms. Emily Buchanan	[Electronically Filed]	Date	01 /	30	2015
Signature					

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Ms. Emily Buchanan

Signature

36	CHEDULE E (FEC Form 3X)			
TΕ	EMIZED INDEPENDENT EXPENDITURES			PAGE 208 OF 317 FOR LINE 24 OF FORM 3X
NA	AME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC			C C00530766
Ch	neck if 24-hour report 48-hour report New report	ort Amends repo	ort filed or	1
	Full Name of Payee		[Date of Public Distribution/Dissemination
	Cynthia N Schmit			11 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2226 Taft Circle Apt 1		A	Amount
	City State	Zip Code		10.00
	Winchester VA	22601		ansaction ID: 03069ee8-54e1-4dfe-9 Date of Disbursement or Obligation
	Purpose of Expenditure	Category/		M - M / D - D / Y - Y - Y
	Salary	Type 001		11 21 2014
	Name of Federal Candidate	Support	Office S	Sought: House District:00
	Ms. Mary L Landrieu	Oppose	P	resident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disburse 2014	ement For: Primary X General Other (specify) ▶
	Full Name of Payee		1	Date of Public Distribution/Dissemination
	ERIC TABARY			11 21 2014
	Mailing Address 6101 NORA ST			Amount
	City State	Zip Code		65.00
	METAIRIE LA	70003	I	ransaction ID: 70cb20ca-ded1-49fd-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001		11 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Cumpart	Office	Sought: House District: 00
	Ms. Mary L Landrieu	Support	Office S	Tiouse District.
		X Oppose		Tesident State.
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disburs 2014	ement For:
				Cuter (speerly) >
	(a) SUBTOTAL of Itemized Independent Expenditures			75.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		·· •	49-1-49-1-47-1-47-1-47-1-47-1-47-1-47-1-
	(c) TOTAL Independent Expenditures			
				4 4
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized			
	party committee) any political party committee or its agent.			

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
ΓΕ	EMIZED INDEPENDENT EXPENDITURES		PAGE 209 OF 317 FOR LINE 24 OF FORM 3X
VΑ	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
	Vomen Speak Out PAC		C C00530766
			0 00000.00
Эh	neck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on
	Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination
	Mailing Address		11 21 2014
	6101 NORA ST		Amount
-	City State	Zip Code	2.10
	METAIRIE LA	70003	Transaction ID: 383b3bc7-07f5-4d27-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 21 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination
	Mailing Address 55 Lovell Johnson Rd		Amount 21 2014
-	City State	Zip Code	80.00
	Picayune MS	39466	Transaction ID : c2e4caf3-47d6-4eec-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 21 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		> 82.10
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	•		
-	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	

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nage# 15950562252 CHEDULE E (FEC Form 3X)	
EMIZED INDEPENDENT EXPENDITURES	PAGE 210 OF 317 FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
heck if 24-hour report 48-hour report New report Amends report filed on	

Women opeak out 1710				C	C00530766	
heck if 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee Christopher L Gilbert			С	M = M	/ D D /	/Dissemination
Mailing Address 55 Lovell Johnson Rd				11 Amount	21	2014
City	State	Zip Code			1D 0001 57 H	47.10
Picayune	MS	39466			ID: 868bf7db oursement or	
Purpose of Expenditure Mileage		Category/ Type 002		11	21	2014
Name of Federal Candidate		Support	Office S	Sought:	House	District: 00
Ms. Mary L Landrieu		Oppose	P	resident	X Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disburse 2014	ement For:	Primar	y Seneral
Full Name of Payee			1			n/Dissemination
Eva M Johnston				M = M	/ 21	2014
Mailing Address 2517 N 47th St			,	Amount		
City	State	Zip Code				35.00
Milwaukee	WI	53210			ÍD: 11f69b46 bursement or	
Purpose of Expenditure Salary		Category/ Type 001		M = M 11	21	2014
Name of Federal Candidate		Support	Office S	Sought:	House	District: 00
Ms. Mary L Landrieu		Oppose	P	resident	X Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disburs 2014	ement For:	Primar	y X General
(a) SUBTOTAL of Itemized Independent Exp	enditures		• [7	82.10
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
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 (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Emily Buchanan	[Electro	nically Filed] Date	M = M	/ 30	20	Y Y Y
Signature						

party committee) any political party committee or its agent.

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
	EMIZED INDEPENDENT EXPENDITURES		PAGE 211 OF 317
			FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC		C C00530766
Ch	neck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on
	Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination
	Mailing Address 2329 Runnymede Dr		Amount
	City State	Zip Code	40.00
	Marrero LA	70072	Transaction ID : e9bbb682-cff8-4476-a
		10012	Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 / 21 / 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 General Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Joneisha Stewart		11 21 2014
	Mailing Address 2329 Runnymede Dr		Amount
	City State	Zip Code	9.00
	Marrero LA	70072	Transaction ID : 5420114a-0981-469d-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 21 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		49.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		

with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political

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party committee) any political party committee or its agent.

	age# 15950562254 CHEDULE E (FEC Form 3X	1					
	MIZED INDEPENDENT EXPENDE					DAGE 240	05 247
1 6	INIZED INDEPENDENT EXPEND	TUNES				PAGE 212	2 OF 317 24 OF FORM 3X
\ I A	ME OF COMMITTEE (In Full)					TOTT LINE	24 01 1 011111 37
					FEC	IDENTIFICAT	ION NUMBER ▼
V	Vomen Speak Out PAC				C	C00530766	
Ch	eck if 24-hour report 48-hour re	eport New repo	ort Amends repo	rt filed or	M = M	/ D D /	Y Y Y Y Y
	Full Name of Payee				Date of Pub	olic Distribution	n/Dissemination
	Evelyn Lesaicherre				M M M	/ D D /	2014
	Mailing Address 629 Radiance Ave			A	Amount		
	City	State	Zip Code	— r			80.00
	Metairie	LA	70001			ID: d8d1f398 bursement or	-d711-4405-a
	Purpose of Expenditure Salary		Category/ Type 001		M = M 11	/ 21 /	2014
	Name of Federal Candidate						District: 00
	Ms. Mary L Landrieu		Support Oppose	Office S	ougnt: resident	House X Senate	District:00
	Calendar Year-To-Date Per Election for Office Sought		554635.78		ement For:	Primar	
	Full Name of Payer					specify)	(D) : ::
	Full Name of Payee Evelyn Lesaicherre				Date of Pub	Distribution 21	n/Dissemination
	Mailing Address 629 Radiance Ave				Amount	21	2014
	City	State	Zip Code				3.90
	Metairie	LA	70001			ID : f88c310b bursement or	
	Purpose of Expenditure Mileage		Category/ Type 002				2014
	Name of Federal Candidate		Support	Office S	Sought:	House	District:00
	Ms. Mary L Landrieu		X Oppose		resident	Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disburse 2014	ement For: Other (Primar	y X General
	(a) SUBTOTAL of Itemized Independent E	xpenditures		•		7	83.90
	(b) SUBTOTAL of Unitemized Independen	Expenditures		•			
	(c) TOTAL Independent Expenditures			•		7	- 49-

Ms. Emily Buchanan [Electronically Filed] 30 2015 Date Signature

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 (if the reporting entity is not a political

	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 213 OF 317
			FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
٧	Nomen Speak Out PAC		C C00530766
- Ch	heck if 24-hour report 48-hour report New report	Amends report	t filed on Man / Dad / Yayayay
	Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination
	Mailing Address 22369 Ponderosa Dr.		11 21 2014 Amount
			05.00
		Code	65.00
	Mandeville LA 704	471	Transaction ID : daee2203-18dc-4b6e-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Ca	ategory/ Type 001	11 / 21 / Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 55		Disbursement For: Primary X General 2014
	Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination
	Mailing Address 22369 Ponderosa Dr.		Amount
	City State Zip	Code	7.80
)471	Transaction ID: b720dae9-f3c1-49f0-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	ategory/ Type 002	Man 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures		72.80
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
	(c) TOTAL Independent Expenditures		>
	Under penalty of perjury I certify that the independent expenditures reposition, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M = M / D = D / Y = Y = Y

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SCHEDULE E (FEC Form 3X)						
11	EMIZED INDEPENDENT EXPENDITURES		PAGE 214 OF 317 FOR LINE 24 OF FORM 3X			
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
۷	Vomen Speak Out PAC		C C00530766			
Cł	neck if 24-hour report 48-hour report New report	rt Amends repor	t filed on			
	Full Name of Payee Cathy Longtin		Date of Public Distribution/Dissemination			
	Mailing Address 827 Navavre Ave		11 21 2014 Amount			
	City State 2	Zip Code	50.00			
	New Orleans LA	70124	Transaction ID: 0a7fda4a-7736-4fa9-a Date of Disbursement or Obligation			
	Purpose of Expenditure Salary	Category/ Type 001	11 21 / 2014			
	Name of Federal Candidate	Support	Office Sought: House District:00			
	Ms. Mary L Landrieu	X Oppose	President State: LA			
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶			
	Full Name of Payee Cathy Longtin	1	Date of Public Distribution/Dissemination			
	Mailing Address 827 Navavre Ave		Amount 21 2014			
	City State 2	Zip Code	9.60			
	I '	70124	Transaction ID : fc76ed45-33c5-47f0-9 Date of Disbursement or Obligation			
	Purpose of Expenditure Mileage	Category/ Type 002	11 21 2014			
	Name of Federal Candidate	Support	Office Sought: House District: 00			
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA			
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For:			
	(a) SUBTOTAL of Itemized Independent Expenditures		59.60			
	(b) SUBTOTAL of Unitemized Independent Expenditures		•			
	(c) TOTAL Independent Expenditures		•			
	Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.					
	Ms. Emily Buchanan		M M / D D / Y Y Y			

[Electronically Filed]

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SCHEDULE E (FEC Form 3X)					
TEMIZED INDEPENDENT EXPENDITURES	PAGE 215 OF 317 FOR LINE 24 OF FORM 3X				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC	C C00530766				
Check if 24-hour report 48-hour report	New report Amends report filed on Amends report				
Full Name of Payee Donna S Wilson	Date of Public Distribution/Dissemination				
Mailing Address 4456 Country Hill Dr	Amount 21 2014				
City State	Zip Code 10.00				
Baton Rouge LA	70816 Transaction ID : 74e49b46-2695-414c-a Date of Disbursement or Obligation				
Purpose of Expenditure Salary	Category/ Type 001 11 21 2014				
Name of Federal Candidate	Support Office Sought: House District: 00				
Ms. Mary L Landrieu	Oppose President Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶				
Full Name of Payee	Date of Public Distribution/Dissemination				
Donna S Wilson	11 21 2014				
Mailing Address 4456 Country Hill Dr	Amount				
City State	Zip Code 6.00				
Baton Rouge LA	70816 Transaction ID: eb718c91-31f7-4639-a Date of Disbursement or Obligation				
Purpose of Expenditure Mileage	Category/ Type 002 11 21 2014				
Name of Federal Candidate	Support Office Sought: House District: 00				
Ms. Mary L Landrieu	Oppose President Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures	16.00				
(b) SUBTOTAL of Unitemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •				
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan	[Electronically Filed] Date 01 30 2015				

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SCHEDULE E (FEC Form 3X)

CHEDOLL L (FLC FOIII 3X)				
TEMIZED INDEPENDENT EXPENDITURES		PAGE 216 OF 317 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC		C C00530766		
Check if 24-hour report 48-hour report New	report Amends report fil	led on Man / Dad / Yayayay		
Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination		
Mailing Address 227 Lincoln Dr		Amount		
Chata	7:- Oada	70.00		
City State Bossier City LA	Zip Code 71111	Transaction ID : 2c4020bd-6c3f-4c3a-a Date of Disbursement or Obligation		
Purpose of Expenditure Salary	Category/ Type 001	11 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	Support Of	ffice Sought: House District: 00		
Ms. Mary L Landrieu	X Oppose	President Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary		
Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination		
Mailing Address 227 Lincoln Dr		Amount		
City State Bossier City LA	Zip Code 71111	15.54 Transaction ID: 56e2338a-27bc-4206-b Date of Disbursement or Obligation		
Purpose of Expenditure Mileage	Category/ Type 002	11 21 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		ffice Sought: House District: 00		
Wis. Mary L Candilled	Oppose	President Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary		
(a) SUBTOTAL of Itemized Independent Expenditures		85.54		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	_			
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 (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan [Elect	tronically Filed]	01 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		

Check if

City

Salisbury

Salary

NAME OF COMMITTEE (In Full) Women Speak Out PAC

> Full Name of Payee Colton R Overcash

Purpose of Expenditure

Ms. Mary L Landrieu

Full Name of Payee Colton R Overcash

Purpose of Expenditure

Ms. Mary L Landrieu

Name of Federal Candidate

Calendar Year-To-Date

Per Election for Office Sought

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

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....

Mailing Address

City

Salisbury

Mileage

Name of Federal Candidate

Calendar Year-To-Date

Per Election for Office Sought

121 Ohara Dr

Mailing Address

24-hour report

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

121 Ohara Dr

48-hour report

PAGE 217 OF 317 FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼ C C00530766 mends report filed on Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Amount 100.00 Transaction ID: 313fb12f-a2cc-4ae5-9 Date of Disbursement or Obligation
Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Amount Transaction ID : 313fb12f-a2cc-4ae5-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y 2014
Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y 11 / 21 / 2014 Amount Transaction ID : 313fb12f-a2cc-4ae5-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y 2014
Date of Public Distribution/Dissemination M 11
Amount 100.00 Transaction ID: 313fb12f-a2cc-4ae5-9 Date of Disbursement or Obligation 111 / 21 / 2014
Amount 100.00 Transaction ID: 313fb12f-a2cc-4ae5-9 Date of Disbursement or Obligation 111 21 2014 Amount 100.00 Transaction ID: 313fb12f-a2cc-4ae5-9 Date of Disbursement or Obligation
Transaction ID : 313fb12f-a2cc-4ae5-9 Date of Disbursement or Obligation M 1
Transaction ID: 313fb12f-a2cc-4ae5-9 Date of Disbursement or Obligation 100.00 Transaction ID: 313fb12f-a2cc-4ae5-9 Date of Disbursement or Obligation 21 21 2014
Transaction ID: 313fb12f-a2cc-4ae5-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
001 11 21 2014
Support Office Sought: House District:00
Oppose President Senate State: LA
Disbursement For: Primary ☐ General Other (specify) ►
Date of Public Distribution/Dissemination
11 / 21 / 2014
Amount
72.30 Transaction ID : b14c67df-99ca-46d3-9
Date of Disbursement or Obligation
002 11 21 2014
Support Office Sought: House District: 00
Oppose President X Senate State: LA
Disbursement For: Primary ☐ General 2014 Other (specify) ►
172.30
······································

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

New report

State

NC

State

NC

Amends

Zip Code

Category/

554635.78

Zip Code

Category/

Type

554635.78

28147

Type

28147

Ms. Emily Buchanan	[Electronically Filed]	Date	01 /	30	2015
Signature					
Oignature					

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	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 218 OF 317
			FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full) Vomen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
٧	vomen Speak Out FAC		C C00530766
CI	neck if 24-hour report 48-hour report New rep	port Amends repo	rt filed on
	Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination
	Mailing Address 100 Asbury Ct		11 21 2014 Amount
	City State Winchester VA	Zip Code 22602	70.00 Transaction ID: 06d72723-3f47-4885-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 21 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination 11 21 2014
	Mailing Address 100 ASBURY CT		Amount
	City State	Zip Code	70.00
	WINCHESTER VA	22602	Transaction ID : fe2b018d-a0f9-4bd9-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 / 21 / 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures		140.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		>
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M = M / D = D / Y = Y = Y

[Electronically Filed]

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Ms. Emily Buchanan

Signature

36	CHEDULE E (FEC Form 3X)		
ΤΙ	EMIZED INDEPENDENT EXPENDITURES		PAGE 219 OF 317 FOR LINE 24 OF FORM 3X
V/	AME OF COMMITTEE (In Full)		
	Vomen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
	·		C C00530766
Cł	neck if 24-hour report 48-hour report New i	report Amends repo	ort filed on
	Full Name of Payee		Date of Public Distribution/Dissemination
	Jon E Conner		11 21 2014
	Mailing Address 100 Asbury Ct		Amount
	City State	Zip Code	70.00
	Winchester VA	22602	Transaction ID : 6f6222ec-13f3-4c43-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ 001	M - M / D - D / Y - Y - Y
	Salary	Type 001	11 21 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary
	Full Name of Payee		Date of Public Distribution/Dissemination
	Rodney O Culbreath		11 21 2014
	Mailing Address 100 Asbury Ct		Amount
	City State	Zip Code	70.00
	Winchester VA	22602	Transaction ID: 0fcd7d33-88b2-4323-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 21 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Support Oppose	Office Sought. Trouse District.
		Д Оррозе	Tresident Z cenate state.
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Gther (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		140.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures)
	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		

[Electronically Filed]

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TEMIZED INDEPENDENT E	:XPENDITURES		PAGE 220 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC)		C C00530766
Check if 24-hour report	48-hour report New report	ort Amends repo	rt filed on
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination
Mailing Address 100 Asbury C	 :т		11 21 2014 Amount
3200 Dam Ne			70.00
City Winchester	State VA	Zip Code 22602	70.00 Transaction ID: 01256539-4f43-4065-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sou	ught	554635.78	Disbursement For:
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination
Mailing Address 100 Asbury C	t		Amount
City	State	Zip Code	70.00
Winchester	VA	22602	Transaction ID : 3bc4b874-4e9d-47f2-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sou	ught	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Inde	ependent Expenditures		140.00
(b) SUBTOTAL of Unitemized Ir	ndependent Expenditures		
(c) TOTAL Independent Expend	ditures		•
	stion of, any candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electron	ically Filed] Date	01 30 2015
Signature		_ Date	

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES		5:05 004 05 247
IEMIZED INDEPENDENT EXPENDITURES		PAGE 221 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New report	port Amends repor	rt filed on
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination
Mailing Address		11 22 / Y Y Y Y
110 W Pecan St		Amount
City State	Zip Code	50.00
Ville Platte LA	70586	Transaction ID: 9d45b8b7-f03c-45e7-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 22 / 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary
Full Name of Payee Christopher Marquess Mailing Address 110 W Pecan St		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
110 W 1 Coun Or		Amount
City State Ville Platte LA	Zip Code 70586	32.40 Transaction ID : d529c8ea-6218-4c60-9
Purpose of Expenditure	1	Date of Disbursement or Obligation
Mileage	Category/ Type 002	11 22 / 2014
Name of Federal Candidate	Support	Office Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		82.40
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electron	nically Filed] Date	01 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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party committee) any political party committee or its agent.

Ms. Emily Buchanan

Signature

SCHEDULE E (FEC			
TEMIZED INDEPENDENT	EXPENDITURES		PAGE 222 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Ful]		FEC IDENTIFICATION NUMBER ▼
Women Speak Out P	AC		C C00530766
Check if 24-hour report	48-hour report New re	eport Amends repo	ort filed on
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination 11 22 2014
Mailing Address 20679 Gle	nbrook Terrace		Amount
City Sterling	State VA	Zip Code 20165	Transaction ID : 596ecdd6-a4ae-40fc-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Ms. Mary L Landrieu		Support Oppose	Office Sought: House District: 00 President Senate State: LA
Calendar Year-To-Date Per Election for Office	Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Nicholas O Wilcox Mailing Address 1981 Chel	rokee St		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	50.00
Baton Rouge	LA	70806	Transaction ID: 42014262-bf7b-42d5-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 22 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office	Sought	554635.78	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized I	ndependent Expenditures		105.00
(b) SUBTOTAL of Unitemize	d Independent Expenditures		. •
(c) TOTAL Independent Exp	enditures		•
			not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political

[Electronically Filed]

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Ms. Emily Buchanan

Signature

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MIZED INDEPENDENT EXPENDIT	URES		PAGE 223 OF 317 FOR LINE 24 OF FORM 3
E OF COMMITTEE (In Full)			
omen Speak Out PAC			FEC IDENTIFICATION NUMBER \
			C C00530766
ck if 24-hour report 48-hour report	ort New	report Amends repo	ort filed on
Full Name of Payee Nicholas O Wilcox			Date of Public Distribution/Dissemination
Mailing Address 1981 Cherokee St			11 22 2014 Amount
City	State	Zip Code	4.50
Baton Rouge	LA	70806	Transaction ID : f4a81fe4-d7bd-4ab9-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 22 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Eva M Johnston			11 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2517 N 47th St			Amount
City	State	Zip Code	10.00
Milwaukee	WI	53210	Transaction ID: e3273dc3-7306-4df6-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 22 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: Primary General 2014
			Other (specify) ►
substotal of Itemized Independent Exp	enditures		▶ 14.50
o) SUBTOTAL of Unitemized Independent E	Expenditures		. >
TOTAL Independent Expenditures			·· •

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Date

2015

PAGE		OF	317
FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends	report filed on//
Full Name of Payee	Date of Public Distribution/Dissemination
Janet Morris Mailing Address COO Old Porhame Dd Let 2	11 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
620 Old Barbome Rd Lot 2	Amount
City State Zip Code	35.00
West Monroe LA 71291	Transaction ID: 35768a58-19b2-432c-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 11 22 7 2014
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
Ms. Mary L Landrieu Oppos	
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee	
Janet Morris	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 620 Old Barbome Rd Lot 2	Amount
City State Zip Code	4.86
West Monroe LA 71291	Transaction ID : fcc88d03-e184-4389-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 11 22 7 2014
Name of Federal Candidate Suppo	ort Office Sought: House District:00
Ms. Mary L Landrieu Oppos	
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	39.86
(b) SUBTOTAL of Unitemized Independent Expenditures	······ >
(c) TOTAL Independent Expenditures	•
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 01 30 2015
Signature	

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MIZED INDEPENDENT EXPENDITURES	S				PAGE 225 FOR LINE 2	OF 317 4 OF FORM 3X
ME OF COMMITTEE (In Full) Vomen Speak Out PAC				FEC	IDENTIFICATIO	ON NUMBER ▼
romen Speak Out FAC				С	C00530766	
eck if 24-hour report 48-hour report	New	report Amends rep	ort filed on	M = M	/ D D /	Y Y Y
Full Name of Payee Heather A Smith			Date	of Pub	lic Distribution/	Dissemination 2014
Mailing Address 995 Clairborne Rd			Amo		22	2014
City	State	Zip Code				33.00
Calhoun	LA	71225			D: 1db39b5f-e	
Purpose of Expenditure Salary		Category/ Type 001		M 11	22	2014
Name of Federal Candidate		Support	Office Soug	ht:	House	District: 00
Ms. Mary L Landrieu		X Oppose	Presi	dent	X Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought	7	554635.78	Disburseme 2014		Primary pecify) ▶	X General
Full Name of Payee Heather A Smith			Date	of Pub	lic Distribution/	Dissemination
Mailing Address 995 Clairborne Rd			Amo	unt		
City	State	Zip Code				6.60
Calhoun	LA	71225			ID: 4a7b9809- oursement or C	
Purpose of Expenditure Mileage		Category/ Type 002		M M M	22	2014
Name of Federal Candidate		Support	Office Soug	ht:	House	District: 00
Ms. Mary L Landrieu		X Oppose	Presi		Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought	,	554635.78	Disburseme 2014		Primary specify) ▶	X General
a) SUBTOTAL of Itemized Independent Expenditu	ıres					39.60
				-7	7	
b) SUBTOTAL of Unitemized Independent Expendent	ditures		··· }		7	
c) TOTAL Independent Expenditures			··· •	-		

Ms. Emily Buchanan [Electronically Filed] 01 30 2015 Date Signature

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Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X)				
TEMIZED INDEPENDENT EXPENDITURE	S			PAGE 226 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			EEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			I a T	
			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Colton R Overcash			11	22 2014
Mailing Address 121 Ohara Dr			Amount	
City	State	Zip Code		88.00
Salisbury	NC	28147		D : 1168829c-3208-42f7-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M 11	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
Full Name of Payee	·		Date of Publ	lic Distribution/Dissemination
Colton R Overcash			11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 121 Ohara Dr			Amount	
City	State	Zip Code		64.20
Salisbury	NC	28147		D: 668be23d-7772-43fe-9 oursement or Obligation
Purpose of Expenditure		Category/ 002	М - М	/ D D / Y Y Y Y
Mileage		Type 002		22 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: 2014	Primary X General
Tel Election for Cines Cought	7 7		Other (s	pecify) •
(a) SUBTOTAL of Itemized Independent Expendit	ures			152.20
			7	
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	7
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candi party committee) any political party committee or i	idate or authorized			
	-			

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	PAGE	227	OF		-
	FOR L	INE 24	OF FO	ORM 3X	
DENTIFICATION NUMBER ▼					

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New rep	port Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Philip Elkins Mailing Address 207 Lineals Pr		11 22 7 2014
227 Lincoln Dr		Amount
City State	Zip Code	40.00
Bossier City LA	71111	Transaction ID : 26a6a114-6448-4384-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 22 2014
Name of Federal Candidate	Support Offi	ce Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78 Disl Disl 201	
		Other (specify) -
Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination
Mailing Address 227 Lincoln Dr		Amount
City State	Zip Code	11.49
Bossier City LA	71111	Transaction ID: 7a4d569f-b2d7-4670-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 22 2014
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose □	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78 Dis 20°	bursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	51.49
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electron	nically Filed]	01 30 2015
Signature		

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	OULE E (FEC Form 3X)								
I EMIZE	D INDEPENDENT EXPENDITURES						PAGE 228 FOR LINE 2		317 RM 3X
	COMMITTEE (In Full)					FEC II	DENTIFICATION	ON NUMB	ER ▼
Wome	en Speak Out PAC					С	C00530766		
Check if	24-hour report 48-hour report	New repo	ort Ame	nds repo	rt filed on	M	/ D D /	Y	Y
	lame of Payee s Spears				Date	of Publi	ic Distribution/	Dissemina	ition
	. Address					11 ^M	23	2014	
Iviaiiii	2150 Hope St				Amou	nt			
City		State	Zip Code					60.	.00
New (Orleans	LA	70119				D: bdc6d414- ursement or C		3-9
Purpo Salar	se of Expenditure y		Category/ Type	001		11	23	2014	
Name	e of Federal Candidate		Sı	upport	Office Sough	ıt:	House	District:	00
Ms. N	/lary L Landrieu		X o	ppose	Preside	ent [X Senate	State:	LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78		Disbursemen 2014 C		Primary	X Ge	eneral
	lame of Payee is Spears			·		of Publ	lic Distribution	/Dissemina	Y Y
Mailin	ng Address 2150 Hope St				Amou		23	201-	
City	5	State	Zip Code					10.	50
New	Orleans	LA	70119				D: 0a9c67f5-bursement or 0		-8
Purpo Milea	ose of Expenditure age		Category/ Type	002		11	23	201	
Name	e of Federal Candidate		S	upport	Office Sough	nt:	House	District: _	00
Ms. N	Mary L Landrieu		Χo	ppose	Presid	ent [Senate	State:	LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78		Disbursemer 2014		Primary	, X G	eneral
(a) SU	IBTOTAL of Itemized Independent Expenditures						7	70.50)
(b) SU	BTOTAL of Unitemized Independent Expenditure)S							
(c) TO	TAL Independent Expenditures				· [7		
with, o	penalty of perjury I certify that the independent r at the request or suggestion of, any candidate committee) any political party committee or its again	or authorized							
	Ms. Emily Buchanan				M M /	D = D	/ 7 7	Y	

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SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURI	ES		PAGE 229 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination
Mailing Address 1731 Frenchmen St			Amount
City	State	Zip Code	70.00
New Orleans	LA	70116	Transaction ID: 4c870b57-5452-4f73-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Cynthia J Christmas Mailing Address 1731 Frenchmen St			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	9.00
New Orleans	LA	70116	Transaction ID : de5dc330-95b5-4547-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 23 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	itures		> 79.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electr	onically Filed]	01 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPEN	DITURES			PAGE 230 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour	r report New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Francis Richardson			Date	e of Public Distribution/Dissemination
Mailing Address 220 Doucet Rd			Amo	11 23 2014
				Junt
City Lafayette	State LA	Zip Code 70503		30.00 saction ID : 46a6615f-a0b0-455e-b
Purpose of Expenditure Salary		Category/ Type 001	Date	e of Disbursement or Obligation 11 23 2014
Name of Federal Candidate		Support	Office Soug	ght: House District: 00
Ms. Mary L Landrieu		Oppose	Presi	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disburseme	
Full Name of Payee Francis Richardson	_			e of Public Distribution/Dissemination
Mailing Address 220 Doucet Rd			Amo	ount
City	State	Zip Code	$ \vdash$ \vdash	0.78
Lafayette	LA	70503		saction ID: dc368924-9ec0-481e-8 e of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	$\exists \mid \mid$	11 23 / 2014
Name of Federal Candidate		Support	Office Sou	ght: House District: 00
Ms. Mary L Landrieu		Oppose	Pres	ident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent	t Expenditures		· [30.78
(b) SUBTOTAL of Unitemized Independ	ent Expenditures			
(c) TOTAL Independent Expenditures			• <u> </u>	
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party committee.	any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M M	30 2015
Signature		_ bale	,	2010

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
ΓΙ	EMIZED INDEPENDENT EXPENDITURES		PAGE 231 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New report	rt Amends repor	t filed on Mam / Dab / Yayayay
	Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination
	Mailing Address		11 23 / 2014
	205 Medallion Circle		Amount
	City State 2	Zip Code	40.00
		71119	Transaction ID: 053e42cd-62bd-4d08-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 / 23 / Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary X General 2014 Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Lilly Green		11 23 / 2014
	Mailing Address 205 Medallion Circle		Amount
	City State	Zip Code	48.60
	Shreveport LA	71119	Transaction ID : f0b3ff12-ee4b-41c7-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 23 / 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	X Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		88.60
	(b) SUBTOTAL of Unitemized Independent Expenditures		·
	(c) TOTAL Independent Expenditures		>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

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TE	EMIZED INDEPENDENT EXPENDITURES						PAGE 232 FOR LINE 2	OF 317 24 OF FORM 3X
	AME OF COMMITTEE (In Full)					FEC	IDENTIFICATION	ON NUMBER ▼
W	Vomen Speak Out PAC					C	C00530766	
	neck if 24-hour report 48-hour report	New repo	ort Am	ends repo	ort filed	on M M M	/ D = D /	Y Y Y Y Y
1	Full Name of Payee Mary C Lee					Date of Pub	lic Distribution/	/Dissemination
	,					11	22	2014
	Mailing Address 1030 N Coolidge Ave					Amount		
Ì	City	State	Zip Code					50.00
	00.120.00	LA	70737				ID: 8eea5ab9- oursement or C	
	Purpose of Expenditure Salary		Category/ Type	001		11	22	2014
Ì	Name of Federal Candidate		<u> </u>	Support	Office	Sought:	House	District: 00
Ì	Ms. Mary L Landrieu			Oppose		President	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78		Disbu 2014	rsement For: Other (s	Primary	General
	Full Name of Payee Mary C Lee					Date of Pub	olic Distribution	/Dissemination 2014
Ì	Mailing Address 1030 N Coolidge Ave					Amount		
	Cir.	State	Zin Codo					3.60
	City S Gonzales	LA	Zip Code 70737				ID: 61f7d458-l bursement or 0	b45d-496c-8
	Purpose of Expenditure Mileage		Category/ Type	002		M M M	22	2014
Ī	Name of Federal Candidate		§	Support	Office	Sought:	House	District:00
Ì	Ms. Mary L Landrieu		X	Oppose		President	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	3	Disbu 2014		Primary specify) ▶	General
	(a) SUBTOTAL of Itemized Independent Expenditures				▶			53.60
,	(b) SUBTOTAL of Unitemized Independent Expenditure	es			🍆			
_	(c) TOTAL Independent Expenditures				. •			
١	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized						
	Ms. Emily Buchanan	[Electron	ically Filed]	Data	M 0	1 / 30	D / Y Y 201	Y
	Signature		_	Date	, 0	30	201	3

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
ΓE	EMIZED INDEPENDENT EXPENDITURES		PAGE 233 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New report	rt Amends repo	rt filed on
	Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination
	Mailing Address 1110 N Coolidge		11 22 2014
	Title IV Goollage		Amount
	City State 2	Zip Code	60.00
		70737	Transaction ID: eb744492-aa8e-422a-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For:
	Full Name of Payee		Date of Public Distribution/Dissemination
	Hannah J Landry Mailing Address 4440 N Coolidge		11 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	1110 N Coolidge		Amount
	City State 2	Zip Code	25.20
		70737	Transaction ID: aa216f61-20a7-4d50-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		85.20
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
	(c) TOTAL Independent Expenditures		>
	Under penalty of perjury I certify that the independent expenditures r with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

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Check if

Signature

Ms. Emily Buchanan

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HEDULE E (FEC Form 3X) MIZED INDEPENDENT EXPENDITURES		PAGE 234 OF 317
MIZED MOEI ENDENT EXTENDITORIES		FOR LINE 24 OF FORM 3.
ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
omen Speak Out PAC		C C00530766
ck if 24-hour report 48-hour report Ne	ew report Amends rep	ort filed on
Full Name of Payee		Date of Public Distribution/Dissemination
Beau Autin		11 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 345 Auroura Ave		Amount
City State	Zip Code	25.00
Metairie LA	70006	Transaction ID: a213a27c-4b5e-45d9-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 22 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary ☐ Genera 2014 Other (specify) ▶
Full Name of Payee Beau Autin Mailing Address 345 Auroura Ave		Date of Public Distribution/Dissemination 11 22 2014
040 / Narodia / Wo		Amount
City State	Zip Code	1.47
Metairie LA	70006	Transaction ID : 19da11f4-eda5-4487-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
SUBTOTAL of Itemized Independent Expenditures		> 26.47
 SUBTOTAL of Unitemized Independent Expenditures 		··· >
e) TOTAL Independent Expenditures		
nder penalty of perjury I certify that the independent expendith, or at the request or suggestion of, any candidate or auth arty committee) any political party committee or its agent.		

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Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X)			
TEMIZED INDEPENDENT EXPENDIT	JRES		PAGE 235 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			
			C C00530766
Check if 24-hour report 48-hour repo	ort New rep	ort Amends repo	ort filed on
Full Name of Payee Elvis Spears			Date of Public Distribution/Dissemination
			11 / 22 / Y Y Y Y Y
Mailing Address 2150 Hope St			Amount
City	State	Zip Code	60.00
New Orleans	LA	70119	Transaction ID : 6c46571b-071e-48a8-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Elvis Spears			11 22 2014
Mailing Address 2150 Hope St			Amount
City	State	Zip Code	10.50
New Orleans	LA	70119	Transaction ID: 828672fc-3ab4-463b-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 22 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		∑ Oppose	President Senate State: LA
		Z oppose	Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		554635.78	2014 Other (specify)
(a) SUBTOTAL of Itemized Independent Experience	enditures		70.50
(b) SUBTOTAL of Unitemized Independent E	xpenditures		. •
(c) TOTAL Independent Expenditures			•
	candidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political

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SCHEDULE E (FEC Form 3X)

SCHEDOLL L (FLC FOIIII 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 236 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M = M / D = D / Y = Y = Y
Check if24-hour report48-hour report New report Amends report filed on	M M / D D / T
Jon F Conner	e of Public Distribution/Dissemination
Mailing Address 100 Asbury Ct	11 22 2014
Amo	unt
City State Zip Code	20.00
Date	saction ID: 5127c48b-e783-4c95-8 e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Soug	ght: House District: 00
Ms. Mary L Landrieu	- LΛ
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For:
Full Name of Payee Rodney D Culbreth	e of Public Distribution/Dissemination
Mailing Address 100 Asbury CT Amo	ount
3200 Dam Neck Rd	20.00
VIII 01 00 10 1	saction ID : fcca347c-4da0-4192-a e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 22 / 2014
Name of Federal Candidate Support Office Soug	ght: House District: 00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	40.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	30 2015

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
ΓE	EMIZED INDEPENDENT EXPENDITURES		PAGE 237 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New rep	ort Amends repo	ort filed on
	Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination
	Mailing Address		11 / 22 / 2014
	100 ASBURY CT		Amount
	City State	Zip Code	20.00
	WINCHESTER VA	22602	Transaction ID : f4ded7ab-d447-4e90-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 / 22 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Other (specify) ▶
	Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination
	Mailing Address 100 Asbury Ct		11 / 22 / 2014 Amount
	City State Winchester VA	Zip Code 22602	Transaction ID : 1b673c3b-baa1-4ffe-b
	Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation 11 22 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		• 40.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		- •
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

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TE	EMIZED INDEPENDENT EXPENDITURI	ES			PAGE 238 OF 317 FOR LINE 24 OF FORM 3X
	NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼				
۷	Women Speak Out PAC				C C00530766
Ch	neck if 24-hour report 48-hour report	New repo	port Amends repo	ort filed	on M M / D D / Y Y Y Y Y Y
	Full Name of Payee Christine Stevens				Date of Public Distribution/Dissemination
	Mailing Address 100 Asbury Ct				11 22 2014 Amount
			- 0 1		20.00
	City Winchester	State VA	Zip Code 22602	1	20.00 Transaction ID : cd4be44c-7ee3-4bb5-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office	Sought: House District: 00
	Ms. Mary L Landrieu		Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbur 2014	rsement For: Primary X General Other (specify) ▶
	Full Name of Payee Rodney O Culbreath				Date of Public Distribution/Dissemination
	Mailing Address 100 Asbury Ct				Amount
	City	State	Zip Code		20.00
	Winchester	VA	22602		Transaction ID: 398c2772-10b8-40da-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 / 22 / 2014
	Name of Federal Candidate		Support	Office	Sought: House District: 00
	Ms. Mary L Landrieu		Oppose		President State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbui 2014	orsement For: Primary
	(a) SUBTOTAL of Itemized Independent Expendi	itures		>	40.00
	(b) SUBTOTAL of Unitemized Independent Expen	nditures		··· •	
	(c) TOTAL Independent Expenditures			··· >	7 7 7
	Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any cano party committee) any political party committee or	didate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed]		1 30 2015
	Signature		Date	e 01	2013

PAGE 239 OF 317 FOR LINE 24 OF FORM 3X EC IDENTIFICATION NUMBER ▼ C C00530766				
C C00530766				
M / D = D / Y = Y = Y				
Public Distribution/Dissemination				
1 22 / Y Y Y Y				
70.00				
ion ID : e4c66516-37f1-425d-a Disbursement or Obligation				
1 22 7 2014				
House District: 00				
t 🔀 Senate State: LA				
For: Primary X General				
er (specify) ▶				
Public Distribution/Dissemination				
1 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
6.30				

NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC			C C00530766		
Check if 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee			Date of Public Distribution/Dissemination		
Felicia A Jones			11 22 / Y Y Y Y Y Y		
Mailing Address 4106 Martha St			Amount		
City	State	Zip Code	70.00		
Shreveport	LA	71109	Transaction ID: e4c66516-37f1-425d-a Date of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	11 / 22 / 2014		
Name of Federal Candidate		Support	Office Sought: House District: 00		
Ms. Mary L Landrieu		Oppose	President X Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: Primary ☐ General 2014 Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination		
Felicia A Jones			11 22 2014		
Mailing Address 4106 Martha St			Amount		
City	State	Zip Code	6.30		
Shreveport	LA	71109	Transaction ID: c1707327-1bb4-4dcf-8 Date of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District: 00		
Ms. Mary L Landrieu		Oppose	President X Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶		
			Guid. (openly) -		
(a) SUBTOTAL of Itemized Independent Exper	nditures		76.30		
(b) SUBTOTAL of Unitemized Independent Ex	oenditures		•		
(c) TOTAL Independent Expenditures			-		
	indidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political		
Ms. Emily Buchanan	[Electro	nically Filed] Date	01 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature			التقيا لنا ليا		

Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 240 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report 48-hour report New report Am	mends report filed on
Full Name of Payee Carl Brent	Date of Public Distribution/Dissemination
Can bient	11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6718 Lake Willow Dr	Amount
City State Zip Code	80.00
New Orleans LA 70126	Transaction ID: 4b3ed96b-d3f0-44a4-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: Primary General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Carl Brent	11 22 / 2014
Mailing Address 6718 Lake Willow Dr	Amount
City State Zip Code	39.90
New Orleans LA 70126	Transaction ID : a34e3f18-b83c-43c1-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	
Name of Federal Candidate	Support Office Sought: House District: 00
Ma Married Landers	Oppose President Senate State: LA
Calendar Year-To-Date	Disbursement For: Primary X General
Per Election for Office Sought 554635.76	78 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
	9 9 9
Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee of party committee) any political party committee or its agent.	

[Electronically Filed]

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)					
TΕ	EMIZED INDEPENDENT EXPENDITURES		PAGE 241 OF 317 FOR LINE 24 OF FORM 3X			
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
۷	Vomen Speak Out PAC		C C00530766			
Ch	neck if 24-hour report 48-hour report New report	Amends repor	t filed on			
	Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination			
	Mailing Address		11 22 / 2014			
	102 S Main Street Apt A2		Amount			
	City State Zip	p Code	115.00			
		2611	Transaction ID: 48751379-3873-4972-9 Date of Disbursement or Obligation			
	Purpose of Expenditure Salary	Category/ Type 001	11 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Name of Federal Candidate	Support	Office Sought: House District:00			
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA			
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For:			
	Full Name of Payee		Date of Public Distribution/Dissemination			
	Jeanne Tribou		11 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Mailing Address 22369 Ponderosa Dr.		Amount			
	City State Zi	p Code	60.00			
	Mandeville LA 70	0471	Transaction ID: 15986208-039b-4586-b Date of Disbursement or Obligation			
	Purpose of Expenditure Salary	Category/ Type 001	11 22 / Y Y Y Y 2014			
	Name of Federal Candidate	Support	Office Sought: House District:00			
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA			
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 General Other (specify) ▶			
	(a) SUBTOTAL of Itemized Independent Expenditures		175.00			
	(b) SUBTOTAL of Unitemized Independent Expenditures		>			
	(a) TOTAL Independent Expanditures					
	(c) TOTAL Independent Expenditures)			
	Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized co party committee) any political party committee or its agent.					

[Electronically Filed]

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)					
TΕ	EMIZED INDEPENDENT EXPENDITURES		PAGE 242 OF 317 FOR LINE 24 OF FORM 3X			
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
۷	Vomen Speak Out PAC		C C00530766			
Ch	neck if 24-hour report 48-hour report New rep	ort Amends repo	rt filed on			
	Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination			
			11 22 2014			
	Mailing Address 22369 Ponderosa Dr.		Amount			
	City State	Zip Code	9.60			
	Mandeville LA	70471	Transaction ID : f8f4efc2-ff67-48d2-8 Date of Disbursement or Obligation			
	Purpose of Expenditure Mileage	Category/ Type 002	11 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Name of Federal Candidate	Support	Office Sought: House District: 00			
	Ms. Mary L Landrieu	Oppose	President Senate State: LA			
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
	Full Name of Payee		Date of Public Distribution/Dissemination			
	Lilly Green		11 22 2014			
	Mailing Address 205 Medallion Circle		Amount			
	City State	Zip Code	40.00			
	Shreveport LA	71119	Transaction ID: 338d1d30-14d1-4fca-9 Date of Disbursement or Obligation			
	Purpose of Expenditure Salary	Category/ Type 001	11 22 2014			
	Name of Federal Candidate	Support	Office Sought: House District: 00			
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA			
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
	(a) SUBTOTAL of Itemized Independent Expenditures		49.60			
	(a) GOD TOTAL OF HOMEZON INDEPENDENT EXPENDITURES		43.00			
	(b) SUBTOTAL of Unitemized Independent Expenditures		·			
	(c) TOTAL Independent Expenditures		•			
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.					

[Electronically Filed]

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SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES		PAGE 243 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New report	rt Amends repor	rt filed on
Full Name of Payee		Date of Public Distribution/Dissemination
Lilly Green		11 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle		Amount
City State Z	Zip Code	50.10
	71119	Transaction ID : d70eeb24-5fa9-4607-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
Calendar Year-To-Date	(V	Disbursement For: Primary General
Per Election for Office Sought	554635.78	2014 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Jerome M Weil		11 23 2014
Mailing Address 101 Durham Drive		Amount
City State 2	Zip Code	15.00
Lafayette LA	70508	Transaction ID : 4dc42328-b778-4b48-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 D 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President X Senate State: LA
Calendar Year-To-Date		Disbursement For: Primary General
Per Election for Office Sought	554635.78	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		65.10
(b) SUBTOTAL of Unitemized Independent Expenditures		·
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized oparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronic	ally Filed1	M M / D D / Y Y Y Y
Signature	Date	01 30 2015

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES	PAGE 244 OF 317 FOR LINE 24 OF FORM 3X			
IAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC	C C00530766			
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y			
Full Name of Payee Jerome M Weil Date	of Public Distribution/Dissemination			
	11 23 / Y Y Y Y Y			
Mailing Address 101 Durham Drive Amou	ınt			
City State Zip Code	3.00			
Lafayette LA 70508 Transa	action ID : cba9ee6f-7c57-406b-b of Disbursement or Obligation			
Purpose of Expenditure Mileage Category/ Type 002	11 23 2014			
Name of Federal Candidate Support Office Sough	ht: House District: 00			
Ms. Mary L Landrieu	 Σ			
Calendar Year-To-Date Per Election for Office Sought Disbursemen 2014	nt For:			
Full Name of Payee Date	of Public Distribution/Dissemination			
Gregory Green	M / D D / Y Y Y Y Y Y 11 22 2014			
Mailing Address 2506 Bolch Street Amou				
Chata Zin Codo	60.00			
	action ID: c1085611-7e78-43a4-8 of Disbursement or Obligation			
Purpose of Expenditure	11 22 2014			
Name of Federal Candidate Support Office Sough	ht: House District:00			
Ms. Mary L Landrieu Presid	dent X Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought Disbursemer 2014	nt For: Primary			
(a) SUBTOTAL of Itemized Independent Expenditures	63.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	171171171			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.				
Ms. Emily Buchanan [Electronically Filed] Date 01	30 / 2015			

SCHEDULE E (FEC Form 3X)

SCHEDOLL L (FLC FOIII 3X)				
TEMIZED INDEPENDENT EXPENDITURES				PAGE 245 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			EEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC				
			C	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Gregory Green			M M M	22 2014
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		54.60
City Shreveport	LA	71104	Transaction II	0 : fe2b9351-f8f0-47d9-a
·		11104		ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M - M 11	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date			Disbursement For:	Primary X General
Per Election for Office Sought	, ,	554635.78	2014 Other (sp	pecify) ▶
Full Name of Payee	-		Date of Publi	c Distribution/Dissemination
Bobbie M Steinsholt			M = M 11	22 2014
Mailing Address 3009 Skelly St				
			Amount	
City	State	Zip Code		80.00
Shreveport	LA	71107		D: e7f1c715-8595-4cdf-b ursement or Obligation
Purpose of Expenditure		Category/ 001	M = M	/ D D / Y Y Y Y
Salary		Type 001		22 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date			Disbursement For:	Primary X General
Per Election for Office Sought	7	554635.78	2014 Other (s	pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		·· >	134.60
(b) SUBTOTAL of Unitemized Independent Expendi	tures			
(2) 002.01.2 or ormanization mapping in Expense.				7
(c) TOTAL Independent Expenditures			•	
				4 4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan	[F]4.	vically Filed	M M / D D	/ Y Y Y Y
	[Electroi	nically Filed] Date	9 01 30	2015

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	CHEDULE E (FEC Form 3X)		<u> </u>
11	EMIZED INDEPENDENT EXPENDITURES		PAGE 246 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New report	rt Amends report	filed on fil
	Full Name of Payee Maegan E McDaniel		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 3009 Skelly St		Amount
	City State Z	Zip Code	80.00
	Shreveport LA	71107	Transaction ID : 82ac06f2-1bc0-44fa-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 22 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶
	Full Name of Payee Maegan E McDaniel		Date of Public Distribution/Dissemination 11 22 2014
	Mailing Address 3009 Skelly St		Amount
	City State 2	Zip Code	15.90
	Shreveport LA	71107	Transaction ID: e2687fcd-71ac-4b37-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	M M / D 2 / Y Y Y Y Y Y Y Y 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2014 General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		95.90
	(b) SUBTOTAL of Unitemized Independent Expenditures		>
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures r with, or at the request or suggestion of, any candidate or authorized oparty committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
ΓE	EMIZED INDEPENDENT EXPENDITURES		PAGE 247 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC		C C00530766
Ch	eck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on
	Full Name of Payee Cynthia N Schmit		Date of Public Distribution/Dissemination
	Mailing Address 2226 Taft Circle Apt 1		11 22 2014 Amount
	City State Winchester VA	Zip Code 22601	50.00 Transaction ID: 00b35d48-d929-4741-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Windy Hageman Mailing Address 5521 Randolph St.		Date of Public Distribution/Dissemination 11 22 2014 Amount
	City State	Zip Code	30.00
	Marrero LA	70072	Transaction ID: e5aa9a40-cbad-42f0-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 22 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 80.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		·
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)					
TE	EMIZED INDEPENDENT EXPENDITURES		PAGE 248 OF 317 FOR LINE 24 OF FORM 3X			
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
۷	Vomen Speak Out PAC		C C00530766			
Ch	neck if 24-hour report 48-hour report New re	report Amends repo	ort filed on			
	Full Name of Payee Windy Hageman		Date of Public Distribution/Dissemination 11 22 2014			
	Mailing Address 5521 Randolph St.		Amount			
	City State Marrero LA	Zip Code 70072	2.70 Transaction ID : e60c462c-2e6f-4cc5-9			
	Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Name of Federal Candidate	Support	Office Sought: House District:00			
	Ms. Mary L Landrieu	Oppose	President Senate State: LA			
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
	Full Name of Payee Sheri J Peace Mailing Address 9685 Paula St		Date of Public Distribution/Dissemination			
	City State	Zip Code	Amount 80.00			
	Keithville LA	71047	Transaction ID : 9555e0b8-cbac-40dd-8 Date of Disbursement or Obligation			
	Purpose of Expenditure Salary	Category/ Type 001	11 22 2014			
	Name of Federal Candidate	Support	Office Sought: House District: 00			
	Ms. Mary L Landrieu	Oppose	President Senate State: LA			
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General General Other (specify) ▶			
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 82.70			
	(b) SUBTOTAL of Unitemized Independent Expenditures					
	(c) TOTAL Independent Expenditures		. •			
	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.					

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Ms. Emily Buchanan

Signature

CHEDULE E (FEC Form 3X)					
EMIZED INDEPENDENT EXPENDITURES		PAGE 249 OF 317 FOR LINE 24 OF FORM 3X			
AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
Nomen Speak Out PAC		C C00530766			
heck if 24-hour report 48-hour report New report	ort Amends repor	rt filed on			
Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination			
Mantha e Addresa		11 22 2014			
Mailing Address 9685 Paula St		Amount			
City State	Zip Code	27.60			
Keithville LA	71047	Transaction ID: 315ba223-f971-4bab-b Date of Disbursement or Obligation			
Purpose of Expenditure Mileage	Category/ Type 002	11 22 / Y Y Y Y			
Name of Federal Candidate	Support	Office Sought: House District: 00			
Ms. Mary L Landrieu	X Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary			
Full Name of Payee Michael B Fuhrmann		Date of Public Distribution/Dissemination			
Marking Addison		11 22 2014			
Mailing Address 329 Columbia St		Amount			
City State	Zip Code	10.00			
Shreveport LA	71104	Transaction ID : 7ed82aa2-00ba-4344-8 Date of Disbursement or Obligation			
Purpose of Expenditure Salary	Category/ Type 001	11 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	Support	Office Sought: House District: 00			
Ms. Mary L Landrieu	X Oppose	President State: LA			
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
,					
(a) SUBTOTAL of Itemized Independent Expenditures		37.60			
(b) SUBTOTAL of Unitemized Independent Expenditures		·			
(c) TOTAL Independent Expenditures		>			
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.					

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	EMIZED INDEPENDENT EXPENDITURES		PAGE 250 OF 317 FOR LINE 24 OF FORM 3X		
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
۷۱	Vomen Speak Out PAC		C C00530766		
Ch	neck if 24-hour report 48-hour report New report	ort Amends repo	ort filed on		
٦	Full Name of Payee		Date of Public Distribution/Dissemination		
	Michael B Fuhrmann		11 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Mailing Address 329 Columbia St		Amount		
	City State	Zip Code	1.20		
	Shreveport LA	71104	Transaction ID: e6c27ad6-c2d4-4444-9 Date of Disbursement or Obligation		
	Purpose of Expenditure Mileage	Category/ Type 002	11 22 2014		
	Name of Federal Candidate	Support	Office Sought: House District: 00		
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA		
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶		
	Full Name of Payee		Date of Public Distribution/Dissemination		
	ERIC TABARY		11 22 2014		
	Mailing Address 6101 NORA ST		Amount		
	City State	Zip Code	55.00		
	METAIRIE LA	70003	Transaction ID : c62f6b14-2db3-4caa-b Date of Disbursement or Obligation		
	Purpose of Expenditure Salary	Category/ Type 001	11 22 2014		
	Name of Federal Candidate	Support	Office Sought: House District: 00		
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA		
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For:		
_					
	(a) SUBTOTAL of Itemized Independent Expenditures		> 56.20		
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	<u></u>				
	(c) TOTAL Independent Expenditures		. •		
١	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 (if the reporting entity is not a political party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electroni	ically Filed]	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Signature	Date	30 2013		

16	EMIZED INDEPENDENT EXPENDITURES		PAGE 251 OF 317 FOR LINE 24 OF FORM 3X				
	ME OF COMMITTEE (In Full) Vomen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼				
V	Tomen Speak Out i AO		C C00530766				
Ch	Check if 24-hour report 48-hour report New report Amends report filed on						
	Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination				
	Mailing Address		11 22 2014				
	6101 NORA ST		Amount				
1	City State	Zip Code	1.80				
	METAIRIE LA	70003	Transaction ID: 43e70cb8-93e9-4e5e-8 Date of Disbursement or Obligation				
	Purpose of Expenditure Mileage	Category/ Type 002	11 22 2014				
Ì	Name of Federal Candidate	Support	Office Sought: House District: 00				
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA				
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Other (specify) ▶				
	Full Name of Payee		Date of Public Distribution/Dissemination				
	Aaron R Cowart		11 23 2014				
	Mailing Address 184 South Military Rd		Amount				
	City State	Zip Code	40.00				
	Slidell LA	70458	Transaction ID: 78631401-9e53-403b-9 Date of Disbursement or Obligation				
	Purpose of Expenditure Salary	Category/ Type 001	11 23 2014				
	Name of Federal Candidate	Support	Office Sought: House District: 00				
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA				
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General				
_			Other (specify) -				
	(a) SUBTOTAL of Itemized Independent Expenditures		• 41.80				
	(b) SUBTOTAL of Unitemized Independent Expenditures		. >				
	(c) TOTAL Independent Expenditures						
,	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 (if the reporting entity is not a political party committee) any political party committee or its agent.						
	Ms. Emily Buchanan [Electronic	ically Filed]	o 01 30 2015				
	Signature	Date	2010				

NAME OF COMMITTEE (In Full)

PAGE 252 OF 317 FOR LINE 24 OF FORM 3X						
FEC IDENTIFICATION NUMBER ▼						
C C00530766						
M						
of Public Distribution/Dissemination						
11 / 23 / 2014						
int						
13.50						
oction ID : 3ed5bc8b-3834-42fe-a of Disbursement or Obligation						
11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
nt: House District: 00						
ent X Senate State: LA						
nt For: Primary X General						
Other (specify)						
of Public Distribution/Dissemination						
11 23 2014						
ınt						
20.00						
action ID: fd69cb8d-662a-4f82-9 of Disbursement or Obligation						
11 23 2014						
nt: House District: 00						
ent X Senate State: LA						
nt For: Primary X General						
Other (specify) -						
33.50						

Women Speak Out PAC			C C00530766			
Check if 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee			Date of Public Distribution/Dissemination			
Aaron R Cowart			11 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 184 South Military Rd			Amount			
		-	10.00			
City Slidell	State LA	Zip Code 70458	13.50 Transaction ID : 3ed5bc8b-3834-42fe-a Date of Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Mary L Landrieu		X Oppose	President X Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: Primary General 2014			
Full Name of Bases			Other (specify)			
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination			
Mailing Address 2506 Bolch Street			Amount			
City	State	Zip Code	20.00			
Shreveport	LA	71104	Transaction ID : fd69cb8d-662a-4f82-9 Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	11 23 / 2014			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Mary L Landrieu		> Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: Primary ☐ General 2014 Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures			>			
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 (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Emily Buchanan	[Electroni	ically Filed] Date	01 30 2015			
Signature		_ Date				

TEMIZED INDEPENDENT EXPENDITU	JRES			PAGE 253 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour repo	ort New repo	ort Amends repo		
Full Name of Payee Gregory Green				of Public Distribution/Dissemination
				11 23 2014
Mailing Address 2506 Bolch Street			Amou	ınt
City	State	Zip Code		20.10
Shreveport	LA	71104		action ID : c9924f53-bbc8-45d2-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 23 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursemer 2014	nt For:
Full Name of Payee Helen Celestine		,	Date	of Public Distribution/Dissemination
Mailing Address 38346 Quinn Rd			Amou	11 23 2014
				an t
City	State	Zip Code		40.00
Pearl River	LA	70452		action ID: 04de4d1f-f4eb-48b9-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 23 7 2014
Name of Federal Candidate		Support	Office Sough	ht: House District:00
Ms. Mary L Landrieu		Oppose	Presid	lent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursemer 2014	
				Other (specify)
(a) SUBTOTAL of Itemized Independent Expe	enditures		•	60.10
(b) SUBTOTAL of Unitemized Independent E	xpenditures			
(c) TOTAL Independent Expenditures				7 1 7 1 7
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any oparty committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M /	30 2015
Signature		_ Date	,	2010

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
П	EMIZED INDEPENDENT EXPENDITURES		PAGE 254 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New report	port Amends repo	ort filed on
	Full Name of Payee Helen Celestine		Date of Public Distribution/Dissemination
	Mailing Address 38346 Quinn Rd		11 23 2014 Amount
	City State Pearl River LA	Zip Code 70452	13.50 Transaction ID: 955ac0e3-d33c-4180-b
		70402	Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 23 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Francis Richardson Mailing Address		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	220 Doucet Rd		Amount
	City State	Zip Code	30.00
	Lafayette LA	70503	Transaction ID: e2f3a207-4f54-482c-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 23 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General Other (specify) ►
	(a) SUBTOTAL of Itemized Independent Expenditures		43.50
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		

[Electronically Filed]

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SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES	PAGE 255 OF 317
	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
Women Speak Out i Ao	C C00530766
Check if 24-hour report 48-hour report New report Amends	s report filed on
Full Name of Payee Francis Richardson	Date of Public Distribution/Dissemination
Mailing Address 220 Doucet Rd	Amount
City State Zip Code	2.10
Lafayette LA 70503	Transaction ID : 3f8bd0c8-a9aa-44f4-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 11 23 2014
Name of Federal Candidate Supp	ort Office Sought: House District: 00
Ms. Mary L Landrieu Oppo	
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Virginia T Grant	Date of Public Distribution/Dissemination 11 23 2014
Mailing Address 134 Shore Crest Circle	Amount
City State Zip Code	40.00
Carrire MS 39426	Transaction ID: d0932a35-d218-4630-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 11 23 2014
Name of Federal Candidate Supp	oort Office Sought: House District: 00
Ms. Mary L Landrieu Oppo	ose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	42.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or account party committee) any political party committee or its agent.	
Ms. Emily Buchanan	M M / D D / Y Y Y

[Electronically Filed]

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Ms. Emily Buchanan

Signature

SCHEDULE E (F ITEMIZED INDEPEND

MIZED INDEPENDENT EXPENDITURES	S			PAGE 256 OF 317 FOR LINE 24 OF FORM 3X
ME OF COMMITTEE (In Full) Omen Speak Out PAC				FEC IDENTIFICATION NUMBER ▼
·				C C00530766
eck if 24-hour report 48-hour report	New	report Amends repo	ort filed	d on
Full Name of Payee Virginia T Grant				Date of Public Distribution/Dissemination 11 23 2014
Mailing Address 134 Shore Crest Circle				Amount
City	State	Zip Code		9.60
Carrire	MS	39426		Transaction ID : 74aa7656-f227-438f-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 23 7 2014
Name of Federal Candidate		Support	Offic	e Sought: House District: 00
Ms. Mary L Landrieu		X Oppose		President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	554635.78	Disb 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	_			Date of Public Distribution/Dissemination
Christopher Marquess				11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St				Amount
City	State	Zip Code		45.00
Ville Platte	LA	70586		Transaction ID: 97af6463-f4f7-4315-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 23 2014
Name of Federal Candidate		Support	Offic	e Sought: House District:00
Ms. Mary L Landrieu		Oppose		President State: LA
Calendar Year-To-Date Per Election for Office Sought	,	554635.78	Disb 2014	oursement For: Primary X General Other (specify) ▶
a) SUBTOTAL of Itemized Independent Expenditur	es		▶	54.60
·			-	
b) SUBTOTAL of Unitemized Independent Expend	itures		·· •	
c) TOTAL Independent Expenditures			▶	
				ade in cooperation, consultation, or concert

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SCHEDULE E (FEC ITEMIZED INDEPENDENT

HEDULE E (FEC Form 3X) MIZED INDEPENDENT EXPENDITURES		PAGE 257 OF 317 FOR LINE 24 OF FORM 3X
IE OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
omen Speak Out PAC		C C00530766
ck if 24-hour report 48-hour report N	ew report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Christopher Marquess	Date	e of Public Distribution/Dissemination
Mailing Address 110 W Pecan St	Amo	11 23 2014 Dunt
City State	Zip Code	31.50
Ville Platte LA	70586 Trans	saction ID : 18b0df08-10c8-4fb4-a e of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 23 2014
Name of Federal Candidate	Support Office Sou	ght: House District:00
Ms. Mary L Landrieu		ident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78 Disbursem 2014	ent For: ☐ Primary ☐ General Other (specify) ▶
Full Name of Payee	Dat	e of Public Distribution/Dissemination
Jessica R Resendiz		11 23 2014
Mailing Address 9685 Paula St	Am	ount
City State	Zip Code	80.00
Keithville LA		saction ID: 407d41f8-25c6-49de-9 e of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 23 / 2014
Name of Federal Candidate	Support Office Sou	ght: House District:00
Ms. Mary L Landrieu		ident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78 Disbursem 2014	ent For:
a) SUBTOTAL of Itemized Independent Expenditures	. г	111.50
, TTT TO THE OF THE PROPERTY O	P	111.00
s) SUBTOTAL of Unitemized Independent Expenditures		7 1 7 1 7
c) TOTAL Independent Expenditures	·····	

Under penalty of perjury I ce with, or at the request or sug party committee) any political party committee or its agent.

[Electronically Filed] Date 01 30 20	15
Signature	

TEMIZED INDEPENDENT EXPENDIT	URES			PAGE 258 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour rep	port New repo	ort Amends repo		/ = M / D = D / Y = Y = Y
Full Name of Payee Jessica R Resendiz				of Public Distribution/Dissemination
Mailing Address			L	11 23 2014
9685 Paula St			Amou	ınt
City	State	Zip Code	─ :	25.80
Keithville	LA	71047		action ID: 04f02876-0b67-4dd4-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 23 7 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursemen 2014	nt For:
Full Name of Payee Mary Frank				of Public Distribution/Dissemination
Mailing Address 14 Ramblewood Drive			Amou	
64	State	7:- O-do		15.00
City Covington	LA	Zip Code 70435		action ID: f7f5bb0d-7c34-46d8-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 23 2014
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. Mary L Landrieu		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursemer 2014	nt For: Primary
(a) SUBTOTAL of Itemized Independent Exp	penditures		.	40.80
(b) SUBTOTAL of Unitemized Independent	Expenditures			
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed]	M M /	30 2015
Signature		Date	, 01	2013

Ms. Emily Buchanan

Signature

CHEDULE E (FEC Form 3X)				
EMIZED INDEPENDENT EXPENDI	TURES			PAGE 259 OF 317 FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
heck if 24-hour report 48-hour re	port New repo	ort Amends repo	ort filed on	M / D D / Y D Y D Y
Full Name of Payee Mary Frank				of Public Distribution/Dissemination
			M	11 23 2014
Mailing Address 14 Ramblewood Drive			Amou	nt
City	State	Zip Code		5.40
Covington	LA	70435		ction ID : 7fe7338e-4a7d-499d-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	11 23 / Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursemen 2014 O	t For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Patricia F Arnold				11 23 7 2014
Mailing Address 1117 Clipper Dr			Amou	nt
City	State	Zip Code	$-\Gamma$	52.00
Slidell	LA	70458		ction ID: ba288d85-68eb-4fcc-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 23 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursemen 2014	t For: Primary
•				
(a) SUBTOTAL of Itemized Independent Ex	kpenditures		•	57.40
(b) SUBTOTAL of Unitemized Independent	Expenditures		•	7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party committee	y candidate or authorized			

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	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 260 OF 317
			FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full) Vomen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
V	vomen opeak out i Ao		C C00530766
Cł	neck if 24-hour report 48-hour report New report	Amends report file	d on
	Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination
	Mailing Address 1117 Clipper Dr		11 23 2014 Amount
	011	Ondo	0.20
	I '	Code 458	9.30 Transaction ID: 722d8ffc-91e1-4815-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	ategory/ Type 002	11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support Office	ce Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	54635.78 Disk 2014	oursement For: Primary General Other (specify)
	Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination 11 23 2014
	Mailing Address 22369 Ponderosa Dr.		Amount
	City State Zip	Code	40.00
		471	Transaction ID : d8085d48-a62d-4b1e-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Ca	ategory/ Type 001	11 23 2014
	Name of Federal Candidate	Support Office	ce Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 5	Disk 201	oursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	·····	49.30
	(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
	(c) TOTAL Independent Expenditures	·····	
	Under penalty of perjury I certify that the independent expenditures reposit, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.		
	Ms. Emily Buchanan	- M	M / D D / Y Y Y

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)				
TΕ	EMIZED INDEPENDENT EXPENDITURES			PAGE 261 FOR LINE 24	OF 317 FORM 3X
	AME OF COMMITTEE (In Full)		FE	C IDENTIFICATIO	N NUMBER ▼
V	Vomen Speak Out PAC			C00530766	
Ch	neck if 24-hour report 48-hour report New report Am	nends repo	rt filed on	M / D D /	Y Y Y Y
	Full Name of Payee Jeanne Tribou			Public Distribution/D	
	Mailing Address		11		2014
	22369 Ponderosa Dr.		Amount		
	City State Zip Code		□ I		15.60
	Mandeville LA 70471			on ID: 2e005644-7 Disbursement or Ob	
	Purpose of Expenditure Mileage Category/ Type	002	11		2014
	Name of Federal Candidate	Support	Office Sought:	House D	District: 00
	Ms. Mary L Landrieu	Oppose	President	Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought 554635.78	3	Disbursement F 2014 Othe	or: Primary er (specify) ▶	X General
	Full Name of Payee		Date of	Public Distribution/D	Dissemination
	Jennifer F Gilbert		1	1 23	2014
	Mailing Address 180 McNeil Steep Hollow Rd		Amount		
	City State Zip Code				50.00
	Carriere MS 39426			on ID : 661c4737-7 Disbursement or O	
	Purpose of Expenditure Salary Category/ Type	001	1.		2014
	Name of Federal Candidate	Support	Office Sought:	House D	District: 00
	Ma March Landelon	Oppose	President		State: LA
	Calendar Year-To-Date Per Election for Office Sought 554635.78	8	Disbursement F 2014 Othe	For: Primary er (specify)	X General
	(a) SUBTOTAL of Itemized Independent Expenditures		•	7 1 7	65.60
	(b) SUBTOTAL of Unitemized Independent Expenditures		.		
	(c) TOTAL Independent Expenditures		·	7	
	Under penalty of perjury I certify that the independent expenditures reported her with, or at the request or suggestion of, any candidate or authorized committee of party committee) any political party committee or its agent.				

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)			
ΓΙ	EMIZED INDEPENDENT EXPENDITURES			PAGE 262 OF 317 FOR LINE 24 OF FORM 3X
V/	AME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC			C C00530766
Cł	neck if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on
	Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination
	Mailing Address 180 McNeil Steep Hollow Rd			Amount
	City State	e	Zip Code	44.70
	Carriere MS		39426	Transaction ID : d3fc9ba0-6f00-42e5-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	11 23 / Y 2014
	Name of Federal Candidate		Support	Office Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: Primary General 2014 General
	Full Name of Payee Zachary Vidrine Mailing Address 202 Rue Des Cajun			Date of Public Distribution/Dissemination 11 23 2014
	<u> </u>			Amount
	City Stat	ie	Zip Code	30.00
	Ville Platte LA		70586	Transaction ID : 524417e4-5653-4c1c-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	11 23 / 2014
	Name of Federal Candidate		Support	Office Sought: House District: 00
	Ms. Mary L Landrieu		Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: Primary ☐ General Other (specify) ►
	(a) SUBTOTAL of Itemized Independent Expenditures			74.70
	(b) SUBTOTAL of Unitemized Independent Expenditures			-
	(c) TOTAL Independent Expenditures			>
	Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent	authorized		

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SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 263 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee Zachary Vidrine	Date of Public Distribution/Dissemination
Mailing Address	11 23 2014
202 Rue Des Cajun	Amount
City State Zip Code	10.80
Ville Platte LA 70586	Transaction ID : 3544028b-fabf-4f8c-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 23 2014
	ce Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: Primary
Full Name of Payee Ryan Drake	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 29637 Park St	11 23 2014 Amount
City State Zip Code	20.00
Walker LA 70785	Transaction ID: ec83392f-8fff-4f03-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M 11 / 23 / Y Y Y 2014
Name of Federal Candidate Support Offi	ice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	30.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan	W W / D D / Y Y Y

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Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X)			
TEMIZED INDEPENDENT EXPENDIT	URES		PAGE 264 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	ort New re	eport Amends repo	ort filed on
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination
Mailing Address			11 23 2014
29637 Park St			Amount
City	State	Zip Code	2.40
Walker	LA	70785	Transaction ID: 353f7550-d540-41c8-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 23 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Cynthia N Schmit			11 23 7 2014
Mailing Address 2226 Taft Circle Apt 1			Amount
City	State	Zip Code	15.00
Winchester	VA	22601	Transaction ID : 6e2f3351-129f-4d3c-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M / D 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	penditures		▶ 17.40
(b) SUBTOTAL of Unitemized Independent E	Expenditures		>
(c) TOTAL Independent Expenditures			·
	candidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political

[Electronically Filed] 30 2015 01 Date

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
ΓE	EMIZED INDEPENDENT EXPENDITURES		PAGE 265 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New report	rt Amends repo	rt filed on
	Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination
	Mailing Address		11 23 / 2014
	102 S Main Street Apt A2		Amount
		Zip Code 22611	110.00 Transaction ID : 6e4972dc-29b7-4cf4-8
	Purpose of Expenditure		Date of Disbursement or Obligation
	Salary	Category/ Type 001	11 23 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For:
	Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination
	Mailing Address 1103 West Wilson Street		11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	1103 West Wilson Street		Amount
		Zip Code	70.00 Transaction ID : 23b4486f-35d1-41a1-8
		70586	Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 23 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		180.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		·
	(c) TOTAL Independent Expenditures		>
	Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized oparty committee) any political party committee or its agent.		

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SCHEDULE E (FEC FORM 3X) TEMIZED INDEPENDENT EXPENDITURES		2:05 200 05 247
IEMIZED INDEPENDENT EXPENDITURES		PAGE 266 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New re	eport Amends repo	rt filed on
Full Name of Payee		Date of Public Distribution/Dissemination
Michael Vidrine		11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1103 West Wilson Street		Amount
City State	Zip Code	21.30
Ville Platte LA	70586	Transaction ID : ddd05230-9a39-4961-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement of Obligation 11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Joneisha Stewart		11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2329 Runnymede Dr		Amount
City State	Zip Code	40.00
Marrero LA	70072	Transaction ID : b3a15e9c-13d8-47e1-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		61.30
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electro	onically Filed] Date	01 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Date

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES		PAGE 267 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New report	Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
Joneisha Stewart		11 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2329 Runnymede Dr		Amount
City State Zip (Code	9.60
Marrero LA 700		Transaction ID : 6e01c837-6fb7-4960-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Cat	tegory/ Type 002	11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 55		Disbursement For: Primary General
Tel Election for Office Sought	1000	Other (specify) >
Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination
Mailing Address 100 Asbury Ct		11 23 2014 Amount
		Amount
City State Zip Winchester VA 226	Code 602	30.00 Transaction ID : 3aecc20c-df83-4dad-b
Purpose of Expenditure		Date of Disbursement or Obligation
Salary	tegory/ Type 001	11 23 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 55		Disbursement For: Primary General
Tot Library to Childs Codgin		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		39.60
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically	Filed] Date	01 30 2015
Signature	Date	

	EMIZED INDEPENDENT EXPENDITURES		FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC		C C00530766
Ch	neck if 24-hour report 48-hour report New report	ort Amends repor	rt filed on
	Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination
			11 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 100 ASBURY CT		Amount
	City State	Zip Code	30.00
	WINCHESTER VA	22602	Transaction ID: 0e0d89fe-9999-4f08-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary X General
	·	00.0001	Other (specify) ▶
	Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination
			11 23 2014
	Mailing Address 100 Asbury Ct		Amount
	City State	Zip Code	30.00
	Winchester	22602	Transaction ID : 15c6a7d1-f2c5-4947-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary
_			
	(a) SUBTOTAL of Itemized Independent Expenditures		60.00
	(h) CURTOTAL of Uniterpired Independent Evpenditures		
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	
	Ms. Emily Buchanan [Electroni	nically Filed]	01 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	Date	01 30 2015

	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 269 OF 317
			FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
_	Nomen Speak Out PAC		C C00530766
- Ch	heck if 24-hour report 48-hour report New report	Amends report	t filed on Man / Dad / Yayayay
_	Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination
	Mailing Address 100 Asbury Ct		11 23 2014 Amount
	Chata Zin	O- d-	30.00
		Code 2602	30.00 Transaction ID : 593d8b12-7857-4e7c-b
			Date of Disbursement or Obligation
	Purpose of Expenditure Salary Ca	Category/ Type 001	11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 55		Disbursement For: Primary
	Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination
	Mailing Address 100 Asbury CT		Amount
	3200 Dam Neck Rd City State Zip	o Code	30.00
		2602	Transaction ID : 522cc174-f81a-4fee-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Ca	Category/ Type 001	11 23 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 5		Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		60.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M = M / D = D / Y = Y = Y

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CHEDULE E (FEC FORM 3X) FEMIZED INDEPENDENT EXPENDITURES		PAGE 270 OF 317
TEMIZED INDEPENDENT EXPENDITURES		PAGE 270 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New rep	ort Amends repor	t filed on
Full Name of Payee		Date of Public Distribution/Dissemination
Rze Culbreath		11 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct		Amount
City State	Zip Code	30.00
Winchester VA	22602	Transaction ID: 6c56a702-5fd0-497d-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 23 / 2014
Name of Federal Candidate	Support	Office Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
Calendar Year-To-Date		Disbursement For: Primary X General
Per Election for Office Sought	554635.78	2014
Full Name of Payee		Date of Public Distribution/Dissemination
Brieshauna M Stevens		11 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1703 Torrey Pines Ct		
		Amount
City State	Zip Code	60.00
Reston VA	20190	Transaction ID: e90bc2eb-f976-4a45-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	> Oppose	President Senate State: LA
Colonday Vegy To Data	Z spress	Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	554635.78	2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		90.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electron	ically Filed] Date	01 30 2015

Date

TEMIZED INDEPENDENT EXPENDITUR	ES		PAGE 271 OF 317
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New r	report Amends repo	ort filed on MMM / DDD / YTYTY
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination
Mailing Address 6101 NORA ST			11 23 2014 Amount
	20. 1		70.00
City METAIRIE	State LA	Zip Code 70003	70.00 Transaction ID : 05c76158-701f-4fe5-9
Purpose of Expenditure			Date of Disbursement or Obligation
Salary		Category/ Type 001	11 / 23 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
ERIC TABARY			11 23 2014
Mailing Address 6101 NORA ST			Amount
City	Ctata	7in Codo	2.10
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 7e4e46bd-90d8-4e16-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) CURTOTAL of Hamized Independent Evened	ituro		
(a) SUBTOTAL of Itemized Independent Expend	nures		72.10
(b) SUBTOTAL of Unitemized Independent Expe	nditures		··· >
(c) TOTAL Independent Expenditures			··· •
	didate or authoriz		e not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electr	ronically Filed] Date	e 01 30 / Y Y Y Y Y Y

S

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
	EMIZED INDEPENDENT EXPENDITURES		PAGE 272 OF 317
			FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC		C C00530766
Ch	neck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on
	Full Name of Payee		Date of Public Distribution/Dissemination
	Warren Gravois		11 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 16005 7th St		Amount
	City State	Zip Code	20.00
	Pearlington MS	39572	Transaction ID : 0cf6a8fb-20af-4601-8 Date of Disbursement or Obligation
	Purpose of Expenditure	Category/	M = M / D = D / Y = Y = Y
	Salary	Type 001	11 23 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Warren Gravois		11 23 2014
	Mailing Address 16005 7th St		Amount
	City State	Zip Code	1.50
	Pearlington MS	39572	Transaction ID: 9868800e-1563-472d-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 23 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	> Oppose	
	·	Оррозе	Fresident State.
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Gther (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		21.50
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(a) CODICINE OF CHRISTINGER HUGPERIGHT Experialities		
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized		
	party committee) any political party committee or its agent.		

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SCHEDULE E (FEC FORM 3X)		
TEMIZED INDEPENDENT EXPENDITURES		PAGE 273 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		
		C C00530766
Check if 24-hour report 48-hour report New report	ort Amends repo	rt filed on
Full Name of Payee		Date of Public Distribution/Dissemination
Mary Frank		11 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 14 Ramblewood Drive		Amount
City State	Zip Code	15.00
Covington LA	70435	Transaction ID : b734e21f-ee9f-480a-a
Purpose of Expenditure		Date of Disbursement or Obligation
Salary	Category/ Type 001	11 / 22 / 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President State: LA
Calendar Year-To-Date	554605 70	Disbursement For: Primary General
Per Election for Office Sought	554635.78	Other (specify)
Full Name of Payee		Date of Public Distribution/Dissemination
Mary Frank		11 22 2014
Mailing Address 14 Ramblewood Drive		
		Amount
City State	Zip Code	1.56
Covington LA	70435	Transaction ID : 568e93cc-e1a9-4178-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 22 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President X Senate State: LA
Calendar Year-To-Date	554635.78	Disbursement For: Primary General 2014
Per Election for Office Sought	00 1000.1 0	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		16.56
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		
		7 7 7
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electron	ically Filed] Date	01 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Date

CHEDITE E (FEC Forms 2)	/ \		
SCHEDULE E (FEC Form 3) TEMIZED INDEPENDENT EXPEND			PAGE 274 OF 317
ILMIZED INDEFENDENT EXPEND	TIONES		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
			<u> </u>
Check if 24-hour report 48-hour i	report New re	eport Amends repo	ort filed on
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination
Mailing Address			11 22 2014
202 Rue Des Cajun			Amount
City	State	Zip Code	50.00
Ville Platte	LA	70586	Transaction ID : 537f5ead-7160-45a3-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 22 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: Primary General 2014 General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Zachary Vidrine			Date of Public Distribution/Dissemination
			M = M / D = D / Y = Y = Y
Zachary Vidrine Mailing Address 202 Rue Des Cajun	State	Zip Code	11 22 2014
Zachary Vidrine	State LA	Zip Code 70586	Amount 15.60 Transaction ID: 50e02fdf-6591-4884-9
Zachary Vidrine Mailing Address 202 Rue Des Cajun City			Amount 15.60
Zachary Vidrine Mailing Address 202 Rue Des Cajun City Ville Platte Purpose of Expenditure Mileage		70586 Category/ Type 002	Amount 15.60 Transaction ID: 50e02fdf-6591-4884-9 Date of Disbursement or Obligation 11
Zachary Vidrine Mailing Address 202 Rue Des Cajun City Ville Platte Purpose of Expenditure Mileage Name of Federal Candidate		70586 Category/ Type 002 Support	Amount 15.60 Transaction ID: 50e02fdf-6591-4884-9 Date of Disbursement or Obligation 11
Zachary Vidrine Mailing Address 202 Rue Des Cajun City Ville Platte Purpose of Expenditure Mileage		70586 Category/ Type 002	Amount 15.60 Transaction ID: 50e02fdf-6591-4884-9 Date of Disbursement or Obligation 11
Zachary Vidrine Mailing Address 202 Rue Des Cajun City Ville Platte Purpose of Expenditure Mileage Name of Federal Candidate		70586 Category/ Type 002 Support	Amount 15.60 Transaction ID: 50e02fdf-6591-4884-9 Date of Disbursement or Obligation 11
Zachary Vidrine Mailing Address 202 Rue Des Cajun City Ville Platte Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date		70586 Category/ Type 002 Support Oppose	Amount 15.60 Transaction ID: 50e02fdf-6591-4884-9 Date of Disbursement or Obligation M M M / D 22 / 2014 Office Sought: House District: 00 President X Senate State: LA Disbursement For: Primary X General 2014
Zachary Vidrine Mailing Address 202 Rue Des Cajun City Ville Platte Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date	LA	70586 Category/ Type 002 Support Oppose 554635.78	Amount 15.60 Transaction ID: 50e02fdf-6591-4884-9 Date of Disbursement or Obligation M 11
Zachary Vidrine Mailing Address 202 Rue Des Cajun City Ville Platte Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought	LA Expenditures	70586 Category/ Type 002 Support Oppose 554635.78	Amount 15.60 Transaction ID: 50e02fdf-6591-4884-9 Date of Disbursement or Obligation M M M / D 22 / 2014 Office Sought: House District: 00 President X Senate State: LA Disbursement For: Primary General 2014 Other (specify)
Zachary Vidrine Mailing Address 202 Rue Des Cajun City Ville Platte Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent I	Expenditures	70586 Category/ Type 002 Support Oppose 554635.78	Amount 15.60 Transaction ID: 50e02fdf-6591-4884-9 Date of Disbursement or Obligation M M M / D 22 / 2014 Office Sought: House District: 00 President X Senate State: LA Disbursement For: Primary General 2014 Other (specify) 65.60

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan	[Electronically Filed]	Date	01	30	2015
Signature					

Ms. Emily Buchanan

Signature

CHEDULE E (FEC Form 3X)		
EMIZED INDEPENDENT EXPENDITURES		PAGE 275 OF 317 FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Nomen Speak Out PAC		
		C C00530766
heck if 24-hour report 48-hour report New report	ort Amends report	filed on M M M / D D / Y Y Y Y Y Y
Full Name of Payee Debra Lindsey		Date of Public Distribution/Dissemination
Mailing Address 119 Goldenwood Dr		Amount
City State	Zip Code	40.00
Slidell LA	70461	Transaction ID: 43c8a803-861e-486e-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 22 2014
Name of Federal Candidate	Support C	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Debra Lindsey		11 22 2014
Mailing Address 119 Goldenwood Dr		Amount
City State	Zip Code	13.50
Slidell LA	70461	Transaction ID: c9b9434f-a308-47b8-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 22 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures)	53.50
(b) SUBTOTAL of Unitemized Independent Expenditures		
	,	7 7 7
(c) TOTAL Independent Expenditures		·
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

[Electronically Filed]

2015

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Ms. Emily Buchanan

Signature

CHEDULE E (FEC Form 3X)		
TEMIZED INDEPENDENT EXPENDITURES		PAGE 276 OF 317 FOR LINE 24 OF FORM 3X
JAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		
		C C00530766
Check if 24-hour report 48-hour report New report	ort Amends repo	ort filed on
Full Name of Payee		Date of Public Distribution/Dissemination
Laura U Logie		11 / 24 / 2014
Mailing Address 2565 Shire Circle		Amount
City State	Zip Code	40.00
Harrisonburg VA	22801	Transaction ID : 5c4d5e2d-4f7c-45d6-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 24 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Nicholas O Wilcox		11 24 2014
Mailing Address 1981 Cherokee St		Amount
City State	Zip Code	52.00
Baton Rouge LA	70806	Transaction ID : fdb804f9-19e0-4df0-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 24 2014
	1,750	
Name of Federal Candidate	Support	Office Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		92.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(a) GOD TO THE OF COMMON EXPONENTIAL EXPONENTIAL COMMON COMPON COMMON COMPON CO		7 7 7
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

[Electronically Filed]

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Ms. Emily Buchanan

Signature

CHEDULE E (FEC Form 3X)		
EMIZED INDEPENDENT EXPENDITURES		PAGE 277 OF 317 FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Vomen Speak Out PAC		C C00530766
heck if 24-hour report 48-hour report New rep	ort Amends repo	ort filed on
Full Name of Payee		Date of Public Distribution/Dissemination
Krista J Smith		11 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 41176 Bertville Rd		Amount
City State	Zip Code	20.00
Gonzales LA	70737	Transaction ID : 95606519-7dec-4a27-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 24 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Krista J Smith		11 24 2014
Mailing Address 41176 Bertville Rd		Amount
City State	Zip Code	1.23
Gonzales LA	70737	Transaction ID : 3652eed6-92e7-4934-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 24 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		21.23
(b) SUBTOTAL of Unitemized Independent Expenditures		· •
(c) TOTAL Independent Expenditures		· • · · · · · · · · · · · · · · · · · ·
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

[Electronically Filed]

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TI	EMIZED INDEPENDENT EXPENDITURES		PAGE 278 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
٧	Women Speak Out PAC		C C00530766
Cł	heck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on
	Full Name of Payee Noah J Smith		Date of Public Distribution/Dissemination
	Mailing Address 41174 Bertville Rd		11 24 2014 Amount
	City State	Zip Code	20.00
	Gonzales LA	70737	Transaction ID : 4cc14b66-e349-44fe-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 / 24 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Tammay Williams	11 / 24 / 2014	
	Mailing Address 924 N. Prieur St	Amount	
	City State	Zip Code	40.00
	New Orleans LA	70116	Transaction ID: 789c7cfe-0204-4ecf-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 / 24 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 60.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		. •
	(c) TOTAL Independent Expenditures		· · · · · · · · · · · · · · · · · · ·
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electron	nically Filed] Date	9 01 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		

TE	EMIZED INDEPENDENT EXPEND)ITURES			PAGE 279 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)			FEC I	IDENTIFICATION NUMBER ▼
۷	Nomen Speak Out PAC			С	C00530766
Ch	heck if 24-hour report 48-hour	report New repo	ort Amends repo	ort filed on	/ D D / Y Y Y Y Y
	Full Name of Payee			Date of Publ	lic Distribution/Dissemination
	Tammay Williams			11	24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 924 N. Prieur St			Amount	
	City	State	Zip Code		9.00
	New Orleans	LA	70116		ID: 3d1c359a-609d-4d3c-9 oursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	M M 11	24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	Ms. Mary L Landrieu		Oppose		Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: 2014 Other (s	Primary ⊠ General
	Full Name of Payee Antoinette Franklin			Date of Pub	olic Distribution/Dissemination
	Mailing Address 8822 Apple St			Amount	
	City	State	Zip Code		40.00
	New Orleans	LA	70188		ID: 17c8ba71-cb70-4973-8 bursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	Date of Bloc	24 / 2014
	Name of Federal Candidate		Support	Office Sought:	House District:00
	Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: 2014 Other (s	Primary
	(a) SUBTOTAL of Itemized Independent	Expenditures		>	49.00
	(b) SUBTOTAL of Unitemized Independent	nt Expenditures		. •	4
	(c) TOTAL Independent Expenditures			· •	
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	on 01 30	2015
	Signature		_ Date	, 0, 0,	2010

	EMIZED INDEPENDENT EXPENI	DITURES			PAGE 280 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
۷	Nomen Speak Out PAC			C	C00530766
Ch	heck if 24-hour report 48-hour	r report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
	Full Name of Payee Antoinette Franklin				olic Distribution/Dissemination
	Maritime Adalage			11	24 2014
	Mailing Address 8822 Apple St			Amount	
	City	State	Zip Code		9.00
	New Orleans	LA	70188		ID: c79e59b4-cafc-4217-b bursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	M 11	24 2014
	Name of Federal Candidate		Support	Office Sought:	House District:00
	Ms. Mary L Landrieu		Oppose		Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7 1 7	554635.78	Disbursement For: 2014 Other (s	Primary ⊠ General
	Full Name of Payee Heather A Smith			Date of Pub	olic Distribution/Dissemination
	Mailing Address 995 Clairborne Rd			Amount	
	City	State	Zip Code		37.00
	Calhoun	LA	71225		ID: a471bbf1-9782-4a17-8 bursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	M M M 11	24 / 2014
	Name of Federal Candidate		Support	Office Sought:	House District:00
	Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: 2014 Other (s	Primary
	(a) SUBTOTAL of Itemized Independent	Expenditures		· >	46.00
	(b) SUBTOTAL of Unitemized Independent	ent Expenditures		· •	
	(c) TOTAL Independent Expenditures			>	
	Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party committee	any candidate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	on 1 30	
	Signature		Date		

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	CHEDULE E (FEC Form 3X)		
H	EMIZED INDEPENDENT EXPENDITURES		PAGE 281 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New report	rt Amends report	t filed on
	Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination
	Mailing Address 995 Clairborne Rd		11 24 2014 Amount
	City State Z	Zip Code	21.90
	Calhoun LA 7	71225	Transaction ID : 0cb82453-f81b-4efb-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶
	Full Name of Payee Hannah J Landry	,	Date of Public Distribution/Dissemination
	Mailing Address 1110 N Coolidge		11 24 2014 Amount
	City State Z	Zip Code	95.00
		70737	Transaction ID: 9a10da14-8473-46ec-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures		116.90
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized or party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y

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SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES	PAGE 282 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Hannah III andry	of Public Distribution/Dissemination
Mailing Address	11 24 2014
1110 N Coolidge Amou	ınt
City State Zip Code	24.00
	action ID : cdca09dc-7b4c-4925-8 of Disbursement or Obligation
Purpose of Expenditure	11 24 2014
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Mary L Landrieu Ms. Mary L Landrieu Oppose Preside	
Calendar Year-To-Date Disbursemen	
Per Election for Office Sought 554635.78 2014	Other (specify)
Full Name of Payee Date	of Public Distribution/Dissemination
Mary C Lee	11 24 2014
Mailing Address 1030 N Coolidge Ave Amou	
City State Zip Code	95.00
Gonzales LA 70737 Transa Date	action ID : 1a7fe480-2b08-4257-9 of Disbursement or Obligation
Purpose of Expenditure	11 24 2014
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Mary L Landrieu Presid	
Calendar Year-To-Date Per Election for Office Sought Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	119.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	30 / 2015

TEN	MIZED INDEPENDENT EXPENDITURES				PAGE 283 OF 317 FOR LINE 24 OF FORM 3X
	e of committee (in Full) omen Speak Out PAC				FEC IDENTIFICATION NUMBER ▼
V V C	men opeak out i 710				C C00530766
Chec	ck if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y = Y
	Full Name of Payee Mary C Lee				of Public Distribution/Dissemination
N	Mailing Address 1030 N Coolidge Ave			Amou	11 24 2014 unt
	Dity S	State	Zip Code		24.00
-	•	LA	70737		action ID: b5d49896-f705-4e30-9 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		11 24 2014
N	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
_	Ms. Mary L Landrieu		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursemer 2014	nt For: Primary
	Full Name of Payee Lilly Green				of Public Distribution/Dissemination
N	Mailing Address 205 Medallion Circle			Amou	
	City	State	Zip Code	$ \Gamma$	80.00
		LA	71119		action ID: a95d4236-398f-4edd-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	$\exists \mid c$	11 / 24 / 2014
N	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
	Ms. Mary L Landrieu		X Oppose	Presid	dent Senate State: LA
L	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursemer 2014	nt For: Primary ⊠ General Other (specify) ▶
(a	substotal of Itemized Independent Expenditures				104.00
(b	s) SUBTOTAL of Unitemized Independent Expenditure	es		- - [
(c)	e) TOTAL Independent Expenditures			· •	
wit	nder penalty of perjury I certify that the independent th, or at the request or suggestion of, any candidate arty committee) any political party committee or its age	or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M /	30 / 2015
	Signature		Date	,	

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	CHEDULE E (FEC Form 3X)	
	EMIZED INDEPENDENT EXPENDITURES	PAGE 284 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
٧	Nomen Speak Out PAC	C C00530766
CI	heck if 24-hour report 48-hour report New report Amends re	eport filed on
	Full Name of Payee	Date of Public Distribution/Dissemination
	Lilly Green	11 24 2014
	Mailing Address 205 Medallion Circle	Amount
	City State Zip Code	69.60
	Shreveport LA 71119	Transaction ID : 91fe457f-eb26-455f-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type OC	11 24 2014
	Name of Federal Candidate Support	Office Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: Primary ☐ General 2014 Other (specify) ►
	Full Name of Payee	Date of Public Distribution/Dissemination
	Jennifer F Gilbert	11 24 2014
	Mailing Address 180 McNeil Steep Hollow Rd	Amount
	City State Zip Code	80.00
	Carriere MS 39426	Transaction ID: db12967c-6f71-4f57-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 00	M M / D D / Y Y Y Y
	Name of Federal Candidate Support	Office Sought: House District: 00
	Ms. Mary L Landrieu Oppose	
	Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	149.60
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	···· >
	Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or agen party committee) any political party committee or its agent.	
	Ms. Emily Buchanan	M M / D D / Y Y Y

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CHEDULE E (FEC Form 3X) FEMIZED INDEPENDENT EXPENDITURES	DAGE 205 OF 247
EMIZED INDEPENDENT EXPENDITURES	PAGE 285 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on Amends repo
Full Name of Payee Jennifer F Gilbert	Date of Public Distribution/Dissemination
Jennile P Gilbert	11 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 180 McNeil Steep Hollow Rd	Amount
City State	Zip Code 43.80
Carriere MS	39426 Transaction ID: 6f9a22eb-b49b-4583-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 11 24 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Eva M Johnston	11 24 Y 2014
Mailing Address 2517 N 47th St	Amount
City State	Zip Code 10.00
Milwaukee WI	53210 Transaction ID: 6d221395-3ca3-462f-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 11 24 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	53.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
	enditures reported herein were not made in cooperation, consultation, or concert athorized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electronically Filed] Date 01 30 2015

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TE	MIZED INDEPENDENT EXPENDITURES				PAGE 286 OF 317 FOR LINE 24 OF FORM 3X	
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	٦
W	Vomen Speak Out PAC				C C00530766	
Che	eck if 24-hour report 48-hour report New I	report Ame	iends repc	ort filed on	M = M / D = D / Y = Y = Y	
1	Full Name of Payee Christopher Marquess			D	Date of Public Distribution/Dissemination	1
ŀ	Mailing Address 110 W Pecan St			A	11 24 2014 Amount	
-	City State	Zip Code		<u> —</u> г	45.00	
	Ville Platte LA	70586			ansaction ID: b35f8234-cd67-4acb-a Date of Disbursement or Obligation	1
	Purpose of Expenditure Salary	Category/ Type	001		11 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Ì	Name of Federal Candidate		Support	Office So	ought: House District: 00	\exists
	Ms. Mary L Landrieu		Oppose		resident X Senate State: LA	_
	Calendar Year-To-Date Per Election for Office Sought	554635.78	3	Disburse 2014	ement For:	
	Full Name of Payee			D	Date of Public Distribution/Dissemination	
	Christopher Marquess				11 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	1
	Mailing Address 110 W Pecan St			A	Amount	
ŀ	City State	Zip Code		-	32.70	
	Ville Platte LA	70586			ansaction ID: 70f463cf-2f35-426a-b Date of Disbursement or Obligation	
	Purpose of Expenditure Mileage	Category/ Type	002	$\exists \mid_{_}$	11 / 24 / 2014	
Ì	Name of Federal Candidate		Support	Office So	Sought: House District: 00	
	Ms. Mary L Landrieu		Oppose	Pr	resident X Senate State: LA	_
	Calendar Year-To-Date Per Election for Office Sought	554635.78	8	Disburse 2014	ement For: Primary X General Other (specify) ▶	_
((a) SUBTOTAL of Itemized Independent Expenditures			. •	77.70	
((b) SUBTOTAL of Unitemized Independent Expenditures			. [
((c) TOTAL Independent Expenditures			· [
٧	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Electr	etronically Filed]	Date	M M M	30 2015	
	Signature		Date	· —	لىننىا لتا ا	

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Ms. Emily Buchanan

Signature

CHEDULE E (FEC Form 3X)					
MIZED INDEPENDENT EXPENDITURES		PAGE 287 OF 317 FOR LINE 24 OF FORM 3X			
ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
/omen Speak Out PAC					
		C C00530766			
eck if 24-hour report 48-hour report New re	port Amends repo	ort filed on			
Full Name of Payee		Date of Public Distribution/Dissemination			
Felicia A Jones		11 24 2014			
Mailing Address 4106 Martha St		Amount			
City State	Zip Code	80.00			
Shreveport LA	71109	Transaction ID : 54b6ed7d-f605-45a4-8 Date of Disbursement or Obligation			
Purpose of Expenditure Salary	Category/ Type 001	11 24 2014			
Name of Federal Candidate	Support	Office Sought: House District:00			
Ms. Mary L Landrieu	X Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
Full Name of Payee		Date of Public Distribution/Dissemination			
Felicia A Jones		11 24 2014			
Mailing Address 4106 Martha St		Amount			
City State	Zip Code	9.30			
Shreveport LA	71109	Transaction ID: 97fe0322-9abb-4dc4-9 Date of Disbursement or Obligation			
Purpose of Expenditure Mileage	Category/ Type 002	11 24 2014			
Name of Federal Candidate	Support	Office Sought: House District: 00			
Ms. Mary L Landrieu	X Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures		89.30			
(4) 652.15.11.2.11.11.11.11.11.11.11.11.11.11.11.1					
(b) SUBTOTAL of Unitemized Independent Expenditures		. >			
(c) TOTAL Independent Expenditures		. •			
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.					

[Electronically Filed]

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SCHEDULE E (FEC Form 3X)					
11	EMIZED INDEPENDENT EXPENDITURES		PAGE 288 OF 317 FOR LINE 24 OF FORM 3X		
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
۷	Vomen Speak Out PAC		C C00530766		
Cł	neck if 24-hour report 48-hour report New report	t Amends report	t filed on		
	Full Name of Payee Bobbie M Steinsholt		Date of Public Distribution/Dissemination		
	Mailing Address 3009 Skelly St		11 24 2014 Amount		
	City State Z	Zip Code	60.00		
	Shreveport LA 7	71107	Transaction ID : 0c5fecc0-dc20-487d-b Date of Disbursement or Obligation		
	Purpose of Expenditure Salary	Category/ Type 001	11 24 2014		
	Name of Federal Candidate	Support	Office Sought: House District:00		
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA		
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary		
	Full Name of Payee Maegan E McDaniel		Date of Public Distribution/Dissemination		
	Mailing Address 3009 Skelly St		Amount		
	City State Z	Zip Code	60.00		
	Shreveport LA 7	71107	Transaction ID: 653f8545-3b47-4aad-b Date of Disbursement or Obligation		
	Purpose of Expenditure Salary	Category/ Type 001	11 24 2014		
	Name of Federal Candidate	Support	Office Sought: House District: 00		
	Ms. Mary L Landrieu	X Oppose	President State: LA		
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For:		
	(a) SUBTOTAL of Itemized Independent Expenditures		120.00		
	(b) SUBTOTAL of Unitemized Independent Expenditures		·		
	(c) TOTAL Independent Expenditures		•		
	Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.				
	Ms. Emily Buchanan		M M / D D / Y Y Y		

[Electronically Filed]

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	CHEDULE E (FEC Form 3X)		
11	EMIZED INDEPENDENT EXPENDITURES		PAGE 289 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Ch	neck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on
	Full Name of Payee Maegan E McDaniel		Date of Public Distribution/Dissemination
	Mailing Address 3009 Skelly St		Amount
	City State	Zip Code	22.50
	Shreveport LA	71107	Transaction ID : d6269d1b-553f-4799-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 24 7 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 General Other (specify) ▶
	Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination
	Mailing Address 220 Doucet Rd		11 24 2014 Amount
	City State	Zip Code	35.00
	Lafayette LA	70503	Transaction ID: 629dada0-c197-497b-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 24 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		. > 57.50
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
	(c) TOTAL Independent Expenditures		
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y

[Electronically Filed]

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TE	EMIZED INDEPENDENT EXPENDITURES			PAGE 290 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
M	Vomen Speak Out PAC			C C00530766
 Ch	neck if 24-hour report 48-hour report New re	report Amends repo		M / D D / Y B Y B Y B Y
	Full Name of Payee		Date of	of Public Distribution/Dissemination
	Francis Richardson			11 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 220 Doucet Rd		Amour	nt
	City State	Zip Code		3.03
	Lafayette LA	70503		ction ID : 9621570b-64dc-44d0-b of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	М	11 24 2014
	Name of Federal Candidate	Support	Office Sough	t: House District: 00
	Ms. Mary L Landrieu	Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶
	Full Name of Payee		Date of	of Public Distribution/Dissemination
	Christopher L Gilbert		M	
	Mailing Address 55 Lovell Jahrese Rd		— L	11 24 2014
	55 Lovell Johnson Rd		Amou	nt
	City State	Zip Code		80.00
	Picayune MS	39466		oction ID: 0bd087d2-9f55-4461-a of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	M	11 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sough	nt: House District: 00
	Ms. Mary L Landrieu	Oppose	Preside	ent State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursemen 2014	nt For:
_	<u> </u>			
	(a) SUBTOTAL of Itemized Independent Expenditures			83.03
	(b) SUBTOTAL of Unitemized Independent Expenditures			
				7 7 7
	(c) TOTAL Independent Expenditures		•	7 1 7 1 7
1	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electro	ronically Filed] Date	M M / /	30 2015
	Signature	Date	,	

SCHEDULE E (FEC Form 3X)

	SILDOLL L (FLC FOIII 3X)		
TI	EMIZED INDEPENDENT EXPENDITURES		PAGE 291 OF 317 FOR LINE 24 OF FORM 3X
V/	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
	Vomen Speak Out PAC		
	·		C C00530766
Cł	neck if 24-hour report 48-hour report New report	Amends report file	ed on Mam / Dab / Yayayay
	Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination
	<u>'</u>		11 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 55 Lovell Johnson Rd		Amount
	City State Zip Co	ode	45.90
	Picayune MS 39466	3	Transaction ID: b3793af6-9793-45ca-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category	gory/ Type 002	11 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support Off	ice Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 5546	Dis 201	bursement For: Primary General Other (specify)
	Full Name of Payee	'	Date of Public Distribution/Dissemination
	Jessica R Resendiz		M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
	Mailing Address 9685 Paula St		Amount
	City State Zip Co		70.00
	Keithville LA 71047	7	Transaction ID: 7b6585f2-1c72-40f0-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category	gory/ Type 001	11 24 2014
	Name of Federal Candidate	Support Off	ice Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought 5546	Dis 20	Subtraction Subtr
	(a) SUBTOTAL of Itemized Independent Expenditures		145.00
	(a) SOBIOTAL OF REMIZED INDEPENDENT Experiorates	······	115.90
	(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 1 7 1 7
	(c) TOTAL Independent Expenditures	·····	
	Under penalty of perjury I certify that the independent expenditures reporte with, or at the request or suggestion of, any candidate or authorized comm party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Fi	iled] Date	01 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Signature

Ms. Emily Buchanan

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AME OF COMMITTEE (In Full)			FEO IDENTIFICATION AND TO THE
Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼
•			C C00530766
heck if 24-hour report 48-hour re	port New re	eport Amends repo	ort filed on
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination
Cooled IV IVoscilaiz			11 24 2014
Mailing Address 9685 Paula St			Amount
City	State	Zip Code	24.60
Keithville	LA	71047	Transaction ID : cac6b581-a0b4-4eba-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 24 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1 1 7 1 1 7	554635.78	Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Alice K Salazar			11 24 2014
Mailing Address 605 W Houston St			Amount
City	State	Zip Code	40.00
Marshall	TX	75633	Transaction ID: 4265716e-01e8-40d6-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 24 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For:
(a) SUBTOTAL of Itemized Independent Ex	cpenditures		▶ 64.60
(b) SUBTOTAL of Unitemized Independent	Expenditures		. •
(c) TOTAL Independent Expenditures			

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TE	EMIZED INDEPENDENT EXPENDI	TURES			PAGE 293 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC			C	C00530766
Ch	neck if 24-hour report 48-hour re	eport New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
	Full Name of Payee			Date of F	Public Distribution/Dissemination
	Alice K Salazar			M 11	
	Mailing Address 605 W Houston St			Amount	
	City	State	Zip Code		53.70
	Marshall	TX	75633		on ID : 31b817fc-76dd-45ad-8 Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	Date of E	M / D D / Y Y Y
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	Ms. Mary L Landrieu		Oppose	President	
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For 2014 Other	or: Primary X General er (specify) ▶
	Full Name of Payee Taylor De Julian-Hernandez				Public Distribution/Dissemination
	Mailing Address 284 Cr 1401			Amount	
	City	State	Zip Code	-	60.00
	Carthage	TX	75633		on ID: 1db13336-1581-4c08-9 Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	M 11	M / D D / Y Y Y Y
	Name of Federal Candidate		Support	Office Sought:	House District:00
	Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7	554635.78	Disbursement Fe 2014 Othe	For: Primary
	(a) SUBTOTAL of Itemized Independent Ex	:xpenditures		>	113.70
	(b) SUBTOTAL of Unitemized Independent	t Expenditures		· •	7 1 7 1 7
	(c) TOTAL Independent Expenditures			·	7 1 1 7 1 1 7
	Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party committee	ny candidate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	04	30 / 2015
	Signature		_ Bate	′ L L-	

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SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 294 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends re	eport filed on
Full Name of Payee Gregory Green	Date of Public Distribution/Dissemination
	11 D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2506 Bolch Street	Amount
City State Zip Code	80.00
Shreveport LA 71104	Transaction ID: ea5ad6fa-7b70-483e-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type OC	11 11 24 7 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Gregory Green	Date of Public Distribution/Dissemination 11 24 2014
Mailing Address 2506 Bolch Street	Amount
City State Zip Code	53.40
Shreveport LA 71104	Transaction ID : 25a0cf31-4cc4-4dc6-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 00	11 24 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: Primary General 2014
(a) SUBTOTAL of Itemized Independent Expenditures	133.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	····· >
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or agen party committee) any political party committee or its agent.	
Ms. Emily Buchanan	M M / D D / Y Y Y

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEI	MIZED INDEPENDENT EXPENDITURES						PAGE 295 FOR LINE 24	OF 317 OF FORM 3X
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION	N NUMBER ▼
W	omen Speak Out PAC					C	C00530766	
Che	eck if 24-hour report 48-hour report	New repo	ort An	nends repo	ort filed	on M M M		Y
Т	Full Name of Payee					Date of Public	c Distribution/D	issemination
Ì	Hilary Townsend					M M /	24	2014
ŀ	Mailing Address 4506 US Hwy 79 North					Amount	24	2014
1	Cia.	State	Zip Code					60.00
- 1	•	TX	75639			Transaction ID Date of Disbu	2: 2e0b3979-8 2 ursement or Ob	26e-4255-a
	Purpose of Expenditure Salary		Category/ Type			M M M 11	24	2014
1	Name of Federal Candidate		'	Support	Office	e Sought:	House D	istrict:00
	Ms. Mary L Landrieu			Oppose		President >		State: LA
Ì	Calendar Year-To-Date Per Election for Office Sought		554635.78	-	Disbu 2014	ursement For:	Primary	X General
-				<u>—</u>		Other (sp	pecify)	
	Full Name of Payee Ana L Esquivel					Date of Public	c Distribution/D	vissemination 2014
-	Mailing Address 284 Cr 1401					Amount	2.	2017
-	Oth.	State	Zin Codo			· · · ·		60.00
	City S Carthage	TX	Zip Code 75633			Transaction ID Date of Disbu	D: 2b14f8cd-f8 ursement or Ob	45-4fc6-b
	Purpose of Expenditure Salary		Category/ Type			11	24	2014
	Name of Federal Candidate			Support	Office	e Sought:	House D	istrict:00
	Ms. Mary L Landrieu			Oppose		President	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.7	78	Disbu 2014	ursement For: Other (sp	Primary	General
((a) SUBTOTAL of Itemized Independent Expenditures.				·· >	7		120.00
((b) SUBTOTAL of Unitemized Independent Expenditure	es				1	7	
((c) TOTAL Independent Expenditures					7		
W	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized						
	Ms. Emily Buchanan	[Electron	nically Filed]	Date	, M	1 30	/ Y Y Y 2015	/
	Signature		_	2410				

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES	PAGE 296 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	of Public Distribution/Dissemination
	11 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2305 Cleary Ave Amou	unt
City State Zip Code	10.00
Metairie LA 70001 Transa	action ID: bcfbb1a2-3691-440f-a of Disbursement or Obligation
Purpose of Expenditure	11 24 7 2014
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Mary L Landrieu Ms. Mary L Landrieu Preside	
Calendar Year-To-Date Per Election for Office Sought Disbursemen 2014	nt For:
	of Public Distribution/Dissemination
Lesley Lennox	11 24 2014
Mailing Address 2305 Cleary Ave Amou	
Citate Tip Code	0.90
	0.90 action ID : 7cef0a9f-0127-40d9-b of Disbursement or Obligation
Purpose of Expenditure	11 24 2014
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Mary L Landrieu Presid	
Calendar Year-To-Date Per Election for Office Sought Disbursemer 2014	nt For:
······································	
(a) SUBTOTAL of Itemized Independent Expenditures	10.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 01	30 / 2015

П

Ms. Emily Buchanan

Signature

36	CHEDULE E (FEC Form 3X)		
T	EMIZED INDEPENDENT EXPENDITURES		PAGE 297 OF 317 FOR LINE 24 OF FORM 3X
V/	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on M M / D D / Y Y Y Y Y
	Full Name of Payee		Date of Public Distribution/Dissemination
	Joneisha Stewart		11 24 2014
	Mailing Address 2329 Runnymede Dr		Amount
	City State	Zip Code	60.00
	Marrero LA	70072	Transaction ID : 0bb33f23-8811-4219-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 24 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination 11 24 2014
	Mailing Address 2329 Runnymede Dr		Amount
	City State	Zip Code	7.50
	Marrero LA	70072	Transaction ID: 4c90f00a-6b51-4063-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 24 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Gther (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 67.50
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		· · · · · · · · · · · · · · · · · · ·
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

[Electronically Filed]

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Ms. Emily Buchanan

Signature

36	CHEDULE E (FEC Form 3X)						
TI	EMIZED INDEPENDENT EXPENDITURES				PAGE 298 FOR LINE 2		317 3M 3X
V/	AME OF COMMITTEE (In Full)			FEC	IDENTIFICATION		
	Vomen Speak Out PAC					N NOWE	ER V
				C	C00530766		
Cł	neck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on	M = M	/ D D /	Y Y Y Y	Y
	Full Name of Payee		Da	ate of Pub	olic Distribution/	Dissemina	tion
	Julia Perry			11	24	2014	
	Mailing Address 2046 Perrin St Apt C		Aı	mount			
	City State	Zip Code	— F			100.	.00
	Shreveport LA	71101			ID: ee32281d- bursement or C	8bef-481d-	
	Purpose of Expenditure	Category/		M = M	/ D D /	Y	
	Salary	Type 001		11	24	2014	
	Name of Federal Candidate	Support	Office Sc	ought:	House	District:	00
	Ms. Mary L Landrieu	Oppose	Pre	esident	X Senate	State:	LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disburse 2014	ment For:	Primary specify) ▶	X Ge	eneral
	Full Name of Payee		D	ate of Pub	blic Distribution	Dissemina	ation
	Julia Perry			M M M	/ D D /	2014	
	Mailing Address 2046 Perrin St Apt C		A	mount	24	2014	
	City.	7in Code	— г			13.	50
	City State Shreveport LA	Zip Code 71101	Tra	neaction	ID : 25625908-		
		71101			sbursement or (,- U
	Purpose of Expenditure Mileage	Category/ Type 002		M M M	24	201	
	Name of Federal Candidate	Support	Office So	ouaht:	House	District:	00
	Ms. Mary L Landrieu	Oppose		esident	X Senate		LA
	Calendar Year-To-Date			ment For:	Primary	∑ Ge	eneral
	Per Election for Office Sought	554635.78	2014	Other ((specify) ►		
	(a) SUBTOTAL of Itemized Independent Expenditures		▶			113.50)
	(b) SUBTOTAL of Unitemized Independent Expenditures		·· •		7 1 2		
	7		-				
	(c) TOTAL Independent Expenditures		▶		, , , , , , , , , , , , , , , , , , ,		
_	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.						

[Electronically Filed]

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MIZED INDEPENDENT EXPENDITUI	RES		PAGE 299 OF 317 FOR LINE 24 OF FORM 3
ME OF COMMITTEE (In Full)			
omen Speak Out PAC			C C00530766
eck if 24-hour report 48-hour report	New	report Amends repo	ort filed on
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination
Mailing Address 202 Rue Des Cajun			11 24 2014 Amount
City	State	Zip Code	60.00
Ville Platte	LA	70586	Transaction ID: b4b08cf6-1915-4627-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 24 2014
Name of Federal Candidate Ms. Mary L Landrieu		Support Oppose	Office Sought: House District: 00 President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: Primary ☐ Genera 2014 ☐ Other (specify) ▶
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination
Mailing Address 202 Rue Des Cajun			Amount
City	State	Zip Code	19.20
Ville Platte	LA	70586	Transaction ID: f3086575-46ed-491d-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 24 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
a) SUBTOTAL of Itemized Independent Expen	nditures		> 79.20
b) SUBTOTAL of Unitemized Independent Exp	penditures		· ·
c) TOTAL Independent Expenditures			•

Under per with, or at party committee) any political party committee or its agent.

Ms. Emily Buchanan	[Electronically Filed]	Date	01 /	30	2015
Signature					

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TE	EMIZED INDEPENDENT EXPENI	DITURES			PAGE 300 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC				C C00530766
Ch	eck if 24-hour report 48-hour	report New repo	ort Amends repo	ort filed c	on M = M / D = D / Y = Y = Y = Y
	Full Name of Payee Heather Ainsworth				Date of Public Distribution/Dissemination
	Mailing Address 9685 Paula St				11 24 2014 Amount
					Amount
	City	State	Zip Code		80.00
	Keithville	LA	71047		ransaction ID: 6ec9e728-4732-4eb3-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 24 2014
	Name of Federal Candidate		Support	Office	Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose	F	President State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disburs 2014	sement For: Primary
	Full Name of Payee				Date of Public Distribution/Dissemination
	Heather Ainsworth				11 24 2014
	Mailing Address 9685 Paula St				Amount
	City	State	Zip Code		54.30
	Keithville	LA	71047		Fransaction ID : 8b4aa129-519e-48ff-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		11 24 7 2014
	Name of Federal Candidate		Support	Office	Sought: House District:00
	Ms. Mary L Landrieu		Oppose		President State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disburs 2014	sement For:
		, ,			Other (specify)
	(a) SUBTOTAL of Itemized Independent	Expenditures			134.30
	(b) SUBTOTAL of Unitemized Independent	ent Expenditures		.	
	(c) TOTAL Independent Expenditures			•	
		any candidate or authorized			de in cooperation, consultation, or concert or (if the reporting entity is not a political
	Ms. Emily Buchanan	[Flatton	ically Filed]	M	M / D D / Y Y Y Y Y
	Signature	[Electroni	Date Date	9 01	30 2015

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Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X				
TEMIZED INDEPENDENT EXPENDI	TURES			PAGE 301 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour re	eport New repo	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Elvis Spears			Date of Pu	ublic Distribution/Dissemination
NA OF STANDINGS			11	24 2014
Mailing Address 2150 Hope St			Amount	
City	State	Zip Code		80.00
New Orleans	LA	70119		n ID : 0e78af70-f267-4b71-a isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	554635.78	Disbursement For 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee Elvis Spears			Date of Pt	ublic Distribution/Dissemination
Mailing Address 2150 Hope St			Amount	1 127 1 227
City	State	Zip Code		15.60
New Orleans	LA	70119		n ID : 9e127a43-5822-4ef6-8 isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		∑ Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement Fo 2014 Other	or: Primary General (specify)
(a) SUBTOTAL of Itemized Independent E	xpenditures		·	95.60
(b) SUBTOTAL of Unitemized Independent	t Expenditures		•	7.1.7.1.4
(c) TOTAL Independent Expenditures			·	7 7 7
Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party commit	ny candidate or authorized			

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Date

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
П	EMIZED INDEPENDENT EXPENDITURES		PAGE 302 OF 317 FOR LINE 24 OF FORM 3X
V/	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	eck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on
	Full Name of Payee Cynthia N Schmit		Date of Public Distribution/Dissemination
	Mailing Address 2226 Taft Circle Apt 1		11 24 2014 Amount
	City State Winchester VA	Zip Code 22601	12.50 Transaction ID : 62555975-fbee-41a6-9
	Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation 11 24 2014
	Name of Federal Candidate Ms. Mary L Landrieu	Support	Office Sought: House District: 00
	Calendar Year-To-Date Per Election for Office Sought	Oppose 554635.78	President
	Full Name of Payee ERIC TABARY Mailing Address 6101 NORA ST		Date of Public Distribution/Dissemination 11 24 2014 Amount
	City State METAIRIE LA	Zip Code 70003	60.00 Transaction ID : f1a83f40-8f9c-4f27-8
	Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation
	Name of Federal Candidate Ms. Mary L Landrieu	Support Oppose	Office Sought: House District: 00 President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		72.50
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
	(c) TOTAL Independent Expenditures		
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
TΕ	EMIZED INDEPENDENT EXPENDITURES		PAGE 303 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Ch	peck if 24-hour report 48-hour report New repo	ort Amends repo	t filed on
	Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination
	Mailing Address		11 24 2014
	6101 NORA ST		Amount
	City State	Zip Code	2.70
	METAIRIE LA	70003	Transaction ID: 256793c6-33cf-40f6-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 24 / Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For:
	Full Name of Payee		Date of Public Distribution/Dissemination
	Jeanne Tribou		11 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 22369 Ponderosa Dr.		Amount
	City State	Zip Code	40.00
	Mandeville LA	70471	Transaction ID: eac82a79-f34c-4f40-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 24 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		42.70
	(b) SUBTOTAL of Unitemized Independent Expenditures		>
	(c) TOTAL Independent Expenditures		
			4 4
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

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	HEDULE E (FEC Form :			PAGE 304 OF 317
-	ייים ואסבו באסבורו באו בא	DITORIES		FOR LINE 24 OF FORM 3X
NAI	ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC			C C00530766
Che	eck if 24-hour report 48-hou	r report New re	port Amends repo	ort filed on M = M / D = D / Y = Y = Y
	Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination
ŀ	Mailing Address 22369 Ponderosa Dr.			11 24 2014 Amount
1	City	State	Zip Code	9.30
1	Mandeville	LA	70471	Transaction ID: 8273f72c-5d23-42eb-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	M M / D D / Y Y Y Y
ŀ	Name of Federal Candidate		Support	Office Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination 11 24 2014
ŀ				
	Mailing Address 827 Navavre Ave			Amount
-	Mailing Address 827 Navavre Ave City	State	Zip Code	Amount 80.00
	827 Navavre Ave	State LA	Zip Code 70124	
-	City		•	80.00 Transaction ID: b0b4d9cc-8df4-46b9-b
-	City New Orleans Purpose of Expenditure		70124 Category/ Type 001	Transaction ID: b0b4d9cc-8df4-46b9-b Date of Disbursement or Obligation M 1 M / 24 / 2014
-	City New Orleans Purpose of Expenditure Salary		70124 Category/	Transaction ID: b0b4d9cc-8df4-46b9-b Date of Disbursement or Obligation M 1 M / 24 / 2014
-	City New Orleans Purpose of Expenditure Salary Name of Federal Candidate		70124 Category/ Type O01 Support	Transaction ID: b0b4d9cc-8df4-46b9-b Date of Disbursement or Obligation M 11
-	City New Orleans Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date	LA	Category/ Type 001 Support Oppose 554635.78	Transaction ID: b0b4d9cc-8df4-46b9-b Date of Disbursement or Obligation Office Sought: House District: 00 President Senate State: LA Disbursement For: Primary General Other (specify)
	City New Orleans Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought	t Expenditures	70124 Category/ Type 001 Support Oppose 554635.78	Transaction ID: b0b4d9cc-8df4-46b9-b Date of Disbursement or Obligation M M M / 24 / 2014 Office Sought: House District: 00 President Senate State: LA Disbursement For: Primary General 2014 Other (specify) 89.30
(City New Orleans Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent	t Expenditures	Category/ Type 001 Support Oppose 554635.78	Transaction ID: b0b4d9cc-8df4-46b9-b Date of Disbursement or Obligation M M M / 24 / 2014 Office Sought: House District: 00 President Senate State: LA Disbursement For: Primary General 2014 Other (specify) 89.30

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan	[Electronically Filed]	Date	01 /	30	2015
Signature					

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 305 OF 317 FOR LINE 24 OF FORM 3X							
FEC IDENTIFICATION NUMBER ▼							
C C00530766							
M / D D / Y H Y H Y H							
of Public Distribution/Dissemination							
11 24 2014							
nt							
9.90 ction ID : 642b6e41-3613-499d-b of Disbursement or Obligation							
11 24 / 2014							
t: House District: 00							
ent X Senate State: LA							
t For: Primary X General							
ther (specify) ▶							
of Public Distribution/Dissemination							
11 / 24 / 2014							
nt							
65.00							
oction ID : 2b3ee75d-442f-4cb8-8 of Disbursement or Obligation							
11 24 2014							
t: House District: 00							

NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour r	eport New repo	ort Amends repo	rt filed	
Full Name of Payee				Date of Public Distribution/Dissemination
Cathy Longtin				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 827 Navavre Ave				Amount
City	State	Zip Code		9.90
New Orleans	LA	70124		Transaction ID : 642b6e41-3613-499d-b
Purpose of Expenditure		Category/	\neg	Date of Disbursement or Obligation
Mileage		Type 002		11 24 2014
Name of Federal Candidate		Support	Office	e Sought: House District: 00
Ms. Mary L Landrieu		X Oppose		President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbu 2014	ursement For: Primary X General
Fer Election for Office Sought	, , , , ,			Other (specify) ►
Full Name of Payee Theresa a Youngblood				Date of Public Distribution/Dissemination
				11 24 2014
Mailing Address 102 S Main Street Apt A	.2			Amount
City	State	Zip Code		65.00
Berryville	VA	22611		Transaction ID : 2b3ee75d-442f-4cb8-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 24 2014
Name of Federal Candidate		Support	Offic	e Sought: House District: 00
Ms. Mary L Landrieu		Oppose		President State: LA
Calendar Year-To-Date		55 4005 70		ursement For: Primary X General
Per Election for Office Sought		554635.78	2014	Other (specify) ►
(a) SUBTOTAL of Itemized Independent E	Expenditures		. •	74.90
(b) SUBTOTAL of Unitemized Independer	nt Expenditures			
()				
(c) TOTAL Independent Expenditures			•	7
	ny candidate or authorized			ade in cooperation, consultation, or concert r, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electroni	cally Filed]	M	11 30 2015
Signature		Date		2010

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•	New reportate	ort Amends re	port filed	FEC IDENTIFICATION NUMBER ▼ C C00530766 Date of Public Distribution/Dissemination M 1 1 24 2014 Amount
ck if 24-hour report 48-hour report Full Name of Payee Francesca Blom Mailing Address 101 Asbury Ct City Winchester Purpose of Expenditure	tate		port filed	on M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Payee Francesca Blom Mailing Address 101 Asbury Ct City Ninchester Purpose of Expenditure	tate		port filed	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Francesca Blom Mailing Address 101 Asbury Ct Dity Solution Purpose of Expenditure		Zip Code		11 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City S Vinchester Purpose of Expenditure		Zip Code		
Vinchester \text{Purpose of Expenditure}		Zip Code		
Vinchester \text{Vurpose of Expenditure}		Zip Code		92.50
·		22602		Transaction ID: 44cc280c-ac98-4f15-a Date of Disbursement or Obligation
		Category/ Type 00	1	11 24 2014
Name of Federal Candidate		Support	Office	e Sought: House District: 00
Ms. Mary L Landrieu		X Oppose		President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbu 2014	ursement For: Primary
Full Name of Payee				Date of Public Distribution/Dissemination
Evelyn Lesaicherre				11 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 629 Radiance Ave				Amount
City	tate	Zip Code		80.00
	LA	70001		Transaction ID: 5b749f2a-f90e-465d-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 00	1	11 24 7 2014
Name of Federal Candidate		Support	Office	e Sought: House District: 00
Ms. Mary L Landrieu		X Oppose		President State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbu 2014	ursement For: Primary

Under penalty of perjury with, or at the request or party committee) any political party committee or its agent.

[Electronically Filed] Date 01 30 20	15
Signature	

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Ms. Emily Buchanan

Signature

CHEDULE E (FEC Form 3X)		
EMIZED INDEPENDENT EXPENDITURES		PAGE 307 OF 317 FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		
·		C C00530766
heck if 24-hour report 48-hour report New report	ort Amends report	t filed on Mam / Dab / Yayayay
Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination
Mailing Address 629 Radiance Ave		11 24 2014
020 Radianos 7173		Amount
City State	Zip Code	5.40
Metairie LA	70001	Transaction ID: 5aa0ea81-ced0-4854-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Carl Brent		11 24 2014
Mailing Address 6718 Lake Willow Dr		Amount
City State	Zip Code	80.00
New Orleans LA	70126	Transaction ID: 278b8fa4-dfdb-4ab4-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 24 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose	President Senate State: LA
Calendar Year-To-Date		Disbursement For: Primary X General
Per Election for Office Sought	554635.78	Other (specify) ▶
•		
(a) SUBTOTAL of Itemized Independent Expenditures		85.40
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

[Electronically Filed]

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	CHEDULE E (FEC Form 3X)			
TΕ	EMIZED INDEPENDENT EXPENDITU	RES		PAGE 308 OF 317 FOR LINE 24 OF FORM 3X
N/	ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
	Vomen Speak Out PAC			C C00530766
Ch	neck if 24-hour report 48-hour report	New I	report Amends repo	rt filed on
	Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination
	Mailing Address 6718 Lake Willow Dr			11 24 2014 Amount
	City New Orleans	State LA	Zip Code 70126	Transaction ID : 4aac07bc-2ef7-4823-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement of Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Ms. Mary L Landrieu		Support Oppose	Office Sought: House District: 00 President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Joshua J Huffman			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 211 Dixie Ave			Amount
	City	State	Zip Code	60.00
	Harrisonburg	VA	22801	Transaction ID : 16b2cf89-09f7-4a48-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	11 / 24 / 2014
	Name of Federal Candidate		Support	Office Sought: House District: 00
	Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought		Oppose 554635.78	President Senate State: LA Disbursement For: Primary General 2014
	Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Exper	nditures	554635.78	Disbursement For: ☐ Primary ☐ G 2014 ☐ Other (specify) ▶
	(b) SUBTOTAL of Unitemized Independent Ex			
	(c) TOTAL Independent Expenditures Under penalty of perjury I certify that the inde			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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan	[Electronically Filed]	Date	M - M 01	/ 30	2015
Signature					

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SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDI			PAGE 309 OF 317
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour re	port New re	port Amends repo	ort filed on / /
Full Name of Payee			Date of Public Distribution/Dissemination
Christine Stevens			11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	70.00
Winchester	VA	22602	Transaction ID: 0722208b-5017-4391-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Jazmine d Conner			Date of Public Distribution/Dissemination
Mailing Address 100 ASBURY CT			11 24 2014 Amount
City	State	Zip Code	70.00
WINCHESTER	VA	22602	Transaction ID : a89fd75b-100e-40bf-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Ex	kpenditures		▶ 140.00
,			
(b) SUBTOTAL of Unitemized Independent	Expenditures		
(c) TOTAL Independent Expenditures			. •
	y candidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political

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Ms. Emily Buchanan	[Electronically Filed]	Date	M - M 01	/ 30	2015
Signature					

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURE	=9		PAGE 310 OF 317
TEMPER INDEFERDENT EXTENDITIONS	-0		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New New	report Amends report filed	d on Mam / Dab / Yayayay
Full Name of Payee			Date of Public Distribution/Dissemination
Jon E Conner			11 24 2014
Mailing Address 100 Asbury Ct			Amount
			70.00
City Winchester	State VA	Zip Code 22602	70.00 Transaction ID : 548197c4-325d-4623-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu		Support Office Oppose	ce Sought: House District: 00 President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78 Disb 2014	oursement For: Primary X General Other (specify)
Full Name of Payee			Date of Public Distribution/Dissemination
Rodney O Culbreath			11 24 2014
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	70.00
Winchester	VA	22602	Transaction ID : b191ac49-d2ac-4a76-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 24 2014
Name of Federal Candidate		Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78 Disk 201	oursement For: Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	turae		140.00
(a) SOUTOTAL OF HOMESON HINDOPONDON EXPONDE	10100		170.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures	·····	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cancer party committee) any political party committee or	didate or authori		
Ms. Emily Buchanan	[Elec	etronically Filed]	01 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cianatura			

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lmage# 15950562353				
SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES				PAGE 311 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y B Y B Y
Full Name of Payee Rodney D Culbreth			M	f Public Distribution/Dissemination
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amoun	
City	State	Zip Code		70.00
Winchester	VA	22602		tion ID : 7f050760-a2b5-4ec4-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 24 7 2014
Name of Federal Candidate		Support	Office Sought:	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	554635.78	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
Full Name of Payee Rze Culbreath			M	f Public Distribution/Dissemination
Mailing Address 100 Asbury Ct			Amoun	11 24 2014 nt
City	State	Zip Code		70.00
Winchester	VA	22602		ction ID : cca6c496-3a2e-4c30-9 If Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 24 7 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	554635.78	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		•	140.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		· -	7
(c) TOTAL Independent Expenditures			•	7 7 4

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan	[Electronically Filed]	Date	01 /	30	2015
Signature					

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 312 OF 317 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00530766
M = M / D = D / Y = Y = Y
te of Public Distribution/Dissemination
11 / 24 / Y Y Y Y
nount
60.00
nsaction ID : e66e44a3-36dc-420b-9 te of Disbursement or Obligation
11 24 / 2014
ught: House District: 00
sident X Senate State: LA
nent For: Primary X General
Other (specify)
te of Public Distribution/Dissemination
11 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
nount
30.00
30.00 nsaction ID : 5692efae-f1c1-430c-a
30.00 nsaction ID : 5692efae-f1c1-430c-a tte of Disbursement or Obligation 11
30.00 nsaction ID: 5692efae-f1c1-430c-a tte of Disbursement or Obligation M M M / 24 / 2014
30.00 nsaction ID : 5692efae-f1c1-430c-a tte of Disbursement or Obligation M M M / 24 / 2014 ught: House District: 00
30.00 nsaction ID: 5692efae-f1c1-430c-a tte of Disbursement or Obligation 11
30.00 nsaction ID : 5692efae-f1c1-430c-a tte of Disbursement or Obligation M 11
30.00 nsaction ID : 5692efae-f1c1-430c-a tte of Disbursement or Obligation M 11
30.00 nsaction ID : 5692efae-f1c1-430c-a tte of Disbursement or Obligation
30.00 nsaction ID : 5692efae-f1c1-430c-a tte of Disbursement or Obligation
30.00 nsaction ID : 5692efae-f1c1-430c-a tte of Disbursement or Obligation
30.00 nsaction ID: 5692efae-f1c1-430c-a tte of Disbursement or Obligation M M M

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee Brieshauna M Stevens		Date of Public Distribution/Dissemination
		11 24 2014
Mailing Address 1703 Torrey Pines Ct		Amount
City	ate Zip Code	60.00
Reston	A 20190	Transaction ID: e66e44a3-36dc-420b-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 24 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose □	President State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78 Disbu 2014	rsement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination
Mailing Address 2565 Shire Circle		Amount
City	ate Zip Code	30.00
Harrisonburg	'A 22801	Transaction ID : 5692efae-f1c1-430c-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 24 2014
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78 Disbu 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	r authorized committee or agent of either	
Ms. Emily Buchanan	[Electronically Filed]	1 30 2015
Signature	Date 0	

Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 313 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report 48-hour report New report Ame	nds report filed on
Full Name of Payee Helen Celestine	Date of Public Distribution/Dissemination
	11 24 2014
Mailing Address 38346 Quinn Rd	Amount
City State Zip Code	20.00
Pearl River LA 70452	Transaction ID : e2e3c418-550e-41ce-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001
Name of Federal Candidate Su	upport Office Sought: House District: 00
Ms. Mary L Landrieu	ppose President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Helen Celestine	11 24 2014
Mailing Address 38346 Quinn Rd	Amount
City State Zip Code	4.50
Pearl River LA 70452	Transaction ID : a8b98bf7-5bcb-4cc1-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 11 24 2014
Name of Federal Candidate	upport Office Sought: House District: 00
Ma Marrel Landston	ppose President X Senate State: LA
Calendar Year-To-Date	Disbursement For: Primary General
Per Election for Office Sought 554635.78	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	24.50
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	

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Ms. Emily Buchanan

Signature

36	CHEDULE E (FEC Form 3X)		
ΓE	EMIZED INDEPENDENT EXPENDITURES		PAGE 314 OF 317
\1/	AME OF COMMITTEE (In Full)		FOR LINE 24 OF FORM 3X
	Vomen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
_	vomen opeak out i no		C C00530766
Ch	neck if 24-hour report 48-hour report New re	eport Amends repo	ort filed on
	Full Name of Payee		Date of Public Distribution/Dissemination
	Amanda Boley		11 24 2014
	Mailing Address Split Oak Drive		Amount
	City State	Zip Code	85.00
	charlotte NC	28227	Transaction ID : 538ecdfd-137e-4047-a Date of Disbursement or Obligation
	Purpose of Expenditure	Category/	M - M / D - D / Y - Y - Y
	Salary	Type 001	11 24 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Amanda Boley		M = M / D = D / Y = Y = Y
	Mailing Address Split Oak Drive		11 24 2014 Amount
	City State	Zip Code	19.23
	charlotte NC	28227	Transaction ID : 3a450105-d28a-4e04-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 / 24 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
	Calendar Year-To-Date		Disbursement For: Primary General
	Per Election for Office Sought	554635.78	2014 Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 104.23
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(2) 20070112 of Officering Independent Experiences Information		7 7 7
	(c) TOTAL Independent Expenditures		. •
			7 7
	Under penalty of perjury I certify that the independent expenditure	es reported herein were	not made in cooperation, consultation, or concert
	with, or at the request or suggestion of, any candidate or authorize	ed committee or agent of	of either, or (if the reporting entity is not a political

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Signature

	CHEDULE E (FEC Form 3X)		
П	EMIZED INDEPENDENT EXPENDITURES		PAGE 315 OF 317 FOR LINE 24 OF FORM 3X
V/	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New report	port Amends repo	ort filed on
	Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination
	Mailing Address 2305 Cleary Ave		11 22 2014 Amount
	City State Metairie LA	Zip Code	57.50 Transaction ID : 6d8ee469-d2c9-4041-b
		70001	Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 22 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination 11
	Mailing Address 2305 Cleary Ave		Amount
	City State	Zip Code	3.90
	Metairie LA	70001	Transaction ID : cb909de3-969c-4a25-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures		61.40
	(b) SUBTOTAL of Unitemized Independent Expenditures		. •
	(c) TOTAL Independent Expenditures		· · · · · · · · · · · · · · · · · · ·
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
ΓE	EMIZED INDEPENDENT EXPENDITURES		PAGE 316 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New rep	oort Amends repo	ort filed on
	Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination
	Mailing Address		11 24 2014
	121 Ohara Dr		Amount
	City State Salisbury NC	Zip Code 28147	70.00 Transaction ID: 0f705fca-b1c5-49b8-b
	Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation 11 24 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Other (specify) ▶
	Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination
	Mailing Address 121 Ohara Dr		11 / 24 / 2014 Amount
	City State	7in Code	78.84
	City State Salisbury NC	Zip Code 28147	Transaction ID: 7920c277-d391-4f35-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 24 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Gther (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 148.84
	(b) SUBTOTAL of Unitemized Independent Expenditures		·· •
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

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SCHEDULE E (FEC Form 3X)			
!!	EMIZED INDEPENDENT EXPENDITURES		PAGE 317 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼			
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on
	Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination
	Mailing Address 121 Ohara Dr		Amount
	City State	Zip Code	90.00
	Salisbury NC	28147	Transaction ID: 871d7b9c-8594-43e4-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 23 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination
	Mailing Address 121 Ohara Dr		Amount
	City State	Zip Code	60.60
	Salisbury NC	28147	Transaction ID: 8c28a9f9-fbf6-4f96-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: Primary General 2014 Gther (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		. • 150.60
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		34162.77
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y

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