

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. (a) Name of Individual, Organization or Corporation INDEPENDENT WOMEN'S VOICE		3. FEC Identification Number C C90011115
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1875 I Street NW 5th Floor		
(c) City, State and ZIP Code WASHINGTON DC 20006		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

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

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

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

6. TOTAL CONTRIBUTIONS **0.00**

7. TOTAL INDEPENDENT EXPENDITURES **176991.00**

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Heather R. Higgins	<i>Heather R. Higgins</i>	11/03/2012

[Electronically Filed]

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

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle Initial) of Payee
Campaign Grid
Mailing Address PO BOX 824705
City Philadelphia State PA Zip Code 19182

Date 11 / 02 / 2012
Amount 176991.00
Transaction ID : F57.4329

Purpose of Expenditure
Production and Display Advertisement: 'Romney Wants Mourdock'
Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure:
RICHARD E MOURDOCK

Office Sought: House State: IN
 Senate District: 00
 President
Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 176991.00

Disbursement For: Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Mailing Address
City State Zip Code

Date
Amount

Purpose of Expenditure
Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:

Office Sought: House State: _____
 Senate District: _____
 President
Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Mailing Address
City State Zip Code

Date
Amount

Purpose of Expenditure
Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:

Office Sought: House State: _____
 Senate District: _____
 President
Check One: Support Oppose

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
(carry total from last page forward to Line 7)

176991.00

176991.00