

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

WOMEN VOTE!

ADDRESS (number and street)   
  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on  /  /  in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Caroliine Fines

Signature of Treasurer Caroliine Fines [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**WOMEN VOTE!**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		542315.25
(b) Cash on Hand at Beginning of Reporting Period.....	256946.68	
(c) Total Receipts (from Line 19) .....	582925.03	1560815.02
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	839871.71	2103130.27
7. Total Disbursements (from Line 31).....	666342.01	1929600.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	173529.70	173529.70
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

Write or Type Committee Name

**WOMEN VOTE!**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	154250.00	963800.00
(ii) Unitemized .....	3583.00	171922.99
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	157833.00	1135722.99
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	157833.00	1135722.99
12. Transfers From Affiliated/Other Party Committees.....	400000.00	400000.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	25092.03	25092.03
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	582925.03	1560815.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	582925.03	1560815.02

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(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 Expenditures .....	104553.45	781670.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	104553.45	781670.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	175000.00
24. Independent Expenditures (use Schedule E) .....	561763.56	972880.31
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	25.00	50.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	25.00	50.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	666342.01	1929600.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	666342.01	1929600.57

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	157833.00	1135722.99
34. Total Contribution Refunds (from Line 28(d)) .....	25.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	157808.00	1135672.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	104553.45	781670.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	104553.45	781670.26

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 35  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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 VOTE!**

Full Name (Last, First, Middle Initial)  
**A. Clacritter Designs**

Mailing Address 1406 Triple S Trail

City Johnson City      State TX      Zip Code 78636

FEC ID number of contributing federal political committee. **C**

Name of Employer      Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2012  
**Transaction ID : 3329435**

Amount of Each Receipt this Period  
350.00

Full Name (Last, First, Middle Initial)  
**B. Osprey Real Estate LLC**

Mailing Address 3 North Main St

City East Hampton      State NY      Zip Code 11937

FEC ID number of contributing federal political committee. **C**

Name of Employer      Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
472.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2012  
**Transaction ID : 3355087**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Millicent G. Anisfield**

Mailing Address 10 Sawmill RD

City Saddle River      State NJ      Zip Code 07458

FEC ID number of contributing federal political committee. **C**

Name of Employer      Occupation  
None      Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2012  
**Transaction ID : 3349753**

Amount of Each Receipt this Period  
1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2100.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 35  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE!**

**A. Ms. Marian O. Dines**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3595 Nyland Way  
City Lafayette State CO Zip Code 80026  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Financial Planner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 07 / 18 / 2012  
Transaction ID : 3334163  
Amount of Each Receipt this Period 5000.00

**B. Kathleen Gaffney M.D.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 590 Concord Ave  
City Williston Park State NY Zip Code 11596  
FEC ID number of contributing federal political committee. **C**  
Name of Employer columbia university Occupation physician/professor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 07 / 30 / 2012  
Transaction ID : 3348774  
Amount of Each Receipt this Period 200.00

**C. Mrs. Dianne Barnhill Karls**  
Full Name (Last, First, Middle Initial)  
Mailing Address 400 E Pedregosa St Apt G  
City Santa Barbara State CA Zip Code 93103  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 07 / 31 / 2012  
Transaction ID : 3352562  
Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5400.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE!**

**A. Dr. Marsha Z. Laufer**  
Full Name (Last, First, Middle Initial)

Mailing Address 1750 South Ocean Blvd

City Manalapan State FL Zip Code 33462

FEC ID number of contributing federal political committee. **C**

Name of Employer retired/NA Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
07 / 11 / 2012  
Transaction ID : 3328920

Amount of Each Receipt this Period  
5000.00

**B. Mr. Henry D. Lord**  
Full Name (Last, First, Middle Initial)

Mailing Address 313 Audubon Court

City New Haven State CT Zip Code 06510

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
07 / 25 / 2012  
Transaction ID : 3346929

Amount of Each Receipt this Period  
2500.00

**C. Ms. Marie T. McKellar**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 149

City Dobbs Ferry State NY Zip Code 10522

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
07 / 10 / 2012  
Transaction ID : 3328047

Amount of Each Receipt this Period  
20000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 27500.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE!**

**A. Ms. Marie T. McKellar**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 149

City Dobbs Ferry State NY Zip Code 10522

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
07 / 10 / 2012  
Transaction ID : 3343191

Amount of Each Receipt this Period  
5000.00

**B. Dr. Cordelia Ontiveros**  
Full Name (Last, First, Middle Initial)

Mailing Address 1450 E. North Hills Dr.

City La Habra State CA Zip Code 90631

FEC ID number of contributing federal political committee. **C**

Name of Employer Cal State Univ Occupation University Administr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
07 / 04 / 2012  
Transaction ID : 3326298

Amount of Each Receipt this Period  
500.00

**C. Ms. Barbara F. Reskin**  
Full Name (Last, First, Middle Initial)

Mailing Address 2440 E Aloha

City Seattle State WA Zip Code 98112

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation sociologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
07 / 23 / 2012  
Transaction ID : 3339564

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE!**

Full Name (Last, First, Middle Initial) <b>A. Ms. Karin Slaughter</b>		Date of Receipt MM / DD / YYYY 07 / 13 / 2012 <b>Transaction ID : 3329890</b>
Mailing Address 1144 Hancock Drive, NE		Amount of Each Receipt this Period 5000.00
City Atlanta	State GA	Zip Code 30306
FEC ID number of contributing federal political committee. C	Name of Employer self	Occupation author
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Stephanie Smith</b>		Date of Receipt MM / DD / YYYY 07 / 14 / 2012 <b>Transaction ID : 3331451</b>
Mailing Address 5945 Taft Ave.		Amount of Each Receipt this Period 250.00
City Oakland	State CA	Zip Code 94618
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	Occupation Consultant
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Sally Susman</b>		Date of Receipt MM / DD / YYYY 07 / 12 / 2012 <b>Transaction ID : 3328922</b>
Mailing Address 113 E 19th St		Amount of Each Receipt this Period 5000.00
City New York	State NY	Zip Code 10003
FEC ID number of contributing federal political committee. C	Name of Employer Pfizer	Occupation Executive Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE!**

Full Name (Last, First, Middle Initial) <b>A. Mr. S. Donald Sussman</b>		Date of Receipt
Mailing Address 138 Turner Farm Road		<input type="text" value="07"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
North Haven	ME	04853
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3345064</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100000.00"/>
Name of Employer	Occupation	
Paloma Partners LLC	Chairman	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="100000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Judith B Wagner</b>		Date of Receipt
Mailing Address 4850 S. Dahlia Street		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code
Littleton	CO	80121
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3339558</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Cobiz Wealth	Investment Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Madelin M. Wexler</b>		Date of Receipt
Mailing Address 3101 N Sheridan Rd Apt 1104		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
Chicago	IL	60657
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3351020</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="103000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="154250.00"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 35
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE!**

Full Name (Last, First, Middle Initial) <b>A. EMILY's List</b>		Date of Receipt
Mailing Address 1120 Connecticut Ave, NW Ste 1100		<input type="text" value="07"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3361021</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="200000.00"/>
		Transfer from Affiliate
		<input type="text" value="400000.00"/>

Full Name (Last, First, Middle Initial) <b>B. EMILY's List</b>		Date of Receipt
Mailing Address 1120 Connecticut Ave, NW Ste 1100		<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 4361021</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="200000.00"/>
		Transfer from Affiliate
		<input type="text" value="400000.00"/>

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="400000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="400000.00"/>

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 35  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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 VOTE!**

**A. Bank of America/Merrill Lynch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1152 15th Street NW  
 City Wasihngton State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 12 / 2012  
**Transaction ID : 5361021**  
 Amount of Each Receipt this Period  
 25092.03  
 Sale of 1000 Shs Intel-Cntrb Eva Grove \$26,650

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25092.03
<b>TOTAL</b> This Period (last page this line number only).....▶	25092.03

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 VOTE!**

Full Name (Last, First, Middle Initial)

**A. Benson Strategy Group**

Mailing Address 720 S Colorado Blvd  
#500n

City Denver State CO Zip Code 80246

Purpose of Disbursement  
Polling/Surveys

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2012

**Transaction ID : SB21B-158**

Amount of Each Disbursement this Period

20750.00

Full Name (Last, First, Middle Initial)

**B. The Feldman Group Inc.**

Mailing Address 508-510 8th Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Polling/Surveys

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2012

**Transaction ID : SB21B-159**

Amount of Each Disbursement this Period

6668.00

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address 808 East Utah Valley Drive

City American Fork State UT Zip Code 84003

Purpose of Disbursement  
Credit Card Service Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2012

**Transaction ID : SB21B-172**

Amount of Each Disbursement this Period

62.75

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

27480.75

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 VOTE!**

Full Name (Last, First, Middle Initial)

**A. First Data Merchant Services**

Mailing Address PO Box 6010

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
Credit Card Service Charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2012

**Transaction ID : SB21B-171**

Amount of Each Disbursement this Period

956.80

Full Name (Last, First, Middle Initial)

**B. Catalyst**

Mailing Address 1090 Vermont Ave, NW  
Suite 300

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Publication & Dues

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 12 / 2012

**Transaction ID : SB21B-161**

Amount of Each Disbursement this Period

13760.00

Full Name (Last, First, Middle Initial)

**C. Civitas Public Affairs**

Mailing Address 601 13th St NW  
Suite 730N

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Publication & Dues

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 12 / 2012

**Transaction ID : SB21B-162**

Amount of Each Disbursement this Period

10000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

24716.80

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

**A. New Partners Consulting, Inc.**

Mailing Address 1250 I St NW  
Ste 200

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 12 / 2012

Transaction ID : SB21B-166

Amount of Each Disbursement this Period

12840.90

Full Name (Last, First, Middle Initial)

**B. Melissa Williams**

Mailing Address 15 South Irving Street

City Arlington State VA Zip Code 22204

Purpose of Disbursement  
Telephone

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 12 / 2012

Transaction ID : SB21B-167

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Lake Research Partners**

Mailing Address 1726 M St. NW  
Ste 1100

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Polling/Surveys

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 19 / 2012

Transaction ID : SB21B-169

Amount of Each Disbursement this Period

14175.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

27055.90

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

**A. Catalist**

Mailing Address 1090 Vermont Ave, NW  
Suite 300

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Publication & Dues

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 26 / 2012

**Transaction ID : SB21B-174**

Amount of Each Disbursement this Period

1800.00

Full Name (Last, First, Middle Initial)

**B. Adelstein Liston**

Mailing Address 1391 Pennsylvania Ave SE  
Suite 316

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Media -Generic Web Buy

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2012

**Transaction ID : SB21B-163**

Amount of Each Disbursement this Period

23500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

25300.00

104553.45

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 VOTE!**

Full Name (Last, First, Middle Initial)

**A. Thomas Waznis**

Mailing Address 8770 donaker st.

City San Diego State CA Zip Code 92129

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2012

Transaction ID : SB28A-195

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

25.00
-------

25.00
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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00473918
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Adelstein Liston</b>		Date MM / DD / YYYY <b>07 / 09 / 2012</b>
Mailing Address 222 W. Ontario St Ste 600		Amount <b>300.98</b>
City Chicago	State IL	
Zip Code 60654	<b>Transaction ID : SE-6194</b>	
Purpose of Expenditure Website Design	Category/ Type	Office Sought: <input type="checkbox"/> House    State: WI <input checked="" type="checkbox"/> Senate    District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mark Neumann		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>416654.16</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>Adelstein Liston</b>		Date MM / DD / YYYY <b>07 / 09 / 2012</b>
Originally reported \$300.98		Amount <b>300.97</b>
Mailing Address 222 W. Ontario St Ste 600	City Chicago	
State IL	<b>Transaction ID : SE-6195</b>	
Zip Code 60654	Purpose of Expenditure Website Design	Category/ Type
Office Sought: <input type="checkbox"/> House    State: WI <input checked="" type="checkbox"/> Senate    District: <input type="checkbox"/> President		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Fitzgerald		
Calendar Year-To-Date Per Election for Office Sought <b>416654.16</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>601.95</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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.

*Caroline Fines*  
Signature

[Electronically Filed]    Date MM / DD / YYYY  
**08 / 20 / 2012**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00473918
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Adelstein Liston</b>		Date MM / DD / YYYY <b>07 / 09 / 2012</b>
Mailing Address 222 W. Ontario St Ste 600		Amount <b>5532.79</b>
City Chicago	State IL	
Zip Code 60654	<b>Transaction ID : SE-6196</b>	
Purpose of Expenditure On-Line Buy	Category/ Type	Office Sought: <input type="checkbox"/> House    State: WI <input checked="" type="checkbox"/> Senate    District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tommy Thompson		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>416654.16</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>Adelstein Liston</b>		Date MM / DD / YYYY <b>07 / 09 / 2012</b>
Mailing Address 222 W. Ontario St Ste 600		Amount <b>5532.79</b>
City Chicago	State IL	
Zip Code 60654	<b>Transaction ID : SE-6197</b>	
Purpose of Expenditure On-Line Buy	Category/ Type	Office Sought: <input type="checkbox"/> House    State: WI <input checked="" type="checkbox"/> Senate    District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Eric Hovde		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>416654.16</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>11065.58</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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.

*Caroline Fines*  
Signature \_\_\_\_\_ Date **08 / 20 / 2012**

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 0 2px;">C</span> C00473918       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Adelstein Liston</b>		Date MM / DD / YYYY 07 / 09 / 2012
Mailing Address 222 W. Ontario St Ste 600		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9061.93</div>
City Chicago	State IL	
Zip Code 60654	<b>Transaction ID : SE-6198</b>	
Purpose of Expenditure On-Line Buy	Category/ Type	Office Sought: <input type="checkbox"/> House    State: WI <input checked="" type="checkbox"/> Senate    District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">416654.16</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Adelstein Liston</b>		Date MM / DD / YYYY 07 / 09 / 2012
Mailing Address 222 W. Ontario St Ste 600		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2436.25</div>
City Chicago	State IL	
Zip Code 60654	<b>Transaction ID : SE-6199</b>	
Purpose of Expenditure On-Line Buy	Category/ Type	Office Sought: <input type="checkbox"/> House    State: WI <input checked="" type="checkbox"/> Senate    District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mark Neumann		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">416654.16</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">11498.18</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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.

*Caroline Fines*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
08 / 20 / 2012











**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00473918
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Adelstein Liston</b>		Date MM / DD / YYYY <b>07 / 18 / 2012</b>
Mailing Address 222 W. Ontario St Ste 600		Amount <b>5532.79</b>
City Chicago	State IL	
Zip Code 60654	<b>Transaction ID : SE-6208</b>	
Purpose of Expenditure On-Line Buy	Category/ Type	Office Sought: <input type="checkbox"/> House    State: WI <input checked="" type="checkbox"/> Senate    District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Eric Hovde		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>416654.16</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>Adelstein Liston</b>		Date MM / DD / YYYY <b>07 / 18 / 2012</b>
Mailing Address 222 W. Ontario St Ste 600		Amount <b>9061.93</b>
City Chicago	State IL	
Zip Code 60654	<b>Transaction ID : SE-6209</b>	
Purpose of Expenditure On-Line Buy	Category/ Type	Office Sought: <input type="checkbox"/> House    State: WI <input checked="" type="checkbox"/> Senate    District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>416654.16</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>14594.72</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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.

*Caroline Fines*

[Electronically Filed]      Date **08 / 20 / 2012**

Signature \_\_\_\_\_



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00473918
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Adelstein Liston</b>		Date MM / DD / YYYY <b>07 / 23 / 2012</b>
Mailing Address 222 W. Ontario St Ste 600		Amount <b>128720.00</b>
City Chicago	State IL	
Purpose of Expenditure TV Buy	Category/ Type	<b>Transaction ID : SE-6212</b>
Name of Federal Candidate Supported or Opposed by Expenditure: Tulsi Gabbard		Office Sought: <input checked="" type="checkbox"/> House    State: HI <input type="checkbox"/> Senate    District: 02 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
<b>137720.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>Adelstein Liston</b>		Date MM / DD / YYYY <b>07 / 23 / 2012</b>
Mailing Address 222 W. Ontario St Ste 600		Amount <b>9000.00</b>
City Chicago	State IL	
Purpose of Expenditure TV Production	Category/ Type	<b>Transaction ID : SE-6213</b>
Name of Federal Candidate Supported or Opposed by Expenditure: Tulsi Gabbard		Office Sought: <input checked="" type="checkbox"/> House    State: HI <input type="checkbox"/> Senate    District: 02 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
<b>137720.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>137720.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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*Caroline Fines*  
Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **08 / 20 / 2012**





**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00473918
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>The Pivot Group, Inc.</b>		Date MM / DD / YYYY 07 / 30 / 2012	
<b>[MEMO ITEM]</b> Paid In August		Amount 3129.70	
Mailing Address 1720 I St., NW Ste 550			
City Washington	State DC	Zip Code 20006	
Purpose of Expenditure Mailhouse	Category/ Type	<b>Transaction ID : SE-6216</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: Raymond Cravaack		Office Sought: <input checked="" type="checkbox"/> House      State: MN <input type="checkbox"/> Senate      District: 08 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
36648.48		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee <b>Blueprint Interactive</b>		Date MM / DD / YYYY 07 / 30 / 2012	
Mailing Address 2229 North Pollard Street			
City Arlington	State VA	Zip Code 22207	
Purpose of Expenditure Website Deisgn	Category/ Type	<b>Transaction ID : SE-6217</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: Raymond Cravaack		Office Sought: <input checked="" type="checkbox"/> House      State: MN <input type="checkbox"/> Senate      District: 08 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
36648.48		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	400.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

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*Caroline Fines*      [Electronically Filed]      Date MM / DD / YYYY  
08 / 20 / 2012

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00473918
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Blueprint Interactive</b>		Date MM / DD / YYYY 07 / 30 / 2012
Mailing Address 2229 North Pollard Street		Amount <b>3600.00</b>
City Arlington	State VA	
Zip Code 22207	<b>Transaction ID : SE-6218</b>	
Purpose of Expenditure Website Design	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House    State: MN <input type="checkbox"/> Senate    District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tarryl Clark		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>36648.48</b>		2012

Full Name (Last, First, Middle Initial) of Payee <b>Blueprint Interactive</b>		Date MM / DD / YYYY 07 / 31 / 2012
Mailing Address 2229 North Pollard Street		Amount <b>1500.00</b>
City Arlington	State VA	
Zip Code 22207	<b>Transaction ID : SE-6219</b>	
Purpose of Expenditure Ad Design	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House    State: MN <input type="checkbox"/> Senate    District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tarryl Clark		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>36648.48</b>		2012

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>5100.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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*Caroline Fines*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
08 / 20 / 2012

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00473918
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Blueprint Interactive</b>		Date MM / DD / YYYY 07 / 31 / 2012	
<b>[MEMO ITEM]</b> Paid In August		Amount 15500.00	
Mailing Address 2229 North Pollard Street			
City Arlington	State VA	<b>Transaction ID : SE-6220</b>	
Zip Code 22207	Purpose of Expenditure Online Buy	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House      State: MN <input type="checkbox"/> Senate      District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tarryl Clark		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 36648.48		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>The Strategy Group</b>		Date MM / DD / YYYY 07 / 31 / 2012	
<b>[MEMO ITEM]</b> Paid In August		Amount 19096.57	
Mailing Address 1606 20th Street NW Floor 3			
City Washington	State DC	<b>Transaction ID : SE-6221</b>	
Zip Code 20009	Purpose of Expenditure Mailhouse	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House      State: CT <input type="checkbox"/> Senate      District: 05 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Christopher Donovan		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 19096.57		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	561763.56

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.

*Caroline Fines*
[Electronically Filed]
Date

Signature MM / DD / YYYY  
08 / 20 / 2012